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分担研究報告書  
ASEAN における活動的で健康的な高齢期の推進に関する研究  
「高齢化指標の現状と論点」

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研究要旨

高齢化指標は、欧州アクティブ・エイジング指標、新アジア・アクティブ・エイジング指標、Global AgeWatch Index などが作成され、国別にもマレーシアアクティブ・エイジング指標などが作成されている。アジアの高齢化指標作成には、アジアの文化的な要素の勘案が必要であり、また、データ不足が課題となる。国際的には「健康な高齢化の10年」が2020年12月に国連総会で採択され、高齢化に関するマドリッド国際行動計画(MIPAA)のレビューが2022年に予定されており、持続可能な開発目標(SDGs)と連動した高齢化への取り組みが進んでいるなか、SDGs指標も活用しながら高齢化指標を策定することに妥当性を見出せる。また、個人、国レベルの高齢化の状況と、高齢化に対する政策・施策の情報を組み合わせることで、政策形成の基礎資料となる可能性もある。

A. 研究目的

活動的で健康的な高齢期の推進に資する指標は、すでに複数の取り組みがあることから、それら既存の指標群の状況を把握分析し、今後のASEAN諸国において適用可能なHealthy and Active Ageing Index(HAAI)を検討するための情報基盤を構築する。

B. 研究方法

既存の高齢者指標の作成担当者に対するヒアリングを通じて、指標の構成、適用状況、今後の展開について分析する。

(倫理面への配慮)

国立保健医療科学院倫理審査委員会の承認を得て、ヒアリング調査を行った。

(承認番号: NIPH-IBRA#12294)

C. 研究結果

以下のヒアリングをオンラインにて行った。

- 2020/11/4(水): アレクサンドル・ミフノビッツ氏、HelpAge International(英国・ロンドン) Global AgeWatch Index について
- 2020/12/1(火): アスガル・ザイダイ氏、Government College University(パキスタン・ラホール)、欧州、アジア Active Ageing Index について
- 2020/12/17(水): 岡安裕正氏、WHO/WPRO(スイス・ジュネーブ(出張中)) WHO Healthy Ageing Monitoring Framework について
- 2021/1/15(金): サビース・ヘニ

ング氏他、UN ESCAP（タイ・バンコク）アジア Active Ageing Index について

- ▶ 2021/2/2(火) テング・アイザン氏、マレーシア・プトラ大学（マレーシア・セランゴール）Malaysia Active Ageing Index について

複数の指標をまとめる形の高齢化指標は、2012年より欧州アクティブ・エイジング指標として始まり、その後アジアに応用する形で2019年に新アジア・アクティブ・エイジング指標が策定された。マレーシアにおけるアクティブ・エイジング指標もこの流れに沿ったものである。一方、高齢化に関する国際 NGO である HelpAge International も同様な Global AgeWatch Index を2013、2014、2015年に作成・公表している。これらの高齢化指標は、人間開発指標を開発したハック博士に師事したアスガル・ザイディ氏が推進したものである。

その他高所得国を対象にした高齢化指標もあるが、中・低所得国を対象にした高齢化指標に関してはヒアリングにて情報収集することができた。

WHO/国連の、「健康な高齢化10年」の評価枠組は、SDG指標を活用し、さらに各国の高齢化施策・政策の有無を評価することとなっている。

ヒアリングの概要および論点等は本報告書「高齢化指標の現状と論点」に、ヒアリング内容は別添1、ESCAPおよびマレーシアのヒアリング時の資料はそれぞれ別添2、3として添付した。

#### D. 考察

複数の指標にウエイトをつけて合計し、

一つの指標とする手法は、高齢化のような多分野に及ぶ事象を一つに集約し比較可能にするために便利である反面、ランキングとして国に序列をつけることに反対もある。

欧州においては、欧州統計局が欧州各国で行っている調査結果を用いて一律にデータが得られることから、高齢化指標が算定されているが、アジアの場合は同様な均一なデータが存在せず、アジア高齢化指標の作成を難しくしている。また、アジアの高齢化の状況把握には、雇用や自立生活など文化的に欧州とは異なる点が多くあり、アジアの文脈で健康で活動的な高齢化をどうとらえるか、比較分析が必要である。

WHO/国連の健康的な高齢化10か年計画(2021-2030)、マドリッド国際行動計画のモニタリング(2022)と、高齢化に関する国際的な政策が進展する中、新たな指標を設定するのではなく、SDGs指標を用いて、年齢を区分することで高齢化指標とするような形式を検討する必要がある。

新型コロナウイルス感染症の蔓延は、高齢者の生活にも大きな影響を与え続けており、その点を高齢化指標に入れ込むことが不可欠である。

#### E. 結論

アジアにおける高齢化の文化的要素も加味し、SDGs指標というデータ基盤を利用して、政策形成に資する高齢化指標を作成することが望まれる。

#### G. 研究発表

1. 論文発表  
なし

#### 2. 学会発表

・林玲子「アクティブ・エイジング指標－

アジアでどのように測るか？」新潟大学-  
マレーシア交流事業ラウンドテーブル会議  
「マレーシアの急速な高齢化への対策に日  
本の経験をどう生かせるか？」新潟県十日  
町市 (2020.2)

H. 知的財産権の出願・登録状況  
(予定を含む。)

なし

# 高齢化指標の現状と論点

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## 1 はじめに

世界全域で人口高齢化が進行する中、すでに高齢化が共通言語となった東アジア諸国に付け加えて、今後高齢化が本格的に進行する東南アジア ASEAN 諸国において、高齢期をいかにアクティブに、健康的に過ごすことができるかは、喫緊の課題である。このようななか、国際社会としても世界保健機関 (WHO) の 2020 年 8 月の世界保健総会、それを受けた形で 12 月の国連総会で「国連 健康な高齢化の 10 年 2021-2030 (United Nations Decade of Healthy Ageing (2021-2030))」が採択された<sup>1</sup>。この文書では、高齢者に対する新型コロナウイルス感染症対策を強化することをはじめ、高齢者の人権保護の観点に立ち、食糧、住宅、雇用、社会保障、法的制度、医療、介護サービスへのアクセスを確保し、差別なく世代間の連帯を通じて高齢者の社会的統合が図られることが重要とされている。

本研究プロジェクト「ASEAN における活動的で健康的な高齢期の推進に関する研究」は、このように国連総会で再確認された健康な高齢化の取り組み強化を支持し、貢献しようとするものである。そのうち、令和 2 年度 B 班では、既存の各国・地域におけるアクティブ・エイジング指標について、その担当者にオンライン面談し、その内容と課題、今後の展望などを聴取した。本稿はその報告である。ヒアリングは表 1 に示すように行った。いずれも zoom によるオンライン形式である。ヒアリング内容は別添 1 を参照のこと。なお、ヒアリングは、国立保健医療科学院倫理審査委員会より承認を得たうえ実施した (承認番号: NIPH-IBRA#12294)。なお、2017 年に厚生労働省と ASEAN 各国、アジア開発銀行により提案され、本研究のたたき台となるアクティブ・エイジング指標については、本報告書曾根・佐々木論文を参照されたい。

表 1 ヒアリング日程

日時	対象者	組織（場所）	指標
2020/11/4（水） 17:00～19:00	アレクサンドル・ミフノビッツ氏	HelpAge International（英国・ロンドン）	Global AgeWatch Index
2020/12/1（火） 16:00～18:00	アスガル・ザイディ氏	Government College University（パキスタン・ラホール）	欧州、アジア Active Ageing Index
2020/12/17（水） 16:00～17:15	岡安裕正氏	WHO/WPRO（スイス・ジュネーブ（出張中））	WHO Healthy Ageing Monitoring Framework
2021/1/15（金） 11:00～13:00	サビーヌ・ヘニング氏他	UN ESCAP（タイ・バンコク）	アジア Active Ageing Index（別添 2）
2021/2/2（火） 11:00～13:00	テング・アイザン氏	マレーシア・プトラ大学（マレーシア・セランゴール）	Malaysia Active Ageing Index（別添 3）

## II 既存高齢化指標の概要－ヒアリング結果から

### I 欧州アクティブ・エイジング指標（2020/12/1 ヒアリング）

欧州統計局(Eurostat)による、アクティブ・エイジング指標(Active Ageing Index、以下「欧州 AAI」とする)は、おそらく既存の指標のなかで一番古くから使われているものと思われる。今回ヒアリングしたアスガル・ザイディ氏は 2012 年よりその立ち上げを行っている。複数の指標をウエイトをつけて合計する、という手法は国連人間開発指標 (Human Development Index: HDI) に類するもので、HDI を創設したハック (Mahbub ul Haq) 氏は、ザイディ氏の恩師にあたり、両者はパキスタン人間開発指標作成を行った歴史がある。

欧州 AAI は、国連欧州経済委員会 (UNECE) と欧州委員会 (EC) により毎年公表されており、①雇用、②社会参加、③自立した健康で安全な生活、④能力と実現環境の 4 分野について、22 指標 (①=4、②=4、③=8、④=6) を設定し、それぞれの指標にウエイト (重みづけ) をして総合得点を算出する。欧州統計局は、欧州各国の統計を整備するのみならず、同じ質問票に基づいた調査も行っているため、その結果を用いて、均一な統計を用いた国別に比較可能な指標が算出される。また国別のみならず、国をさらに細分化した地域別に、男女別に、といった細分化された指標も算出され、地域格差や男女格差の国別比較、といった分析も行われている。

2018 年の分析報告書は [https://unece.org/DAM/pau/age/Active\\_Ageing\\_Index/ECE-WG-33.pdf](https://unece.org/DAM/pau/age/Active_Ageing_Index/ECE-WG-33.pdf) に、データ等は <https://statswiki.unece.org/display/AAI/I.+AAI+in+brief> に掲載されている。



## 2 アジア・アクティブ・エイジング指標 (2020/12/1、2021/1/15 ヒアリング)

国連アジア太平洋社会経済委員会 (UNESCAP) は、2019年6月にワークショップを行い<sup>2</sup>、高齢化に関するマドリッド国際行動計画 (MIPAA) のモニタリングのための統計ツールを模索している。その中で、UNECE の欧州 AAI 同様の、アジア太平洋地域におけるアクティブ・エイジング指標も検討し、ザイディ氏が、タイとインドネシアのアクティブ・エイジング指標を算定した (Zaidi and Um 2019a)。同様の手法で、ザイディ氏は中韓のアクティブ・エイジング指標も算定した (Zaidi and Um 2019b)。これらは、新アジア・アクティブ・エイジング指標 (New Asian Active Ageing Index) と名付けられており、欧州 AAI を改変して、4分野19指標より構成されている。それらは①雇用 (3指標)、②社会参加 (4指標)、③自立した生活 (6指標)、④能力と実現環境 (6指標) である。

Overall Index	New Active Ageing Index			
Domains	Employment	Social participation	Independent living	Capacity / Enabling Environment
Indicators	Employment rate 55-59	Voluntary activities +55	Physical exercise 55+	RLE at 60
	Employment rate 60-64	Care to grandchildren +55	Access to health care +55	SHLE at 60
	Employment rate 65+	Care to older adults +55	No ADLs difficulties for +65	Mental well-being +55
		Civic & Religious participation +55	Relative median income 65+	Subjective well-being +55
		No Poverty Risk +65	Social connectedness +55	
Home ownership 55+	Educational attainment (55-74)			

ワークショップの結果、アクティブ・エイジング指標のような複合指標 (composite indicator) には、それを算出する十分なデータが必要で、データが不足する国が多い現在、まずはデータダッシュボード (複数のデータの見える化) を構築することが必要、との結論に至っている。データが揃えば複合指標も活用したいという意向がある (ESCAP ヒアリング内容を参照されたい)。

ワークショップの結果、アクティブ・エイジング指標のような複合指標 (composite indicator) には、それを算出する十分なデータが必要で、データが不足する国が多い現在、まずはデータダッシュボード (複数のデータの見える化) を構築することが必要、との結論に至っている。データが揃えば複合指標も活用したいという意向がある (ESCAP ヒアリング内容を参照されたい)。

## 3 ヘルプエイジ高齢化指標 (Global AgeWatch Index、2020/11/4 ヒアリング)

高齢化に関する国際的な NGO であるヘルプエイジインターナショナル (HelpAge International, 以下「ヘルプエイジ」とする) は、国連が主催した高齢化に関する最初の国際会議であるウィーン高齢者会議 (1982年) では途上国に対する取り組みが足りないことを反省し、1983年11月に英国、インド、ケニア、カナダ、コロンビアの高齢化に取り組む NGO が集まって創設された。以来、中低所得国を中心に、高齢者サポート活動を継続的に実施している。



ヘルプエイジは、アクティブ・エイジング指標と同様の複合指標を Global AgeWatch Index として 2013年版、2014年版、2015年版を算定した。算定には、ザイディ氏が参画している。中低所得国も含む 96 か国を対象にし、①所得保障、②健康状態、③実現環境、④能力の 4 分野の 13 指標を合成したものである。

しかしながら 2015 年以降は指標算定は継続されず、2018 年版の UHC、2021 年版の性暴力と、テ

<sup>2</sup> <https://www.unescap.org/events/asia-pacific-workshop-developing-tools-measure-inclusive-and-active-population-ageing>

マを絞った形で研究分析に特化した形で行われるようになった。

#### 4 WHO 健康的な高齢化評価枠組(2020/12/17 ヒアリング)

前述の通り、2020年8月の世界保健総会、12月の国連総会で2021~2030年を「健康な高齢化の10年」とすることが決められたが、それに応じ、行動計画が策定された(WHO 2020a)。WHO本部ではまず足元を把握する報告書(baseline report)を公表し(WHO 2020b)、地域レベルでは西太平洋地域事務局が健康な高齢化のための行動計画を策定した(WHO/WPRO 2020)。本研究の対象であるASEAN諸国は、WHO西太平洋地域事務局と東南アジア地域事務局にまたがるが、東南アジア地域事務局の行動計画はまだ策定されていないようである。

健康的な高齢化10カ年の行動計画では、評価枠組みとして新たに指標を設定するのではなく、すでにあるSDGsの関連する指標を用い、高齢者の状況が判明するように、各指標を年齢別に表示することが重要であるとしている(WHO 2020a)。列挙されたSDGsは11のゴールの28指標にわたる(表2)。さらに行動計画では、国別に高齢化に関する政策が策定されているかも評価基準としている。

表2 健康な高齢化に資するSDGs指標

ゴール	指標
1 貧困削減	1.3.1(社会保障), 1.4.1(基礎サービス), 1.4.2(土地所有)
2 食料	2.1.2(十分な食料), 2.3.2(小規模農家)
3 保健	3.4.1(慢性疾患), 3.4.2(自殺), 3.8.2(高額医療支出)
4 教育	4.4.1(ICT知識), 4.6.1(識字)
5 ジェンダー	5.2.1(暴力), 5.2.2(性的暴力), 5.4.1(無給ケア)
8 雇用	8.5.1(時給格差), 8.5.2(失業率), 8.10.2(口座の有無)
9 インフラ	9.1.1(道路2km以内の居住)
10 格差是正	10.2.1(相対貧困), 10.3.1(年齢差別)
11 都市	11.2.1(公共交通), 11.3.2(住民参加), 11.7.1(公共空間), 11.7.2(ハラスメント)
16 平和	16.1.3(暴力), 16.1.4(地域安全), 16.7.1(政策が包摂的と考えるか)
17 協力	17.8.1(インターネット利用), 17.18.1(SDGs指標の年齢区分)

