Good Practices and Barriers in the Use of Data for Policy and Advocacy On Ageing in Asia-Pacific

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Executive Summary

The Asia-Pacific region is at the forefront of population ageing. The population of people aged 60 years and over is growing at a faster pace than anywhere else in the world. Most developing countries of the region have limited resources and must carefully make informed, evidence-based decisions about the future. This entails collecting data on different dimensions of ageing, but also effectively using existing data. **This report provides a wide range of good practice examples where the use of data has had a positive effect on the policy and programming process. It also looks at strategies for overcoming barriers to and promoting the uptake of data in policy and practice.**

Progress is being made to address data gaps on ageing in Asia and the Pacific

The scientific basis for formulating evidence-based policy to address population ageing is still relatively underdeveloped in most countries in Asia and the Pacific, with significant data gaps in critical areas such as healthy ageing, long-term care, income security, elder abuse, older persons in emergencies, and ageing and migration. However, various international efforts are underway to improve the supply and comparability of data on ageing. For instance, the World Health Organisation (WHO) is leading the Study on Global Ageing and Adult Health (SAGE), which covers several countries in the Asia-Pacific region. The Health and Retirement Study (HRS) which originally started in the United States has now spread throughout Asia, with six countries conducting longitudinal surveys on ageing (China, India, Indonesia, Japan, South Korea, and Thailand). The National Transfers Account (NTA) project is shedding new light on intergenerational transfers and the economic implications of population ageing.

Moreover, a growing number of countries have conducted situation analyses of ageing to provide a richer understanding of the issues affecting older men and women and trends. Examples are available for countries such as India, Indonesia, Nepal, Viet Nam, and the Pacific island countries. These reports typically rely on secondary statistical analysis of existing censuses and national household surveys to disaggregate information by age, gender, location and other socio-economic variables.

Data on ageing are increasingly used to influence agenda setting

international development agencies, NGOs and civil society are playing a leading role in compiling data and evidence to influence agenda setting and demand greater policy

action for older persons. For instance, the Global AgeWatch Index, released annually since 2013 by HelpAge International, serves as a useful tool to open doors to policy makers and provoke discussion in the media. Other good examples include the annual data-driven World Alzheimer Report by Alzheimer's Disease International (ADI) – which has been successful in advancing the policy debate and making the arguments for more and better services for people with dementia – and recent UN flagship reports by WHO and the International Labour Organisation (ILO) that present data to draw attention to neglected issues such as elder abuse and long-term care. The report also presents good practice examples of the use of data in national advocacy campaigns, most notably campaign related to social pensions.

But, data are insufficiently used to inform the design and selection of policies and interventions for older persons

Data and statistical techniques can make significant contributions to the design and selection of policies, programmes and interventions. Micro-simulation models in particular have been used widely across the Asia-Pacific region to develop and cost policy options for delivering income support to older persons. These models use micro-data on persons or households from nationally representative surveys and simulate the effect of new policies or changes in existing interventions on income levels and other outcomes. Spatial data can be used to facilitate geographical targeting of interventions. For example, HelpAge International uses population and spatial data to help design and coordinate its rapid responses to natural disasters.

However, a key finding of the report is that national policies and plans of actions on ageing in the Asia-Pacific region are insufficiently informed by data. The majority of such policies only contain statistics related to the demographics of ageing, without much evidence from other key sectors of relevance for older persons. This suggest that planning and policy-making is often done in the absence of data, because of a lack of sufficient timely data, because existing data are not disseminated or available in a format appropriate for policy makers and/or because policy makers lack the motivation and skills to use data. Indeed, several studies conducted in Asia found that data and research evidence are rarely a dominant force in the policy making process.

The use of data to monitor policy implementation is slowly improving

Once policies and programmes are up and running, information is required by policymakers to monitor the expected results associated with the policies. Careful monitoring can reveal when key indicators are going off-track and provide insights into areas that require improvements. The Government of the Macau Special Administrative

Region of China has been particularly proactive in putting in place mechanisms to monitor the implementation of the MIPAA, through the development of the data-driven Ageing Policy Integrative Appraisal System (APIAS). Other good examples can be found in the national ageing policies of Thailand and the Philippines, which outline strategies and mechanisms for monitoring and evaluating progress made towards implementing the policy and associated action plans. A growing number of countries have also undertaken social analysis using bottom-up participatory tools, such as satisfaction surveys and focus group discussions, to evaluate policies and programmes from the perspective of older persons. Lastly, the report presents examples of the use of data and statistical techniques to forecast whether or not policy goals and targets are likely to be met.

Recommendations to improve the role of data in policy development

The first recommendation is to foster global and national demand for data on ageing. Without strong and sustained demand from both national and international interest groups, data producers have little incentive to improve data related to ageing. Stakeholders should not only work towards filling knowledge gaps on the situation of older persons, but also improve the availability of data and evaluations that can support the design of effective and efficient interventions as well as data to monitor the implementation of policies and programmes. There is also a need to improve partnerships and efforts to standardise statistical methods and indicators related to healthy ageing, elder abuse, long-term care and other areas of relevance to older persons.

The second recommendation is to make existing data more accessible within the scientific community and, more broadly, to policy makers and other potential users. When data are made accessible, researchers and others can use the data to provide policy-relevant insights and also often help improve the data quality by pointing out problems that might otherwise not have been recognised. Existing initiatives, such as the online databases and repositories highlighted in this report, should be sustained and further expanded to cover a broader range of topics relevant to older persons.

The third recommendation is to continue to improve the packaging and presentation of data. When data are not presented using a method or format appropriate for a particular audience, it can be deemed inaccessible and not used for decision-making. Few policy makers have a background in statistics or research methods, so data and statistical evidence presented using technical jargon can be seen as too scientific and difficult to understand. Data producers and advocacy groups should make effective use

of tables, graphs, maps, infographics and other devices to bring statistics to life and get the message across to policy makers.

The fourth recommendation is to improve understanding of policy processes and the political context. Data communication on its own is not sufficient – policy makers need to have motivation to seek out and use data. They are are often relatively uninterested in data, or may only be motivated to draw on and use data under certain circumstances: for example, to respond to an issue highlighted by the president, to bolster pre-determined policy positions, or to seek favourable perceptions among key international actors. The demand for data may increase when policy windows open due to important policy events. In order to influence the policy process, data producers and advocacy groups should understand both the technocratic and the political aspects of policymaking, and how these shape the choices and incentives of policy elites.

The fifth recommendation is to build statistical literacy and foster links between producers and users of data on ageing. One key factor in promoting the use of data in policy is to build the capacity of policy makers to find, assess and incorporate data in their work. With one or two exceptions, however, there are no trainings and courses to develop the statistical literacy skills specifically of those involved in policy and advocacy on ageing. This is a gap that should be addressed. There is also a need to develop better, ongoing interactions between producers and users of data both at country and regional level.

Case studies on the use of data in policy and advocacy in Asia-Pacific

The annexes to the report contain four case studies that examine good practices and barriers in the use of data in policy and advocacy in specific thematic areas. The topics for these case studies were selected because of their importance to the well-being of older persons and to balance examples of both policy development by governments and advocacy by civil society, NGOs and international organisations.

The **first case study** focuses on **neglect, abuse and violence against older persons**, arguing that the vast majority of policies and plans on ageing and older persons in developing countries in Asia and the Pacific do not incorporate any data on the magnitude and characteristics of elder abuse and the risk and protective factors for abuse. It identifies key barriers that are limiting the use of data on elder abuse, including the lack of a common definition of elder abuse, poor quality of data, cultural sensitivity, lack of information on the effectiveness of interventions, and low global demand for data on elder abuse. Such limitations can be overcome, however, as evidenced by the field of gender-based violence, where the quantity and quality of data and its uptake in advocacy and policy is far greater.

The **second case study** looks at data on **non-communicable diseases and ageing**. In the absence of strong policy action, international development organisations and advocacy groups are playing a leading role in the compilation and use of relevant data and evidence. This case study identifies several good practice examples of data-driven advocacy efforts by networks such as the NCD Alliance, Alzheimer's Disease International, the International Diabetes Federation, and HelpAge International. Together, these efforts have been successful in putting the issue of NCDs on the global agenda, as evidenced by the inclusion of a stand-alone target on NCDs in the Sustainable Development Goals (SDGs).

The **third case study** reviews good practices in the use of data on **social pensions**, such as the growing number of online databases maintained by HelpAge International, World Bank, ADB, ILO, and others and the use of micro-simulations to develop and cost policy options for delivering income support to older persons. Next, it discusses how civil society organisations in countries such as the Philippines, Thailand and India have successfully made use of data to inform advocacy efforts for the introduction or reform of social pensions.

Lastly, partly in response to the MIPAA in 2002, most countries in Asia and the Pacific have begun the process of developing policies and legislation on ageing and integrating older people's concerns into broad policy-making. The **fourth case study** reviews what types of data and evidence are being used in these **national policies for older persons**, and to what extent such plans recognise the need to further invest in data and monitor policy implementation.

1. Introduction

Demographic trends in the Asia-Pacific region are expanding interest in addressing challenges and capturing opportunities related to population ageing. Most countries in the region are already experiencing rapid ageing, and that will only accelerate in the coming decades. The population of people age 60 years and over in Asia is growing at a faster pace than anywhere else in the world. People are living longer, creating a new context, with people in later life being able to continue as active participants in economic and social life, but also with growing number exposed to longer periods of vulnerability and ill health in old age. At the same time, the traditional family support system is under pressure, a trend intensified by shrinking of family size and the migration of children to cities in search of work. To respond to the needs of older people and their families, and to take advantage of what they have to offer society, most developing countries of the region have limited resources and so must carefully make informed, evidence-based decisions about the future.

Comprehensive, quality, age- and sex-disaggregated data on older people are an essential tool for evidence-based policy dialogue, development planning and programme formulation. Analysis is needed on the demographic transition towards aged populations as well as for specific advocacy agendas such as poverty reduction, social security, protection and health care. However, in addition to data collection, the effective use of existing data is critical to strengthen evidence-based programming and policy development. All too often, existing data and research are not fully utilized in advocacy or policy because of, for example, capacity gaps, communication barriers, or low political incentives to use evidence.

This report, emerging from collaboration between HelpAge International and the United Nations Population Fund (UNFPA), aims to provide an overview of good practices and examples of the use of data in policy and advocacy on ageing. The study has been carried out through a desk-based review of relevant literature and focuses primarily on low and middle-income countries in Asia and the Pacific. It considers the role that data can play in the different stages of the policy making process and discusses strategies for overcoming barriers and promoting the wider use of data on ageing.

The annexes to the report contain selected case studies that examine good practices and barriers in the use of data in policy and advocacy in specific thematic areas: violence, abuse and neglect of older people; non-communicable diseases and ageing;

and social pensions. The fourth annex reviews what types of data and evidence are being used in national policies for older persons, and to what extent such plans recognise the need to further invest in data and monitor policy implementation. The topics for these case studies were selected because of their importance to the well-being of older persons and to balance examples of both policy development by governments and advocacy by civil society, NGOs and international organisations.

2. The role of data on ageing in policy and advocacy

Evidence-based policy-making in a democratic context means that, wherever possible, public policy decisions should be reached after an open debate, which is informed by careful and rigorous analysis using sound and transparent data. Understanding the policymaking process and the needs of policymakers and other stakeholders is therefore essential for collecting, analysing and disseminating statistical data to make a difference. It is generally understood that the use of data and evidence can contribute to policy making in at least four ways (Segone, 2008): (a) identifying problems or issues that need policy attention; (b) informing the design and choice of policies and programmes; (c) forecasting the future; and (d) monitoring and evaluating the implementation of policy (see Figure 1). This section provides examples of good cases where the use of data and statistical evidence has had a positive effect on the policy process.

Figure 1: The role of data in the public policy cycle
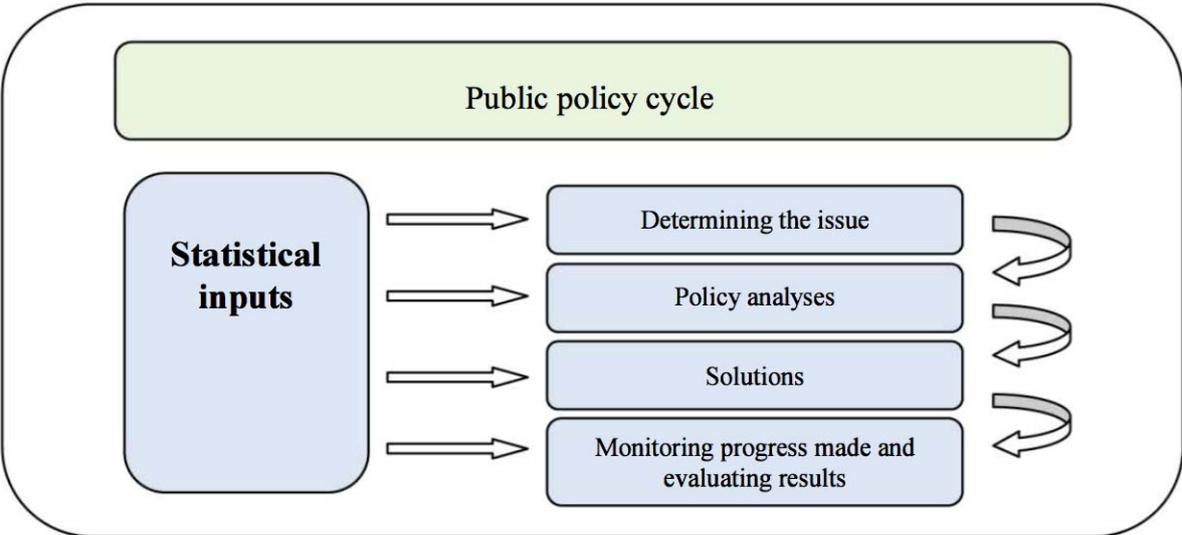
2.1 Data to influence agenda setting

The first phase of the policy cycle involves identifying issues and problems that should receive policy attention, or should be made a higher priority if they are already on the government's political agenda. Data can provide a valuable source of evidence to highlight the relevance and severity of the problem(s) that need addressing. Statistical analyses are also vital for developing a better understanding of the issue(s) by examining trends over time or patterns in the data.

International development organisations often play a leading role in compiling data and evidence to highlight latent socio-economic issues. A good example is the **Global AgeWatch Index**, released annually since 2013 by HelpAge International, which draws on information from publicly available international databases. It is a useful tool to "open doors to policy makers and provoke discussion in the media". The Global AgeWatch Index measures four key domains for older people, covering the most crucial aspects of their wellbeing, experience and opportunities (see Figure 2). These are: income security, health status, capability, and the enabling environment – factors that older people say are necessary for them to be able to function independently (HelpAge International, 2015b). Each domain has a value score, and the average is used to calculate the final ranking. The Index makes international comparisons of quality of life in older age possible and can be used as a tool to measure progress and advocate for improved policies and practices for ageing populations.

Figure 2: The Global AgeWatch Index
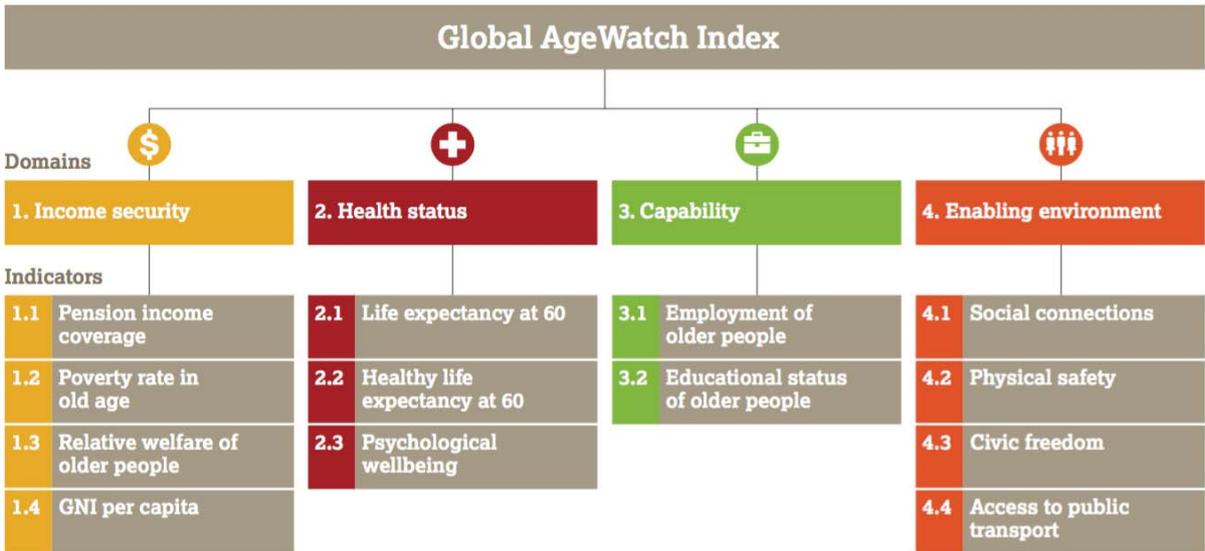
Source: HelpAge International (2015b).

Another best practice example is the **World Alzheimer Report** published annually by Alzheimer's Disease International (ADI), which has been successful in advancing the policy debate and making the arguments for more and better services for people with dementia. The 2015 edition of the World Alzheimer Report updates ADI's global estimates of the prevalence, incidence and costs of dementia based on a systemic review of 335 studies worldwide and UN population projections (Prince et al., 2015). It is accompanied by infographics and policy briefs targeted at government leaders (see Figure 3). A related example is ADI's report on **Dementia in the Asia Pacific Region** (2014), which includes profiles of each of ADI's member associations in the region and their circumstances. The document, like its predecessor in 2006, aims to "provide a basis for dialogue and discussion with governments that promote a better understanding of the consequences of dementia for health and care systems and what is needed to better support the family and friends of people with dementia in the community."

Figure 3: An infographic illustrating the global impact of dementia
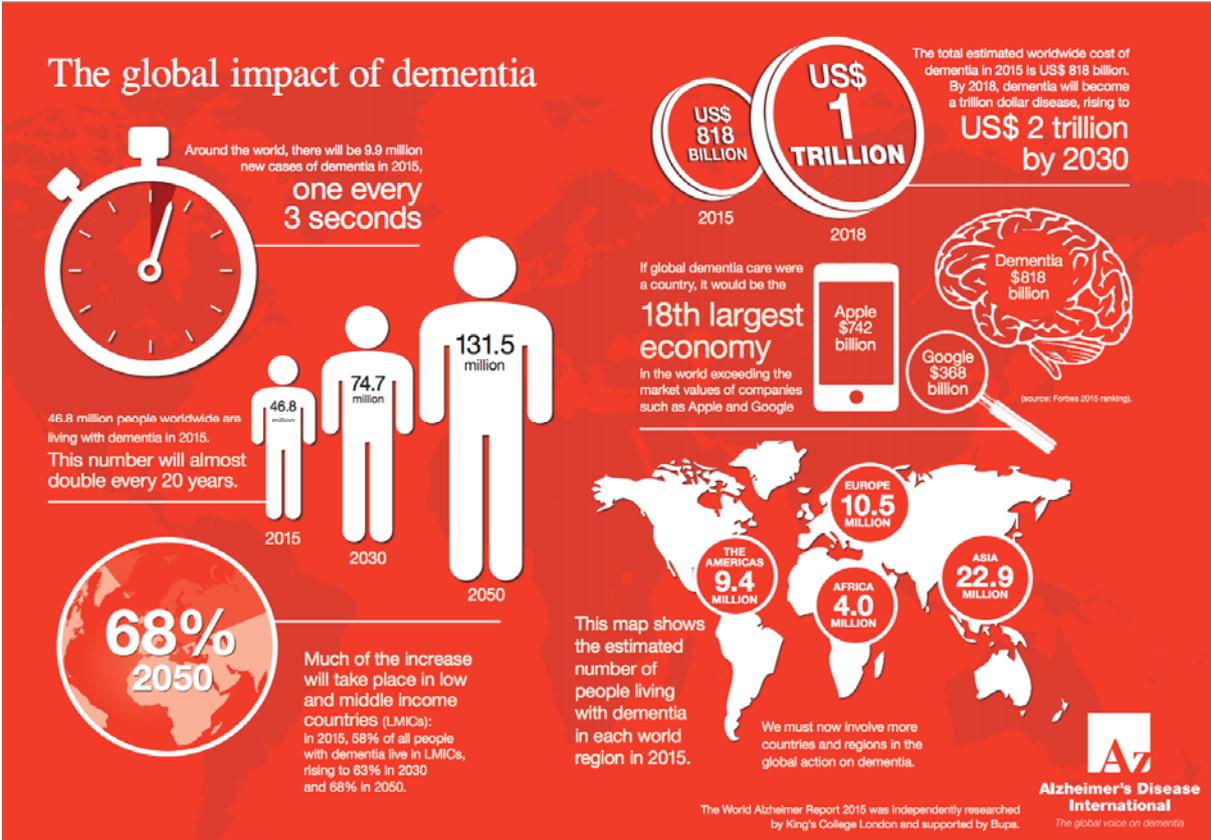
Source: Prince et al. (2015).

