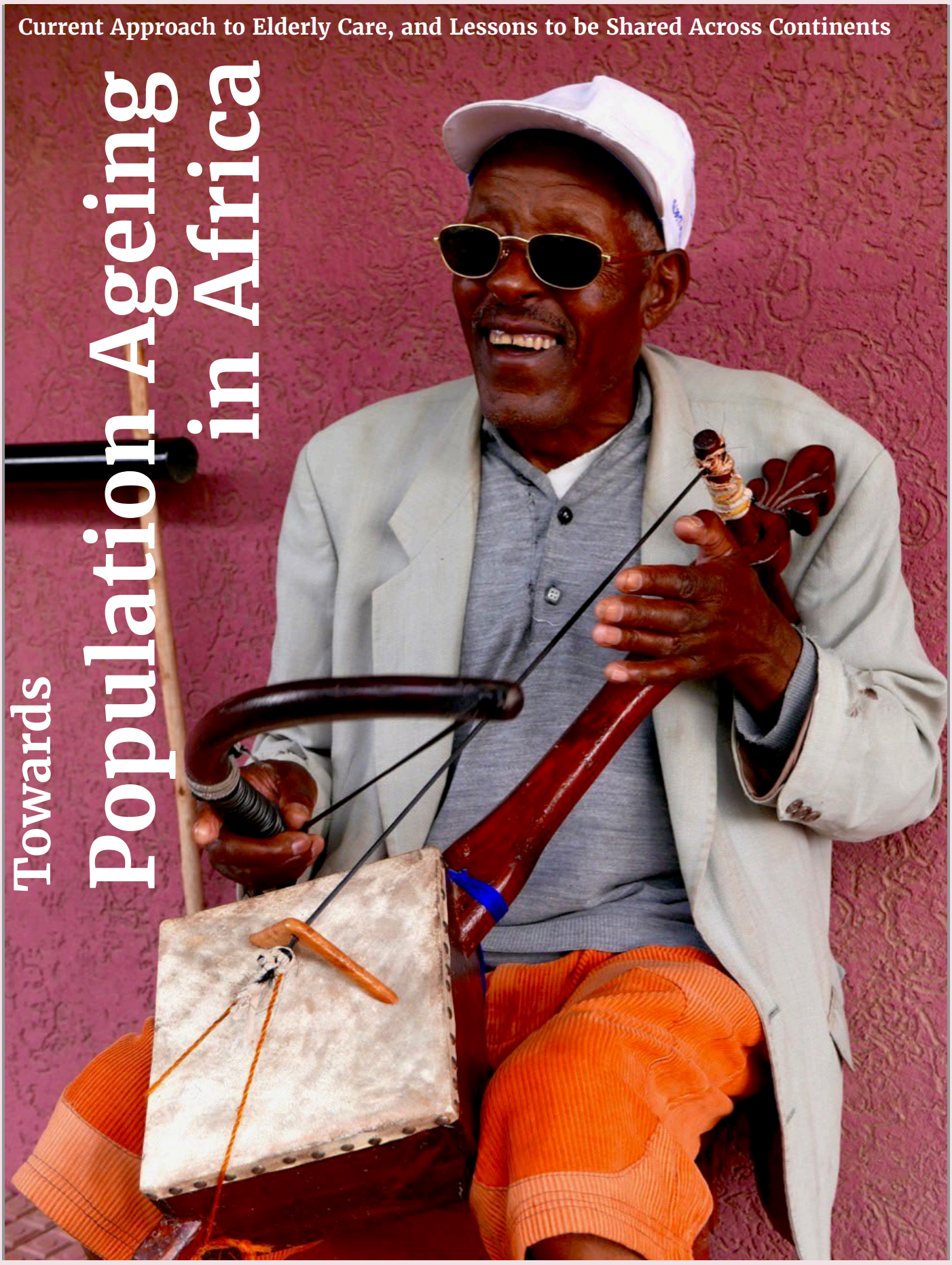
Current Approach to Elderly Care, and Lessons to be Shared Across Continents

Towards Population Ageing in Africa



A VERBATIM REPORT OF OFFICIAL SIDE EVENT OF TICAD7
TOWARDS POPULATION AGEING IN AFRICA: CURRENT APPROACH TO ELDERLY CARE,
AND LESSONS TO BE SHARED ACROSS CONTINENTS
29 AUG 2019, 13:00-14:30 PACIFICO YOKOHAMA EXHIBITION HALL B08

A VERBATIM REPORT OF OFFICIAL SIDE EVENT OF TICAD7

Towards Population Ageing in Africa
Current Approach to Elderly Care, and Lessons to be Shared Across Continents

Vers la vieillissement de la population en Afrique
l'approche acutel des soins pour les personnes agées et les leçons à partager entre les continents