出典: WHO 2020a, Table 2. 注:出典では16.7.2は16.7.1とされているが、内容より16.7.2とした。

#### 5 マレーシア・アクティブ・エイジング指標(2021/2/2 ヒアリング)

マレーシア・プトラ大学のアイザン教授は、マレーシアデータを用いて、マレーシア・アクティブ・エイジング指標(MyAAI)を算定しているところである。既存の複数の高齢化指標をベースにしているが、ザイディ氏より助言を得ながら構築しているということで、欧州AAIを踏襲し、①雇用、②社会参加、③自立した安全な生活、④能力と実現環境の4分野から構成されている。データセットが欧州同様とするのは適切でないため、独自に調査を実施したが、新型コロナウイルス感染症のため、電話調査を実施した(農村部の高齢者などにはオンライン調査が難しい)。また、新型コロナウイルス感染症の影響についても質問を設けたが、社会参加が阻害されていることが判明した。アジア特有の事象として、雇用、社会参加の男女差、親孝行、信仰心などが指摘された。

### III 高齢化指標の論点

#### 1 雇用

高齢者の雇用は、特にアジアの文脈では年金がないので働かざるを得ない、という状況もあり、働いている高齢者が多ければアクティブである、という訳ではない。また、高齢者が働くのは子供たちが十分に親を扶養しておらず、恥になる、という通念がある国もある。ILO は高齢者が働かざるを得ない状況は改善するべきとしている。一方、働くことで経済的自立、社会参加が実現できる、ということもある。SDGs では人間的な雇用 (decent work) がゴールの一つであり、働く意志のある高齢者が満足して働けるようにすることは、社会参加という意味でも、経済的な充実という面でも重要である。

#### 2 男女差

高齢期の社会参加は、女性の方が男性よりも活発である、という傾向が、マレーシア、日本で指摘された。現役世代で伝統的なジェンダー規範が強い、つまり男性が仕事、女性が家庭、という傾向があれば、引退後に社会参加できない男性が増える、という状況が想定される。年金受給も、それが世帯別か個人別かで、女性がより恩恵を受けている (支払った額よりも多く受給)、という状況も考えられる。通常、高齢女性の相対的貧困率は高いとされるが、子どもからの支援も含め、複雑な男女差があることが考えられ、高齢化指標を男女別に示すことは必要である。

#### 3 自立生活 (independent living) vs 親孝行 (filial piety)

欧州 AAI の第 3 分野である「自立した健康で安全な生活」の 8 つの指標のうちの一つは、「自立した世帯 (independent living arrangements)」であり、その定義は 75 歳以上で独居もしくは配偶者のみの世帯で暮らす人の割合である。その値が高いほど自立した生活である、ということであるので、同居がよしとされるアジアの文化とは真逆である。新アジア AAI では、この自立世帯割合を、ADL に困難がない状態、という指標に置き換えている。独居老人の割合は、日本でもアジアでも増加しているが、それが「自立した生活」とポジティブにとらえられることは少ない。自立した生活とは独居することなのかどうか、アクティブ・エイジングに「独居」をどうとらえるかは吟味する必要がある。

逆に、親孝行 (filial piety) は、儒教、イスラームの規範であり、ASEAN 諸国でも当然と考えられている規範である。アジアにおいては高齢者が一人で住むと、働いていると、施設に入ると、子どもが親孝行をしていない、とみなされることは多い。しかしながら、日本ではそのような意識が急激に変わったように、国により、さらに国の中の地域、民族により、その状況と意識は様々であり、親孝行をどのような形で測定するのか、親孝行の有無が行動的で健康的な高齢化にどのように影響を及ぼすのか、要確認である。

#### 4 「高齢者」の定義

欧米の高所得国では早くから高齢化が進行し、1950 年代に国連人口委員会で高齢化が取り上げられた際、65 歳が区切りとして用いられた (UN 1956)。当時イギリスの年金支給開始年齢が 65 歳であったことが理由だという説がある。その後 1982 年に、高齢化がまだ進行していない中低所得国を含め、世界各国が参加した国連主催のウィーン高齢に関する世界会議 (World Assembly on Aging) が開催された時に 60 歳という区切りが用いられた。そのようなことから、現在では、高所得国では高齢者は 65 歳以上、中低所得国では 60 歳という定義が用いられることが多い。しかしながら、高齢化指標を算定する



ときに、高齢者の定義が異なっているのは、そもそも比較ができなくなる。60歳か65歳か、いずれかの定義に合わせて高齢化指標を算定することが必要であるが、データが揃わないことが多く、またそもそもオリジナルの指標に年齢の定義が示されていないこともある。データが揃わない理由は、このように、年齢別にデータが得られないことが理由となっている場合もある。また介護分野の指標など、日本でいう後期高齢者75歳以上といった定義の方が相応しい場合もある。一様な高齢者の定義がないなか、定義を押し付けることもできず、可能な限り5歳階級別に元データを収集し、比較可能なようにその都度集計する、という作業が必要になる。

## 5 複合指標という手法について

複合指標 (composite indicator) という手法<sup>3</sup>についても、ESCAPをはじめ、長所と短所について議論されている。様々な分野の多くの指標に関する情報が一つの指標となることで、比較が容易になる一方、それに基づいてランキングをした場合に、データが揃わない場合や、分野別に異なる状況の社会を一律に順序だててしまうことについて、また、国に序列をつけることについて反対もある。複合指標をランキングのために用いるのではなく、分野別の指標の偏り具合で同じ特徴を持つ国をグループ分けし、そのグループ毎に適切な政策セットを提示する、といった使い方も考えられる。

## 6 指標の対象は個人か国/地域か

欧州AAI、新アジアAAIは、例えば「運動をしている人の割合」といったように、対象集団における割合といった指標になっている。この場合、ある個人に対して「運動をしているか」と聞けば、個人の高齢化指標が算定されることになる。欧州AAI、新アジアAAIは集団レベルでも個人レベルでも指標として算定可能であるが、WHOの評価枠組の様に、国に高齢者施策があるかないか、という指標は、個人に落とし込むことはできなくなる。

一方で、国レベルの高齢化指標を比較して、その違いはどの政策の違いにあるのか、という分析を行うのであれば、政策、施策の情報が必要になる。また、ザイディ氏は国でも個人でも、高齢化指標の違いをもたらしたのは、どのような個人の経緯(学歴、雇用など)、もしくは政策の有無だったのか、現時点の高齢化指標から過去をマイクロシミュレーションするようなモデルが作成可能としている。

最終的には効果的な政策・施策を提案することが目的であり、個人・集団の状況を把握する指標と、政策・施策の有無について情報収集することが求められよう。

# IV 課題と展望

## 1 次年度以降に持ち越した事項

ASEAN諸国のような中所得国をも対象とした高齢化指標は、今年度概ねヒアリングを行ったが、高所得国を対象とした高齢化指標はその他、Hartford Aging Index、Successful Ageing Indexなどが存在する。多くの指標が存在する。それらについても、手法や含まれる指標など、参考にすべきことも多いと思われる。来年度以降、情報収集を継続する必要があるだろう。

ASEAN諸国を対象として活動的で健康的な高齢化を研究するには、ASEAN Center for Active Ageing and Innovation (ACAI)の関与が必須である。ACAIとして高齢化指標を作成しているわけでは内容であ

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<sup>3</sup> OECDは複合指標作成に関するハンドブックを作成している(OECD 2008)。

るが、来年度以降ヒアリングなどを行う。

## 2 新型コロナウイルス感染症 (COVID-19) と高齢化指標

新型コロナウイルス感染症 (COVID-19) の高齢者に対する影響は、COVID-19 死亡者が高齢者に多いこと、外出制限による身体・認知機能の低下、孤立、経済や栄養状態の悪化など、多くの問題が生じており、今回ヒアリングを行った ESCAP、HelpAge International、アイザン教授、いずれも COVID-19 の高齢者に対する影響の調査を計画もしくは実施している。COVID-19 は短期的には収束せず、未だ継続しており、高齢化指標に COVID-19 の影響を組み込むことが必要であろう。

## 3 国際的政策枠組みとの連携

現状で、国連における高齢化に関する政策枠組は、国連 Healthy Ageing decade と並行して、高齢化に関するマドリッド国際行動計画のモニタリングも行われている。これは、2002 年の行動計画の策定から、20 年目の 2022 年にアジア太平洋地域のレビューを行うことが予定されている。いずれも新たな指標セットをつくるのではなく、SDGs 指標を用いてレビューする流れになっている。このようなことを考慮すれば、今後「健康で活動的な高齢化指標」を作成するのであれば、SDGs 指標をベースに、不足を何らかの形でおぎないながら、指標群を設定することが求められよう。

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Zaidi, Asghar and Jinpil Um (2019a) "The Asian Active Ageing Index: Results for Indonesia and Thailand" Social Development Working Papers, 2019/05, United Nations ESCAP.

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## 別添1 ヒアリング内容

Health and Labour Sciences Research Grant Project  
(#20BA2002, Ministry of Health, Labour and Welfare)

### **Study on the Promotion of Active and Healthy Ageing in ASEAN Countries**

#### Seminar Report (Summary)

Date / Time: 17:00-19:00, 4<sup>th</sup> November, 2020 (UTC/GMT +9, Tokyo)

Venue: via Zoom (in English / no interpreter)

Lecturer: Aleksandr Mihnovits (HelpAge International, London, UK)

#### Participants:

SONE, Tomofumi (Principal Investigator, National Institute of Public Health)

HAYASHI, Reiko (Co-Investigator, National Institute of Population and Social Security Research)

SHOBUGAWA, Yugo (Co-Investigator, Niigata University)

SASAKI, Yuri (Co-Investigator, National Institute of Public Health)

NAKAGAWA, Masataka (Co-Investigator, National Institute of Population & Social Security Research)

Theme of the Seminar: The Development of *Global AgeWatch Index* and Its Applications

#### Summary

##### 1. Background

- In 2012, HelpAge and UNFPA published a report titled, 'Ageing in the Twenty-First Century', which examined progress in relation to MIPAA International Plan of Action on Aging.
- And in 2012, HelpAge started working with Dr. Asghar Zaidi, who was with the University of Southampton then, to develop a tool. The project with Dr. Zaidi led to the launch of the *Global AgeWatch* in 2013. Since then, the *Index* was then published annually to 2015.
- In 2015 and 2016, the project conducted two reviews, one of which was focused on the production side of the index and interviewed staff members of the HelpAge regional offices and partners who worked for the project as well as those who used the Index. The second review, which was conducted by an external organization, focused on assessing the methodology and its robustness.

##### 2. Framework and Methodology for the *Global AgeWatch Index*

- There were three elements that were aimed to capture in the Index:
  - 1) multidimensional nature of the wellbeing, 2) universality to include as many countries as possible, and 3) utilization and reliance on harmonized data available from open data sets.
- The Index was designed to be put in the Madrid International Plan and its three pillars of development, health and enabling environment. In addition to keeping consistent with the

MIPAA, focus group discussions were conducted with older people to understand their values, some of which were reflected in the Index such as access to public transport and connectedness with others in the inner community.

- The principal of using harmonized data in open data sets was challenged particularly for low and middle income countries. Due to such difficulties, certain concepts or certain indicators that were considered important for measuring wellbeing were not included in the Index (e.g. having adequate housing or participating in arts, participating in various cultural activities, volunteering, participating in political processes).
- Some of the concepts were not embodied in the Index due to the technical issues for operationalization and measurement (e.g. autonomy).
- Some of the indicators or some of the proxies have different meanings between cultures and contexts (e.g. having a job is an important factor for better wellbeing in the development context whereas a high employment rate can mean that there is inadequate safety net in the country.)
- While data from international organizations / agencies such as World Bank, OECD, Eurostat, and WHO are the primary sources for the Index, subjective data was drawn from private data providers such as Gallup (e.g. enabling environment: data on perception of safety, on transport, on social connectedness and on civic freedom).
- Other data challenges include inconsistency in the year of observations between countries; great variability across the countries in terms of when the surveys are conducted and how frequently surveys are administered. Relying on open data, in addition, face challenges associated with time lags between when data is collected at the national level and when it becomes available in the international data set. Despite the criticism, the project does not use national data because of the harmonization issues.
- The aggregation method of the Human Development Index is adapted in the *Global AgeWatch Index*.
- Equal weighting is applied across the domains. This reflects the principle of avoiding any judgement which domain is a priority to older people, and which are less important. Within the domains, there are two exceptions; different weighting is applied to income security domain and the health domain.

### 3. Reflections

- There are two aspects in the functions of the Global AgeWatch Index: as advocacy tool and as policy tool.
- It became apparent that index was a very successful advocacy tool through helping stakeholders recognise the key issues and data caps.
- As a policy tool, on the other hand, it appears to be much more challenging to use it (i.e. timelines of data, lack of data showing the great diversity and inequality within population).
- The methodology review has demonstrated the importance of developing an index in a close collaboration between thematic experts on ageing and statisticians. Recommendations and resources developed by the European Commission's Competence

Centre on composite indicators and scoreboards (COIN) and the OECD, e.g. Handbook on Constructing Composite Indicators: Methodology and User Guide, offer good guidance on the topic.

#### 4. Discussion

- The relationships to other international indices on active ageing such as *Active Ageing Index*. Is GAWI aimed at applying and expanding the concept of the European Active Ageing Index to the global level?
  - ➔ No. There are a lot of similarities in what are measured between the two induces, though.
  
- What is the *Global AgeWatch Insights 2018*?
  - ➔ After two learning reviews conducted in 2015 and 2016, the decision was made not to continue with the index. Instead, it was decided to reposition the Index as a more research-oriented project and to work with AARP on the *Global AgeWatch Insights*. Since then, the GAWI has not been revised. The *Global AgeWatch Insights* is a systematic report looking at universal health coverage in relation to older people in developing countries, followed by discussion on the adequacy of data to measure universal health coverage and support the implementation of the health for all and the SDGs. It is planned to focus on gender-violence among older people in the 2021 version of the *Global AgeWatch Insights*, subject to funding availability.
  
- Comparability and consistency with the SDG indicators?
  - ➔ The SDG indicators are not specialised in ageing or elderly people, and do not cover issues such as long-term care and mental health.
  
- The depression scale or suicide rate can be used as proxy measures of mental health?
  - ➔ Yes. Indeed, we consider “having purpose in your life” as a proxy for mental health, but it turned out that there are difficulties in obtaining the data for this indicator across all countries.
  
- Coverage of *hard-to-reach* populations such as refugees, homeless people, institutionalised population?
  - ➔ HelpAge collects data on older refugees and also work on in informal setting and homeless, but the data collection tends to be quite on the small scale and highly targeted. It is thus difficult to obtain reliable quantitative insights and understandings from these data.
  
- Issues in measuring and interpreting social connectedness:
  - ➔ It is measured by a standardised item in the Gallup data; “if you are in trouble, do you have someone you can speak to?”