The International Labour Organisation (ILO) has recently drawn attention to the fact that **long-term care needs for older persons** are largely ignored and range very low on the policy agendas of most countries (Scheil-Adlung, 2015). Long-term care refers to support that is needed by older persons with limited ability to care for themselves due to physical or mental conditions, including chronic diseases and multi-morbidity. The ILO developed for the first time internationally comparable global, regional and national data that provide estimates on deficits in legal long-term care protection for persons aged 65 and over (Figure 4). The indicator used to measure the legal coverage deficit is the share of the population (either percentage of total population or population aged 65+) without coverage in national legislation. The data indicate that 65 percent of older persons in Asia and the Pacific do not have access to quality services because of a shortfall of 8.2 million long-term care needs workers.

Figure 4: Deficits in legal long-term care protection for older persons based on national legislation, 2015 (total population, percentages)

- 100 per cent deficit
- Very high deficit (means-tested)
- No deficit
- No data
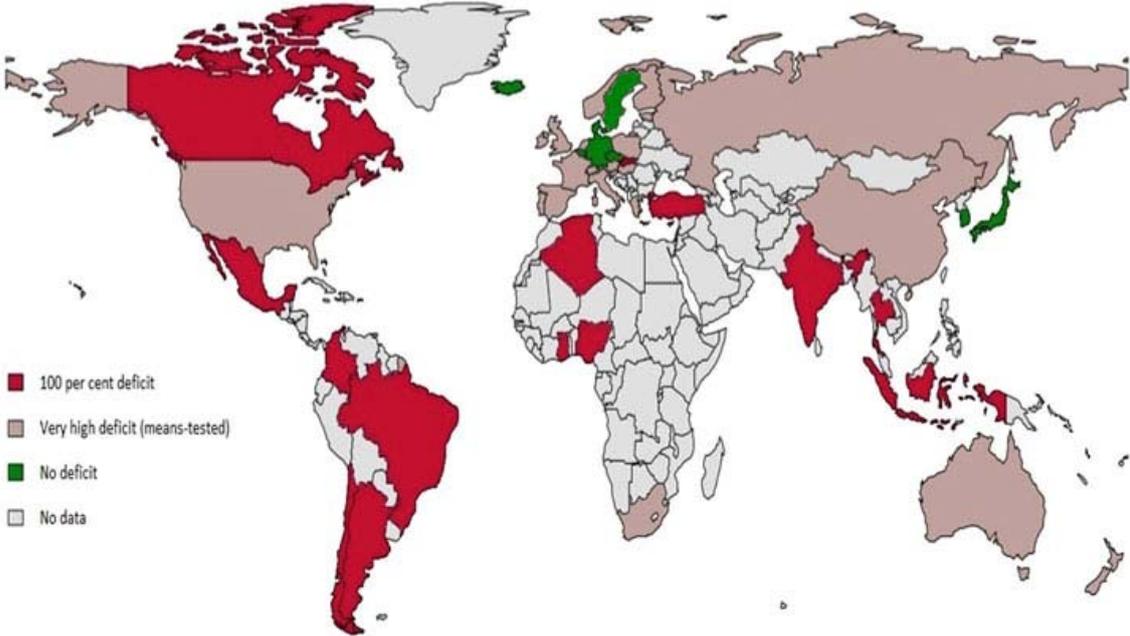
Source: Scheil-Adlung (2015).

A fourth good example is the *Global Status Report on Violence Prevention* from the World Health Organisation (WHO) (2014). The report describes the state of the problem of interpersonal violence worldwide, including **elder abuse**; assesses the programmatic, policy and legislative measures to prevent violence; evaluates the status of health, social and legal services for victims of violence; and identifies gaps and seeks to stimulate national action to address them. It involved systematically gathering

data and other information from each country, led by a government-appointed National Data Coordinator. Response rates covered 97 percent of the population in South-East Asia (8 countries) and the Western Pacific (20 countries). The United Nations Department of Economic and Social Affairs also published a global stock-take report on violence, neglect and abuse, focusing explicitly on older women (UNDESA, 2013).

At the national level, a growing number of countries in the Asia-Pacific region are undertaking **situation analyses of ageing** to provide a richer understanding of the issues affecting older men and women and trends within a country. These reports typically rely on secondary statistical analysis of existing censuses and national household surveys to disaggregate information by age, gender, location and other socio-economic variables. Examples are available for countries such as **India** (Government of India, 2011), **Indonesia** (Adioetomo & Mujahid, 2014), **Thailand** (Knodel & Chayovan, 2008; Knodel, Teerawichitchainan, Prachuabmoh, & Pothisiri, 2015), **Viet Nam** (Knodel & Anh, 2002), and the **Pacific island countries** (Demmke, 2014; Hayes, 2009). At times, civil society organisations take the lead in developing situation analyses using qualitative data collection methods. In **Nepal**, for example, the NGO Sankalpa Nepal examined the situation of older persons living in institutionalised care, by interviewing staff and residents about care giving practices, facilities and service provision in a sample of 13 old age homes across the country (2013).

Finally, there is a growing academic literature exploring different dimensions of ageing in Asia, largely driven by the wider availability of data from longitudinal surveys on ageing in South Korea, Japan, China, India, Thailand, and Indonesia (see National Research Council, 2012). Such studies can help lay a solid evidentiary foundation for policy.

2.2 Data to inform the design and selection of policies and programmes

Once a policy issue has been identified, the next step is to examine possible solutions and analyse policy and programme options. Data and statistical techniques can make significant contributions to this stage of the policy cycle. For example, spatial data can be used to facilitate geographic targeting of interventions, while more advanced techniques such as micro-simulation modelling can be used to examine the potential effects of different policy options on older people.

A good example is HelpAge International's use of population and spatial data to help design and coordinate its rapid responses to **natural disasters**. During the first two weeks of an emergency, initial assessments are carried out that involve collecting sex-

and age-disaggregated data to estimate the size of the potentially affected older men and women (Gonzalez, 2012). This information is used for a preliminary scenario definition. Next, community level assessments are conducted following a standardised methodology for the systematic collection, collation and analysis of primary data. These community level assessments help to identify those areas most affected by the disaster and to integrate the needs and priorities as perceived by affected communities into the broader assessment of strategic humanitarian priorities. Recently, HelpAge has also started piloting a new rapid assessment method for older people (RAM-OP) to assist humanitarian workers in gathering evidence on the nutritional vulnerability of older people in emergencies and planning the response accordingly (Fritsch, 2014).

Micro-simulations models have been used widely across the Asia-Pacific region to develop and cost policy options for delivering **income support to older persons**. These models use micro-data on persons or households from nationally representative surveys and simulate the effect of new policies or changes in existing interventions on income levels and other outcomes. Differences before and after the change can be analysed at the micro-level or aggregated to show the overall effect of the policy change. For example, the **Indonesian** National Team for the Acceleration of Poverty Reduction (TNP2K) recently published the country's first poverty report dedicated to the analysis of old-age poverty and simulated the potential effect of introducing either poverty-targeted or universal social pensions (Preiebe & Howell, 2014) (see Annex 3).

Similar micro-simulation exercises have been conducted for other countries in the region, including: **Bangladesh** (Khondker, Knox-Vydmanov, & Vilela, 2013); **Kiribati, Samoa, Vanuatu and Solomon Islands** (Samson, 2012a); **Nepal** (Samson, 2012b); and **Viet Nam** (Long & Wesumperuma, 2012; Setel et al., 2007). The Government of **Fiji** introduced a social pension scheme in 2013 after simulations on the impacts and costs of various policy options by the World Bank (2011).

2.3 Data to forecast the future

Forecasting future scenarios is important in order to draw attention to the possible impacts of the forward projection of current trends on existing policies and programs. Forecasting can also allow an assessment of whether policy goals and targets are likely to be met.

Forecasting demographic trends is one of the most widely used techniques to draw attention to the issue of population ageing. UNFPA and HelpAge International (2012), for example, provide a data-rich description of global and regional trends in population

ageing until the year 2050 (Figure 5); Hayes (2009) analyses the demographic impact of ageing over the next few decades in the Pacific island countries; while UNDESA (2005) projects patterns and trends in older people's living arrangements between 1950 and 2050. Most national statistics offices produce population projections for their own countries, based on assumptions about levels of fertility, mortality and migration. Moreover, several international organisations prepare population projections for the world, region and individual countries. The projections produced by the United Nations Population Division in particular are widely used by governments, international agencies, the media, researchers, and academic institutions. For the Pacific island countries and territories, where UN data are only partially available for the smallest territories and countries, an alternative source of data is the projections generated by the Secretariat of the Pacific Community (SPC).

Figure 5: Proportion of population aged 60 or over in 2012 and 2050
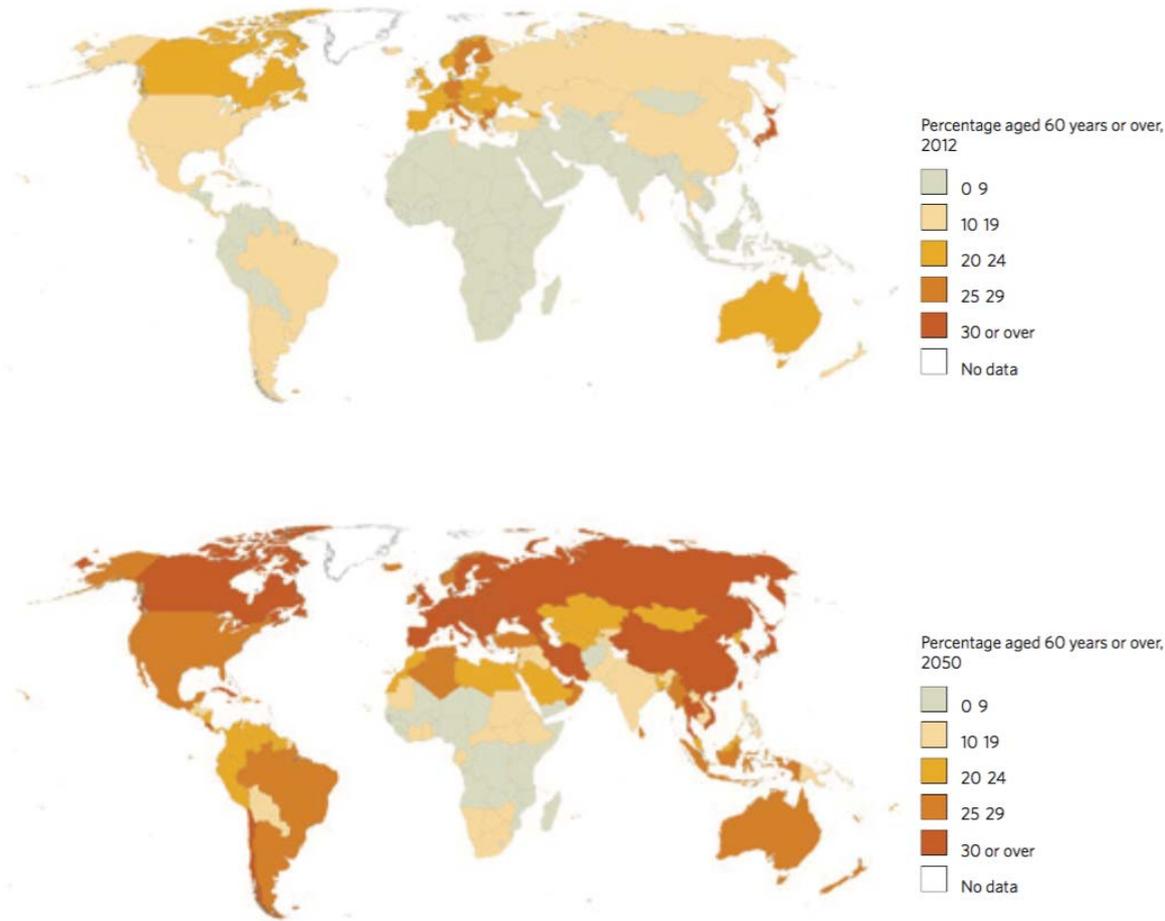
Source: UNFPA and HelpAge International (2012).

Another good example is the use of forecasting techniques to **predict the economic effects of population ageing**. For instance, Lee & Mason (2012) developed a set of National Transfer Accounts (NTAs) for countries with ageing populations, including those in Asia. NTAs measure key economic flows by age, including consumption of goods and services (both private and public), labour earnings, financial earnings, taxes, and transfers (both by governments and within families). Lee & Mason then put their NTAs through past and future country-, year-, and age-specific fertility and mortality distributions in order to evaluate the implications, magnitude and directions of private and public transfers. Their simulations serve as a useful guide on what the advantages and disadvantages of population ageing really are, and also highlight the timing of the main transitions that warrant a policy response.

Finally, data and statistical modelling can also be used to **forecast health trends**. Roth et al. (2015) from the Institute for Health Metrics and Evaluation (IHME) recently conducted the first-ever forecasting analysis for cardiovascular diseases, the leading cause of premature death in the world. They used mortality, risk factor, and relative risk data from the Global Burden of Disease project to estimate early mortality from cardiovascular disease for 188 countries up to the year 2025. The study predicts that, if current trends continue, early deaths from cardiovascular disease will climb from 5.9 million in 2013 to 7.8 million in 2025. Asia would account for 60 percent of these deaths. As a result, many United Nations member states will not meet targets set in 2013 as part of a global action plan to address non-communicable diseases, which includes reducing premature deaths from cardiovascular disease by 25 percent by 2025. Roth et al. also looked at what would happen if countries took stronger action to reduce risk factors such as hypertension, tobacco smoking, diabetes, and obesity. Their analysis indicates that, for example, premature deaths could be reduced by as much as 53 percent among women in East Asia if all risk factors were adequately addressed.

2.4 Data to monitor and evaluate policy implementation

Once policies and programmes are up and running, information is required by policymakers to monitor the expected results associated with the policies. Careful monitoring can reveal when key indicators are going off-track and provide insights into areas that require improvements. The review of the implementation of the Madrid International Plan of Action on Ageing (MIPAA) underlines the importance of monitoring, and global guidelines have been developed for a minimum set of indicators to assist countries in tracking progress (UNFPA & HelpAge International, 2012).

The Government of the **Macau** Special Administrative Region of China has been particularly proactive in putting in place mechanisms to monitor the implementation of the MIPAA, through the development of the data-driven Ageing Policy Integrative Appraisal System (APIAS) (see Annex 4). **China** has adopted a centralized nationwide monitoring approach, whereby the China National Working Commission on Ageing holds a yearly conference to share information, monitor and coordinate work related to ageing. The Standing Committee of the National People's Congress and the National Committee of the Chinese People's Consultative Conference monitors the implementation of the Law on the Protection of the Rights and Interests of the Aged by carrying out inspections, surveys and hearings. It has also established a statistical work system, which will provide basic data to help the formulation of plans, monitoring and evaluation through appropriate indicators. Other good examples can be found in the national ageing policies of **Thailand** and the **Philippines**, which outline strategies and mechanisms for monitoring and evaluating progress made toward implementing the policy and associated action plans.

Civic monitoring of services delivered by the state can also help improve public sector performance. A growing number of countries in the Asia-Pacific region have undertaken social analyses using bottom-up participatory tools, such as satisfaction surveys and focus group discussions, to evaluate policies and programmes from the perspective of older persons (ESCAP, 2012). In **Bangladesh**, for example, the Resource Integration Centre in collaboration with HelpAge International piloted an **Older Citizens Monitoring project** in which older people gathered evidence about their access to entitlements, in particular the old-age allowance and widow's allowance (HelpAge International, 2006; 2007) (see Annex 3).

Another good practice example of the use of data to monitor and evaluate policy implementation is the **Global Diabetes Scorecard**, developed by the International Diabetes Federation in partnership with Bupa, to measure progress on the *Political Declaration on the Prevention and Control of Non-communicable Disease* adopted by UN Member States in 2011 (IDF, 2014). The scorecard has been designed to mobilise Member Associations to engage in country-level monitoring of government commitments to diabetes, to highlight areas of good practice and to identify areas that may need targeted advocacy to encourage government action.

3. Promoting the use of data in policy development

There is a growing body of research that attempts to draw lessons on 'what works' to improve the uptake of data and research into policy and practice (Christine, Susan, Lisa, & Wendy, 2011; Dhaliwal & Tulloch, 2012; Porter, 2010). Some have argued that policy makers and other stakeholders make limited use of data and evidence for decision-making partly due to a communication gap (Hennink & Stephenson, 2005). For example, data are not always disseminated or available to all of the stakeholders who need to be informed. When data are not presented using a method or format appropriate for a particular audience, the data can be deemed inaccessible and not used for decision-making. Few policy makers have a background in statistics or research methods, so data and statistical evidence presented using technical jargon can be seen as too scientific and difficult to understand. Others emphasise the need to involve policy makers in the initial planning stages of research projects to increase the likelihood of the research being used; and that capacity- and skill-building work is integral to ensuring success.

3.1 Improving the relevance and supply of data on ageing

The scientific basis for formulating evidence-based policy to address population ageing is relatively underdeveloped in Asia and the Pacific (National Research Council, 2012). To an extent, the field of ageing is trapped in a 'vicious circle of statistical under-development' in many low- and middle-income countries (see Figure 6). Lack of appreciation at the political and policy level of the role of statistics on ageing has led to under-funding statistical production. This has led to the production of poor or incomplete statistics which in turn has led to weak demand and low priority for statistics on ageing, making it difficult for data providers to meet user requirements. Countries with a relatively young age structure in particular tend to invest fewer resources in data collection efforts on ageing than countries where population ageing is considered more advanced (Teerawichitchainan & Knodel, 2015).

Figure 6: Vicious circle of statistical under-development
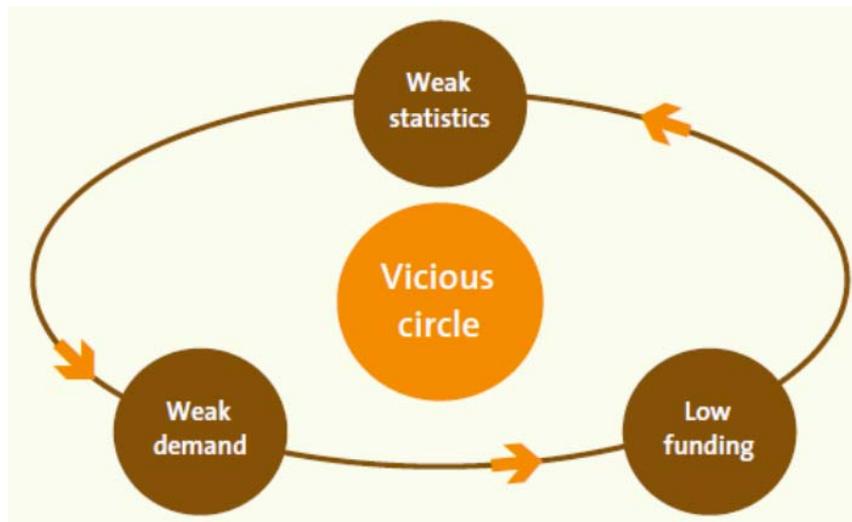
Source: PARIS21 (2010).

While a growing number of countries are using census and survey data for studying the situation of older persons, there remain many important knowledge gaps. For example, the extent to which low and middle income countries have begun to generate and use critical evidence for an effective health response to population ageing has been slow and suboptimal (WHO, 2010). Information about older people's health status is typically collected via self-reporting, and lacks biomarkers and objective health measures (Teerawichitchainan & Knodel, 2015). Scheil-Adlung (2015) points to the severe shortage of data and research on long-term care in low- and middle-income countries, which impedes the design of effective and efficient support mechanisms. The issue of elder abuse is understudied and it is difficult to obtain valid representative data (for instance, Dong, 2015; Gutman & Spencer, 2010; Mustafa & Kingston, 2014; UNDESA, 2013; UNFPA & HelpAge International, 2012; WHO, 2011a). Data related to the participation of older persons in society and development is underdeveloped, as is data on the situation of older persons in relation to emergencies, nutrition and migration (UNFPA & HelpAge International, 2011).

To a large extent, the demand for data and research evidence is shaped by the level of 'internationalisation' of sectoral issues (N. Jones, Datta, & Jones, 2009). International actors and discourses are often a driving force in bringing sectoral issues to the attention of national policy makers, and many domestic actors have enjoyed greater success in influencing policy once they began working with international players (Keck & Sikkink, 2008). For example, significant investments have been made to improve and harmonise data collection efforts related to issues such as reproductive health and children through global household survey programmes such as the Demographic and

Health Surveys (DHS) and the UNICEF-supported Multiple Indicator Cluster Surveys (MICS). The global demand for data on older persons and ageing, however, has traditionally been relatively low. Organisations such as HelpAge International continue to have to lobby hard for the inclusion of older persons in global goals and targets and age-disaggregated statistics (Albone, 2015).

Fortunately, the situation is changing for the better and there are now various good examples of international efforts to improve the relevance, supply and comparability of data on ageing. Firstly, the World Health Organisation (WHO) is leading the **Study on Global Ageing and Adult Health** (SAGE), a longitudinal study collecting data on adults aged 50 years and older, plus a smaller comparison sample of adults aged 18–49 years, from nationally representative samples (WHO, 2015b). Within the Asia-Pacific region, SAGE has been conducted in **China** and **India** while the shorter SAGE-INDEPTH surveys were conducted in **Viet Nam** (Filabavi), **Bangladesh** (Matlab), **Indonesia** (Purworejo), and **India** (Vadu).

Secondly, the **Health and Retirement Study** (HRS) which originally started in the United States has now spread throughout Europe and Asia (see Smith, 2012). The key innovation of the HRS was that it broke with the tradition of other surveys that focused almost entirely on one single domain of life, but instead was governed and implemented as a multi-domain and multidisciplinary survey. The substantive content of HRS covers the following broad range of topics: health, health services, labour force activity, economic status, and family structure. HRS sister surveys in Asia currently include the Indonesian Family Life Survey (IFLS) in **Indonesia**, Korean Longitudinal Study of Ageing (KLoSA) in **South Korea**, Chinese Health and Retirement Longitudinal Study (CHARLS) in **China**, Longitudinal Ageing Study in India (LASI) in **India**, Survey of Health, Ageing and Retirement in Thailand (HART) in **Thailand**, and Japanese Study on Ageing and Retirement (JSTAR) in **Japan**.

A third example is the **National Transfers Account (NTA) project**, which is implementing a standard methodology to measure economic activity by age in countries around the world. The NTA project is shedding new light on many areas of importance to policymakers, including: the evolution of intergenerational transfer systems; public policy with respect to pensions, health care, education, reproductive health, and social institutions, such as the extended family; and the social, political, and economic implications of population ageing. In 2014, UNFPA and the East-West Center launched a project to expand and update NTA analysis in countries in Asia, including: **Bangladesh**, **Cambodia**, **China**, **India**, **Indonesia**, **Lao People's Democratic Republic**, **Myanmar**, **Philippines**, **Thailand**, and **Viet Nam** (see Westley,

2015). The results of the NTA project show, for example, that net familial transfers are often negative as older people give more to younger family members than they receive.

3.2 Enhancing dissemination and access to data

Making data accessible within the scientific community and, more broadly, to policy makers and other potential users, can contribute to a stronger culture of data-informed decision making. When data are made accessible, researchers and others can use the data to provide policy-relevant insights and also often help improve the data quality by pointing out problems that might otherwise not have been recognised.

Traditionally, data were tightly guarded in Asian countries and not distributed to national scientists. Most Asians scholars had little data to analyse at all and turned instead to the more readily available American or European data (Smith, 2012). Likewise, in the Pacific island countries access to detailed micro data from national household surveys is typically restricted and only summary statistics are available to the public (Adelman, Ivaschenko, Packard, & Suri, 2015). As a result, little use is made of Pacific data outside of the few organisations that have access to it and Pacific island countries are often excluded from external databases and analyses.

The situation has improved, though, in recent years. Longitudinal surveys on ageing in countries such as China, India, Indonesia, Japan and Korea are now placed in the public domain within a reasonable time frame, usually less than a year (Smith, 2012). Micro data are easily accessible from the **Gateway to Global Ageing Data**, an online platform for population survey data on ageing around the world.[1] This site offers a digital library of survey questions, a search engine for finding comparable questions across surveys, and identically defined variables for cross-country analysis. Moreover, a growing number of UN and development agencies are providing access to their statistics and evidence through web-based portals and other repositories of information. The following list provides some good examples:

- The UN Department of Economic and Social Affairs (UNDESA) maintains an interactive database on **Profiles of Ageing**.[2] It contains the latest data available for 13 indicators including demographic, social and economic characteristics of the older population at the national, regional and world levels. The data pertain to 236 countries or areas for the period 1980 to 2013, and for selected

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[1] https://www.g2aging.org/
[2] http://esa.un.org/unpd/popdev/AgingProfiles2013/default.aspx

demographic indicators, projections to 2050. The profiles also include illustrative graphs of some of the variables in the database.

- HelpAge International disseminates its **Global AgeWatch** Index via an online platform that brings together a unique set of internationally comparable data based on older people's income status, health status, capability (education and employment), and enabling environment.[3] Data can be accessed in the form of tables, maps and other innovative visualisations and infographics.

- Various international organisations have made comparative data on social protection easily accessible. The World Bank's **Atlas of Social Protection Indicators of Resilience and Equity** (ASPIRE) provides a comprehensive set of harmonised indicators based on nationally representative household survey data from 112 developing countries.[4] Users can access regional and country dashboards displaying tables and graphs with the latest data and trends. HelpAge's **Pension Watch Database** has information on more than 100 social pension schemes across the world, including an interactive map with country fact files (Figure 7).[5] The Asian Development Bank's **Social Protection Index** (SPI) database provides information on coverage and spending on social protection in Asia and the Pacific.[6]

- The World Health Organisation maintains a database on **ageing and health** in Asia and the Pacific. It contains Excel spreadsheets with data on the leading causes of mortality among people aged 60 and above as well as fact sheets for 20 countries with key figures and charts on the burden of disease.[7]

- The Statistics for Development Division of the Secretariat of the Pacific Community (SPC) has set up a **National Minimum Development Indicator** (NMDI) database to make monitoring of development progress in the Pacific island countries easier and more transparent.[8] The database was designed as a 'one-stop info-shop' to provide users with access to official statistics and development indicators across key sectors.

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[3] http://www.helpage.org/global-agewatch
[4] http://datatopics.worldbank.org/aspire/
[5] http://www.pension-watch.net/about-social-pensions/about-social-pensions/social-pensions-database/
[6] https://spi.adb.org/spidmz/
[7] http://www.wpro.who.int/topics/ageing/en/
[8] http://www.spc.int/nmdi/

- Australia's **Atlas of Productive Ageing** developed by the National Seniors Productive Ageing Centre provides statistics on population, health, finance, housing and activity for Australians over 50 in the form of Excel spreadsheets and an interactive map (Figure 8).[9] Another example is the **New Zealand Atlas of Healthcare Variation**[10] which shows variation between the health care received by people in different geographical regions to stimulate debate and improvements in health care services.

Figure 7: HelpAge International Pension Watch Database

	Country	Name of scheme	Year introduced	Benefit level				
				Amount in local currency	Local currency	US$	PPP $**	% of GDP per capita*
1	Algeria	Allocation forfaitaire de solidarite	no data	3000	Dinars	38	62	21%
2	Antigua and Barbuda	Old Age Assistance Programme	1993	255	East Caribbean Dollar	94	123	8%
3	Argentina	Pensiones Asistenciales	1994	1610	Pesos	198	547	25%
4	Armenia	Old Age Social Pension	no data	10067	Drams	25	47	8%
5	Australia	Age Pension	1900	1506	Australian Dollars	1427	964	26%
6	Azerbaijan	Social Allowance (Old Age)	no data	60	New Manat	77	99	10%
7	Bahamas	Old Age Non-Contributory Pension (OANCP)	no data	245	Bahamas $	245	333	12%
8	Bangladesh	Old Age Allowance	1998	300	Taka	4	8	5%
9	Barbados	Non-contributory Old Age Pension	1937	598	Barbados $	299	490	23%

Source: http://www.pension-watch.net/

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[9] http://www.atlasesaustralia.com.au/ProductiveAgeing/atlas.html
[10] http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/

Figure 8: Australia's Atlas of Productive Ageing

Source: http://www.atlasesaustralia.com.au/ProductiveAgeing/atlas.html
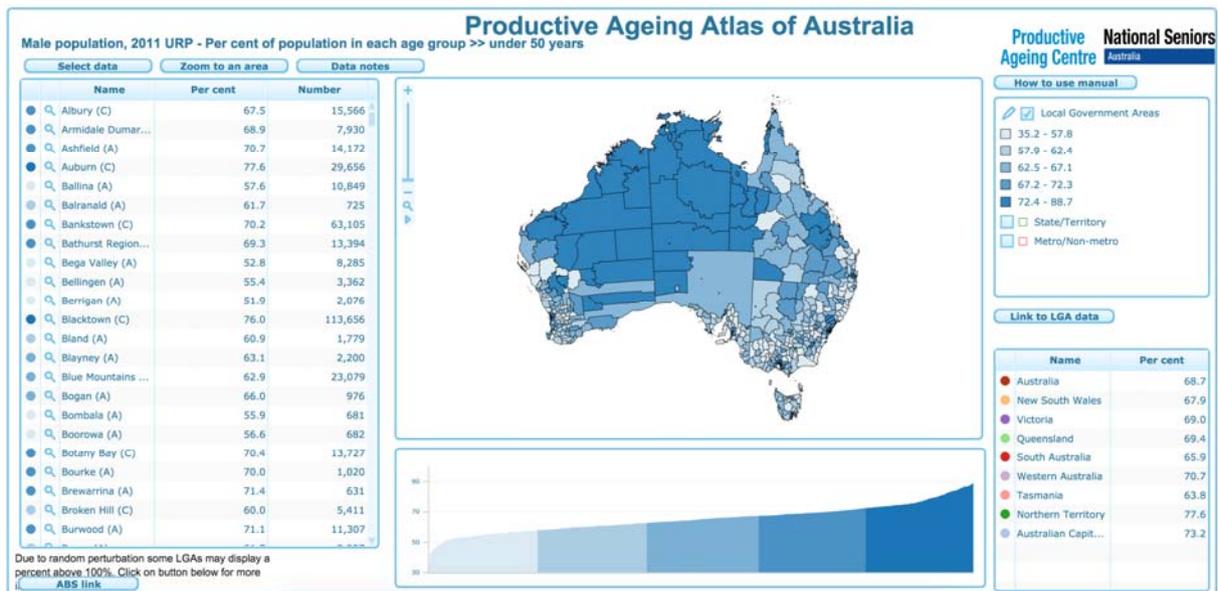
There are a growing number of guidelines on how to improve 'packaging' and communication of data and research findings (European Commission, 2010; UN, 2009a; 2009b; 2011; Young et al., 2014). Table 1 provides a summary overview of key recommendations. It is clear that dissemination is not a single or simple process; rather, different messages may be required for different audiences and they should address stakeholders' needs and concerns. An information dissemination strategy should be developed outlining the communication objectives, the target audiences, and the appropriate channels.

Table 1: Recommendations for improving dissemination of data and research

Recommendations for research commissioners	Recommendations for researchers and data producers
• Time data and research to deliver solutions at the right time to specific questions facing practitioners and policy-makers • Ensure relevance to current policy agenda • Allocate dedicated dissemination and development resources within research funding • Include a clear dissemination strategy at the outset	• Provide accessible summaries of research • Keep the research report brief and concise • Publish in journals or publications that are user friendly • Use language and styles of presentation that engage interest • Target material to the needs of the audience • Extract the policy and practice

• Involve professional researchers in the commissioning process • Involve service users in the research process • Commission research reviews to synthesise and evaluate research	implications of research • Tailor dissemination events to the target audience and evaluate them • Use a combination of dissemination methods • Use the media • Be proactive and contact relevant policy and delivery agencies • Understand the external factors likely to affect the uptake of research

Source: Nutley et al. in: Segone (2008).

Vera-Sanso et al. (2010) present a good practice example of how their research project into old-age and poverty in **India** succeeded in raising awareness of this issue amongst the general public and policy makers. The research team developed a dissemination strategy that targeted three levels: local, national and international. Strategies at the local and national levels were focused on the general public in India and on policy makers, educators, campaigners and other key opinion makers who had not yet considered ageing a priority issue in anti-poverty measures. A wide range of dissemination techniques were used including: public hearings and meetings on old age poverty and access to pensions; meetings with key policy makers and elected representatives; coverage of findings in new and old media in English and Tamil; guest lectures at universities and conferences; and photo exhibitions to raise awareness of older people's contribution to the economy. At the international level, the Principal Investigator guest edited a special volume on ageing in Oxfam's journal of *Gender and Development* and presented papers at UK and international conferences.

Another good example comes from the **Philippines**, where the Coalition of Services of the Elderly (COSE) developed a successful evidence-informed advocacy plan on social pensions (HelpAge International, 2014a). Their research focused on analysing administrative data and national statistics which highlighted issues such as the fact that of 6 million people aged 60 and over in the Philippines, just 1.2 million had a pension. COSE's advocacy efforts where instrumental in getting Government to adopt Senior Citizen Act of 2010 and the national social pension programme.

3.3 Fostering a culture of evidence-based policy making

Data communication on its own is not sufficient – potential research users need to have motivation and skills to use research. Several studies conducted in Asia found that data and research evidence are rarely a dominant force in the policy making process. In **Viet Nam**, for example, evidence has a relatively minor influence on policy decisions compared to other factors such as economic interests, ideology and informality (Datta & Huong, 2013). Moreover, the recruitment, training and promotion of civil servants is highly politicised, constraining the quality of policy-making. The demand for evidence is greater though when policy windows open due to important policy events, such as the National Congress of the Communist Party (every 5 years) or when the National Assembly convenes (twice a year) (Pellini & Serrat, 2010).

In **Indonesia**, Datta et al. (2011) found that policy makers may be motivated to draw on and use research evidence, but only under certain circumstances; for example, to address an issue highlighted as a priority by the president, to bolster pre-determined policy positions, or to seek favourable perceptions among key international actors. A study on local governance in the **Philippines** found that mayors are relatively uninterested in data and research, and ultimately they decide what policies are best based on their experience and knowledge about their respective communities (Kagahastian-Candelaria, 2014).

One study on the **Pacific island countries** concluded that many decision-makers remain unaware of the need for or the use of statistics in planning and policy making (SPC, 2013). Historically, development plans and policy frameworks across the Pacific region have not featured performance indicators, benchmarks or targets. National Statistical Offices tend to be chronically under-resourced, high-quality administrative databases are often lacking, and there is low capacity to analyse data and translate numbers into policy-relevant and meaningful information (PIFS & SPC, 2009).

There has been a great deal of interest amongst international development donors in stimulating demand for data and research evidence by building the capacity of policy makers to use it. Table 2 provides an overview of key strategies for encouraging better use of data and evidence in policy-making. There are, however, only a small number of initiatives to build capacity in the use of data on ageing. Existing initiatives focus mostly on social protection and pensions. For example, the Economic Policy Research Institute and HelpAge International, together with the Maastricht Graduate School of Governance and the Institute of Development Studies, organise annual **training courses** for policy makers and government officials on "Designing and Implementing

Social Transfer Programmes". These courses include specific modules on monitoring and evaluating social protection programmes, micro-simulation modelling for policy analysis, and ageing and social pensions (HelpAge International, 2015a).

Table 2: Encouraging better use of data and evidence in policy-making

Increasing incentives to use data and evidence	Facilitating better evidence use
• Require the publication of the evidence base for policy decisions • Require departmental spending bids to provide a supporting evidence base • Submit government analysis (such as forecasting models) to external expert scrutiny • Provide open access to information – leading to more informed citizens and pressure groups	• Encourage better collaboration across internal analytical services (e.g. researchers, statisticians and economists) • Co-locate policy makers and internal analysts • Integrate analytical staff at all stages of the policy development process • Link R&D strategies to departmental business plans • Cast external researchers more as partners than as contractors • Second more university staff into government • Train staff in evidence use

Source: Nutley et al. in: Segone (2008).

Overall, a common conclusion in the existing literature on ways of improving uptake of evidence in both policy and practice is that there is a need to develop better, ongoing interaction between evidence producers and evidence users. This strategy is more commonly used in the field of ageing. For example, the national science academies of **China**, **Japan**, **India**, and **Indonesia** organised several **conferences on ageing** in 2010 and 2011 which provided an opportunity for Asian and other researchers to discuss important data collection initiatives (at different stages of evolution and development) taking place throughout the region, exchange knowledge, share common experiences, and engage with policy makers (National Research Council, 2012). HelpAge International, with support from UNFPA and the European Union, organised a regional conference in **Thailand** in 2014 which brought together more than 200 participants from 120 organisations in 29 Asian and Pacific countries to share experiences and develop common perspectives on the theme, "Older People in Ageing Societies: Burden or Resource?".

The World Health Organisation, in its *Regional framework for action on ageing and health in the Western Pacific (2014–2019)*, recognises the need to improve "knowledge translation to inform policy-making on ageing and health, including through policy dialogue and the dissemination of policy briefs, national reports and relevant studies" (WHO, 2014c). A promising example of a regional network that aims to bridge the gap between research and policy is the Asian node of the **Evidence-informed Policy Network** (EVIPNet), an initiative of the World Health Organisation (WHO, 2013). EVIPNet uses a systems approach to strengthen health systems, by improving the links between policy and the results of scientific research for health, especially in developing countries. It was started in Asia in 2005 with teams in **Laos**, **Malaysia**, the **Philippines**, and **Viet Nam**, and three teams in **China**. Country teams are led by senior health officials from government, in partnership with representatives from national science and technology institutions and academia, among others. A related example is the **Asia Pacific Observatory on Health Systems and Policies** (APO), which is a partnership of governments, development agencies, and the research community that supports and promotes evidence-based health policy-making in the Asia Pacific region by linking systematic and scientific analysis of health systems with the decision-makers who shape policy and practice.

4. Conclusion and recommendations

The Asia-Pacific region is at the forefront of population ageing. The population of people age 60 years and over in Asia is growing at a faster pace than anywhere else in the world. Most developing countries of the region have limited resources and must carefully make informed, evidence-based decisions about the future. This entails collecting data on different dimensions of ageing, but also effectively using existing data to inform policy development. This report has reviewed barriers to the uptake of data on ageing, but also reviewed best practices and good examples of the use of data in policy and advocacy.

The scientific basis for formulating evidence-based policy to address population ageing is still relatively underdeveloped in most countries in Asia and the Pacific, with significant data gaps in critical areas such as healthy ageing, long-term care, income security, elder abuse, older persons in emergencies, and ageing and migration. **However, good progress has been made in recent years to improve the supply of data**, as evidenced by the growing number of studies and surveys on different dimensions of ageing. Overall, this report finds that **such data are increasingly being**

used by international development agencies, NGOs and civil society to influence agenda setting and demand greater policy action for older persons.

Nonetheless, with few exceptions – notably in the field of pensions – **data are insufficiently used to inform the actual design and selection of policies, programmes and interventions for older persons**. Planning and policy-making is often done in the absence of data, because of a lack of sufficient timely data, because existing data are not disseminated or available in a format appropriate for policy makers and/or because policy makers lack the motivation and skills to use data. Indeed, several studies conducted in Asia and the Pacific found that data and research evidence are rarely a dominant force in the policy making process.

Another critical issue is that advocacy efforts by NGOs and international actors are often focused on raising broad awareness about issues of population ageing, but neglect the equally-necessary work of translating data and research into relevant, constructive and realistic policy options. With few exceptions – notably in the field of pensions – there is a scarcity of data and research on the effectiveness of policies and interventions for older people. For example, there is a severe shortage of data and research on long-term care, which impedes the design of effective and efficient support systems. Few intervention programmes to address elder abuse have been evaluated and as a result it is difficult to say which approaches have had the most success.

The **first recommendation**, then, is to **foster global and national demand for data on ageing**. Without strong and sustained demand from both national and international interest groups, data producers have little incentive to improve data related to ageing. Stakeholders should not only work towards filling knowledge gaps on the situation of older persons, but also improve the availability of data and evaluations that can support the design of effective and efficient interventions as well as data to monitor the implementation of policies and programmes. There is also a need to improve partnerships and efforts to standardise statistical methods and indicators related to healthy ageing, elder abuse, long-term care and other areas of relevance to older persons.

The **second recommendation** is to **make existing data more accessible** within the scientific community and, more broadly, to policy makers and other potential users. When data are made accessible, researchers and others can use the data to provide policy-relevant insights and also often help improve the data quality by pointing out problems that might otherwise not have been recognised. Existing initiatives, such as

the online databases and repositories highlighted in this report, should be sustained and further expanded to cover a broader range of topics relevant to older persons.