## **Study on the Promotion of Active and Healthy Ageing in ASEAN Countries**

### Seminar Report (Summary)

Date / Time: 16:00-18:00, 1<sup>st</sup> December, 2020 (UTC/GMT +9, Tokyo)

Venue: via Zoom (in English / no interpreter)

Lecturer: Professor ZAIDI, Asghar (Government College University, Lahore, Pakistan)

#### Participants:

SONE, Tomofumi (Principal Investigator, National Institute of Public Health)  
ARAI, Hidenori (Co-Investigator, National Center for Geriatrics and Gerontology)  
HAYASHI, Reiko (Co-Investigator, National Institute of Population and Social Security Research)  
SHOBUGAWA, Yugo (Co-Investigator, Niigata University)  
SASAKI, Yuri (Co-Investigator, National Institute of Public Health)  
NAKAGAWA, Masataka (Co-Investigator, National Institute of Population & Social Security Research)  
MIYAZAKI, Yusuke (Observer, Ministry of Health, Labour and Welfare)

Theme of the Seminar: Healthy and Active Ageing in ASEAN+3: Evidence drawn from the New Asian  
Active Ageing Index “AAI”

#### Summary

1. Definition and significance active ageing
  - The concept of “active ageing” adapted and developed in the Active Ageing Index Project is based on the philosophy and the work program of the *2012 European Year of Active Ageing and Solidarity between Generations*. The AAI project defines the AAI as:  
“the situation where people are able to live healthy, independent and secure lives as they age and thus continue to participate in the formal labour market as well as engage in other unpaid productive activities (such as volunteering and care provision to family members” (Zaidi et al. 2013, p. 6)
  - European projects and initiatives concerned with active ageing include: *Designation of 2012 as the European Year for Active Ageing and Solidarity between Generations*; *European Innovation Partnership on Active and Healthy Ageing (EIP-AHA)*; *Vienna Ministerial Declaration for the 2nd 5-year review of MIPAA*.
  - WHO originally used the term “active ageing”, but the EIP-AHA project, which became the flag bearing project of European Union, started using the term “active and healthy ageing” partly because the WHO itself moved to the terminology of healthy ageing.

- In the context of the sustainable development goals, or the 2030 agenda, the concept of active ageing is concerned from the moral and economic perspectives. From the moral point of view, any development strategies are expected to include potentially vulnerable groups (older people) by improving their wellbeing and quality of life. From the economic perspective, older persons are expected to contribute not just to their own wellbeing but also to the overall development of the society in which they live.

## 2. The development and construction of the *Asian Active Ageing Index*

- The development of the Active Ageing Index that was carried out from the European Year 2012 project was based on two motivations: 1) for policy purposes, a composite index is needed for countries to more easily identify policy purposes, and 2) the Index serves as an analytical or diagnostic tool for a wide range of stakeholders.
- In 2019, a project with UNESCAP conducted a review of the all indices related to population ageing or older people that had been developed and running in the world. A total of 11 indices were reviewed.
- Steps towards building AAI for new countries are as follows:
  - 1) Assess the applicability of the EU AAI methodology with replications
  - 2) Assess data availability (relevance, reliability, regularity, representativeness)
  - 3) Select the indicators relevant for the country
  - 4) Select the appropriate normalisation and weighting method
  - 5) Analyse all outcome indicators
  - 6) Calculate the AAI value and discuss key findings
- The extension of European *Active Ageing Index* to the *Asian Active Ageing Index* has been mostly conducted with UNESCAP, which is the Asian-Pacific counterpart of the UNECE, the developer of the original European Index.
- The project for the Asian Index started by examining how the indicators are relevant, the original European indicators are relevant in the Asian context, while retaining the majority of the philosophy embodied in the original index.
- In developing the *Asian Active Ageing Index*, the normalisation method that is used in the Human Development Index is introduced to standardise the values for each country.
- The *Asian Active Ageing Index* consists of four domains: *employment, social engagement, independent, healthy, and secure living; capacity / enabling environment*.
- Comparison of countries using the new Active Ageing Index (selected findings):
  - ✓ For the “employment” domain, Asian countries (Indonesia, Japan, Thailand and Korea) generally perform better than European countries.
  - ✓ Indonesia does remarkably well for the “social participation” domain (alongside Sweden, France, UK and Ireland). The social participation domain reflects the level of “care to children and grandchildren”, and the value of “care for older adults” are significantly high for Japan.
  - ✓ China and Japan are amongst the top performing countries in terms of “independent living.”

- ✓ In contrast to the social “participation” domain, Indonesian performance is the worst in “capacity and enabling environment”, particularly in “use of ICT”.

### 3. Key insights for the future work

- The Norms and contexts are significant for the enabling factors of healthy ageing.
- With the majority of indicators showing that women fall short, there is a great scope for improvements in reducing intercountry gender differences, especially in employment and incomes.
- The second goal is to draw mutual policy earnings from cross-country comparison (e.g. by using the AAI-type monitoring metrics).
- Potentials for methodological improvements include applying the microsimulation models.

### 4. Discussion

- Despite data deficiencies, or problems associated with availability and quality of data, we should put them in our writing that the indicator has these issues and that issues, instead of dropping this kind of work because the data is not matching the quality. We have to continue carrying out the work, which usually involves a huge amount of complex work.
- While efforts are needed to be made to understand the context within which the question was asked and to see where the definition can be adjusted, a clear normative judgement is also required for what we want to capture from this indicator.
- The indicator that came under strongest criticism is independent living, of which value and meaning are significantly different between Asia and Europe. The indicator is originally designed and developed in the European context, where older people tend to prefer to live either by themselves or with their partner. In the Asian context, especially in ASEAN context, however, this indicator is totally irrelevant. While undergoing careful re-examining processes with respect to all indicators, the philosophy or spirit of the original index is retained.
- It is important to note that there is a trade-off between intergenerational (informal) care provision and the availability of public services in care for children and older people (cf. comparison between Japan, Korean and Indonesia).
- For the individual level and the collective level, we can use the same sets of indicators.
- There are many kinds of sets of ageing indices, but the New Asian Active Ageing Index methodology seems to be the most sophisticated so far. Significant improvements have been made from the original version and the method of normalization has also become richer.



厚生労働行政推進調査事業費補助金  
(地球規模保健課題解決推進のための行政施策に関する研究事業)  
「ASEAN における活動的で健康的な高齢期の推進に関する研究」

令和 2 年度 ヒアリング調査概要

日時：令和 2 年 12 月 17 日（水）16 時 00 分～17 時 15 分（UTC/GMT +9, 日本時間）

場所・開催方法

- Web 会議システム Zoom によるリモート開催
- 使用言語：日本語

講師：岡安裕正氏（WHO/WPRO）

参加者：

- 曾根智史（研究代表者、国立保健医療科学院）
- 林玲子（研究分担者、国立社会保障・人口問題研究所）
- 荒井秀典（研究分担者、国立長寿医療研究センター）
- 菖蒲川由郷（研究分担者、新潟大学）
- 佐々木由理（研究分担者、国立保健医療科学院）
- 中川雅貴（研究分担者、国立社会保障・人口問題研究所）
- 宮崎祐介（オブザーバー、厚生労働省大臣官房国際課）

内容

- WHO における Healthy ageing / Active ageing の指標化に関連する取り組みについてのヒアリング及び質疑応答
- ASEAN における Active Ageing 指標の開発に関する意見交換

概要

- WHO では、Decade of Ageing に Monitoring Framework があるので、加盟国の負担を避けるために、Regional Action Plan ではこの Monitoring Framework を活用する予定である。
- WPRO の Regional Action Plan（2021 年 1 月公表予定）<sup>1</sup> では、高齢化について高齢者の医療だけではなく、高齢者の社会参加を支援する社会の仕組みの整備や、医療とその他のサービスの連携、若年・中年期からの健康増進（Life Course Approach）、社会的決定要因（Social Determinants）への取り組み、社会起業家などの社会イノベーションの推進など、DoA に上乗せする形でビジョンを提案している。「ASEAN における活動的で健康的な高齢期の推進に関する研究」（以下、研究班とする）で開発する Indicator においても、これらの項目の検討を期待する。

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<sup>1</sup> <https://iris.wpro.who.int/handle/10665.1/14714>

- **Indicator** を提示することにより、理想の高齢化や社会像に関するメッセージを発信することにもなり、こうした **advocacy** としての役割も期待できる。**Regional Action Plan** で設定している 5 項目の **Objective** それぞれについて、各加盟国による取り組みへの提言 (**Recommended actions**) を提示している。ここでの提言内容は、研究班による **Index** の開発にも参考になると考えられる。
- 従来の **Index** (**ASEAN Japan, Asian Active Ageing Index, UNECE**) 等では、健康・就労・社会参加等、個人の状態に関する計測に基づいた指標となっている印象を受けるが、今回のプロジェクトでは、**DoA** の **Monitoring Framework** にも盛り込まれているような政策や制度、社会環境等マクロの指標も考慮するのか？
  - 研究班では、個人レベルの計測項目に加えて、地域や国レベルの項目も考慮する予定(研究班)。
- **WHO** がアドバイスする対象(単位)は、あくまでも加盟国であり、**DoA** や **Regional Action Plan** で設定されているモニタリング項目(約 10 項目)<sup>2</sup> は、ほぼすべて国レベルの政策や制度に関わるものである。まずは、これらの項目に基づいて各国の特徴や課題を把握する。
  - 研究班で検討している指標では、**National/Local government policy** に関するドメインも含まれる予定。ただし、具体的にどのような項目を含むのかについては検討中(研究班)。
- **Healthy ageing / Active ageing** のための若年・中年期からの健康増進(**Life Course Approach**) について、現在、**WPRO** としては具体的なアクションプランやガイドラインは定めていないが、**Non-Communicable Diseases (NCDs)** については **WHO** 本部や **WPRO** でもガイドラインを出している。**NCDs** に関するプランの策定や各国への提言においても、若年層のヘルスプロモーション(運動、食事、喫煙、飲酒等)だけではなく、高齢者もターゲットに含まれるのが望ましいと考えている。また、各国で高齢者の健康の担当部署と **NCDs** の担当部署(これらは多くの国においてそれぞれ独立の取り組みをしていることが多い)が連携し、共通のメッセージを出すことを **WHO** として働きかけている。
- **ICOPE** は大きく分けて二つの要素に分けられると考えている。一つは、個人レベルの **geriatric assessment** に依拠した取り組みや対策。研究班が開発する **Indicator** が、臨床的な側面を志向するのであれば、**ICOPE** で推奨されている事項(9つのエリア)が参考になるのではないかと。一方で、**ICOPE** を導入するために必要な社会環境的基盤を示したガイドラインも作成しており、健康や医療に関するコミュニティの役割や機能を考慮するのであれば、このガイドラインが参考になると思われる<sup>3</sup>。
- **Social Determinants of Health (SDH)** については、様々な分野の課題についてヘルス・セク

<sup>2</sup> [https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc\\_5](https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_5)

<sup>3</sup> <https://www.who.int/ageing/publications/icope-handbook/en/>

ターからの働きかけを行うことの重要性を認識している。(コペンハーゲンの自転車専用道の整備の例。環境だけではなく健康にも望ましい効果が期待できる。) 高齢者の IT 利用の促進についても、このようなアプローチが取れることが望ましい。その基礎的なデータのための WHO/WPRO と JAGES との共同研究が進行中。

- “Health outcome” や “Health care services” に関する項目については、WHO の Study on global AGEing and adult health (SAGE) の基本的なフレームワークが参考になると思われる。
- アジアを含めて多くの発展途上国では、国レベルでも高齢化が進んでいない国が多く、データが整備されていない場合がほとんどである。

## **Study on the Promotion of Active and Healthy Ageing in ASEAN Countries**

### Seminar Report (Summary)

Date / Time: 11:00-13:00, 15<sup>th</sup> January 2021 (UTC/GMT +9, Tokyo)

Venue: via Zoom (in English / no interpreter)

#### Participants:

##### UN ESCAP

HENNING, Sabine (Chief, Sustainable Demographic Transition Section)

STEINMAYER, Vanessa (Population Affairs Officer)

MENG, Channarith (Associate Social Affairs Officer)

##### Japan

SONE, Tomofumi (Principal Investigator, National Institute of Public Health)

ARAI, Hidenori (Co-Investigator, National Center for Geriatrics and Gerontology)

HAYASHI, Reiko (Co-Investigator, National Institute of Population and Social Security Research)

SHOBUGAWA, Yugo (Co-Investigator, Niigata University)

SASAKI, Yuri (Co-Investigator, National Institute of Public Health)

NAKAGAWA, Masataka (Co-Investigator, National Institute of Population & Social Security Research)

MIYAZAKI, Yusuke (Observer, Ministry of Health, Labour and Welfare)

#### Contents:

1. ESCAP work on population ageing, with a focus on the Ageing Index (ESCAP Team)
2. Outline of the Active Ageing Study in Japan (Dr. SONE)
3. Discussion

#### Summary

1. ESCAP work on population ageing, with a focus on the Ageing Index
  - ESCAP's work is based on three interlinked pillars: intergovernmental, analytical, and technical cooperation.
  - ESCAP conducts the fourth review of the MIPAA at the regional level in 2022, which is to be followed by a global review at the Commission for Social Development in 2023. For the regional review, ESCAP is working with its member States, to review the status of implementation of the MIPAA, identify priority areas for further implementation and emerging areas.
  - In preparation of the MIPAA review, ESCAP's work on ageing is currently focused on

collecting data and compiling policies of the member states. The collected information is also used to provide technical cooperation to countries in policy design.

- As part of a larger project tracking progress in the implementation of the MIPAA, a paper is being prepared to identify key elements of the ageing policies, which is also informed by other programs such as the ICPD and the 2030 Agenda for Sustainable Development and the review documents of the MIPAA, as well as consultation of experts such as HelpAge.
- Currently a paper on statistical indicators to monitor progress is also under preparation. The indicators are mainly focused on SDG indicators to reduce the reporting burden on countries. The SDG indicators that are not age disaggregated are a big issue, requiring some capacity building as well.
- A series of workshops (virtually) with MIPAA focal points is planned to discuss the draft MIPAA survey, ageing policies, statistical indicators and other. ESCAP is looking forward in working with Japan on the MIPAA fourth review and appraisal, including with its ageing focal point.
- Data compiled on population ageing and the status of older persons as well as information on existing policies on ageing will be compiled and published on a website.
- Other efforts for data collection and information compiling include a survey on “older people & COVID-19” and the websites for aging-related data and policies.
- ESCAP’s work on ageing can be also found in research papers or working papers that have been published on the ESCAP website. These publications include a recent paper on the “Asian Active Ageing Index: Results for Indonesia and Thailand, by Professor Asghar Zaidi; a paper on “Ageing and its economic implications”; and a paper on elderly care in the region.
- The 2019 workshop “Developing Tools to Measure Inclusive and Action Ageing” was organised with HelpAge International to build capacities on data availability, to explore statistical tools to monitor the levels and trends of inclusive and active population ageing, and to assess advantages and shortcomings of different statistical tools. The workshop was attended by government officials and professionals from ESCAP member States. The key recommendation included to start with a set of indicators to be tracked in a dashboard. Recommendations were also made on opportunities and shortcomings of a composite index and different indicators.
- It was discussed in the 2019 workshop that there are pros and cons of having a composite ageing index as listed below.
  - Opportunities: capturing multiple dimensions in one single number; allowing for tracking progresses over time; accessing the country’s position in different dimensions to allow peer learning and draw policy lessons; easy to communicate to policy makers and the public.
  - Shortcomings: Reduced information and misinterpreted results; complex methodology; quality of index depends on quality of data, different connotations depending on country context and situation; applicability and transferability between regions; availability of age-disaggregated, timely and relevant data over time
- Given these pros and cons, the following recommendations related to an ageing index have

been made as an outcome of the 2019 workshop:

- ✓ It is useful to capture the sub-dimensions of index, including gender issues.
- ✓ Transparent methodology is required with robustness check (e.g. weighting).
- ✓ The ultimate objective is to inform policies and to lead to evident-based policy.
- ✓ Each dimension of the index should be reflected or represented by unique indicators rather than overlapping indicators.
- ✓ The weighting is crucial.
- ✓ Age-disaggregation should be considered for deep understandings and better policies.
- With regard to the data and the use of indicator, the following issues need to be considered: data availability; disaggregation (sex, age, and other characteristics), exploring many data sources (e.g. National Transfer Account, Labour Force Surveys; mobile phone registration); technical corporations; communication strategy; manageable number of indicators.