The **third recommendation** is to continue to **improve the packaging and presentation of data**. When data are not presented using a method or format appropriate for a particular audience, it can be deemed inaccessible and not used for decision-making. Few policy makers have a background in statistics or research methods, so data and statistical evidence presented using technical jargon can be seen as too scientific and difficult to understand. Data producers and advocacy groups should make effective use of tables, graphs, maps, infographics and other devices to bring statistics to life and get the message across to policy makers.

The **fourth recommendation** is to **improve understanding of policy processes and the political context**. Data communication on its own is not sufficient – policy makers need to have motivation to seek out and use data. They are are often relatively uninterested in data, or may only be motivated to draw on and use data under certain circumstances; for example, to address an issue highlighted by the president, to bolster pre-determined policy positions, or to seek favourable perceptions among key international actors. The demand for data may increase when policy windows open due to important policy events. In order to influence the policy process, data producers and advocacy groups should understand both the technocratic and the political aspects of policymaking, and how these shape the choices and incentives of policy elites.

The **fifth recommendation** is to **build statistical literacy and foster links between producers and users of data on ageing**. One key factor in promoting the use of data in policy is to build the capacity of policy makers to find, assess and incorporate data in their work. With one or two exceptions, however, there are no trainings and courses to develop the statistical literacy skills specifically of those involved in policy and advocacy on ageing. This is a gap that should be addressed. There is also a need to develop better, ongoing interactions between producers and users of data both at country and regional level.

Annex 1: Barriers to the use of data on neglect, abuse and violence against older persons in policy and advocacy

Elder abuse is a violation of older people's fundamental rights to be safe and free from violence and contradicts efforts toward improved well-being and quality of life in healthy ageing. A growing body of research has shown that elder abuse is a universal phenomenon in both developed and developing countries. Within the Asia-Pacific region, the incidence of elder abuse is expected to increase sharply as many Asian countries are ageing at an unprecedented rate whilst perceptions of ageing and older people and their rights are not improving. In 2015, people aged 60 and over make up nearly 12 percent of the regional population. By 2050, this percentage is projected to reach 25 percent (HelpAge International, 2015b).

Internationally, elder abuse was first recognised as a serious problem in the Madrid International Plan of Action on Ageing (MIPAA) that was adopted by the United Nations Second World Assembly on Ageing in 2002. The MIPAA called for the elimination of all forms of neglect, abuse and violence of older persons, as well as the creation of support services to address elder abuse. It also recommended that further research be undertaken into the causes, extent, seriousness and consequences of violence against older women and men and that findings of such research should be disseminated.

Since the adoption of the Madrid Plan of Action, the issue of elder abuse has gradually been gaining traction around the world. There are now global movements, such as the International Network for the Prevention of Elder Abuse (INPEA), dedicated to raise awareness and promote public education on neglect, abuse and violence against older people. In 2011, the UN General Assembly officially designated June 15th as World Elder Abuse Awareness Day (WEAAD). The evidence base is expanding too, with a growing number of research studies including in developing countries, and the publication of global reports by WHO (2011a; 2014) and UNDESA (2013).

This case study reviews the messages that come from existing research on elder abuse and assesses if available data are being used in national policies relevant for older persons in low and middle-income countries in the Asia-Pacific region. It then looks at different factors that act as barriers to the use of data on elder abuse in public policy. In doing so, the case study draws important lessons about evidence-based advocacy and policy development that are applicable to other sectors too.

Prevalence of elder abuse in Asia-Pacific

Elder abuse was first described in British scientific journals in 1975 using the phrase "granny battering". During the 1980s scientific research and government actions were reported from Australia, Canada, Hong Kong, Norway, Sweden and the United States, and in the following decade from Argentina, Brazil, Chile, India, Israel, Japan, South Africa, the United Kingdom and other European countries (WHO et al., 2014).

Although elder abuse was first identified in Western countries, a substantial amount of research has accumulated on elder abuse in Asia too, especially in Bangladesh, China, India, Japan, South Korea and Singapore (Dong, 2015; Yan, 2014). Among high-income countries, estimates of the prevalence of elder abuse range from 6.3 percent in South Korea to 34.9 percent in Japan. In the last decade, there has also been a growing academic interest in low and middle-income countries, as evidenced by the following examples.

Bangladesh: Based on a sample of 743 persons aged 60 and above living in rural areas in the Naogan District of Bangladesh, Rahman et al. (2010) found that 27 percent had experienced abuse. Older persons who are widowed, in poor health, or with no education were significantly more likely to face abuse. In a similar study in the Rajshahi district, Tareque et al. (2015) also found a significant correlation between economic well-being and elder abuse: 62 percent of respondents from poor households reported abuse of some kind, compared with only 6 percent of respondents from rich households.

China: Wu et al. (2012) conducted a cross-sectional survey of older people aged 60 years or older in three rural districts in the northeastern Hubei province. Elder abuse was reported by 36 percent of the participants, with psychological abuse being the most common form of mistreatment (27 percent), followed by caregiver neglect (16 percent), physical abuse (5 percent), and financial exploitation (2 percent). Their analysis also revealed that depression, being widowed/divorced/single/separated, having a physical disability, having a labour-intensive job, depending solely on self-made income, and living alone were risk factors for elder abuse. In a smaller study using a convenience sample of 412 older Chinese attending an urban medical centre in Nanjing, Dong et al. (2007) found a similar prevalence rate of 35 percent. Caregiver neglect was the most common form of abuse, followed by financial exploitation, psychological abuse, physical abuse, sexual abuse, and abandonment.

India: A study conducted by HelpAge India (2012) interviewed 5,600 older persons in 20 cities across the country to explore the nature and extent of elder abuse, the main perpetrators of abuse, awareness on measures to prevent abuse, along with action taken. It showed that 31 percent of those interviewed had experienced abuse and 24 percent faced abuse on a daily basis. Adult children and daughters-in-law were the prominent perpetrators. Chokkanathan and Lee (2005) found a prevalence rate of 14 percent in a sample of 400 community-dwelling older Indians, with chronic verbal abuse being the most common (11 percent), followed by financial abuse (5 percent), physical abuse (4 percent), and neglect (4 percent). Gender, social support, and subjective rating of physical health emerged as significant factors associated with abuse.

Thailand: Chompunud et al. (2010) report that 15 percent out of a sample of 240 elderly persons in metropolitan Bangkok had been the victims of abuse. Psychological and financial abuse were the most common type of abuse they experienced. Factors associated with elder abuse included: gender, adequacy of income, health status, dependency and relationship issues. Female elders, for example, were up to five times more likely to have been abused by family members than were elderly males. Moreover, older persons with family members who were highly dependant on them were about six times more likely to have been abused compared with elderly persons with family members who were less dependant on them. Other Thai studies have reported higher rates of prevalence of elder abuse, for example, up to 50 percent among older adults in Chiang Mai (Chompunud et al., 2010).

Dong (2015) provides a systematic review of studies on elder abuse across five regions in the world (see Figure 9). In Asia, the highest prevalence was found among older adults in China (36 percent), while the lowest was reported among older adults in India (14 percent). In North and South American epidemiological studies, prevalence rates range between 10 and 47 percent; in Europe, the prevalence varied between 2 and 61 percent; and in Africa between 30 and 44 percent. The wide variation in prevalence rates is the result of inconsistent definitions and tools to measure elder abuse.

Figure 9: Estimates of the prevalence of elder abuse by region
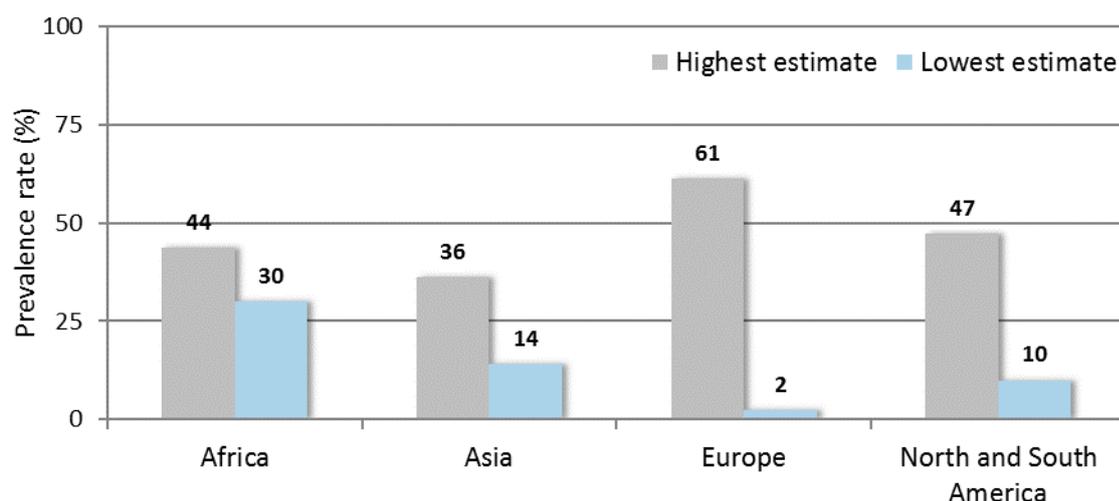
Source: Dong (2015)

Are data on elder abuse used in policy and advocacy in Asia-Pacific?

In a global survey carried out by the WHO (2014), 50 percent of countries in South-East Asia and 35 percent of countries in the Western Pacific region reported having national plans to address elder abuse. The findings from the survey also indicate that only a small number of countries are investing in prevention, such as caregiver support programmes, residential care policies, public information and professional awareness campaigns.

Williamson (2015) reviewed national policies, legislation and/or action plans focusing solely on ageing and older persons in 26 low and middle-income countries in Asia and the Pacific. She found that 19 out of 26 countries (73 percent) include at least some broad reference to neglect, abuse, violence, rights and age discrimination within these policy documents. Few countries, such as Pakistan and Sri Lanka, offer concrete details on delivery mechanisms.

Overall, the vast majority of policies and plans on ageing and older persons in developing countries in Asia and the Pacific do not incorporate any data on the magnitude and characteristics of elder abuse and the risk and protective factors for abuse. Stated policy intentions related to elder abuse are typically vague, with no description of implementation arrangements, or monitoring and evaluation processes. Plans lack baseline data, targets or indicators to track national violence prevention efforts, and do not call attention to the need to improve data collection on elder abuse

either. **This suggests that most planning and policy-making on elder abuse is not driven by data and evidence.**

Across low and middle-income countries, activities on the prevention of elder abuse are usually conducted by civil society, often with support from international NGOs. HelpAge International, for example, has been using results from local studies on elder abuse to raise awareness in countries such as India, Sri Lanka, and Bangladesh. Campaigns are often linked to the annual World Elder Abuse Awareness Day on June 15th. In several countries, the general public is slowly starting to recognise elder abuse as a social problem, usually driven by scandals exposed in the media. Wider availability of data, in combination with increased media coverage, can provide an important impetus for policy-makers to take action, as evidenced by the case of Japan, the first country in the world that enacted a specific law on elder abuse (see Box 1).

Box 1: From data to action — The case of Japan

The issue of elder abuse only started receiving attention after 1987 with the publication of *Rojin Gyakutai*, the first Japanese book to describe elder abuse (Kaneko, 1987). In 1993, the Ministry of Health, Labour and Welfare (MHLW) gave a research grant to the Society for the Study of Elder Abuse (SSEA) — an independent group consisting largely of social workers and academics — to carry out a survey with community care centres (Amano, Ikegami, & Ishibashi, 2016). This survey confirmed the existence of elder abuse and, in response, SSEA organised the Japan Elder Abuse Prevention Centre and initiated a volunteer-operated telephone counselling service (WHO, 2002).

Throughout the 1990s, research projects discovered more elder abuse cases and social awareness increased, but this did not immediately lead to any specific policy action to help address abuse. After the enactment of the Long-Term Care Insurance Act in 2000, however, home visiting services were expanded in Japan and the number of formal caregivers serving older persons grew rapidly. These providers began reporting more elder abuse by family caregivers (cited in Amano et al., 2016). Faced with a series of news stories on elder abuse, the MHLW finally conducted the first nationwide investigation on elder abuse in 2003. The results were published in 2004 and focused attention on the need for a legal system preventing elder abuse.

In response, a special law, the Elder Abuse Prevention and Caregiver Support Law, was passed in 2006. It is the first national law regarding elder abuse prevention in the world (Soeda, Kanno, & Naganuma, 2012). One key feature of the act is that it clearly defines elder abuse for the time in Japanese law. It also puts an obligation on all citizens to report suspected cases of elder abuse to the relevant municipality. Since the enactment of the law, there have been significant improvements related to reporting systems and activities for increasing awareness among service providers. For example, the reported number of elder abuse cases has increased from just over 18,000 in 2006 to nearly 26,000 in 2010 (Soeda et al., 2012). But, as Nakanishi et al. (2009) point out, further policy is needed to clarify how intervention teams and multi-agency networks should be established, how to carry out home visits to investigate reports, and how to approach cases resistant to outside support.

Barriers to the uptake of data on elder abuse

It is clear that the evidence base on elder abuse is growing, but that key stakeholders do not use the available information to inform policy and programmatic decision-making. This section therefore identifies key constraints that are limiting the use of data and evidence on elder abuse in public policy.

Lack of consistency in definitions
Numerous studies have argued that the lack of a universally accepted definition of elder abuse is a key challenge to the visibility of older people in the discourse on violence and abuse (for instance, Dong, 2015; Gutman & Spencer, 2010; Mustafa & Kingston, 2014; UNDESA, 2013; UNFPA & HelpAge International, 2012; WHO, 2011a). Definitions of elder abuse vary between countries, cultures and disciplines. As a result, differing definitions have led to research findings and policy responses that may appear contradictory and confusing to those not familiar with the field of elder abuse.

One of the most commonly used definitions was developed by the UK's Action on Elder Abuse in 1995 and subsequently adopted by the World Health Organisation (WHO) and the International Network for the Prevention of Elder Abuse (INPEA): "Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. It can be of various forms: physical, psychological, emotional, sexual, and financial, or simply reflect intentional or unintentional neglect." (WHO, 2002).

There are, however, several other conceptual frameworks used by organisations such as the National Research Council of the United States National Academy of Science and the Centers for Disease Control (UNDESA, 2013). Moreover, a handful of studies have investigated how different cultural groups in Asia define elder abuse (see Yan, 2014). Overall, many controversies remain surrounding the concept of elder abuse and there is no international body with authority to compel countries or researchers to use common definitions.

Limited availability of representative data
It is difficult to get accurate data on the prevalence or incidence of elder abuse due to a lack of representative national surveys and difficulties in measurement. Out of the ten Asian countries that have conducted comprehensive national surveys of older people, only three (Bangladesh, Viet Nam and Myanmar) included questions related to elder abuse (Teerawichitchainan & Knodel, 2015). Moreover, surveys on violence against women rarely collect information on persons older than 49 years (Albone, Beales, &

Mihnovits, 2014). If samples do include older women, the data are usually not disaggregated by age in published reports.

Elder abuse is prone to being underreported in routinely collected data from police and health services. For example, a study of 5,600 older persons in India found that three out of ten (31 percent) experienced abuse, yet 55 percent of those abused did not report it to anyone (HelpAge India, 2012). Globally, some experts believe that elder abuse may be underreported by as much as 80 percent (WHO, 2008).

Past research has often involved small samples and weak methodologies. In fact, a recent meta-analysis of 1,832 research articles on elder abuse published between 1990 and 2011 concluded that a vast majority of studies lack a rigorous methodology, compromising reliability and validity of their results (Sooryanarayana, Choo, & Hairi, 2013). Moreover, numerous tools have been used in different studies around the world, creating additional difficulties in understanding the full scope of the problem.

Cultural sensitivity and societal values

Data and research are more likely to be applied to policy-making if there is a strong consensus about the need for policy change than if the area is highly contested. For action to take place, the issue of elder abuse needs to be widely recognised as a problem. But, elder abuse is often a highly sensitive and taboo subject.

Traditionally, children are expected to assume primary responsibility for their elderly parents across most of Asia and the Pacific. Many policymakers cling to this belief and are hesitant to engage with the issue of elder abuse because of societal values such as family privacy, reluctance to publicise personal and family problems to outsiders, and respect for the head of the household. At the same time, many older Asians may be hesitant to report their own experiences of abuse because of shame or because it is seen as a threat to the family honour (UNFPA & HelpAge International, 2012). The older women of today, in particular, were brought up in a different era in which they were expected to assume a subordinate position in family and society (UNDESA, 2013).

Yan (2014) therefore stresses the need for cultural sensitivity in research on elder abuse in Asia. But, while it is desirable to use data collection instruments that tap into culturally specific types of abuse, it is also essential to maintain some degree of consistency in instruments used to enable comparisons across cultures and countries.

Limited action-oriented messaging

Advocacy efforts in the Asia-Pacific region are typically focused on raising broad awareness about the existence of elder abuse, by highlighting data and statistics about the magnitude of the problem. The equally-necessary work of translating data and research into relevant, constructive and realistic policy options is not often done. This includes the instrumental links between an activity and an outcome as well as the expected cost and impact of an intervention.

Key approaches to preventing elder abuse include: raising professional awareness and training practitioners; informing the public about how to identify the signs and symptoms of elder abuse and where help can be obtained; and improving policies and practices in residential care facilities for elderly people (WHO et al., 2014). To date, however, few intervention programmes have been evaluated and it is difficult to say which approaches have had the most success. Research leading to effective prevention and intervention strategies is urgently needed.

Lack of internationalisation

Demand for data and research evidence is shaped by the level of 'internationalisation' of sectoral issues (N. Jones et al., 2009). International actors and discourses have been key drivers in bringing issues such as human rights, gender equality and environmental protection to the attention of national policy makers. Moreover, many domestic actors have enjoyed greater success in influencing policy once they began working with international players (Keck & Sikkink, 2008). The situation is no different in the field of violence and abuse.

Over the past few decades, international organisations such as UNDP, UN Women, UNICEF, WHO, UNFPA and donor agencies have developed policy instruments, funding streams, advocacy platforms and normative guidance materials to support national violence prevention efforts, with a focus on women and children. Significant investments have been made to improve and harmonise data collection efforts too. For example, global household survey programmes – such as the USAID-supported Demographic and Health Surveys (DHS) programme and the UNICEF-supported Multiple Indicator Cluster Survey (MICS) programme – collect information on sexual violence, domestic abuse of women, and violence against children in a large number of developing countries.

The issue of violence and abuse of older persons, however, has received relatively little attention to date. For instance, the campaign by UN Women on Ending Violence Against Women has made no mention of older women as a vulnerable group. There

has been little global demand for data on elder abuse, while the supply of technical expertise and support to national governments for addressing it has been weak or non-existent. As a result, elder abuse is one of the least-investigated types of violence in national surveys, and one of the least addressed in national action plans (WHO et al., 2014).

Conclusion

Elder abuse is a universal problem in both developed and developing countries, and is expected to increase significantly in the Asia-Pacific region as many countries are ageing at an unprecedented rate. Internationally, elder abuse was first recognised as a serious problem in the Madrid International Plan of Action on Ageing (MIPAA) that was adopted by the United Nations Second World Assembly on Ageing in 2002. A substantial amount of research has accumulated on elder abuse in Asia since then. However, this information is hardly used to inform policy and programmatic decision-making. The vast majority of policies and plans on ageing and older persons in developing countries in Asia and the Pacific do not incorporate any data on the magnitude and characteristics of elder abuse and the risk and protective factors for abuse. The case study identified key barriers that are limiting the use of data on elder abuse, including the lack of a common definition of elder abuse, poor quality of data, cultural sensitivity, lack of information on the effectiveness of interventions, and low global demand for data on elder abuse. Such limitations can be overcome, however, as evidenced by the field of gender-based violence, where the quantity and quality of data and its uptake in advocacy and policy is far greater.

Annex 2: Review of the use of data on non-communicable diseases and ageing in policy and advocacy

Health is a key concern for older people, as with age comes increased likelihood of functional limitations and chronic illness. The Asia-Pacific region is at the forefront of population ageing and the demographic transition has been accompanied by an epidemiological transition, characterized by a change in disease patterns from infectious, acute diseases to non-communicable diseases. NCDs include a wide range of chronic conditions, including cancer, diabetes, cardiovascular disease, hypertension and dementia. While NCDs were formerly described as "diseases of affluence", they are now the leading cause of death globally (WHO, 2014b). The human, social and economic consequences of NCDs are felt by all countries but are particularly devastating in poor and vulnerable populations due to greater exposure to risks and inadequate prevention and treatment.

In recent years, the issue of NCDs has gradually been gaining traction around the world. The evidence base is expanding, with a growing number of research studies including in developing countries. There are global movements now dedicated to raise awareness and campaign for policy change, such as the NCD Alliance, Alzheimer's Disease International, and the International Diabetes Federation. In September 2011, world leaders agreed on a roadmap of concrete commitments to address the global burden of NCDs and in 2013 the World Health Assembly adopted a comprehensive global monitoring framework with 25 indicators and nine voluntary global targets for 2025. Another milestone was reached in September 2015 with the inclusion of a stand-alone target on NCDs in the Sustainable Development Goals (SDGs).

This case study reviews the key messages that come from existing research on ageing and NCDs and provides good practice examples of the use of available data in policy advocacy, with a focus on the Asia-Pacific region.

The burden of NCDs in Asia-Pacific

NCDs, also known as chronic diseases, do not pass from person to person, in contrast to infectious diseases. Chronic diseases are of long duration and generally progress slowly. The most common NCDs are cardiovascular diseases (including heart disease and stroke), diabetes, cancer, and chronic respiratory diseases (including chronic obstructive pulmonary disease and asthma). The most important modifiable risk

factors for NCDs are unhealthy diet, physical inactivity, tobacco use, and excessive alcohol consumption. These factors may all be affected by lifestyle choices that are heavily influenced by economic development and urban living.

Figure 10 uses data from the Global Burden of Disease project to show the years of life lost (YLL) among older people aged 60+ years in low and middle income countries in East Asia and the Pacific. YLL is a measure of the disorders that kill older people and the average potential years that they will, on average, be deprived of by these disorders. Overall, the greatest burden of mortality in older people in East Asia and the Pacific overwhelmingly comes from NCDs (90.3 percent), followed by communicable conditions (5.3 percent) and injuries (4.4 percent). The biggest causes of premature deaths are stroke; ischaemic heart disease; chronic obstructive pulmonary disease; different forms of cancer; diabetes; lower respiratory infections; and hypertensive heart disease.

Figure 10: Number of years of life lost to mortality (YLL) and years of healthy life lost due to disability (YLD) for the top 10 causes among older people aged 60+ years in East Asia and the Pacific, 2012

Leading causes of years of life lost to mortality (YLL)		Leading causes of years of healthy life lost due to disability (YLD)	
1. Stroke	44,906,537	1. Other hearing loss	4,658,608
2. Ischaemic heart disease	27,709,193	2. Back and neck pain	3,009,606
3. Chronic obstructive pulmonary disease	17,496,146	3. Unipolar depressive disorders	2,573,691
4. Trachea, bronchus, lung cancers	10,206,701	4. Chronic obstructive pulmonary disease	2,411,619
5. Diabetes mellitus	6,556,736	5. Osteoarthritis	2,344,200
6. Liver cancer	5,483,896	6. Other musculoskeletal disorders	2,031,977
7. Stomach cancer	5,219,035	7. Refractive errors	2,001,426
8. Lower respiratory infections	5,040,732	8. Other vision loss	1,817,936
9. Hypertensive heart disease	5,002,352	9. Alzheimer's disease and other dementias	1,728,543
10. Other circulatory diseases	4,264,795	10. Cataracts	1,427,046

Source: Authors' calculations based on WHO (2014a).

The links between ageing and NCDs are increasingly visible in the Asia-Pacific region. Growing numbers of older people suffer from cardio-vascular disease, stroke and diabetes. For example, the estimated number of people with diabetes in Asia-Pacific is projected to increase from 231.5 million people in 2015 to 355 million in 2040. Currently, around half of deaths due to diabetes are among older persons aged 60 and over (see Figure 11 and Figure 12). Hypertension, which is responsible for a significant proportion of cardiovascular disease, often remains undetected. For example, around 60 percent of China's older population and one-third of older people above 50 years of

age in India suffer from hypertension, but only 8 percent and 14 percent respectively control their condition (Lloyd-Sherlock, Beard, Minicuci, Ebrahim, & Chatterji, 2014a).

Figure 11: Death due to diabetes by age in South East Asia, 2015
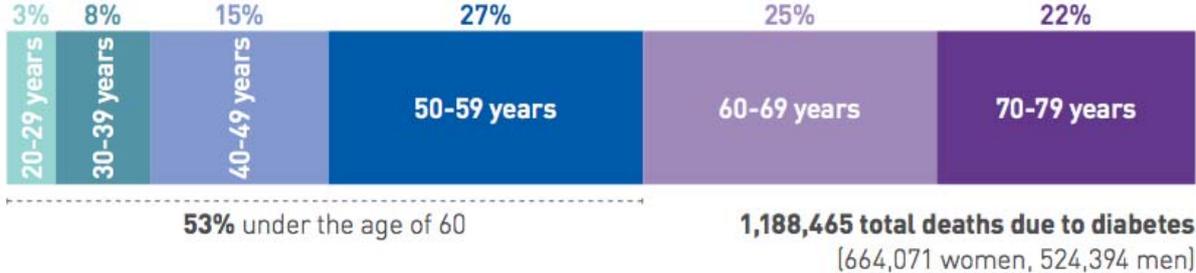
Figure 12: Death due to diabetes by age in the Western Pacific, 2015

Source: IDF (2015).

NCDs are the main cause not only of death but also of disability. Overall, an estimated 47 to 59 percent of older persons aged 60 years and above in Asia and the Pacific have disabilities while around 10 to 13 percent experience severe disability (Figure 13). The key causes of old-age disability are hearing loss, back and neck pain, depression, chronic obstructive pulmonary disease, and osteoarthritis (see Figure 10). Evidence is also growing of the cost and social implications of the impact of Alzheimer's disease and other dementias. The number of people with dementia in the Asia-Pacific region is estimated to increase from 23 million people in 2015 to 71 million people by the year 2050 (ADI, 2014).

Figure 13: Estimated prevalence of moderate and severe disability among older persons aged 60 years and over in Asia and the Pacific, 2004
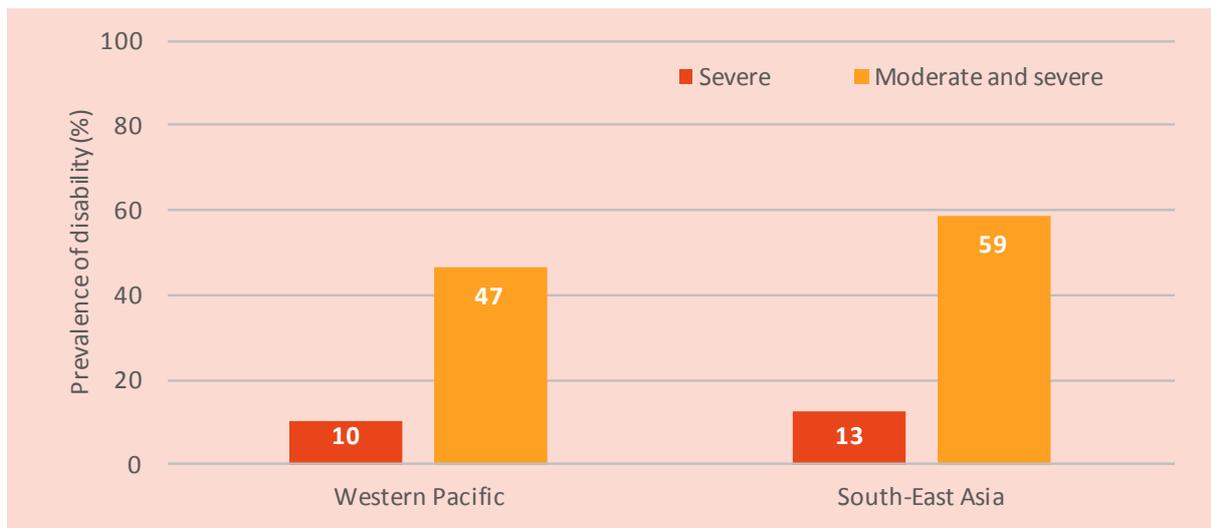
Source: WHO (2011b).

Are data on NCDs and ageing used in policy and programming?

NCDs have been largely neglected despite growing awareness of the serious burden that they cause (Geneau et al., 2010). Internationally, two policy instruments have guided action on ageing since 2002: the Madrid International Plan of Action on Ageing (MIPAA) and the World Health Organisation's *Active ageing: A policy framework*. Yet, a 2011 review of progress made globally since 2002, covering more than 130 countries, found that "there is low priority within health policy to the challenge of the demographic transition, including age-sensitive policy to tackle the rise of non-communicable diseases (NCDs) in populations as they age" (UNFPA & HelpAge International, 2011). Moreover, mental health problems and disability seem to receive relatively little attention from governments.

Williamson (2015) reviewed national policies, legislation and/or action plans focusing solely on ageing and older persons in 26 low and middle-income countries in Asia and the Pacific. She found that all national plans on ageing include some references to healthy ageing and that many countries address NCDs in health policies, but that older persons are typically not an explicit target group. Moreover, all plans lack baseline data, targets or indicators related to NCDs among older people.

Overall, the extent to which low and middle income countries have begun to generate and use critical evidence for an effective health response to population ageing has been slow and suboptimal (WHO, 2010). Yet in order to determine service supply as the population ages, governments and service providers require a good understanding

of future service needs. The continued collection and use of reliable data on factors influencing service need (such as life expectancy, disease patterns, levels of disability and geographical distribution of older people), as well as data on patterns of service use by older people, will help support service planning.

However, there is a lack of documented good practices in the use of data on NCDs and ageing in policy and practice in developing countries in Asia and the Pacific. Indeed, the availability of detailed data to inform programmes is usually limited to high income countries. For example, **Australia's Atlas of Productive Ageing**[11], developed by the National Seniors Productive Ageing Centre, provides **small area data** – that is, data at local government area, community, and neighbourhood levels – on health and a range of other topics for Australians over the age of 50 in the form of Excel spreadsheets and an interactive map (see Figure 14). Another example is the **New Zealand Atlas of Healthcare Variation**[12] developed by the Health Quality & Safety Commission for clinicians and users and providers of health services. While the Atlas doesn't focus exclusively on older persons, it incorporates a range of relevant indicators such as life expectancy at 65 years of age, prevalence of diabetes by age, cardiovascular disease, and polypharmacy in older people. It shows variation between the health care received by people in different geographical regions to stimulate debate and improvements in health care services.

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[11] http://www.atlasesaustralia.com.au/ProductiveAgeing/atlas.html
[12] http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/

Figure 14: Percentage of people aged 65+ years with a profound or severe disability living in the community, Australia

Source: http://www.atlasesaustralia.com.au/ProductiveAgeing/atlas.html
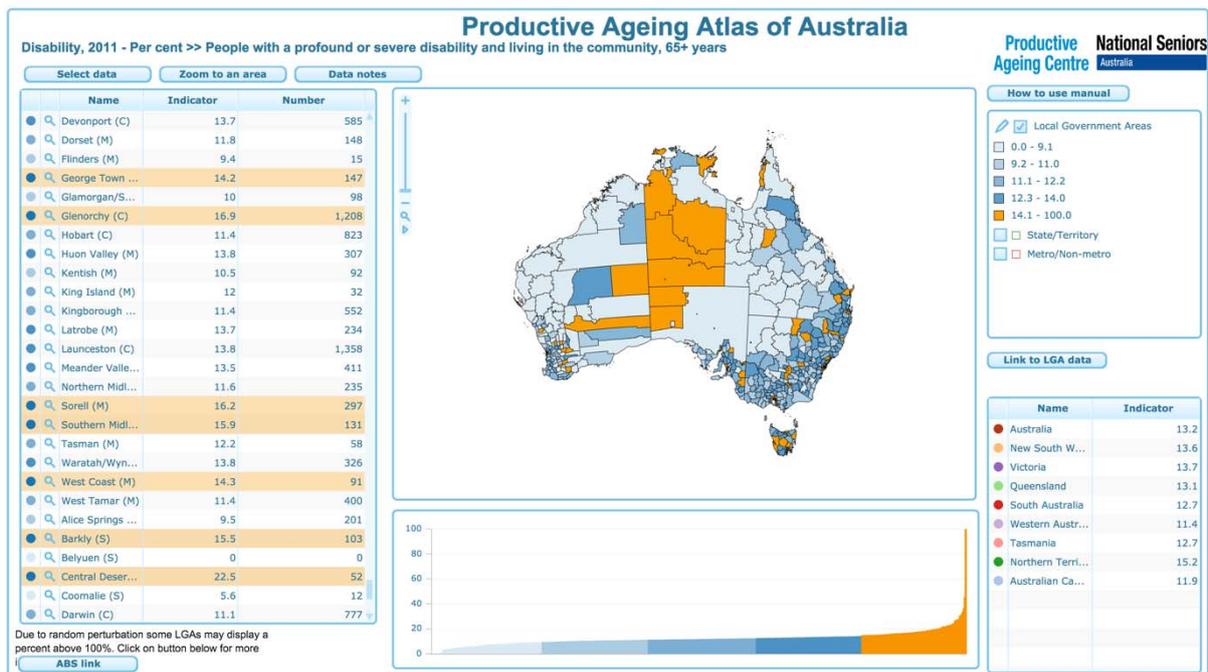
Fortunately, the situation is changing for the better in the Asia-Pacific region and there are now various good examples of efforts to improve the relevance, supply and comparability of data on ageing. The World Health Organisation (WHO) is leading the **Study on Global Ageing and Adult Health** (SAGE), a longitudinal study collecting data on adults aged 50 years and older, plus a smaller comparison sample of adults aged 18–49 years, from nationally representative samples (WHO, 2015b). SAGE has been conducted in China and India while the shorter SAGE-INDEPTH surveys were conducted in Viet Nam (Filabavi), Bangladesh (Matlab), Indonesia (Purworejo), and India (Vadu). Moreover, the **Health and Retirement Study** (HRS) which originally started in the United States has now spread throughout Europe and Asia (see Smith, 2012). HRS sister surveys in Asia currently include the Indonesian Family Life Survey (IFLS) in **Indonesia**, Korean Longitudinal Study of Ageing (KLoSA) in **South Korea**, Chinese Health and Retirement Longitudinal Study (CHARLS) in **China**, Longitudinal Ageing Study in India (LASI) in **India**, Survey of Health, Ageing and Retirement in Thailand (HART) in **Thailand**, and Japanese Study on Ageing and Retirement (JSTAR) in **Japan**. Many of the Asian surveys included both biomarkers and performance tests in their survey results, e.g. to detect hypertension and diabetes. Results from these surveys are now finding their way into policy-oriented reports, such as the recent China country assessment report on ageing and health (WHO, 2015a).

Good practices in the use of data on NCDs and ageing in advocacy

International development organisations and advocacy groups play a leading role in compiling data and evidence to highlight the need for stronger action on NCDs. A strong example is the **World Alzheimer Report** published annually by Alzheimer's Disease International (ADI), which has been successful in advancing the policy debate and making the arguments for more and better services for people with dementia. The 2015 edition of the World Alzheimer Report updates ADI's global estimates of the prevalence, incidence and costs of dementia based on a systemic review of 335 studies worldwide and UN population projections (Prince et al., 2015). It is accompanied by infographics and policy briefs targeted at government leaders.

A related example is ADI's report on **Dementia in the Asia Pacific Region** (2014). It includes profiles of each of ADI's member associations in the region and their circumstances. The document, like its predecessor in 2006, aims to "provide a basis for dialogue and discussion with governments that promote a better understanding of the consequences of dementia for health and care systems and what is needed to better support the family and friends of people with dementia in the community."

Another best practice in the use of data is the **IDF Diabetes Atlas** (2015) published regularly by the International Diabetes Federation, which provides age- and sex-disaggregated estimates of the prevalence of diabetes in adults aged 20-79 years across 220 countries and territories. The estimates have been produced through extensive modelling based on raw data from sources and surveys conducted worldwide, and validated by a scientific committee with experts from all over the world (Figure 15). Worldwide, there are 94.2 million people aged 65-79 with diabetes, representing 23 percent of the total number of adults with diabetes. By 2040, the number of older people with diabetes is expected to rise to 200.5 million.

Figure 15: The IDF Diabetes Atlas methodology for estimating global and national prevalence of diabetes in adults
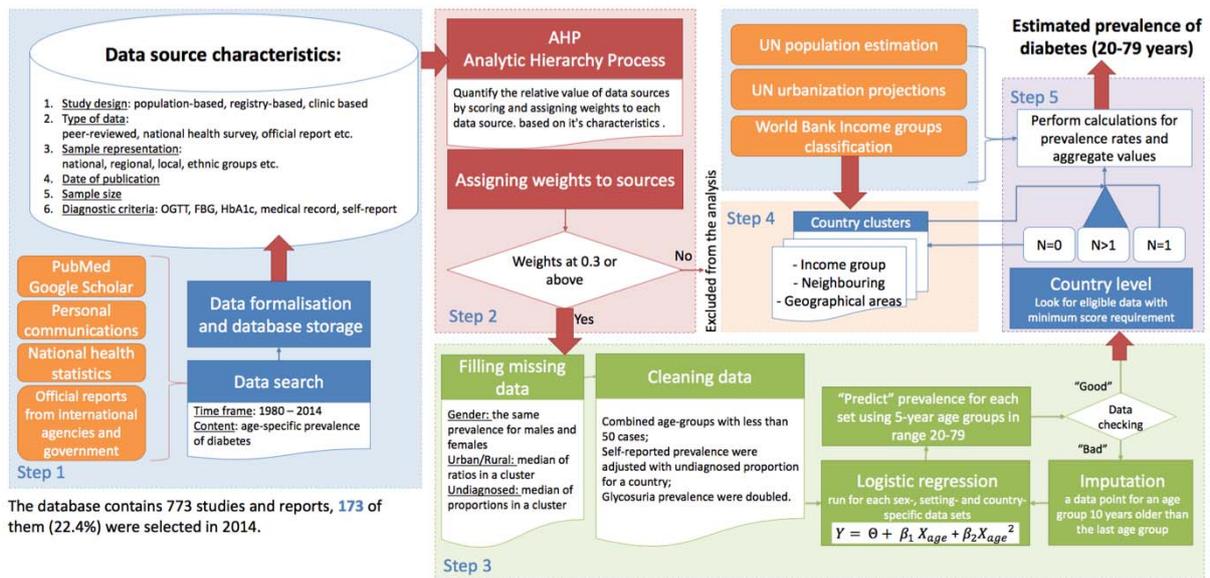
Source: Ogurtsova et al. (2015).

IDF and the NCD Alliance – a network of 2,000 organisations worldwide – have emerged as a highly influential civil society force in the global debate on NCDs and were a driving force behind the first UN Summit on NCDs in 2011 (see NCD Alliance, 2012). IDF has also developed a **Global Diabetes Scorecard** to measure progress on the *Political Declaration on the Prevention and Control of Non-communicable Disease* adopted by UN Member States in 2011 (IDF, 2014). The scorecard has been designed to mobilise Member Associations to engage in country-level monitoring of government commitments to diabetes, to highlight areas of good practice and to identify areas that may need targeted advocacy to encourage government action.

Likewise, HelpAge International seeks to establish NCDs as a key priority in the international health and humanitarian policy arena and support older people in developing countries to improve the management of chronic illnesses (see HelpAge International, 2009). To support its advocacy campaigns, the organisation has developed a range of infographics on healthy ageing as well as policy briefs that present existing data in an easily accessible format. In a policy brief on **hypertension and older people**, for example, HelpAge International uses data from the WHO to show that hypertension affects a large share of older populations, and that older people living in poverty in rural settings are particularly at risk of stroke, heart disease and other serious illnesses caused by hypertension, since they are less likely to manage their condition (Lloyd-Sherlock, Gorman, Ong, & Minicuci, 2014b). Recently, HelpAge

has been lobbying with the World Health Organisation to remove the age limits on their targets and indicators for measuring progress on NCDs (Albone, 2015).

Forecasting future scenarios is important in order to draw attention to the possible impacts of current trends on existing policies and programs. Forecasting can also allow an assessment of whether policy goals and targets are likely to be met. For example, Roth et al. (2015) from the Institute for Health Metrics and Evaluation (IHME) recently conducted the first-ever **forecasting analysis for cardiovascular diseases**, the leading cause of premature death in the world. They used mortality, risk factor, and relative risk data from the Global Burden of Disease project to estimate early mortality from cardiovascular disease for 188 countries up to the year 2025. The study predicts that, if current trends continue, early deaths from cardiovascular disease will climb from 5.9 million in 2013 to 7.8 million in 2025. Asia would account for 60 percent of these deaths. As a result, many United Nations member states will not meet targets set in 2013 as part of the global action plan to address non-communicable diseases, which includes reducing premature deaths from cardiovascular disease by 25 percent by 2025. Roth et al. also looked at what would happen if countries took stronger action to reduce risk factors such as hypertension, tobacco smoking, diabetes, and obesity. Their analysis indicates that, for example, premature deaths could be reduced by as much as 53 percent among women in East Asia if all risk factors were adequately addressed.