## 2. Outline of the Active Ageing Study in Japan

- \* Dr. Tomofumi SONE, Principal Investigator of the Japanese project, briefly explained the outline of the “ASEAN- Japan Healthy & Active Ageing Indicators 2017” and the purpose and structure of the new project launched in 2020.
- \* Dr. Yugo SHOBUGAWA summarised the surveys being conducted in Myanmar and Malaysia as part of the MHLW project.

## 3. Discussion

- ESCAP is not going to make a composite active ageing index?
  - ➔ This is not a priority at the moment. The working paper shows that there are severe data limitations. For example, for the ASEAN region, data were available only for Indonesia and Thailand. Moreover, ASEAN members indicated their preference not to have an index. The region covered by ESCAP, the Asia-Pacific, is so diverse that it would be difficult to develop an indicator applicable across the region.
- Instead of developing an indicator, the dashboard is a good starting point, and it is already underway. The SDG indicators are a good reference for this, but capacity building is needed for the member countries to provide the data in age-disaggregated manner.
- With the UN General Assembly having recently adapted the proposal for the Decade of Healthy Ageing, the UN seems to be increasing its commitment to healthy ageing. How is this healthy ageing initiative going to be combined with MIPAA follow-up process?
  - ➔ The MIPAA review is a process with specific mandates. The work on healthy ageing will be done in parallel and there are many synergies. There are regular coordination meetings to ensure these synergies. The MIPAA survey will also address healthy ageing.
- Employment of older persons is a difficult indicator to interpret. Older people may work or

may not work for different reasons, depending on contexts and situations of the countries and regions. ILO promotes universal social protection; especially older person should not be forced to work to have an income. While the preference is put on social protection, there is also a huge campaign for decent work for all. Being in employment or working can be an indicator of active ageing if they are given choices, allowed to continue to contribute and work in good quality and productive and healthy conditions.

- ESCAP and Japanese team are undertaking a similar approach. It seems possible to share the information that are collected and provide feedback to each other. ESCAP has already developed the data sheets and the dashboard of policies, which can guide the work of Japanese project.

## **Study on the Promotion of Active and Healthy Ageing in ASEAN Countries**

### Seminar Report (Summary)

Date / Time: 11:00-13:00, 2<sup>nd</sup> February 2021 (UTC/GMT +9, Tokyo)

Venue: via Zoom (in English / no interpreter)

#### Participants:

##### Malaysia

Tengku Aizan Tengku Abdul Hamid (Professor, Malaysian Research Institute on Ageing University Putra Malaysia)

Sharifah Norazizan Syed Abd Rashid (Professor, University Putra Malaysia)

Asmidawati Ashari (Senior Lecture, University Putra Malaysia)

Siti Farra Zillah Binti Abdullah (Research Officer, Malaysian Research Institute on Ageing, University Putra Malaysia)

##### Japan

Tomofumi Sone (Principal Investigator, National Institute of Public Health)

Hidenori Arai (Co-Investigator, National Center for Geriatrics and Gerontology)

Reiko Hayashi (Co-Investigator, National Institute of Population and Social Security Research)

Yugo Shobugawa (Co-Investigator, Niigata University)

Yuri Sasaki (Co-Investigator, National Institute of Public Health)

Masataka Nakagawa (Co-Investigator, National Institute of Population & Social Security Research)

Yusuke Miyazaki (Observer, Ministry of Health, Labour and Welfare)

#### Contents:

1. Development of the Malaysian Active Ageing Index (presented by UPM Team)
2. Discussion

#### Summary

1. Development of the Malaysian Active Ageing Index (UPM Team)
  - With the proportion of elderly population being projected to double (7% to 14%) in 24 years from 2020 to 2044, Malaysia is undergoing rapid population ageing along with other ASEAN countries.
  - The Malaysian Active Ageing Index (*MyAAI*) project is motivated and built upon the international initiatives on the ageing research and active ageing framework (*Global AgeWatch Index, Active Ageing Index, Hartford Ageing Index, Global Retirement Index*).



- The fundamental issue in developing the Malaysian index is how these international indexes can be used to look at country specific situations, and how the indicator help in policymaking and addressing the needs of older people in the country.
- *MyAAI* has five main objectives: 1) to determine the level of participation of older persons in paid activities/employment; 2) to identify and examine the social activity and participation of older persons; 3) to assess the level of independent and autonomous living among older persons; 4) to measure the older person's capacity the environment will enable the older persons to life actively; and 5) to formulate the overall Malaysian Active Ageing Index and compare the position of Malaysia with other countries.
- The conceptual framework of *MyAAI* is developed in consultation with Prof. Asghar Zaidi, who had played the key role in developing the European Active Ageing Index. As a result, *MyAAI* is designed to follow the set of domains of the European index as closely as possible, while being adapted to the Malaysian context. There are four domains of *MyAAI*: 1) employment of older workers; 2) social activity and participation of older persons; 3) independent and secure living of older persons; and 4) capacity for active and healthy ageing and enabling environment. Based on these four domains, 'active ageing' is to be defined in the following two domains: 'Actual experience' (Domain 1, 2, and 3) and 'Capability/ability to actively age' (Domain 4).
- Given that some indicators in the European index is not appropriate and transferable to the Malaysian situation, a workshop has been organised to identify alternative data sources. It was initially planned to collect primary data through fieldwork survey, but the methodology had to be changed due to the COVID-19 pandemic. Instead of conducting face-to-face surveys, it has been decided to collect data through online surveys as well as secondary data collection through the internet.
- For the *MyAAI* online survey, the questionnaire is designed with the following seven pillars: 1) background information; 2) employment; 3) participation in society; 4) health & lifestyle; 5) capacity & enabling environment; 6) GDS-15 & DASS21; and 7) impact of COVID-19. The inclusion of the questionnaire related to the COVID-19 reflects an assumption that the impact of COVID and the policy responses significantly affect the social participation rate of older people.
- Since a large proportion of older people, particularly those in rural areas, do not have internet accesses, the online survey will be conducted using interviewer assisted call based online form rather than personally doing it. The data will still be captured online.
- The active, productive and healthy ageing framework seems to be already reflected in the government policy for older people in Malaysia, which was developed in line with the MIPAA initiative.
- Key issues and challenges in localising the globally developed ageing-related index include 1) comparability (definition of the 'elderly' – 60+ or 65+?); 2) context; 3) balancing between sustaining cross-country comparability and taking into account country-specific situations; 4) need to collect data at regular intervals and to input findings and evidence in the national development plans; 5) the effect of the COVID-19 pandemic skewing the baseline data effort,

and online survey is poor substitute for door-to-door data collection methods.

- Further efforts are needed to assess applicability of Active Ageing Index (or any indices) in national development plans, either as a target setting or progress monitoring. It is also required to link the index to current or broader societal goals (e.g. SDGs, MIPAA or HDI).

## 2. Discussion

- How to measure the impact of the COVID-19 pandemic, which is included in the questionnaire list for the survey?
  - ➔ The project has already conducted a COVID-19 behavioural survey, based on the WHO Behavioural Insight on COVID-19, which looked at several impact indicators such as how COVID-19 affected people's participation in community activities and social interactions. These findings are to be used as an instrument for constructing the Index, but the effect of the lockdown measures needs to be taken into account.
- Some indicators that are included in the European AAI can be calculated from the secondary data sources at the national level? (e.g. cause of death; healthy life expectancy; relative poverty?)
  - ➔ Indicators that are straightforward such as healthy life expectancy can be calculated from the national statistics. However, the cause-of-death data is not adequate for elderly population. The indicators of poverty is measured by an original definition for Malaysia, set by the Economic Planning Unit.
- Are there significant inter-regional variations in the social protection systems in Malaysia? If so, how to deal with these differences within the country in constructing the active ageing index?
  - ➔ Malaysia has rather uniform social protection and assistance systems across the country, thus there are not significant concerns over those regional differences. When it comes to 'health-care', it means the primary-level care system, and the long-term care system is still largely fragmented in Malaysia. It is agreed that the measurement of medical and long-term care should be integrated.
- Indicators reflecting 'housing' or 'transportation' situations are not included in the European AAI or other global indexes, but they are covered in the MIPAA and should be included in the indexes for Asia, including Malaysia.
  - ➔ Agreed. 'Living arrangement' is covered in *MyAAI*, indeed. Among other indicators that are considered to be important and should be reflected in the index is the cultural domain, which is difficult to measure, though. In Malaysia, for instance, even though older people are willing to work and be economically active, their children tend to feel it is 'shameful' as they can be perceived not to be looking after their parents.
- In terms of social participation, women are assumed to be more active than men, except for

economic or employment-related activities.

➔ The situation is basically same in Malaysia and Japan.

- It is important to measure 'piety' and include it in the active ageing index, but it is difficult partly because the concept of 'piety' varies between different ethnic groups. It can be considered as an objective concept rather than a subjective and psychological one, but this is a significant topic to be further discussed.
  
- There is no indicator established and commonly used to measure social perception or acceptance of dementia.

# ESCAP work on population ageing, with a focus on the Ageing Index

**Sustainable Demographic Transition Section  
Social Development Division  
ESCAP**



15 January 2021

# ESCAP ....

is the regional development arm of the United Nations for the Asia-Pacific region



... uses its **convening power** to bring countries together to address issues through regional cooperation