A last good example of the use of data for policy advocacy comes from the International Labour Organisation (ILO), which has recently drawn attention to the fact that **long-term care needs for older persons** are largely ignored and range very low on the policy agendas of most countries (Scheil-Adlung, 2015). Long-term care refers to support that is needed by older persons with limited ability to care for themselves due to physical or mental conditions, including chronic diseases and multi-morbidity. The ILO developed for the first time internationally comparable global, regional and national data that provide estimates on deficits in long-term care protection for persons aged 65 and over. Their data indicate that 65 percent of older persons in Asia and the Pacific do not have access to quality services because of a shortfall of 8.2 million long-term care needs workers.

Conclusion

Health is a key concern for older people, as with age comes increased likelihood of functional limitations and chronic illness. The Asia-Pacific region is at the forefront of population ageing and the demographic transition has been accompanied by an epidemiological transition, characterised by a change in disease patterns from infectious, acute diseases to non-communicable diseases. Despite growing awareness of the serious burden that they cause, NCDs have been largely neglected in policy and programming related to older persons. In the absence of strong policy action, international development organisations and advocacy groups are playing a leading role in the compilation and use of relevant data and evidence. This case study identified several good practice examples of data-driven advocacy efforts by networks such as the NCD Alliance, Alzheimer's Disease International, the International Diabetes Federation, and HelpAge International. Together, these efforts have been successful in putting the issue of NCDs on the global agenda, as evidenced by the inclusion of a stand-alone target on NCDs in the Sustainable Development Goals (SDGs).

Annex 3: Good practices in the use of data on social pensions in policy advocacy

Social pensions are widely acknowledged to be one of the most effective social protection tools to reduce old age poverty, help older people live with dignity and support the realisation of the human right to an adequate standard of living. A growing number of countries in Asia and the Pacific have introduced social pensions (see Figure 16), often as a result of sustained advocacy and policy support from civil society and international development partners. By the year 2000 ten countries had introduced pensions, with 18 covered a decade later and a total of 21 reached by 2015. As a result, there has been a steady growth in the proportion of older persons benefiting from a pension scheme (Figure 17). However, coverage is still inadequate and, at 2 percent of GDP, the average public expenditures on all non-health social protection for older persons (including social pensions) are still low in the Asia-Pacific region compared to the relative size of the older population (Figure 18).

This case study reviews good practices in the use of data on social pensions, such as the growing number of online databases maintained by HelpAge International, World Bank, ADB, ILO, and others and the use of micro-simulations to develop and cost policy options for delivering income support to older persons. Next, it discusses how civil society organisations in countries such as the Philippines, Thailand and India have successfully made use of data to inform advocacy efforts for the introduction or reform of social pensions.

Figure 16: Growth in the number of countries with social pensions in Asia and the Pacific, 1970-2015
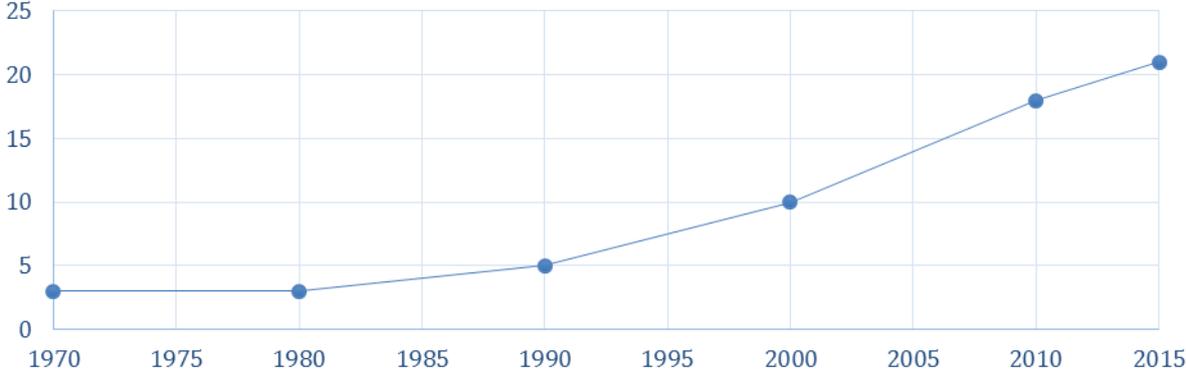
Source: HelpAge International (2014b).

Figure 17: Old-age pension beneficiaries as a proportion of the population above statutory pensionable age, 2000 and 2010-12

(a) **2000**

<20% (73 countries, 41.7%)
20–50% (22 countries, 12.6%)
Between 50–90 per cent (30 countries, 17.1%)
>90% and over (34 countries, 19.4%)
No data in 2000 to compare to 2010–12 (16 countries, 9.1%)

(b) **2010–12**

<20% (57 countries, 32.6%)
20–50% (28 countries, 16.0%)
50–90% (45 countries, 25.7%)
90% and over (45 countries, 25.7%)
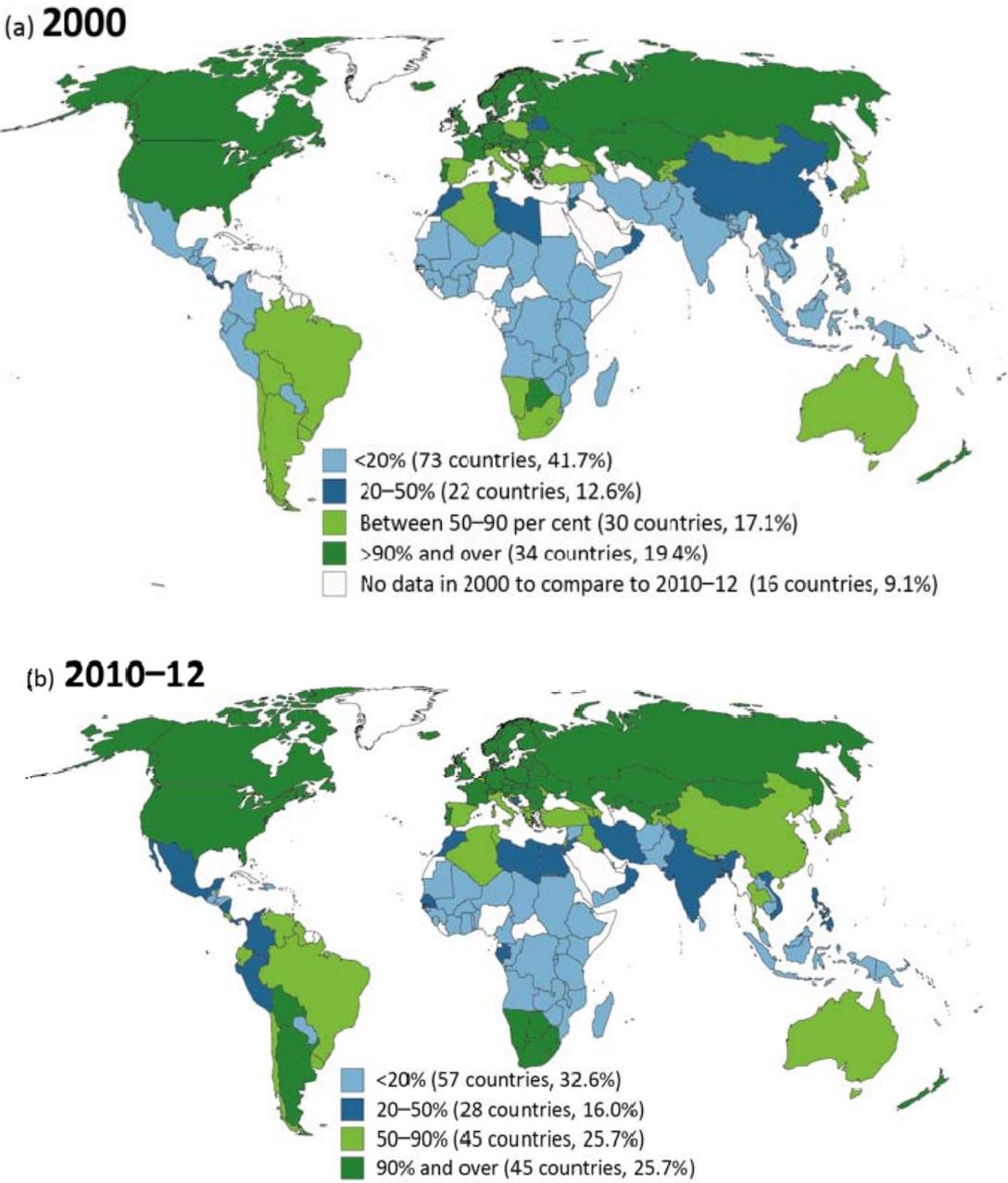
Source: ILO (2014).

Figure 18: Non-health public social expenditure on pensions and other benefits for older persons, and share of older population (65 and above) in total population, 2010/11

■ Non-health public social protection expenditure for older persons

■ Share of persons aged 65 and above in total population

Share of older persons in total population (%)

10.8 — 3.3	Total
18.8 — 11.1	Western Europe
13.8 — 6.6	North America
14.3 — 8.3	Central and Eastern Europe
7.6 — 4.6	Latin America and the Caribbean
5.0 — 3.3	Middle East
9.1 — 2.0	Asia and the Pacific
3.8 — 1.3	Africa

% of GDP
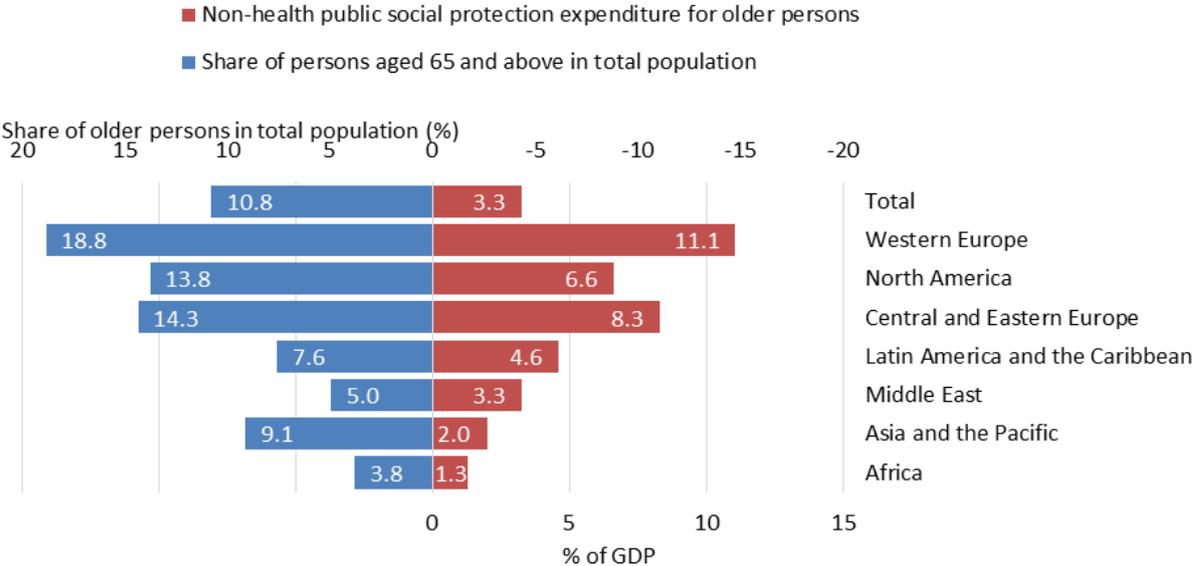
Source: ILO (2014).

Making data on pensions easily accessible

Making data accessible to policy makers and other potential users can contribute to a stronger culture of data-informed decision making. When data are made accessible, researchers and others can use the data to provide policy-relevant insights and also often help improve the data quality by pointing out problems that might otherwise not have been recognised. The most important sources of data on pensions will often be at the national level. These include administrative data, household surveys and labour-force surveys. In addition, a growing number of UN and development agencies are investing in the compilation of national data, enhancing comparability, and making statistics and evidence available through web-based portals and other repositories of information. The following list provides some good examples:

- HelpAge International's social pensions database[13] is one of the most comprehensive sources of data on social pensions in developing countries. It has information on more than 100 social pension schemes across the world, including

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[13] http://www.pension-watch.net

an interactive map with country fact files. HelpAge International also compiles the annual AgeWatch Index, which includes pension coverage as one of the indicators.

- The Asian Development Bank's Social Protection Index (SPI) database[14] contains annual data on social protection expenditures for Social Assistance (including social pensions), Social Insurance, and Labour Market Programs and their respective number of beneficiaries. It also contains basic economic and social statistics like GDP, population, labour force, and poverty indicators. The ADB website includes country reports for 34 countries in the Asia Pacific, presenting the results of research on social protection programs and policies gathered from significant agencies and ministries, and summarizing quantitative information on social protection activities in each country.

- The World Bank has several global databases with pension data, including social pensions, available on their pension portal.[15] The Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE) provides a comprehensive set of harmonised indicators based on nationally representative household survey data from 112 developing countries. Users can access regional and country dashboards displaying tables and graphs with the latest data and trends.

- The Social Protection Toolbox launched by UNESCAP in 2013 provides a multi-media platform on social protection globally.[16] It allows users to visually identify gaps at the national level and includes examples of good policy and practice on social protection in general. The Toolbox provides access to a database of over 80 good practices in social protection from developing countries, including 6 cases of social pensions in Asia and the Pacific. The database consists of good practices of constitutional/legal provisions that guarantee social protection entitlements as well as good practices of social protection schemes currently in implementation.

- The ILO Social Protection Platform includes a comprehensive overview of global databases related to social protection, including social pensions.[17] For example, the ILO NATLEX database of national labour, social security and related human rights legislation includes over 88,000 records covering 196 countries and over 160 territories and subdivisions.

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[14] https://spi.adb.org/spidmz/index.jsp
[15] http://www.worldbank.org/en/topic/pensions
[16] http://www.socialprotection-toolbox.org
[17] http://www.social-protection.org/gimi/gess/ShowTheme.action?th.themeId=10

Micro-simulations of pension reform and poverty impacts

Micro-simulations models have been used widely across the Asia-Pacific region to develop and cost policy options for delivering income support to older persons. These models use micro-data on persons or households from nationally representative surveys and simulate the effect of new policies or changes in existing interventions on income levels and other outcomes. Differences before and after the change can be analysed at the micro-level or aggregated to show the overall effect of the policy change.

For example, the Indonesian National Team for the Acceleration of Poverty Reduction (TNP2K) recently published the country's first poverty report dedicated to the analysis of old-age poverty (Preiebe & Howell, 2014). The report found that the coverage of the existing social assistance programme is much too low as it reaches only 0.2 percent of all persons aged 60 and above. It therefore simulated the potential effect of introducing either poverty-targeted or universal social pensions. The results of the modelling indicate that social pensions would dramatically reduce old-age poverty (by as much as 76 percent under the universal scenario), and that they would be fiscally affordable as all scenarios would cost the equivalent of less than one percent of Indonesia's gross domestic product (GDP).

Similar micro-simulation exercises have been conducted for other countries in the region, including: Bangladesh (Khondker et al., 2013); Kiribati, Samoa, Vanuatu and Solomon Islands (Samson, 2012a); Nepal (Samson, 2012b); and Viet Nam (Long & Wesumperuma, 2012; Setel et al., 2007). The Government of Fiji introduced a social pension scheme in 2013 after simulations on the impacts and costs of various policy options by the World Bank (2011). The ILO has carried out micro-simulations as a part of the Assessment Based National Dialogue (ABND) exercises in Indonesia, Viet Nam, Thailand, Cambodia and Myanmar.

Data-driven policy advocacy for the expansion of social pensions

Introducing a social pension in the Philippines

Pension reform in the Philippines provides a good example of how civil society can utilise data for policy advocacy. The Philippines adopted a social pension in 2010 after an intensive lobbying campaign by civil society organisations. HelpAge International's partner in the Philippines, the Coalition of Services of the Elderly (COSE), was instrumental in lobbying the government for a social pension (HelpAge International, 2014a).

The initial phase of COSE's campaign, starting from 2002, was inspired by international evidence of the effectiveness and affordability of social pensions. After engaging in a dialogue with the Philippine Government's Department of Social Welfare and Development, COSE realised that there was a need for more information about the specific situation related to social pensions in the Philippines. A central part of COSE's advocacy strategy from the beginning was to mobilise support by older people, for example by collecting signatures. However, the organisation felt that the older people they wanted to mobilise had not been properly included in discussing the value of a social pension, and therefore didn't have a clear understanding and ownership of the project.

As a way of both collecting the necessary data and giving older people an opportunity to provide input to the advocacy work, COSE decided to conduct research where older people analysed their own situation with support from academics. One of the outcomes of this research was to identify income and health as two issues of key importance to older people in the Philippines. With financial support from HelpAge International COSE also carried out research focusing on analysing administrative data and national statistics. This research demonstrated that only 1.2 out of 6 million people aged 60 and above in the Philippines had a pension.

During the process of advocating for the social pension, data on international experiences was shared in several regional seminars, forums, workshops and trainings attended by HelpAge International, COSE and senior officials from the Philippine government. International evidence on social pension practice played an important role in convincing key policy makers and influencing public opinion on the importance of a social pension in the Philippines. For example, case studies showing that much poorer countries such as Bangladesh and Nepal already had social pensions in place became one of the major arguments to convince lawmakers.

The importance of having relevant research available was demonstrated at a crucial moment for the campaign in 2009, when COSE and their partners were asked to provide urgent information to the Philippine Senate committee responsible for reviewing the bill for the social pension. In this situation COSE could draw on its own research as well as information provided by HelpAge International with the result that the pension was finally adopted in 2010.

Moving from a means-tested to a universal social pension in Thailand

Thailand's old-age allowance was established in 1993 in the form of a means-tested system, targeting persons 60 years and above with insufficient income to meet expenses, lacking family support or unable to work. Between 1993 and and 2009, the allowance underwent many changes in eligibility, size of benefits, authority in charge, targeting system, and administration. The biggest change came in 2009 when the pension was made near-universal. It now covers all older persons, except those living in public old-people's homes and those receiving permanent income as a salary or pension (Sakunphanit & Suwanrada, 2011).

The move to universal coverage came about as a result of the Thai government's focus on a rights-based approach, and the need to respond to economic downturn. However, the change in policy was also influenced by research and lobbying by a range of domestic and foreign academics, institutions, and NGOs. The debate originated from basic data showing that the majority of the population had no income guarantee in old age and that only one-third of the working population were enjoying old-age financial security under occupational public pension schemes. Only 25 percent of older people received social pensions and data showed higher levels of poverty among older people (Suwanrada & Wesumperuma, 2012).

In addition, data emerged regarding exclusion errors, pointing to the limitations of the means-tested old-age allowance system. Empirical evidence found that more than 50 percent of older people with an income below the poverty line and living without support from their families did not receive the previous old-age allowance (Prachuabmoh et al., 2009). Administratively, local authorities were interpreting the targeting guidelines in very different manners with some distributing the transfer universally, without applying any means tested eligibility criteria, while others followed the official process rigorously.

These documented shortcomings of the means-tested approach were influential in pushing the government to adopt a universal scheme. The specific direction and technical content of the reform was also influenced by broad public debates held by local researchers and civil society groups. Finally, the involvement of international organisations such as HelpAge International, the International Labour Organisation (ILO:2004vo and ILO, 2004) and the United Nations Population Fund (Mujahid, Pannirselvam, & Doge, 2008) was instrumental in stimulating informed discussion and analysis. This included UNFPA and HelpAge International supporting cost analysis by domestic academics, which was then presented for discussion.

The shift from a means-tested to a universal programme dramatically improved the inclusion of the poor: around 90 percent of the poorest decile received an old-age allowance, compared to less than 50 percent in 2008 (World Bank, 2012). Moreover, the poverty rate among the elderly fell by 23 percent between 2008 and 2009 – from 14.1 percent to 10.9 percent with an estimated 72 percent of the drop attributed to the social pension (ibid.).

Advocating for a universal social pension in India

In India, a broad range of civil society organisations have formed an umbrella organisation called the *Pension Parishad* to push for universalising the poverty targeted social pension as well as for increasing benefit levels. Their advocacy is informed by a growing body of evidence that demonstrates that India's Below Poverty Line (BPL) targeting approach is deeply flawed. Dreze & Khera (2010), for example, found that only half of households in the poorest quintile had a BPL card in 2004-05. Garroway (2013) points out that although the poorest quintile receives nearly one-third of total old age benefits, the richest quintile receives nearly 20 percent of the benefits – more than each of the middle three quintiles. The pension schemes are also regressive in terms of its coverage across social caste.