# ESCAP work is based on three interlinked pillars



Inter-governmental

Addressing the Challenges  
of Population Ageing in  
Asia and the Pacific

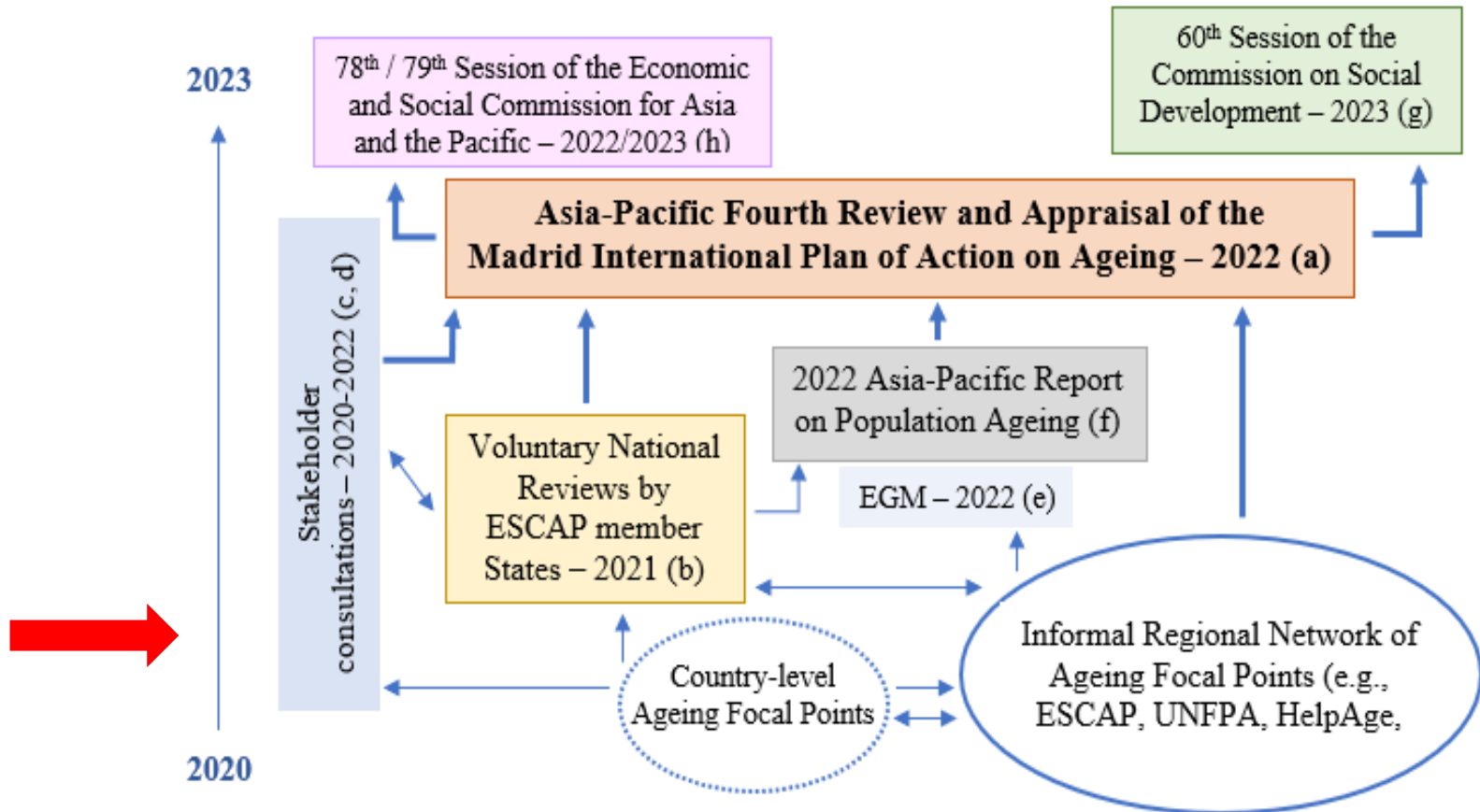


Analytical

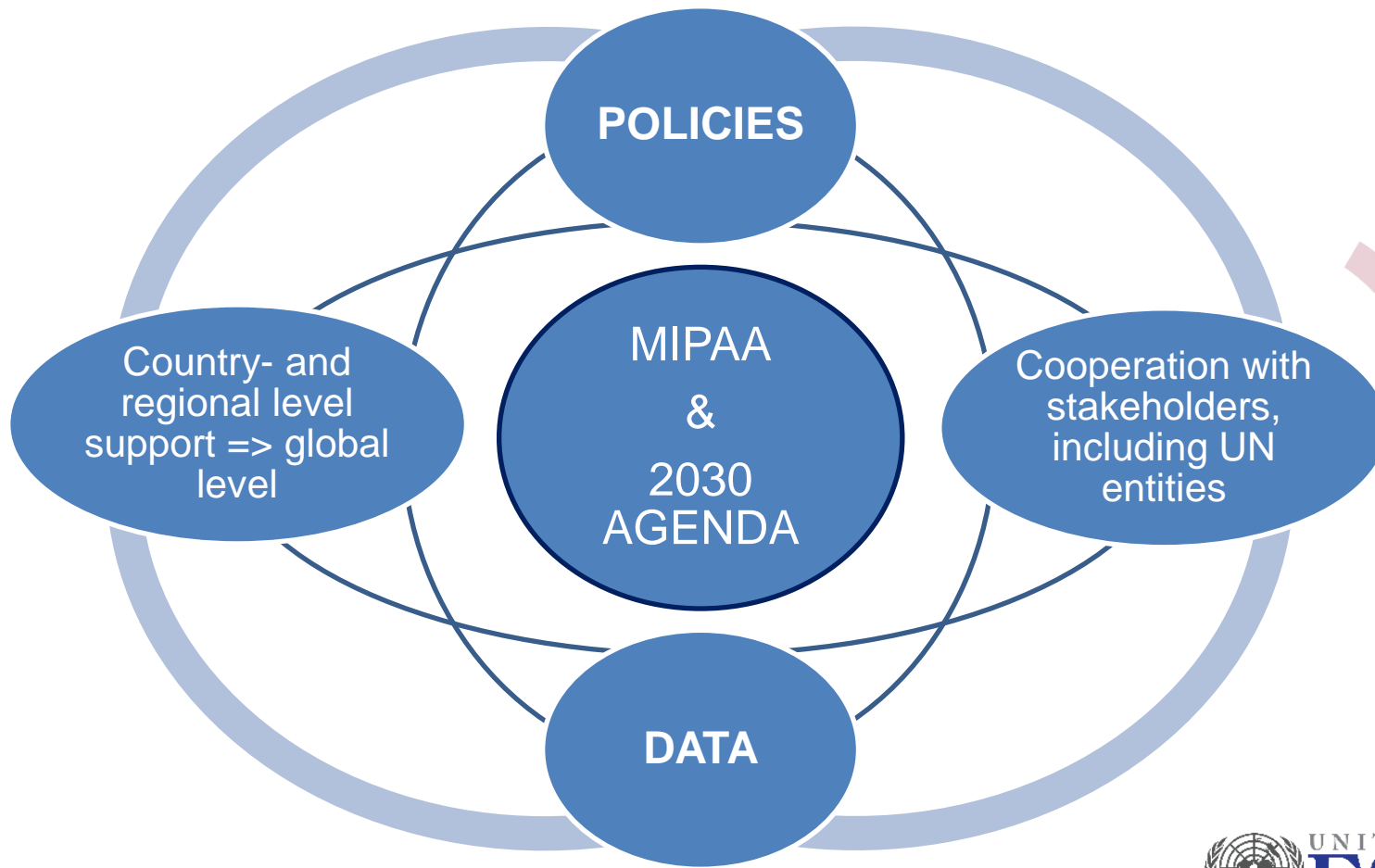


Technical cooperation

# Asia-Pacific Fourth Regional Review of the MIPAA



# ESCAP work on ageing





# Ageing policies – template of policies



**National Policy on Older Persons**  
COUNTRY NAME

Demographic situation:  
Age structure:  
0-14 years: \_\_\_\_\_  
15-24 years: \_\_\_\_\_  
25-54 years: \_\_\_\_\_  
55-64 years: \_\_\_\_\_  
65 years and over: \_\_\_\_\_

Institutional Arrangements, National Plans, Policies and other Strategies on Ageing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
MIPAA Input: \_\_\_\_\_

**National Policy on Older Persons**  
COUNTRY NAME

Demographic situation:  
Age structure:  
0-14 years: \_\_\_\_\_  
15-24 years: \_\_\_\_\_  
25-54 years: \_\_\_\_\_  
55-64 years: \_\_\_\_\_  
65 years and over: \_\_\_\_\_

Institutional Arrangements, National Plans, Policies and other Strategies on Ageing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
MIPAA Input: \_\_\_\_\_

**National Policy on Older Persons**  
COUNTRY NAME

Demographic situation:  
Age structure:  
0-14 years: \_\_\_\_\_  
15-24 years: \_\_\_\_\_  
25-54 years: \_\_\_\_\_  
55-64 years: \_\_\_\_\_  
65 years and over: \_\_\_\_\_

Dependency ratios:  
Total dependency ratio: \_\_\_\_\_  
Youth dependency ratio: \_\_\_\_\_  
Elderly dependency ratio: \_\_\_\_\_  
Potential support ratio: \_\_\_\_\_

Overarching principles:  
Vision: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Objectives: \_\_\_\_\_  
Human Rights considerations: \_\_\_\_\_

Policy considerations:  
Older persons and development: \_\_\_\_\_  
Advancing health and well being: \_\_\_\_\_  
Environment: \_\_\_\_\_

Data: \_\_\_\_\_  
MIPAA Input: \_\_\_\_\_

Paper identifying key elements of ageing policies

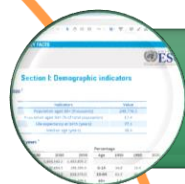
Checklist of policy elements

Country policy sheets

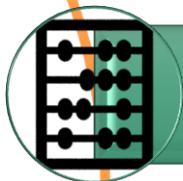
Dashboard of ageing policies

[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

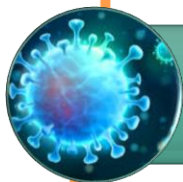
# Data and information on ageing



Country ageing data - all Asia-Pacific countries



Paper on statistical indicators to monitor progress in MIPAA



Older persons & COVID-19 (draft survey)



Ageing website (for data and policies)



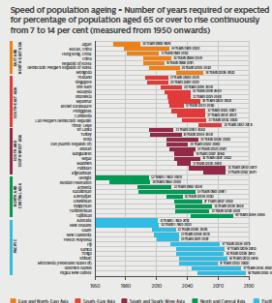
# Data and information on ageing – ESCAP population data sheet (annual)

## Population and development in Asia and the Pacific with a focus on population ageing, 2020

Despite differences, all population pyramids reflect population ageing, with narrower bases and broader higher levels



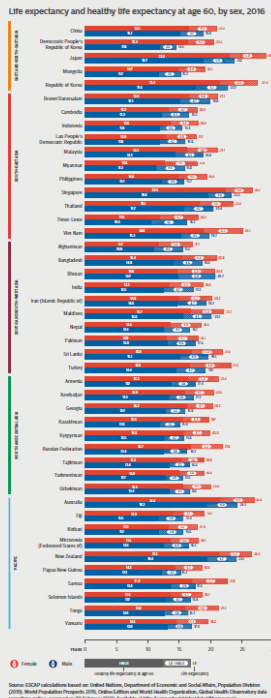
Although the speed of population ageing varies significantly, all countries must address it for the benefit of all



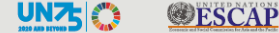
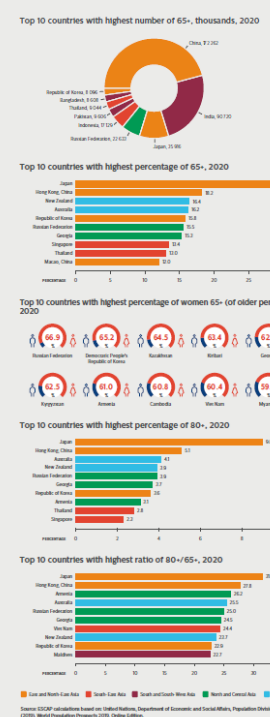
Labour force participation rates remain different for older men and women



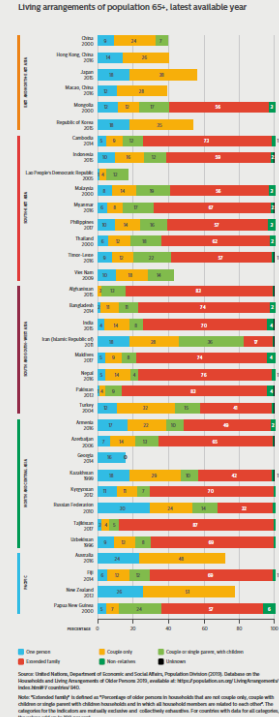
Women tend to live longer than men; however, many of these extra years are spent living in less than full health due to disease and/or injury



There are sizable absolute numbers and proportions of older persons in Asia and the Pacific



While older persons live in extended families throughout the region, there are also older persons residing with few people



<https://www.unescap.org/resources/2020-escap-population-data-sheet>

# Data and information on ageing – dashboard of ageing data

## Section I: Demographic indicators

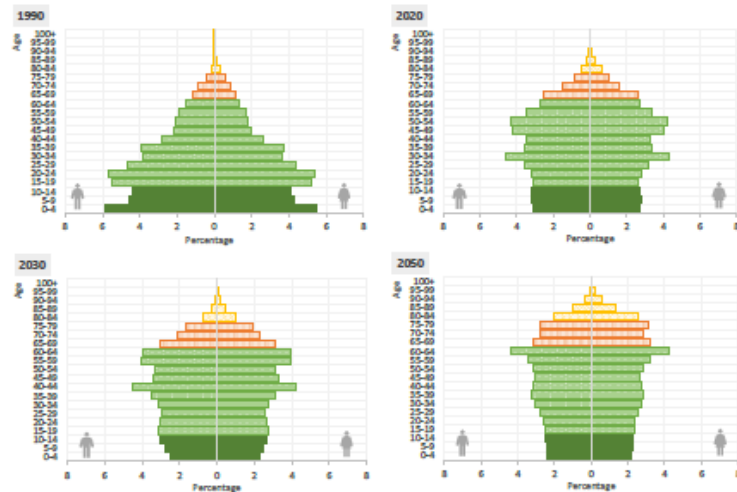
### 1. Key population indicators, 2020 <sup>1</sup>

Indicators	Value
Population aged 60+ (thousands)	249,776.3
Population aged 60+ (% of total population)	17.4
Life expectancy at birth (years)	77.1
Median age (years)	38.4

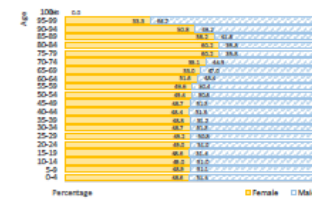
### 2. Population by age group, selected years <sup>1</sup>

Thousands	Population					Percentage						
	Age	1950	1990	2020	2030	2050	Age	1950	1990	2020	2030	2050
Total		554,419	1,176,884	1,439,324	1,464,340	1,402,405						
0-14		188,730	336,468	254,930	230,854	198,390		34.0	28.6	17.7	15.8	14.1
15-64		341,131	774,156	1,012,131	986,500	838,379		61.5	65.8	70.3	67.4	59.8
60+		41,108	99,936	249,776	363,550	485,489		7.4	8.5	17.4	24.8	34.6
65+		24,557	66,280	172,262	246,986	365,636		4.4	5.6	12.0	16.9	26.1
80+		1,512	7,491	26,618	41,252	115,283		0.3	0.6	1.8	2.8	8.2

### 3. Percentage of total population by age group and sex, selected years <sup>1</sup>



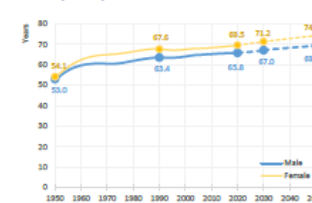
### 4. Percentage of male and female population by age, 2020 <sup>1</sup>



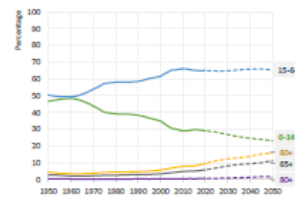
### 6. Proportion of population aged 80 years or over as percentage of population aged 65 years or over, 1950-2050 <sup>1</sup>



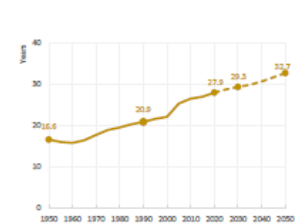
### 8. Life expectancy at birth, male and female, 1950-2050 <sup>1</sup>



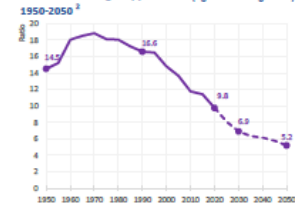
### 5. Proportion of the total population by broad age group, 1950-2050 <sup>1</sup>



### 7. Median age of the total population, 1950-2050 <sup>1</sup>



### 9. Potential old-age support ratio, (ages 20-64/age 65+), 1950-2050 <sup>1</sup>



# Data and information on ageing – website



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## Country Profiles

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# Other ESCAP work on ageing



Research paper	Status
<p>The Asian Active Ageing Index: Results for Indonesia and Thailand</p> <p><a href="https://www.unescap.org/resources/social-development-working-paper-asian-active-ageing-index-results-indonesia-and-thailand">https://www.unescap.org/resources/social-development-working-paper-asian-active-ageing-index-results-indonesia-and-thailand</a></p>	Published on website
<p>Policy paper: Ageing and its economic implications</p> <p><a href="https://www.unescap.org/resources/social-development-policy-paper-ageing-and-its-economic-implications">https://www.unescap.org/resources/social-development-policy-paper-ageing-and-its-economic-implications</a></p>	Published on website
<p>Policy paper: Older Women and Men as Recipients and Providers of Unpaid Care in the Asia-Pacific region</p> <p><a href="https://www.unescap.org/resources/social-development-policy-paper-older-women-and-men-providers-and-recipients-unpaid-care">https://www.unescap.org/resources/social-development-policy-paper-older-women-and-men-providers-and-recipients-unpaid-care</a></p>	Published on website
<p>Policy brief: Enhancing the Role of ICT in Health Care for Older Persons in Asia and the Pacific</p>	To be published shortly

# Workshop on “Developing Tools to Measure Inclusive and Action Ageing”

27-28 June 2019, BKK, Thailand



## Purpose of the workshop:

- ✓ Build capacities on data availability
- ✓ Explore statistical tools to monitor the levels and trends of inclusive and active population ageing
- ✓ Assess advantages and shortcomings of different statistical tools

## Outcomes

- ✓ Consensus to start with a set of indicators to be tracked in a dashboard
- ✓ Recommendations developed opportunities and shortcomings of an index developed
- ✓ Recommendations on developing indicators





# Outcomes: A composite ageing index *Opportunities*



Captures multiple dimensions in one single number



Allows to track progress over time



Assesses the country's position in different dimensions to allow peer learning and draw policy lessons



Easy to communicate to policymakers and the public



# Outcomes: A composite ageing index *Shortcomings*

Nuanced information can be lost in a composite index

Methodologies can be complex and subject to judgement  
(e.g. weighting)

Quality of index depends on quality of data – often not  
available, not always reliable

Indicators can have different connotations depending on  
country context

Index developed for one region may not be applicable in  
other regions

Lack of age-disaggregated, timely and relevant data that  
are available over time

# Recommendations related to an ageing index

The sub-dimensions of an index are crucial and should cover gender issues

Index needs a transparent methodology with robustness check

An index should inform policies and directly lead to policy actions

Each dimension of the index should be represented by unique indicators

The weighting is crucial, customization of weighting may be considered

Age disaggregation should be considered when developing an ageing index

# Consideration related to the data and the use of indicators (as part of the index)

Indicators in an index or a list of indicators should also be informed by data availability