Following demonstrations and petitions in 2013, as well as two rounds of discussions between the then Minister of Rural Development and the Pension Parishad, the Minister agreed to meet several of the Pension Parishad's demands, including: removing the Below Poverty Line classification and making the pensions universal, raising the central benefit levels from Rs. 200 to Rs. 500 per month and indexing the amount to inflation (Pension Parishad, 2013b).

However, because of fiscal constraints the government never delivered on these promises. The Pension Parishad responded to this development with a note detailing several options for mobilizing the additional resources needed in order to universalize old age pension entitlements in India, including: showing how tax revenue had fallen from 17.4 percent of GDP in 2007-08 to 14.7 percent in 2010-11; suggesting tax reforms to free up the necessary funds, including increasing the tax to GDP rate; relying more on direct taxes; examining tax exemptions; and increasing the securities transaction tax and stepping up wealth taxes (Pension Parishad, 2013a). They also utilized data showing that only one in every five persons over 60 years old received an old age pension in India and pointed to international precedents, showing how countries with per capita GDP rates much lower than India's have instituted universal or near universal social pensions.

In cooperation with the Centre for Budget and Governance Accountability, the Pension Parishad produced a detailed fact sheet showing that more than 90 percent of the Indian labour force and the vast majority of the elderly are occupied in the informal sector. Despite this, spending on social pensions for those in the informal sector account for only 8.7 percent of the combined central and state government spending on pensions. Pension and retirement benefits for government employees make up 91.4 percent of total expenditure (Prakash, 2014). The fact sheet also calculated the cost necessary for raising the social pension to Rs 500 and Rs 2000 per month respectively, as well as options for increasing taxes to meet the additional expenditure necessary to fund universalization of the social pension and increasing benefit levels.

While the advocacy efforts of the Pension Parishad still have to pay off at the national level, there has been progress at the state level in Delhi in 2015. In the run-up to the local elections, the Pension Parishad conducted an advocacy campaign, using statistics such as the number of elderly in Delhi, the percentage of the elderly that are economically dependent on others and estimates of the additional expenditure required for universal coverage under two different scenarios to advocate (Pension Parishad, 2014). The key demands were taken on board in the election manifestos of all political parties but one, including that of the Aam Aadmi Party which went on to win a landslide election victory. The party's manifesto echoed the demands of the Pension Parishad, stating that *"the government will initiate a universal and non-contributory old age pension system immediately. A minimum dignified amount indexed to inflation will be provided. Delays in disbursement and arbitrary decisions regarding pensions will be eliminated."* At the time of writing the Pension Parishad is following up with the new Chief Minister, to ensure that the election promises are delivered on (Pension Parishad, 2015).

Participatory monitoring
Civic monitoring of services delivered by the state can help improve public sector performance. In Bangladesh, for example, the Resource Integration Centre in collaboration with HelpAge International piloted an Older Citizens Monitoring project in which older people gathered evidence about their access to entitlements, in particular the old-age allowance and widow's allowance (HelpAge International, 2006; 2007). The project covered nearly 6,000 older people in 80 villages in Pubail and Sriramkathi, within the Gazipur and Pirojpur districts respectively. At an early stage of the project, the older people conducted their own census and found significantly higher percentages of older people than the last population census had recorded. They also

found that many people who were eligible for allowances were not receiving them. For instance, in Pubail, less than 10 percent of older people eligible for the old-age allowance were actually receiving it. This evidence was presented to local government officials, leading to a significant increase in the number of older people receiving social assistance.

This type of Older Citizen Monitoring shows how not just the data but also research in itself can, when done in a participatory way, contribute to improving service delivery, including implementation of social pension schemes. HelpAge International developed the Older Citizens Monitoring approach in response to the 2002 Madrid International Plan of Action on Ageing (MIPAA). The pilot project in Bangladesh, together with similar projects in Bolivia, Jamaica, Kenya and Tanzania, showed that Older Citizen Monitoring can be an effective way of enabling poor older people to hold their governments to account for the commitments they had made in adopting MIPAA.

Conclusion

Different forms of data will be important in different stages of the development of social pensions (Babajanian, 2012). For the first stage, the initial introduction of social pensions, awareness raising will play a key role. Valuable statistics include: how many older people are in the country; how many of these that are currently receiving pensions; the pension coverage of the working age population, including those working in the informal sector; and data on how demographics are likely to change in the future. Data showing how the proportion of the elderly in the total population will increase rapidly in Asia-Pacific countries has been important for getting the needs of older people on the agenda in many countries – especially in combination with data showing that only a fraction of the population of older people is currently covered by pensions. Data comparing the coverage and benefit levels of pensions in different countries in the region can also be helpful in urging politicians in those countries that are behind to catch up – as has been the case in the Philippines. The second and third stages includes the expansion of existing schemes and the subsequent process of reform and adjustment respectively. During these stages, there is a need for research that documents the impact of the existing schemes and models the effects of any policy changes. International data can also be useful to compare progress with other countries.

Annex 4: The use of data in national policies on ageing

Partly in response to the MIPAA in 2002, most countries in Asia and the Pacific have begun the process of developing policies and legislation on ageing and integrating older people's concerns into broad policy-making. The *Policy Mapping on Ageing* conducted by HelpAge International and UNFPA revealed that 18 out of 26 countries investigated in the region have dedicated national policies or plans on ageing (Williamson, 2015). This case study seeks to complement the *Policy Mapping* by reviewing what types of data and evidence are being used in these national policies for older persons, and to what extent such plans recognise the need to further invest in data and monitor policy implementation.

The use of data in national policies

Table 3 presents an overview of the statistics used in national policies for older persons. Overall, the majority of policies only contain hard data related to the demographics of ageing, without much evidence from other key sectors of relevance for older persons. Even though in recent years significant progress has been made at the global and national levels to improve the supply and relevance of data on ageing – as evidenced by the growing number of studies, surveys and reports – much of this information has not been reflected in national policies and related monitoring frameworks.

It is clear that national action plans are often present when national survey data are not, suggesting that much planning and policy-making is done in the absence of data. While for some countries this may reflect a lag between calls for data collection and actual data collection improvements, future work should prioritize filling this gap by ensuring that national plans of action are firmly anchored in data on different dimensions of ageing. Bangladesh's policy, for example, includes plans for research and surveys to build on good practice. Thailand also includes discussion of the role of research in informing policies and services and the establishment of an elderly database in the 2003 Act on Older Persons.

Table 3: Overview of data and statistics used in national plans and policies on ageing in Asia-Pacific

Bangladesh: Sixth Five Year Plan	• p.140 – Table of Distribution of Population by Age Group (Source: Bangladesh Bureau of Statistics, Population Census over various years) • p.168 – Table of Trends in Old Age Allowance Program (Source: Ministry of Social Welfare)
Cambodia: National Social Protection Strategy for the Poor and Vulnerable	• p.27 – "the elderly need special care given their limited ability to participate in economic life. Cambodia's elderly have lower health status than older adults in neighbouring Asian countries, for example. Even marginal reductions in wealth can result in substantial rises in health problems among the elderly. Elderly women may be particularly vulnerable: 10% of elderly women are the sole adults in the household, compared with only 2% of elderly men". • p.42/43 – Table of Gaps and challenges in existing interventions from 2011-2015 (Elderly included in Health shocks, Special vulnerable groups). • p.74 – Table of Short-term priority programmes and action ("develop concept for addressing vulnerabilities for poor elderly, chronically ill and disabled people", resource requirements US$ 0.1m). • p. 81 – Reference: "National Committee for Population and Development, Office of the Council of Ministers (2007) 'Elderly in Cambodia'. Presentation for the Seminar on the Social, Health and Economics Consequences of Population Ageing in the Context of Changing Families. Bangkok, 25-27 July".
China: Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly	• No data: just prescribed set of laws, declared October 1996.
Cook Islands: Cook Islands Policy on Ageing 2012-2017	• The whole policy document (25 pages) uses data sets from a range of sources, notably from a series of Cook Islands Census of Population and Housing Final Report.
Fiji: Fiji National Policy on Ageing 2011-2015	• The whole policy document takes into account data (which is referenced), clearly outlined throughout, starting with "Population ageing in Fiji: Rationale for the policy".
India: National Policy for Older Persons (1999)	• p.7 – "for elderly persons below the poverty line, old age pensions provide some succour. Coverage under the old age pensions scheme for poor persons will be significantly expanded from the January 1997 level of 2.76 million with the ultimate objective of covering all older persons below the poverty line".
Lao PDR: National Policy on Ageing (2004)	• p.16 – "As for the Lao PDR, though its population has a small number, the growing population has been increasingly. According to the expectation of the National Statistics Centre, in 2020 the number of the Lao population will grow to 8.736.046 people in line with which aged population will be approximately 461.717 people or about 5,3% of the whole population."
Malaysia: National Policy for Older	• p.1 – "Malaysia's population has increased from 23.49 million in 2000 to 29.34 million in 2012. The total population comprises of about 7.76 million people

Persons and Plan of Action	(26.4%) below the age of 15 years, 20.03 (68.3%) in the economically-productive age group of 15-64 years and 1.56 million (5.3%) elderly people aged 65 years and above." • p.2 – "Malaysia's total population of older persons in the year 2012 was 8.2% from the total population of the country (2.4 million out of 29.34 million). With declining fertility and longer life expectancy, Malaysia's population is ageing. By 2030, Malaysia will be in the category of ageing nations with older persons constituting more than 15% of the population. In Malaysia, average life expectancy is 72.3 years for male and 77.2 for female." • p.8 – "Currently there are 9 Homes for the Older Persons directly under the management of the Department of Social Welfare and financed by the Government and these homes, known as Rumah Seri Kenangan, are located throughout the country." • p.9 - :The Ministry of Women, Family and Community Development has also established 2 homes for the chronically ill known as Rumah Ehsan. […] Currently, there are 222 occupants in these homes in which 70% of them are older persons." • p.9 - "The Ministry of Women, Family and Community Development has also established 22 Activity Centres for older persons throughout the country to organise activities and socialise with the community. There are 19,904 older persons registered with these centres. More Activity Centres will be developed for the year 2013." • p.9 – "There are 451 NGO volunteers providing services to 1,769 older persons and PWDs." • p.10 – "We Care Services have been established by the Central Welfare Council of Peninsular Malaysia […]. Until December 2012, this service has benefited 3,405 older persons." • p.11 – "In 2012, 152.138 older persons receive the financial assistance which cost the government a total RM519.3 million (about USD 173 million). This amount constituted about 35.3% of the total financial assistance allocated by the government."
Mongolia: National Strategy for Population Ageing	• p.3 – "In Mongolia, fertility rate has slowly declined since the mid 1970s, with a major drop in the early 1990s, and reaching level below the replacement in 2005. This results in changes of the population age structure. For instance, in the mid 1970s, the number of children and older people per 100 population of working age, or the dependency ration, was 99.7; later it reached 76.5 in the 1990s and 52.0 in 2008." (Age-sex Pyramid shown as Figure 1) (Source: National Statistical Committee) • p.5 – Table on Projections of social welfare and health services for 2010, 2020, 2030, 2040, 2050 compared to base year of 2005 (Source – Population projection of Mongolia 2008-2030, NSC) • p.8 – "The population of Mongolia reached 2.68 million at the end of 2008. 62.9 percent of the total population are people of working age and 39.9 percent are part of the economically active population. According to a projection by the National Statistical Committee, by 2015 the working age population is expected to grow by 206.5-212.0 thousand and the economically active population is projected to increased by 150.0-169.0." • p. 18 – "According to the Household Socio-economic Survey 2007-2008, 35.2

	percent of the population live below the poverty line and about 12 percent of these household heads are people aged 60 and over". • p.18 – "Year-end report 2008 says that 293.4 thousand people received pensions and assistance from the social insurance fund; 65.9 percent of them were pensioners. In 2008, the average amount of the pension per person was 96.4 thousand tugrugs." • p.19 – "Nowadays the average period of time to receive pension is 13.3 years for men and 15.3 years for women. By 2030, this average period of time to receive pension is expected to reach 15.4 years for men and 17.1 years for women." • p. 32-33 – Mongolian Population Projection (Source – National Statistical Committee, 2008) • p.34 – Population Age Structure and Dependency Ratio (Source – National Statistical Committee, 2008) • p.35 – Employment Indicators (Source – Survey on Population employment, National Statistical Committee, 2008) • *p.16- 18 in Older Persons Report, covers availability of data and why it is necessary for informed policy making, how it is used, the problem of lack of disaggregation of age from 60+.

The use of data to monitor the implementation of policies

Once policies and programmes are up and running, information is required by policymakers to monitor the expected results associated with the policies. Careful monitoring can reveal when key indicators are going off-track and provide insights into areas that require improvements. The review of the implementation of the Madrid International Plan of Action on Ageing in Asia and the Pacific underlines the importance of monitoring and guidelines have been developed for a minimum set of indicators to assist countries in tracking progress.

The Government of the Macau Special Administrative Region of China has been particularly proactive in putting in place mechanisms to monitor the implementation of the MIPAA (ESCAP, 2012). In collaboration with the Asia-Pacific Institute of Ageing Studies at Lingnam University in Hong Kong, it has developed the Ageing Policy Integrative Appraisal System (APIAS) to review its ageing policy. The APIAS is a tool that translates the key objectives of the Madrid Plan into operational items to enable policymakers, service providers and service users to monitor, evaluate and appraise ageing policy (P. P. Y. Tang, 2011). Throughout the process, different key informants are involved, such as government officials, policy-makers, older people in rural and urban areas, community partners, and NGOs. They are invited to participate in monitoring, and give their views on the current actions on ageing.

The APIAS has two main components: a *Policy Implementation Index* that measures the availability and implementation of policies across different sectors (top-down approach) and an *Ageing Service Index* that captures older people's views and appraisal of the quality of services and their life (bottom-up participatory approach). Chan et al. (2012) explain how the two indices are compiled:

- The Policy Implementation Index (PII) is an instrumental indicator and is computed through a quantitative evaluation of the availability, scope and coverage of programmes and policies that have been adopted to address issues of population ageing. The PII is organized in the form of a checklist of 88 items that can be grouped under 16 areas of action, following the structure of the MIPAA (see Table 4). Information is drawn from existing statistical data available in reports from government, NGOs and the private sector, as well as self-assessments by government departments regarding the provision of certain services for older people.

*Table 4: The Policy Implementation Index*

	Area of action	Number of indicator
1.	Active participation of older persons	4
2.	Productive ageing	5
3.	Older persons and the family	7
4.	Older persons and the market security	3
5.	Social protection/social security	3
6.	Poverty and old age	7
7.	Social services and the community support	6
8.	Health and nutrition	9
9.	Access to health care services	4
10.	Older persons and HIV/AIDS	5
11.	Disability and mental health needs	6
12.	Housing and living environment	6
13.	Care and support for caregivers	7
14.	Neglect, abuse and violence	4
15.	Regional mechanism on ageing	6
16.	Regional and international cooperation	5
		88

Source: Chan et al. (2012).

- The Ageing Service Index (ASI) is a composite outcome indicator used to identify positive or negative changes in the quality of life and the development of enabling and supportive environments for older people, conceptualized in terms of family relationships, community care, living environments, social protection, security, and socio-economic conditions of older people. It is computed based on data collected from a survey administered to a sample of older persons. The survey instrument was modelled after the WHO's Quality of Life Scale for Older Adult (WHOQoL-OLD) questionnaire.

The Government of Macau has tested the implementation of APIAS, with a sample of 519 older persons for the calculation of the ASI. The results are shown in Figure 19: Macau scored 77 percent on the Policy Implementation Index and 71 percent on the Ageing Service Index. These relatively high scores imply that the implementation of policies and programmes on ageing are on track and that users (older people) give favorable feedback on the quality of services. This scenario with both a relatively high PII and a high ASI is the most ideal outcome, as it suggests that both policy-makers and users are "seeing things eye-to-eye". Tang (2011) suggests that the APIAS should be replicated in other countries in the Asia-Pacific region and proposes the creation of an online platform to make data available to policy makers, service providers, the media, and other stakeholders. To date, however, this has not yet happened.

Figure 19: Overview of the Ageing Policy Integrative Appraisal System (APIAS) in Macau, China
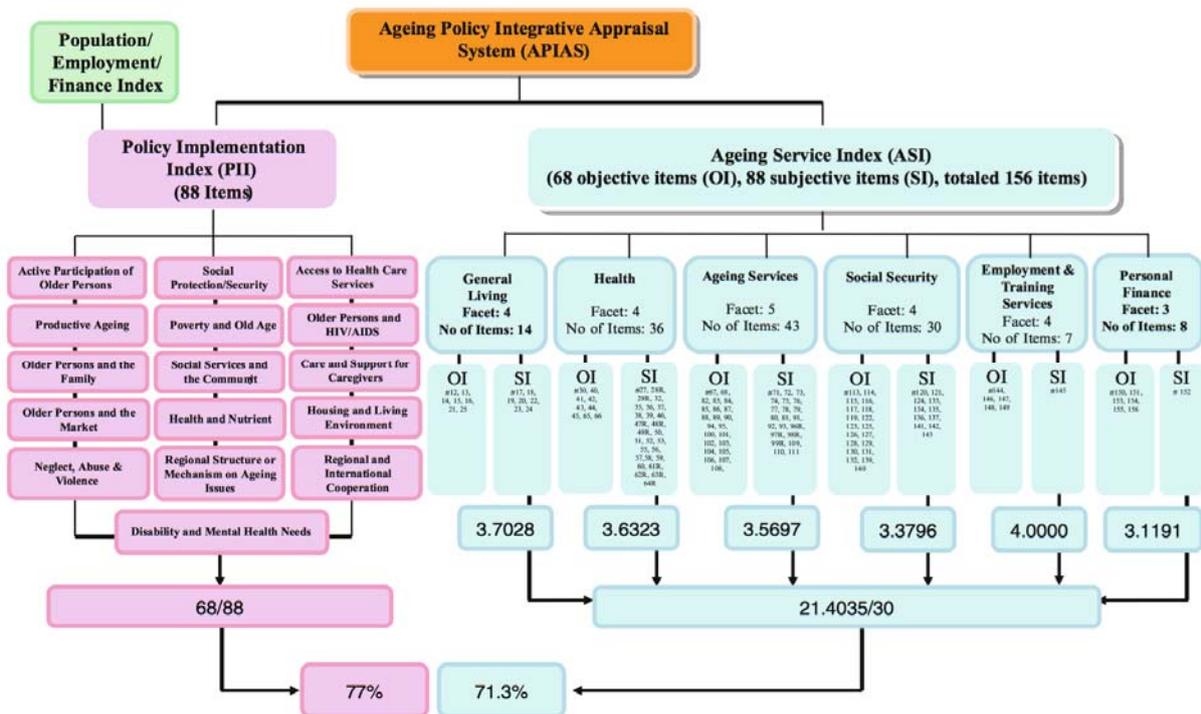
Source: Chan et al. (2012).

China has adopted a centralized nationwide monitoring approach, whereby the China National Working Commission on Ageing holds a yearly conference to share information, monitor and coordinate work related to ageing. The Standing Committee of the National People's Congress and the National Committee of the Chinese People's Consultative Conference monitors the implementation of the Law on the Protection of the Rights and Interests of the Aged by carrying out inspections, surveys and hearings. It has also established a statistical work system, which will provide basic data to help the formulation of plans, monitoring and evaluation through appropriate indicators.

Another good example can be found in Thailand's Second National Plan on the Elderly (2002–2021), revised in 2009, which includes an implementation strategy for each policy objective (see Stefanoni & Williamson, 2015, p. 8). Each policy measure within a strategy is outlined alongside the responsibilities of specific ministries, departments, committees and other organisations for implementation; indices for measuring outcomes of the policy measure; and clear targets with dates. This information is presented in a table format so that the implementation of strategies can easily be reviewed. The Second National Plan on the Elderly also outlines the process for regular review of the plan, including the establishment of a responsible committee, and how the findings from the reviews will be used to modify the plan to better meet older people's needs as the situation changes.

Table 5: Example of the use of indicators and data in Thailand's national plan on the elderly

Strategy 3 - Strategy on the social safeguards for the elderly

No.	Measures	Focal Points	Indices	Targets			
				Year 2006 (5 years)	2011 (10 years)	Year 2016 (15 years)	2021 (20 years)
1	Measures on income security						
1.1	Promote all elderly persons to access the basic income welfare rendered by the government.	1. Ministry of Finance 2. Ministry of Social Development and Human Security 3. Ministry of Interior (LAD/LAOs) 4. BMA, Pattaya City Administration	Index 23 proportions of the elderly persons who access monthly income provided by the government*	na	85%	90%	95%
1.2	Encourage establishment of community-based funds for the elderly.	1. Ministry of Interior (LAD/LAOs) 2. BMA, Pattaya City Administration 3. Ministry of Social Development and Human Security (the Institution of Community-based Organizations Development)	Index 24 proportions of communities that have the funds for the elderly	20%	40%	50%	60%

na means no indices for the monitoring carried out in 2002 – 2006.