All indicators should be disaggregated by sex, age and other characteristic, depending on data availability

Further need to collect data and explore many data sources needed

Technical cooperation is needed to collect data

A communication strategy is needed on how to interpret index results and different indicators

Number of indicators should be manageable

Indicators should capture age disaggregation and gender dimension

# THANK YOU!

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# Development of Malaysian Active Ageing Index (MyAAI)

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Dato' Dr. Tengku Aizan Hamid, FASc  
Research Fellow  
Malaysian Research Institute on Ageing (MyAgeing™)  
Universiti Putra Malaysia



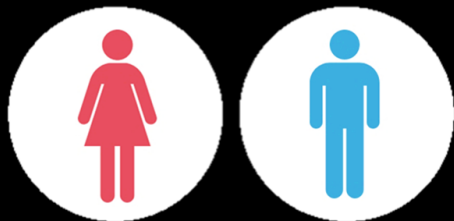
MyAgeing™



## MALAYSIA

Older Population (60+):  
2020 - 3.7 million (11.1%)

### Average LIFE EXPECTANCY

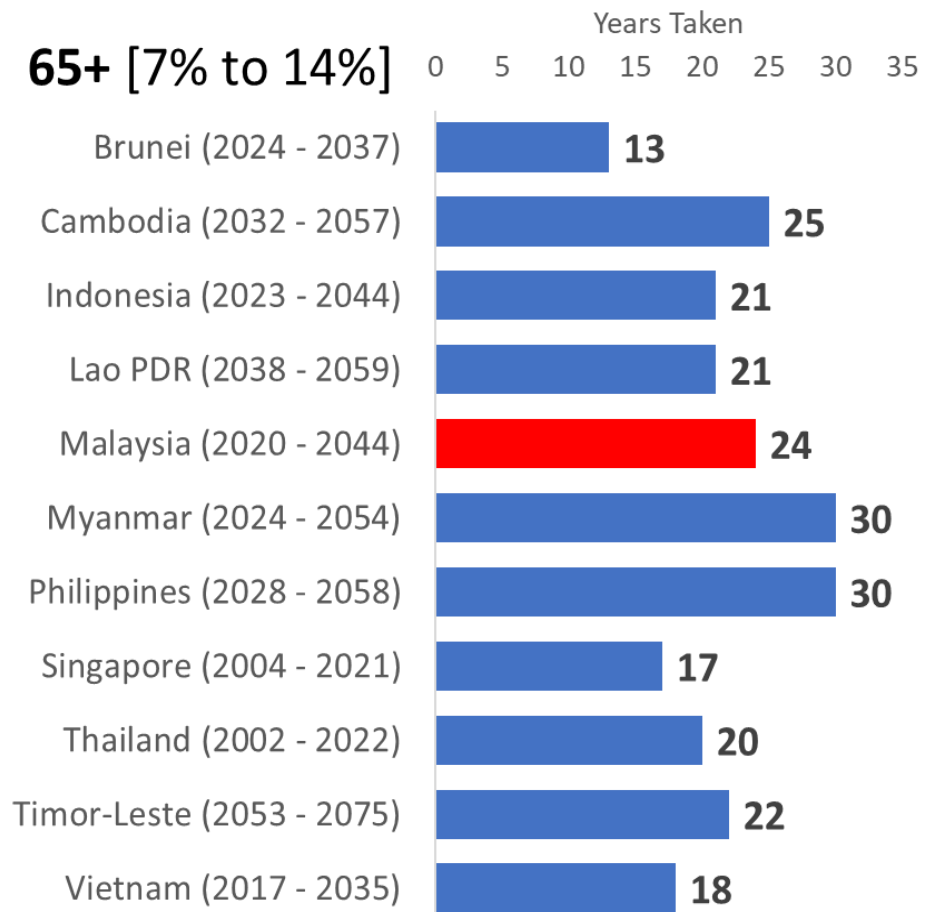


77.3 At birth 72.2

21.0 At 60 18.2

Source: Abridged Life Tables, Malaysia,  
2017 (DOSM, 2019)

# Speed of Ageing in ASEAN Member States



# An Ageing Society

## 1 out of 10

Malaysians is an older person aged **60** years and over.

% 60+

10% - 2018

15% - 2029

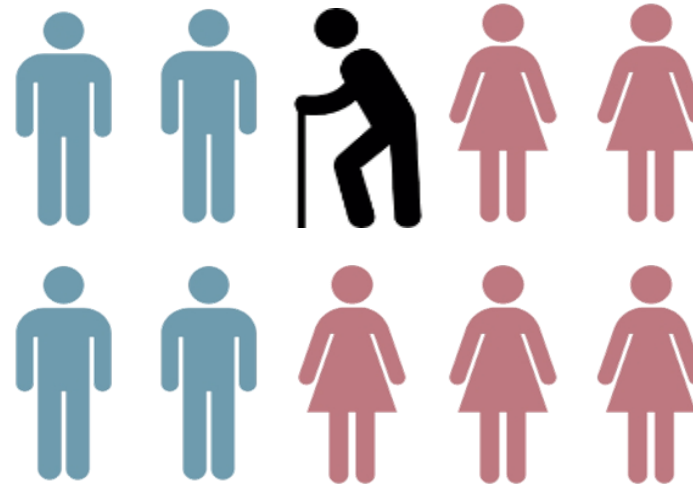
20% - 2040



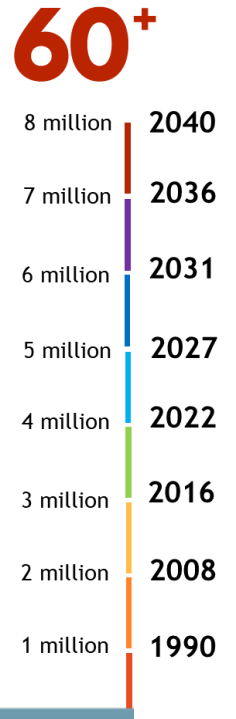
2000 - 16.7%  
2010 - 27.2%  
2016 - 34.5%

**Percent of Households with Older Persons (60+)**

Source: Author's Tabulation, Census & HES2016 microdata



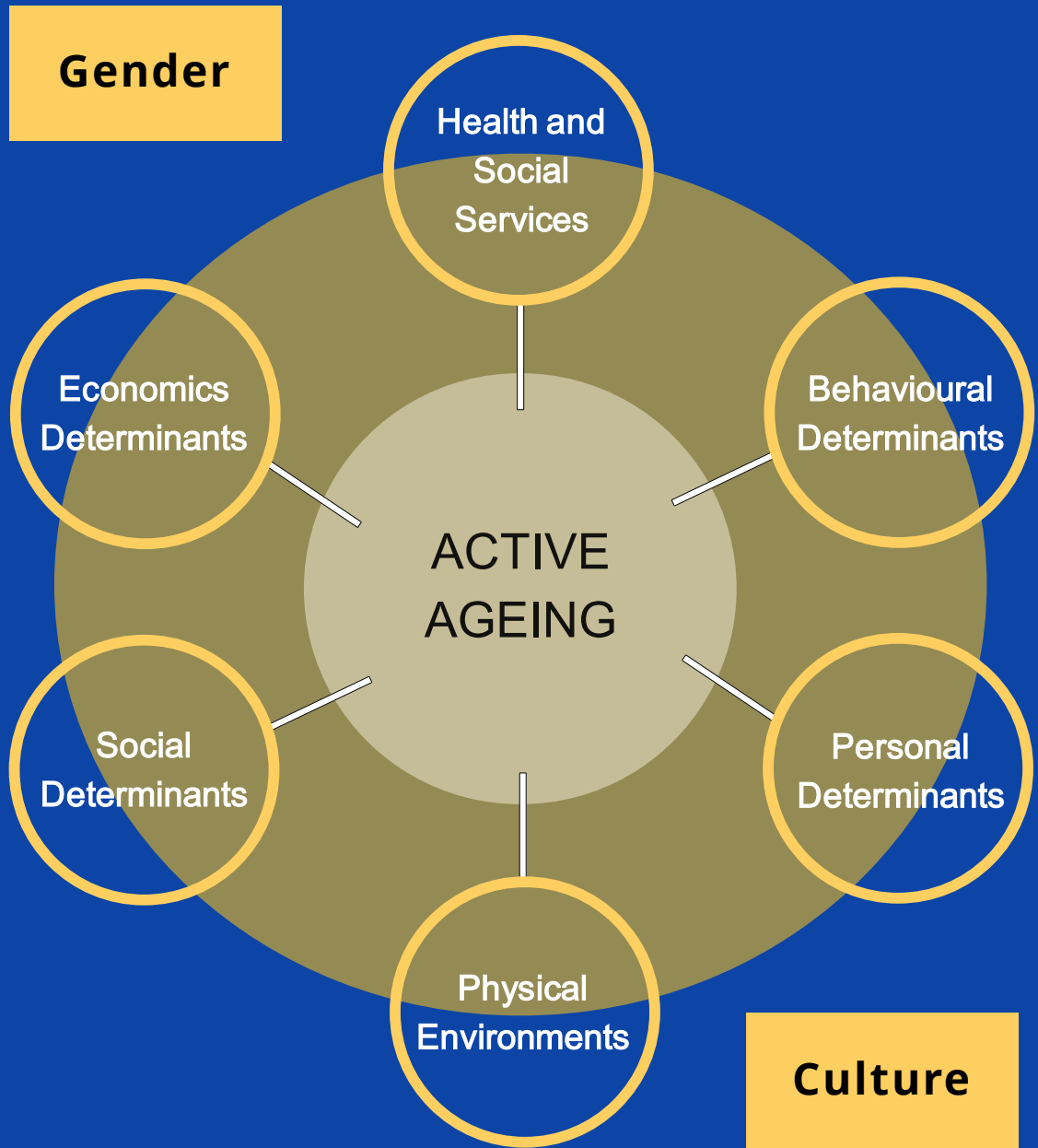
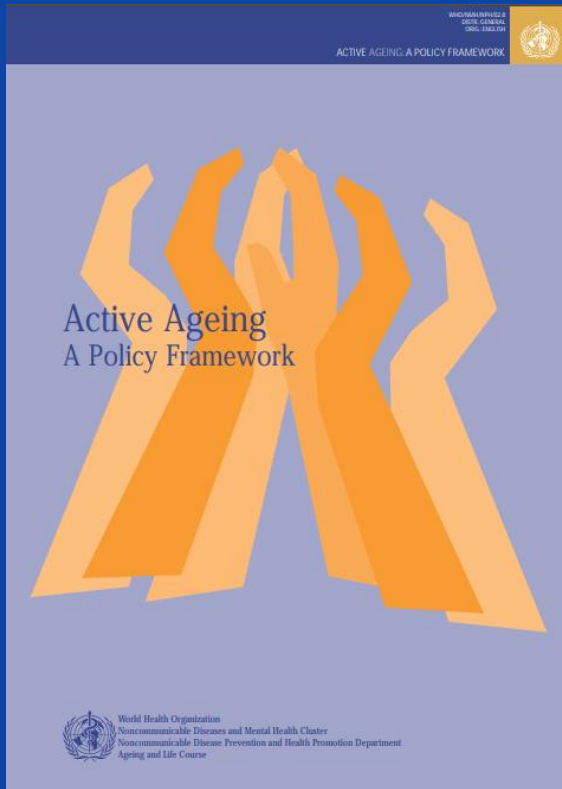
Source: Department of Statistics Malaysia, 2016



Source: Author's Tabulation, www.data.gov.my (DOSM, 2017)