Definitions:
* **Monthly income provided by the government** refer to the income from public servants' pension and subsistence allowance.

Conclusion

National policies and plans of actions on ageing in the Asia-Pacific region are insufficiently informed by data. The majority of such policies only contain statistics related to the demographics of ageing, without much evidence from other key sectors of relevance for older persons. This suggest that *planning and policy-making* is often done in the absence of data, because of a lack of sufficient timely data, because existing data are not disseminated or available in a format appropriate for policy makers and/or because policy makers lack the motivation and skills to use data. Indeed, several studies conducted in Asia found that data and research evidence are rarely a dominant force in the policy making process. Nonetheless, it seems that gradual progress is being made in the use of data *to monitor policy implementation*, as evidenced by emerging efforts in countries such as China and Thailand.

Bibliography

Adelman, M. A., Ivaschenko, O., Packard, T. G., & Suri, V. (2015). *Hardship and vulnerability in the Pacific island countries*. Washington, DC: World Bank.

ADI. (2014). *Dementia in the Asia Pacific Region*. London: Alzheimer's Disease International (ADI).

Adioetomo, S. M., & Mujahid, G. (2014). *Indonesia on the Threshold of Population Ageing*. Jakarta: United Nations Population Fund (UNFPA).

Albone, R. (2015). The SDGs' next step: finalising indicators. Retrieved November 2015, from http://www.helpage.org/blogs/rachel-albone-667/the-sdgs-next-step-finalising-indicators-959/

Albone, R., Beales, S., & Mihnovits, A. (2014). Older people count: Making data fit for purpose. *Global AgeWatch Policy Briefs*, *4*.

Amano, T., Ikegami, N., & Ishibashi, T. (2016). Human Rights and Residential Care for Older People in Japan. In H. Meenan, N. Rees, & I. Doron (Eds.), *Towards Human Rights in Residential Care for Older Persons: International Perspectives*. New York: Routledge.

Babajanian, B. (2012). Social Transfers for Older Persons: Implications for Policy, Practice, and Research. In S. W. Handayani & B. Babajanian (Eds.), *Social Protection for Older Persons: Social Pensions in Asia*. Mandaluyong City: Asian Development Bank (ADB).

Chan, C. M. A., Tang, P. Y. P., & Ma, H. K. C. (2012). Ageing Policy Integrative Appraisal System in the Asia-Pacific Region: A Case Study on Macao Special Administrative Region, China. In S. Chen & J. L. Powell (Eds.), *Aging in China: Implications to Social Policy of a Changing Economic State*. New York: Springer.

Chokkanathan, S., & Lee, A. E. Y. (2005). Elder Mistreatment in Urban India: A Community Based Study. *Journal of Elder Abuse & Neglect*, *17*(2), 45–61.

Chompunud, M., Charoenyooth, C., & Palmer, M. H. (2010). Prevalence, associated factors and predictors of elder abuse in Thailand. *Pacific Rim International Journal of Nursing Research*, *14*(1), 283–296.

Christine, C., Susan, C., Lisa, D., & Wendy, G. (2011). *What are the effects of interventions to improve the uptake of evidence from health research into policy in low and middle-income countries?* Department for International Development (DFID).

Datta, A., & Huong, P. L. (2013). *Not just a beautiful flower? Knowledge, information and economic policy-making in Vietnam*. Overseas Development Institute (ODI).

Datta, A., Jones, H., Febriany, V., Harris, D., Dewi, R. K., Wild, L., & Young, J. (2011). *The political economy of policy-making in Indonesia*. London: Overseas Development Institute (ODI).

Demmke, A. (2014). *Population Ageing in the Pacific Islands: A Situation Analysis*. Suva: UNFPA Pacific Sub-Regional Office.

Dhaliwal, I., & Tulloch, C. (2012). From Research to Policy: Using Evidence from Impact Evaluations to Inform Development Policy. *Journal of Development Effectiveness*, *4*(4).

Dong, X. Q. (2015). Elder Abuse: Systematic Review and Implications for Practice. *Journal of the American Geriatrics Society*, *63*(6), 1214–1238.

Dong, X. Q., Simon, M. A., & Gorbien, M. (2007). Elder Abuse and Neglect in an Urban Chinese Population. *Journal of Elder Abuse & Neglect*, *19*(3-4), 79–96.

Dreze, J., & Khera, R. (2010). The Bpl Census and a Possible Alternative. *Economic & Political Weekly*, *XIV*, 54–63.

ESCAP. (2012). *Overview of regional implementation of the Madrid International Plan of Action on Ageing in Asia and the Pacific.* Bangkok: Economic and Social Commission for Asia and the Pacific (ESCAP).

European Commission. (2010). *Communicating research for evidence-based policymaking: A practical guide for researchers in socio-economic sciences and humanities.* Brussels: European Commission.

Fritsch, P. (2014). New tool measures malnutrition in older people in emergencies. Retrieved October 1, 2015, from http://www.helpage.org/blogs/pascale-fritsch-2312/new-tool-measures-malnutrition-in-older-people-in-emergencies-679/

Garroway, C. (2013). *How much do small old age pensions and widow's pensions help the poor in India? An ex-post evaluation of the National Social Assistance Programme and implications for its planned reform.* United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), South and South-West Asia Office.

Geneau, R., Stuckler, D., Stachenko, S., McKee, M., Ebrahim, S., Basu, S., et al. (2010). Raising the priority of preventing chronic diseases: a political process. *The Lancet*, *376*(9753), 1689–1698.

Gonzalez, B. A. (2012). *Ensuring inclusion of older people in initial emergency needs assessments.* London: HelpAge International.

Government of India. (2011). *Situation Analysis of the Elderly in India.* Central Statistics Office, Ministry of Statistics & Programme Implementation.

Gutman, G., & Spencer, C. (Eds.). (2010). Aging, Ageism and Abuse. London: Elsevier.

Hayes, G. (2009). Population Ageing in the Pacific Islands: A Situation Analysis. Suva: United Nations Population Fund (UNFPA).

HelpAge India. (2012). *Elder Abuse in India.* New Delhi: HelpAge India.

HelpAge International. (2006). Older citizens monitoring. *Ageways*, (67).

HelpAge International. (2007). *Older citizens' monitoring: The experience of Bangladesh.* Chiang Mai: HelpAge International.

HelpAge International. (2009). HelpAge International's Organisational Health Plan.

HelpAge International. (2014a). *Advocating for social pensions: Lessons learnt from the Philippines.* Chiang Mai: HelpAge International.

HelpAge International. (2014b). *Global AgeWatch Index 2014.* London: HelpAge International.

HelpAge International. (2015a). Designing and Implementing Social Transfer Programmes. Retrieved September 2015, from http://www.helpage.org/resources/training/designing-and-implementing-social-transfer-programmes/

HelpAge International. (2015b). *Global AgeWatch Index 2015.* London: HelpAge International.

Hennink, M., & Stephenson, R. (2005). Using Research to Inform Health Policy: Barriers and Strategies in Developing Countries. *Journal of Health Communication*, *10*(2), 163–180.

IDF. (2014). *Global Diabetes Scorecard: Tracking Progress for Action.* Brussels: International Diabetes Federation (IDF).

IDF. (2015). *IDF Diabetes Atlas* (pp. 1–144). International Diabetes Federation (IDF).

ILO. (2004). *Thailand Social Security Priority and Needs Survey.* Bangkok: International Labour Organization (ILO).

ILO. (2014). *Social protection for older persons: Key policy trends and statistics.* Geneva: International Labour Organization.

Jones, N., Datta, A., & Jones, H. (2009). *Knowledge, policy and power: Six dimensions of the knowledge-development policy interface.* London: Overseas Development Institute (ODI).

Kagahastian-Candelaria, A. L. (2014). *Evidence for what? Exploring the definition & political value of evidence-informed policy making according to Philippine Mayors.* Oxford: International Network for the Availability of Scientific Publications (INASP).

Kaneko, Y. (1987). Rojin Gyakutai. Seiwa Shoten.

Khondker, B. H., Knox-Vydmanov, C., & Vilela, A. (2013). *Old Age Social Protection Options for Bangladesh.* Bureau of Economic Research of the University of Dhaka and HelpAge International.

Knodel, J., & Anh, T. S. (2002). *Vietnam's Older Population: The View from the Census.* Ann Arbor: Population Studies Center, University of Michigan.

Knodel, J., & Chayovan, N. (2008). *Gender and Ageing in Thailand: A Situation Analysis of Older Women and Men.* Ann Arbor: Population Studies Centre, University of Michigan.

Knodel, J., Teerawichitchainan, B., Prachuabmoh, V., & Pothisiri, W. (2015). *The Situation of Thailand's Older Population.* Chiang Mai: HelpAge International.

Lee, R., & Mason, A. (2012). Population Aging, Intergenerational Transfers, and Economic Growth: Asia in a Global Context. In Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Asia. Committee on Population, Division of Behavioral and Social Sciences and Education (Ed.), *Aging in Asia: Findings From New and Emerging Data Initiatives.* Washington, DC: The National Academies Press.

Lloyd-Sherlock, P., Beard, J., Minicuci, N., Ebrahim, S., & Chatterji, S. (2014a). Hypertension among older adults in low- and middle-income countries: prevalence, awareness and control. *International Journal of Epidemiology*, *43*(1), 116–128.

Lloyd-Sherlock, P., Gorman, M., Ong, P., & Minicuci, N. (2014b). *Policy Brief: Hypertension and older people.* London: HelpAge International.

Long, G. T., & Wesumperuma, D. (2012). Social Pensions in Viet Nam: Status and Recommendations for Policy Responses. In S. W. Handayani & B. Babajanian (Eds.), *Social Protection for Older Persons: Social Pensions in Asia.* Mandaluyong City: Asian Development Bank (ADB).

Mujahid, G., Pannirselvam, J., & Doge, B. (2008). *The Impact of Social Pensions: Perception of Asian Older Persons.* Bangkok: United Nations Population Fund (UNFPA).

Mustafa, N., & Kingston, P. (2014). Elder Abuse: a Global Epidemic. In N. A. Pachana & K. Laidlaw (Eds.), *The Oxford Handbook of Clinical Geropsychology.* New York: Oxford University Press.

Nakanishi, M., Hoshishiba, Y., Iwama, N., Okada, T., Kato, E., & Takahashi, H. (2009). Impact of the elder abuse prevention and caregiver support law on system development among municipal governments in Japan. *Health Policy*, *90*(2-3), 254–261.

National Research Council. (2012). Aging in Asia: Findings From New and Emerging Data Initiatives. (Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Asia. Committee on Population, Division of Behavioral and Social Sciences and Education, Ed.) (pp. 1–486). Washington, DC: The National Academies Press.

NCD Alliance. (2012). *NCD Alliance Report 2009-2011: Putting non-communicable diseases on the global agenda*. NCD Alliance.

Ogurtsova, K., Guariguata, L., Whiting, D., Unwin, N., Weil, C., Linnenkamp, U., et al. (2015). Revising the IDF Diabetes Atlas methodology for estimating global and national prevalence of Diabetes in adults. *European Congress of Epidemiology, Healthy Living*. Brussels.

PARIS21. (2010). *Advocating for the National Strategy for the Development of Statistics*. Paris: OECD.

Pellini, A., & Serrat, O. (2010). *Enriching Policy with Research*. Manila: Asian Development Bank (ADB).

Pension Parishad. (2013a). *A Note on Mobilisation of Additional Resources for Universalising Old Age Pension Entitlements in India*. Delhi: Pension Parishad.

Pension Parishad. (2013b). *No Country for Old People. Background Note (English)*. Delhi: Pension Parishad.

Pension Parishad. (2014). *Old Age Pension in Delhi: Factsheet*. Delhi: Pension Parishad.

Pension Parishad. (2015). *Letter to Arvind Kejriwal, Chief Minister, Government of NCT of Delhi, August 6, 2015*. Delhi: Pension Parishad.

PIFS & SPC. (2009). *Strengthening Statistical Services through Regional Approaches: A Benchmark Study and Way Forward*. Pacific Islands Forum Secretariat (PIFS) and Secretariat of the Pacific Community (SPC).

Porter, C. (2010). *What Shapes the Influence Evidence Has on Policy? The Role of Politics in Research Utilisation*. Oxford: Young Lives.

Prachuabmoh, V., Chayovan, N., Wongsit, M., Siriboon, S., Bangkaew, B., & Milintangul, C. (2009). *Research Report on Monitoring and Evaluation of the Second Elderly National Plan 2002–2022*. College of Population Studies, Chulalongkorn University.

Prakash, P. (2014). *Universalising Old Age Pension in India: Facts and Figures*. Delhi: Centre for Budget and Governance Accountability.

Preiebe, J., & Howell, F. (2014). Old-Age Poverty in Indonesia: Empirical Evidence and Policy Options - A Role for Social Pensions. Jakarta: National Team for the Acceleration of Poverty Reduction (TNP2K).

Prince, M., Wimo, A., Guerchet, M., Ali, G.-C., Wu, Y.-T., Prina, M., Alzheimer's Disease International. (2015). *World Alzheimer Report 2015: The Global Impact of Dementia. An analysis of prevalence, incidence, cost and trends*. London: Alzheimer's Disease International (ADI).

Rahman, K., Tareque, M. I., & Munsur, A. M. (2010). Elderly abuse: Causes and determinants in rural Naogaon district of Bangladesh. *Journal of Population …*.

Roth, G. A., Nguyen, G., Forouzanfar, M. H., Mokdad, A. H., Naghavi, M., & Murray, C. J. L. (2015). Estimates of Global and Regional Premature Cardiovascular Mortality in 2025. *Circulation*, *132*(13), 1270–1282.

Sakunphanit, T., & Suwanrada, W. (2011). 500 Baht Universal Pension Scheme. In *Sharing Innovative Experiences: Successful Social Protection Floor Experiences*. New York:

United Nations Development Programme (UNDP).

Samson, M. (2012a). *Micro-simulation analysis of social protection interventions in Pacific Islands.* Canberra: AusAID.

Samson, M. (2012b). Nepal's Senior Citizens' Allowance: A Model of Universalism in a Low-Income Country Context. In S. W. Handayani & B. Babajanian (Eds.), *Social Protection for Older Persons: Social Pensions in Asia.* Mandaluyong City: Asian Development Bank (ADB).

Sankalpa Nepal. (2013). *A Situational Analysis of Ageing in Nepal.* Kathmandu: Sankalpa Nepal.

Scheil-Adlung, X. (2015). Long-term care protection for older persons: A review of coverage deficits in 46 countries. Geneva: International Labour Organization (ILO).

Segone, M. (Ed.). (2008). Bridging the gap: The role of monitoring and evaluation in evidence-based policy making. Geneva: UNICEF Regional Office for CEE/CIS.

Setel, P. W., Macfarlane, S. B., Szreter, S., Mikkelsen, L., Jha, P., Stout, S., & AbouZahr, C. (2007). A scandal of invisibility: making everyone count by counting everyone. *The Lancet*, *370*(9598), 1569–1577.

Smith, J. P. (2012). Preparing for Population Aging in Asia: Strengthening the Infrastructure for Science and Policy. In Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Asia. Committee on Population, Division of Behavioral and Social Sciences and Education (Ed.), *Aging in Asia: Findings From New and Emerging Data Initiatives.* Washington, DC: The National Academies Press.

Soeda, A., Kanno, H., & Naganuma, H. (2012). Elder Abuse in Japan: An Innovative Approach to Prevention and Evaluation. Presented at the Annual Conference of American Society on Aging.

Sooryanarayana, R., Choo, W.-Y., & Hairi, N. N. (2013). A Review on the Prevalence and Measurement of Elder Abuse in the Community. *Trauma, Violence, & Abuse*, *14*(4), 316–325.

SPC. (2013). *Monitoring Development Progress. Sustainable Development Brief.* Statistics for Development Division, Secretariat of the Pacific Community (SPC).

Stefanoni, S., & Williamson, C. (2015). *Review of Good Practice in National Policies and Laws on Ageing.* Chiang Mai: HelpAge International.

Suwanrada, W., & Wesumperuma, D. (2012). Development of the Old-Age Allowance System in Thailand: Challenges and Policy Implications. In S. W. Handayani & B. Babajanian (Eds.), *Social Protection for Older Persons: Social Pensions in Asia.* Mandaluyong City: Asian Development Bank (ADB).

Tang, P. P. Y. (2011). Translating a High-level Policy Directive Into Layman-understood Items for Ageing Policy Evaluation. Presented at the The Knowledge Exchange Conference Knowledge Transforming Society.

Tareque, M. I., Islam, T. M., Koshio, A., & Kawahara, K. (2015). Economic Well-Being and Elder Abuse in Rajshahi District of Bangladesh. *Research on Aging*, *37*(2), 200–224.

Teerawichitchainan, B., & Knodel, J. (2015). *Data Mapping on Ageing in Asia and the Pacific.* Chiang Mai: HelpAge International.

UN. (2009a). *Making Data Meaningful: A guide to presenting statistics.* Geneva: United Nations.

UN. (2009b). *Making Data Meaningful: A guide to writing stories about numbers.* Geneva:

United Nations.

UN. (2011). *Making Data Meaningful: A guide to communicating with the media.* Geneva: United Nations.

UNDESA. (2005). *Living Arrangements of Older Persons Around the World.* New York: United Nations.

UNDESA. (2013). *Neglect, Abuse and Violence Against Older Women.* New York: United Nations.

UNFPA & HelpAge International. (2011). *Overview of Available Policies and Legislation, Data and Research, and Institutional Arrangements Relating To Older Persons - Progress Since Madrid.* New York and London: UNFPA and HelpAge International.

UNFPA & HelpAge International. (2012). *Ageing in the Twenty-First Century: A Celebration and A Challenge.* New York and London: UNFPA and HelpAge International.

Vera-Sanso, P., Suresh, V., Hussain, M., Henry, S., & Harriss-White, B. (2010). *Ageing, poverty and neoliberalism in urban South India.* New Dynamics of Ageing Research Programme, University of Sheffield.

Westley, S. B. (Ed.). (2015). NTA Bulletin 8: Population change and economic growth in Asia: New findings from the National Transfer Accounts (NTA) project (pp. 1–8). Honolulu: East-West Center.

WHO. (2002). World report on violence and health. (E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano, Eds.). Geneva: World Health Organization.

WHO. (2008). *A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide.* Geneva: World Health Organization.

WHO. (2010). *Ageing and health: from evidence to policy. Technical Meeting, Geneva 2-4 June, 2010.* Geneva: World Health Organization (WHO).

WHO. (2011a). *European report on preventing elder maltreatment.* Copenhagen: WHO Regional Office for Europe.

WHO. (2011b). *World Report on Disability.* Geneva: World Health Organization (WHO).

WHO. (2013). *EVIPNet references in the scientific literature.* Geneva: World Health Organization (WHO).

WHO. (2014a). Global Health Estimates 2014 Summary Tables: YLL by cause, age and sex, by World Bank region, 2000-2012. Geneva: World Health Organization (WHO).

WHO. (2014b). *Global status report on noncommunicable diseases 2014.* Geneva: World Health Organization (WHO).

WHO. (2014c). Regional framework for action on ageing and health in the Western Pacific (2014–2019). Manila: World Health Organization.

WHO. (2015a). *China country assessment report on ageing and health.* Geneva: World Health Organization (WHO).

WHO. (2015b). WHO Study on global AGEing and adult health (SAGE). Retrieved September 2015, from http://www.who.int/healthinfo/sage/en/

WHO, UNODC, UNDP. (2014). *Global Status Report on Violence Prevention 2014.* Geneva: World Health Organization.

Williamson, C. (2015). *Policy Mapping on Ageing in Asia and the Pacific.* Chiang Mai: HelpAge International.

World Bank. (2011). *Assessment of the Social Protection System in Fiji and Recommendations for Policy Changes*. Washington, DC: World Bank.

World Bank. (2012). *Reducing Elderly Poverty in Thailand: the Role of Thailand's Pension and Social Assistance Programs*. Draft for discussion.

Wu, L., Chen, H., Hu, Y., Xiang, H., Yu, X., Zhang, T., et al. (2012). Prevalence and Associated Factors of Elder Mistreatment in a Rural Community in People's Republic of China: A Cross-Sectional Study. *Plos One*, *7*(3), e33857.

Yan, E. (2014). Elder abuse in Asia: An overview. In *Elder abuse and its prevention: Workshop summary*. Washington, DC: The National Academies Press.

Young, J., Shaxson, L., Jones, H., Hearn, S., Datta, A., & Cassidy, C. (2014). *ROMA: A guide to policy engagement and influence*. London: Overseas Development Institute.

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.