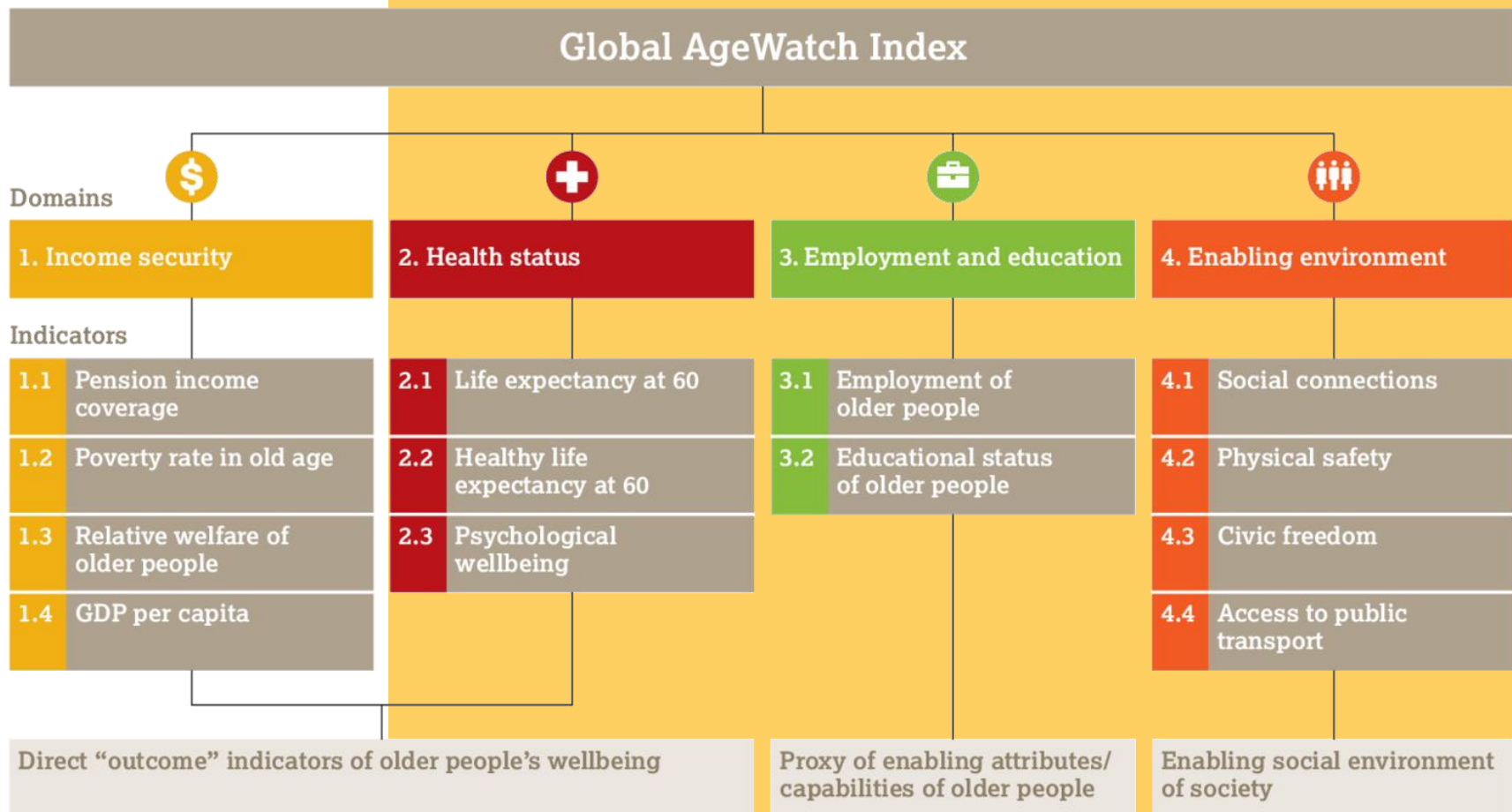
# The Determinants of Active Ageing



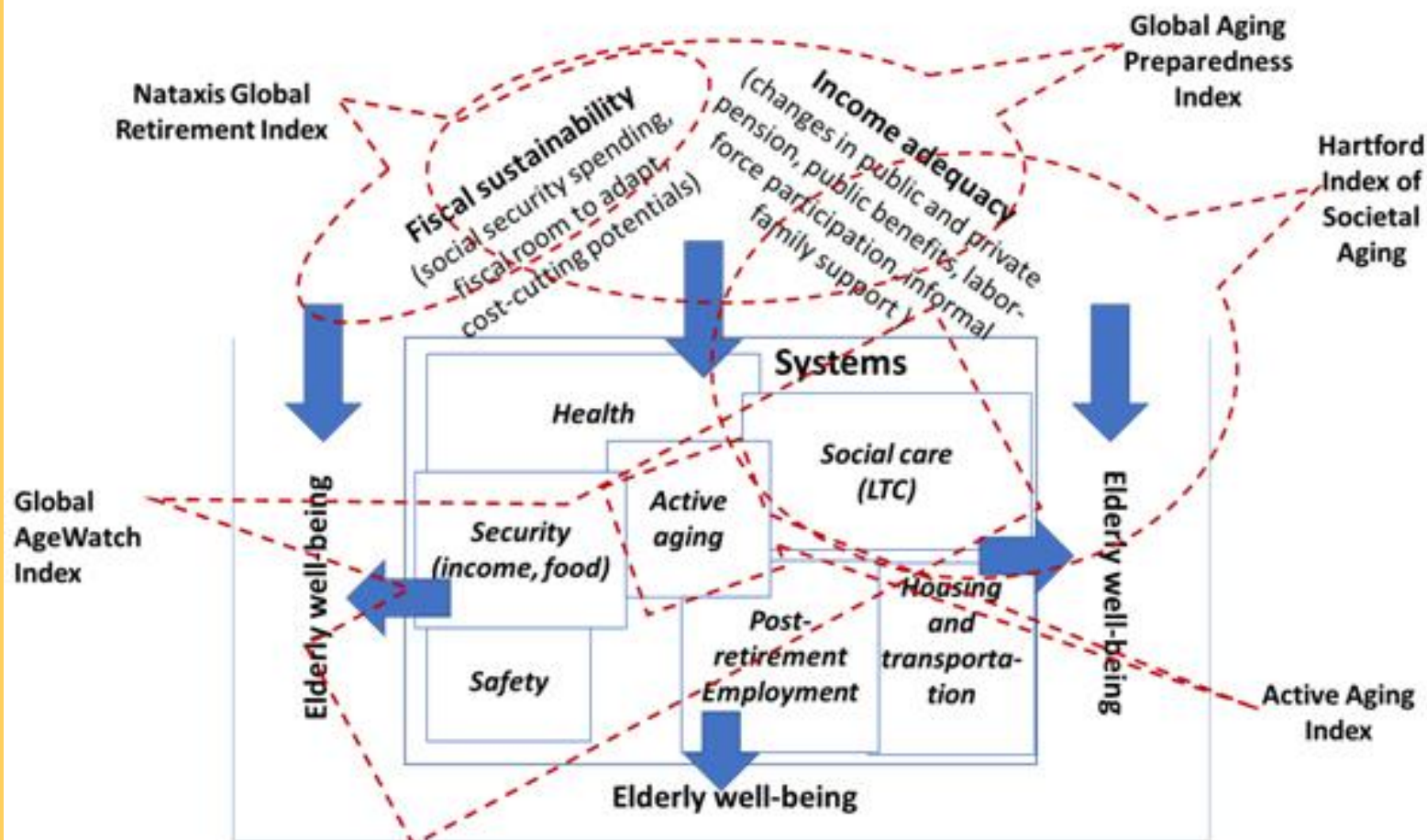
# HelpAge International

*age helps*

Developed in 2012, the **Global AgeWatch Index** was inspired by the HDI and AAI. But there are a number of ageing indices in use today.

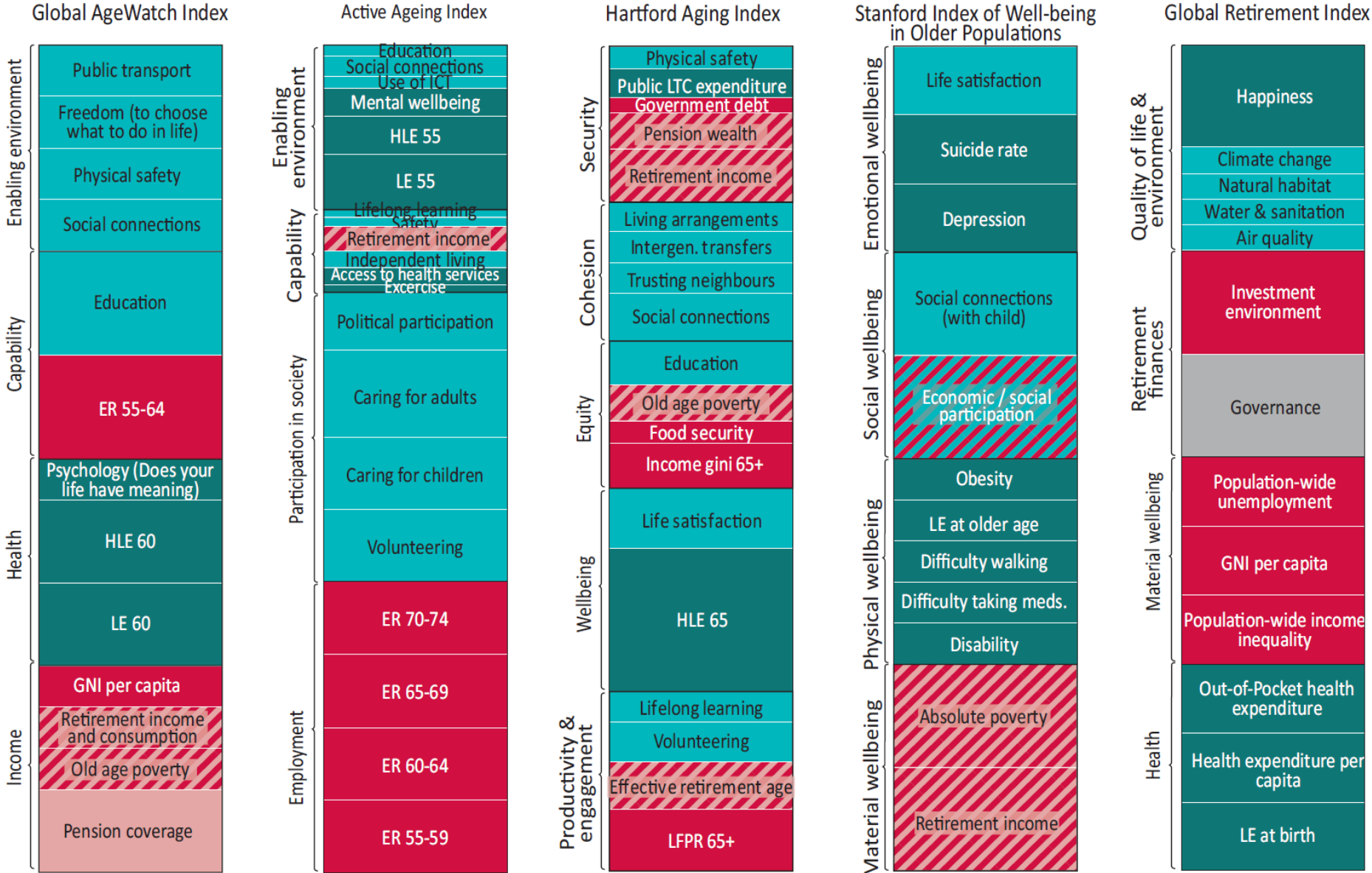


# Scope of Global Indexes & House of Well Being (ADBI, Bodart, 2018)

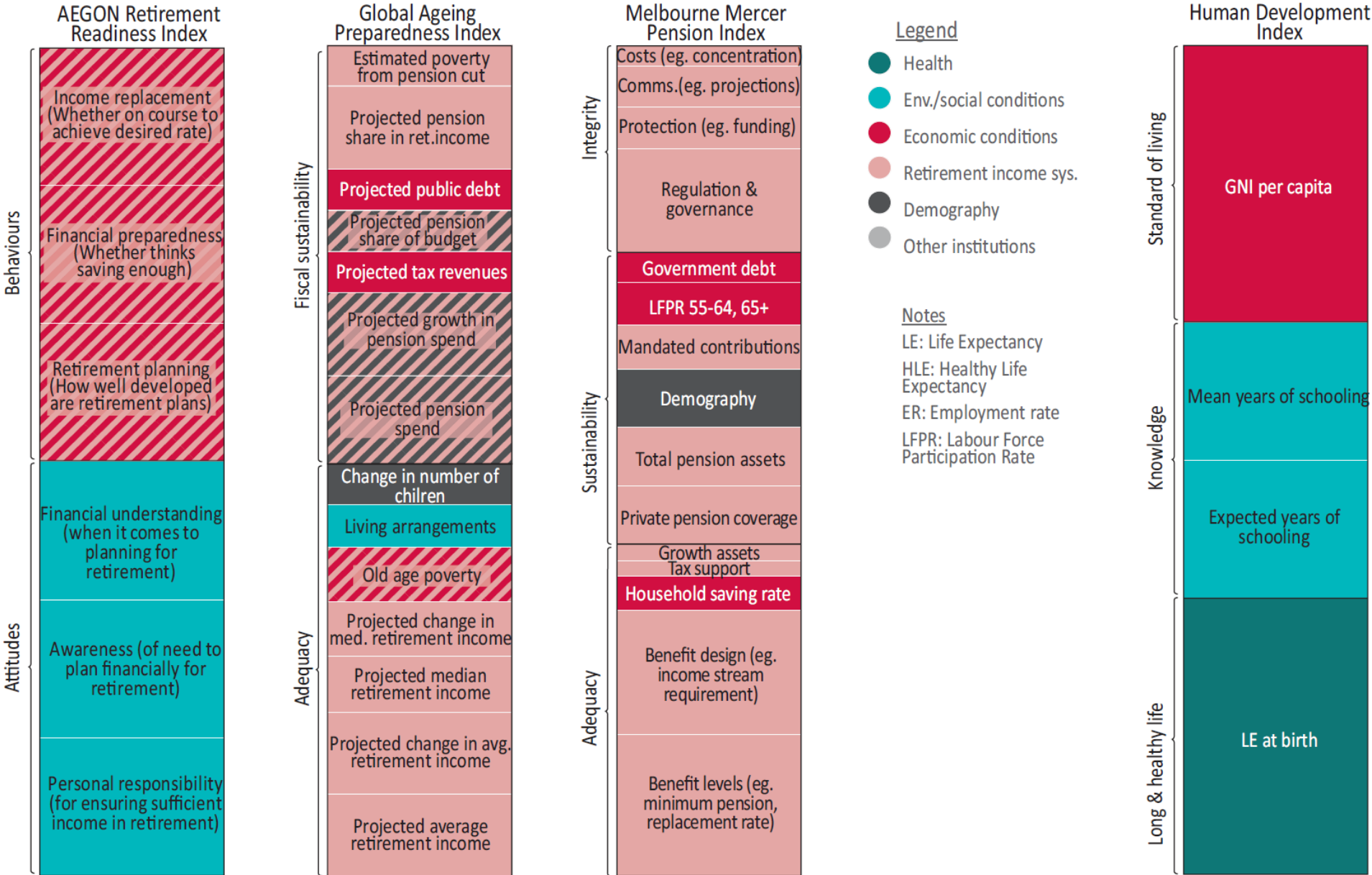


Source: <https://www.asiapathways-adbi.org/2018/03/piecemeal-policy-approaches-to-aging-societies-can-they-be-avoided-with-proper-data-on-well-being/>

# Comparisons of Selected Ageing Indices (Cepar, 2018)



# Comparisons of Selected Ageing Indices (Cepar, 2018) (cont'd)





# OBJECTIVE



1

Determine the level of participation of older persons in paid activities/employment

2

Identify and examine the social activity and participation of older persons

3

Assess the level of independent and autonomous living among older persons

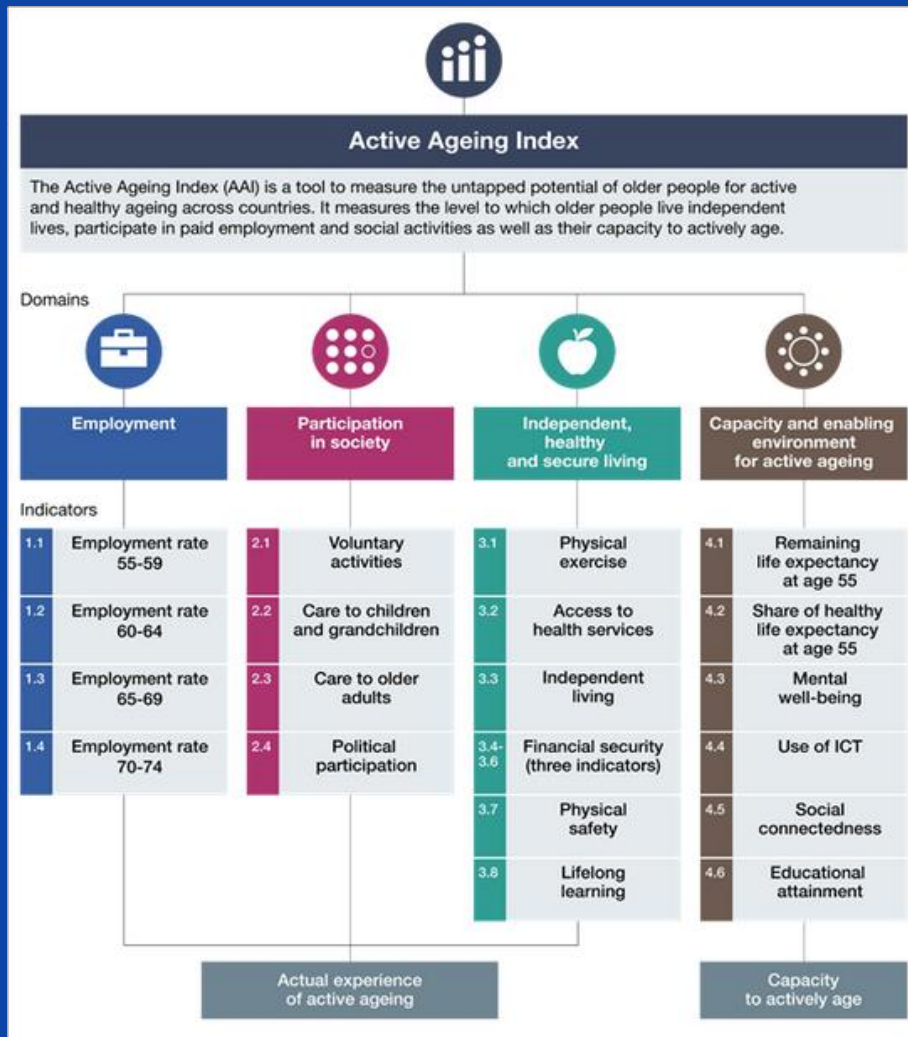
4

Measure the older person's capacity the environment will enable the older persons to life actively

5

Formulate the overall Malaysian Active Ageing Index and compare the position of Malaysia with other countries

# Active Ageing Index - conceptual framework



There will be four domains of MyAAI:

- Employment of older workers
- Social activity and participation of older persons
- Independent and secure living of older persons
- Capacity for active and healthy ageing and enabling environment

Active Ageing to be defined in 2 dimensions:

- Actual experience of active ageing (Domain 1, 2 & 3)
- Capacity/ability to actively age (Domain 4)

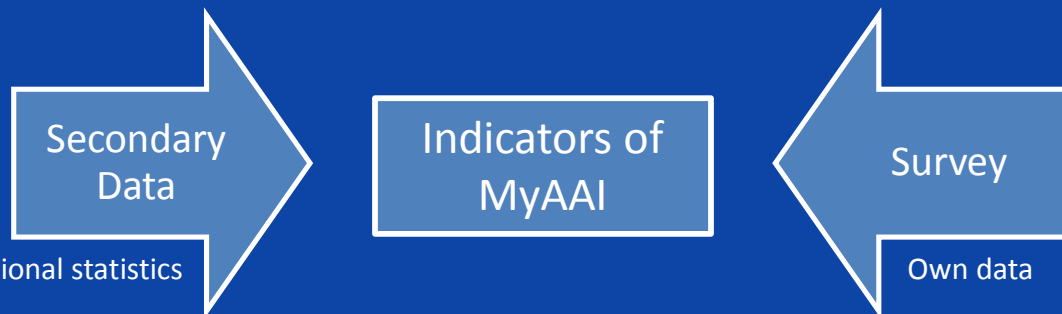
Focus on current older population as evidence

Gender disaggregation

1. Selection criteria for indicators
2. The domains and indicators
3. Aggregation to a composite AAI

The AA indicators will be aggregated by following the HDI methodology

- i. Data for each individual indicator is expressed as a positive indicator, in percentage, upper goalpost assumed as 100%
- ii. The weighted average of the indicators of each domain will be calculated. Indicator-specific weights drawn from the expert group recommendations
- iii. The overall aggregated indicators then calculated as the arithmetic weighted average of the domain-specific indices



## Goal

MyAAI for Local Monitoring and EU Comparable



## Data Sources

Organize workshops to identify data sources/ alternative



## Review and Assessment

Calculate the final value



## Analysis of indicators

Aggregate into domain

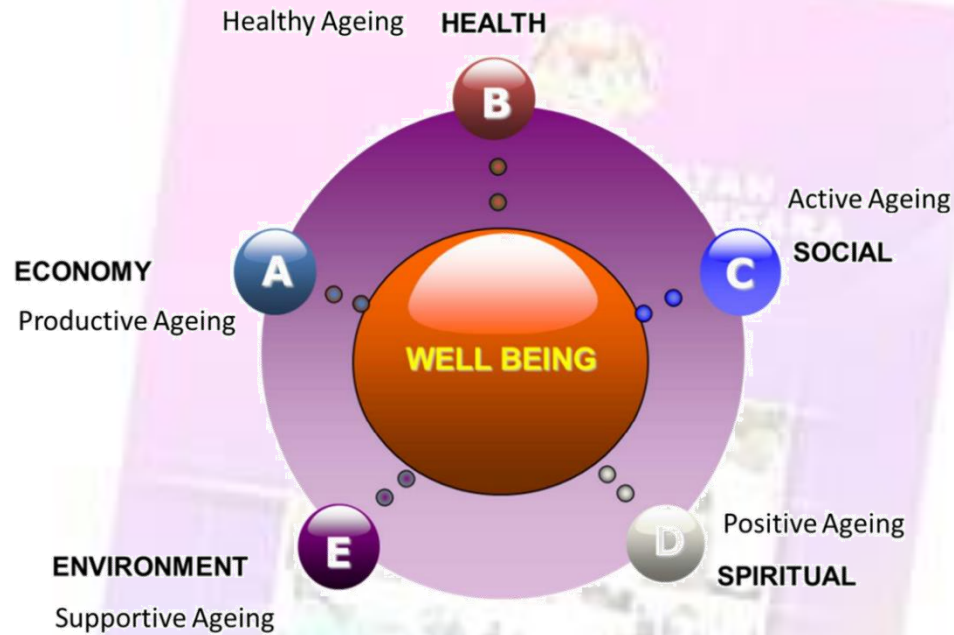


# Household Survey Platform



## MyAAI Questionnaire

- 1 Background Information
- 2 Employment
- 3 Participation in Society
- 4 Health & Lifestyle
- 5 Capacity & Enabling Environment
- 6 GDS-15 & DASS21
- 7 IMPACT OF COVID-19



Promotion & Advocacy

Lifelong Learning

Security & Protection

Management & Shared Responsibilities

Participation & Unity across Generations

Research & Development

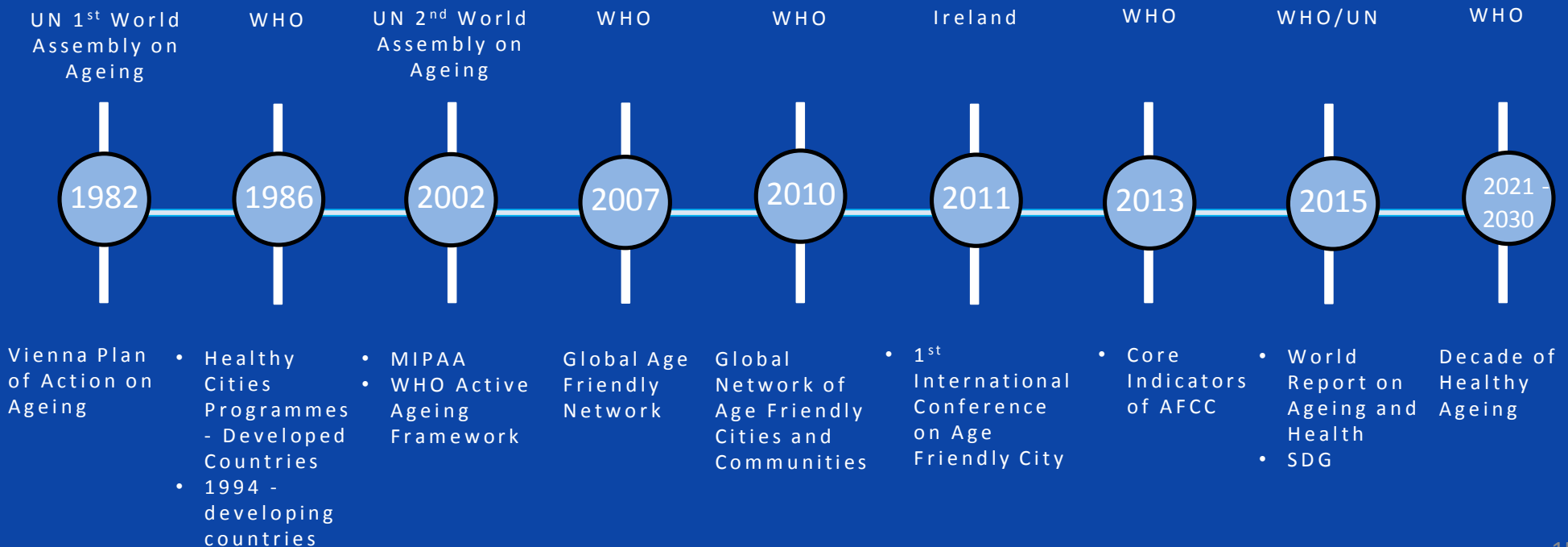
# **POLICY FOR OLDER PERSON IN MALAYSIA (NPOP, 2011)**

# Key Issues and Challenges

1. **Comparability** – relevance of some indicators or its parameters (i.e. 60+ or 65+? Poverty lines, living arrangements)
2. **Context** – different social protection / welfare system, healthcare system, at different stages of economic growth
3. MyAgeing™, UPM is basically replicating UNECE's AAI indicators and adding a few more variables to establish a microdata baseline. We hope to establish some stability in cross-country comparisons but at the same time taking into account our unique situation.
4. If the AAI is predictive of / correlated to OP well-being, then its data (primary or secondary) should be collected at regular intervals and used the national development plans.
5. Unfortunately, the current COVID-19 pandemic is going to skew this baseline data effort, and online survey is poor substitute for door-to-door data collection methods.

# The Way Forward

- **Primary and secondary indicators** that fulfils both the need for international comparisons as well as important local / national indicators
- Applicability and use of Active Ageing Index (or any indices) in national development plans, whether as a goal/target or progress monitoring.
- Linking the Index to current or broader societal goals, whether the SDGs, MIPAA or HDI. How does it fit, for example, to the Decade of Healthy Ageing now?



# Research Team

## Principal Investigator

1. Dato' Dr. Tengku Aizan Hamid

## Members

2. Prof. Dr. Sharifah Norazizan Syed Abdul Rashid
3. Assoc. Prof. Dr. Rahimah Ibrahim
4. Dr. Asmidawati Ashari
5. Chai Sen Tyng
6. Siti Farra Zillah Abdullah



**TERIMA KASIH/*THANK YOU***

[www.upm.edu.my](http://www.upm.edu.my)

**BERILMU BERBAKTI**  
WITH KNOWLEDGE WE SERVE



# Zaidi & Um, 2019 (UNESCAP)

Table 1. Notable ageing and well-being indices

Index	Author(s)	Domains	Indicators	Country examined
Active Ageing Index	Asghar Zaidi et al., introduced during 2012 (under ECE/EC project on the AAI)	Employment, social participation, independent living, capacity for active ageing	Employment rate for the age groups 55–59, 60–64, 65–69, 70–74, voluntary activities, care to children/grandchildren, political activities, care to older adults, physical exercise, access to health / dental care, independent living arrangement, relative median income, no poverty risk, no material deprivation, feeling safe to walk at night, lifelong learning, remaining life expectancy achievement at age 55, share of healthy life years at age 55, mental well-being, use of ICT, social connectedness, educational attainment	28 EU countries
SCL/PR B Index	Kaneda et al., introduced in 2011	Material well-being, physical well-being, social well-being, emotional well-being	Median household income per capita (PPP), percentage not in absolute poverty, no disability, no difficulty taking medications (living independently), no difficulty walking a short distance (no functional limitation), life expectancy at 50–54, 65–69, 75–79, participation rate in economic or social activity, contact with at least one child, no report of depression, suicide rate for older adults, percentage thriving	Austria, Belgium, Denmark, France, Germany, Greece, Italy, Netherlands, Spain, Sweden, Switzerland and United States
OECD Better Life Index	OECD, introduced in 2011	Housing, income, jobs, community, education, environment, civic engagement, health, life satisfaction, safety, work-life balance	Housing expenditure, dwellings with basic facilities, rooms per person, household financial wealth, household net adjusted disposable income, quality of support network, years in education, student skills, educational attainment, water quality, air pollution, stakeholder engagement for developing regulations, voter turnout, self-reported health, life expectancy, life satisfaction, homicide rate, feeling safe walking alone at night, time devoted to leisure and personal care, employees working very long hours	OECD countries
Hartford Aging Index	John Rowe et al., introduced in 2017	Productivity and engagement, well-being,	Labour force participation rate (65+), effective retirement age, volunteering time, retraining for age 55–64, objective well-being (healthy life expectancy at 65), Subjective well-being (life satisfaction for age 50+), degree of inequality (Gini coefficient), poverty risk 65+,	Austria, Belgium, Denmark, Estonia, Finland, Germany, Hungary, Ireland,

# Zaidi & Um, 2019 (UNESCAP) cont'd

		equity, cohesion, security	food security 65+, attained high school education for age 55–64, attained tertiary education for age 55–64, social network support, intergenerational co-residence for 65+, intergenerational transfers for 65+, trust neighbour for 50+, income for people 65+, net pension wealth, external government debt, public expenditure on long term care, feeling safe walking alone at night	Italy, Japan, Netherlands, Norway, Poland, Slovenia, Sweden, United Kingdom and United States
AARP Livability Index	Public Policy Institute, introduced in 2015	Housing, neighbourhood, transportation, environment, health, engagement, opportunity	Affordability and access (5 items), access to life, work and play (9 items), safe and convenient options (7 items), clean air and water (4 items), prevention, access and quality (6 items), civic and social involvement (5 items), inclusion and possibilities (4 items)	United States
Global Retirement Index	NATXIS, introduced in 2012	Finances in retirement, material well-being, quality of life, health	Old-age dependency, bank non-performing loans, inflation, interest rates, tax pressure, governance, government indebtedness, income equality, income per capita, unemployment, happiness, air quality, water and sanitation, biodiversity and habitat, environmental factors, life expectancy, health expenditure per capita, non-insured health expenditure	43 developed countries
Melbourne Mercer Global Pension Index	ACFS, introduced in 2012	Adequacy, sustainability, integrity	Benefits, system design, savings, tax support, home ownership, growth assets, pension coverage, total assets, contributions, demography, government debt, economic growth, regulation, governance, protection, communication, costs	Argentina; Australia; Austria; Brazil; Canada; Chile; China; Colombia; Denmark; Finland; France; Germany; Hong Kong, China; India; Indonesia; Ireland; Italy; Japan; Malaysia; Mexico; Netherlands; New Zealand; Norway; Peru; Poland; Republic of Korea; Saudi Arabia;



# Zaidi & Um, 2019 (UNESCAP) cont'd

				Singapore; South Africa; Spain; Sweden; Switzerland; United Kingdom and United States
Global AgeWatch Index	HelpAge International, introduced during 2013	Income security, enabling environment, health status, capability	Pension coverage income, poverty rate in old age, relative welfare of older people, GNI per capita, social connections, physical safety, civic freedom, access to public transport, life expectancy at 60, healthy life expectancy at 60, psychological well-being, employment, educational status	96 countries
Human Development Index	United Nations, Introduced in the early 1990s	Health, education, living standards	Life expectancy at birth, mean years of schooling, expected years of schooling, income per capita	189 countries
Age UK Index of Wellbeing in Later Life	Age UK, introduced in 2017	personal, social, health, resources, local	Family status, caring and helping, inter-generational connections, thinking skills, social, civic, creative and cultural participation, neighbourliness and friendships, and personality attributes, physical and mental health, mental well-being, long-standing illness or disability, diagnosed health conditions, and physical activities; employment status and earnings, pension income, financial and housing wealth, home ownership, and material resources; satisfaction with medical, leisure, public transport and shopping services.	United Kingdom
Successful Aging Index	Cosco et al., introduced in 2015	Biomedical, psychosocial, extrinsic factors	physical functioning/disability, cognitive functioning/disability, affective status, presence/probability of disease, mental health, longevity, personal resources, engagement, life satisfaction/well-being, support system, independence/autonomy, environment/finances	United Kingdom