29 AUG 2019, 13:00-14:30 PACIFICO YOKOHAMA EXHIBITION HALL B08

CO-ORGANIZED BY

The KAKENHI Project Team for "Future Population Ageing in East Africa: A Cross-Disciplinary Study of Social Welfare and Elderly Care" (Funded by Japan Society for the Promotion of Science)
Economic Research Institute for ASEAN and East Asia (ERIA)
Japan Center for International Exchange (JCIE)
Nagasaki University

SUPPORTED BY

National Institute of Population and Social Security Research (IPSS)

アフリカの人口高齢化を見据えて
高齢者ケアの「今」と、大陸を越えて 共有すべきケアのあり方

共催

「東アフリカにおける未来の人口高齢化を見据えた福祉とケア空間の学際的探究」
科学研究費助成事業プロジェクトチーム
東アジア・ASEAN経済研究センター(ERIA)
公益財団法人 日本国際交流センター(JCIE)
長崎大学

後援

国立社会保障・人口問題研究所

Towards Population Ageing in Africa

Current Approach to Elderly Care, and Lessons to be Shared Across Continents

March 2020

OVERVIEW

The world is ageing and Africa is no exception. Although the proportion of older persons is still low compared to other continents, the number of older persons in Africa is expected to double within 20 years and triple within 30 years. Population ageing is a blessing since it means that people are living longer, but it also presents a variety of new challenges. The double burden of diseases—the combination of persisting infectious diseases and increas- ing noncommunicable diseases—will inevitably raise the demand for healthcare and long- term care. Disparities in access to or quality of healthcare among older persons and between generations can be a cause of social instability and a barrier to continued development. This side event offers an opportunity for in-depth dialogue among policymakers, representatives of civil society, and academicians on the present situation and challenges of ageing in Afri- ca, focusing on health and care, social protection, and welfare, and introducing comparative perspectives from Asia and Africa.

PROGRAM

OPENING REMARKS

Akio Okawara, President and CEO, Japan Center for International Exchange (JCIE)

SPECIAL REMARKS

Natalia Kanem, Executive Director, United Nations Population Fund (UNFPA)

KEYNOTE SPEECH

Awa Marie Coll-Seck, President, CN-ITIE; Former Minister of Health for the Republic of Senegal
Prafulla Mishra, Regional Director-Africa, HelpAge International
Maliki, Director for Population Planning and Social Protection, Ministry of National Development Planning/National Development Planning Agency, Indonesia
Ken Masuda, Associate Professor, Nagasaki University School of Tropical Medicine and Global Health

PANEL DISCUSSION

Reiko Hayashi, Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research (MODERATOR)
Keynote speakers

CLOSING REMARKS

Osuke Komazawa, Special Advisor to the President for Healthcare and Long-Term Care Policy, Economic Research Institute for ASEAN and East Asia (ERIA)

概要

アフリカでは、総人口に占める高齢者の割合はいまだ低いものの、高齢者数は20年間で2倍に、30年間で3　倍に膨れ上がると予想されています。人口高齢化は、人類が長寿を達成した成果として祝福されるべきであ　る一方、それにより生じた新たな課題に人類は直面しています。アフリカの多くの国々は、未だ感染症を克服しないまま非感染性疾患に対峙しており、その延長線上で人口高齢化に付随するヘルスケア・介護への対 応が課題として顕在化することは明白です。更にはヘルスケアへのアクセスや質に関する格差が社会への不 安を招き、持続的な発展の妨げとなります。本サイドイベントでは、アフリカとアジアから専門家を招き、アフリ　カにおける人口高齢化の現状と課題について、特に保健、社会保障、介護・福祉に焦点を当て、日本や他の　アジア諸国における高齢化対策の経験や見通しを共有しながら、アフリカの人口高齢化の課題と展望を議 論します。

プログラム

開会挨拶

大河原 昭夫　公益財団法人 日本国際交流センター理事長

特別挨拶

ナタリア・カネム　国連人口基金事務局長

基調講演

アワ・マリ・コルセック　セネガルCN-ITIE理事長、元セネガル保健大臣
プラフラ・ミシュラ　ヘルプエイジ・インターナショナルアフリカ地域ディレクター(ケニア)
マリキ　インドネシア国家開発企画庁 人口計画・社会保障局ディ レクター
増田 研　長崎大学熱帯医学・グローバルヘルス研究科准教授

パネルディスカッション

(モデレーター)　**林 玲子**　国立社会保障・人口問題研究所国際関係部長
基調講演スピーカー

閉会挨拶

駒澤 大佐　東アジア・ASEAN経済研究センター総長参与

APERÇUS

Le monde vieillit et l'Afrique ne fait pas exception. Bien que le nombre relatif de per- sonnes âgées en Afrique soit encore faible par rapport aux autres continents, ce nombre devrait tripler au cours des 30 prochaines années. Le vieillissement de la population est un résultat positif pour les systèmes de santé, mais il présente également une variété de nouveaux défis. Les systèmes de santé et de soins de longue durée vont être soumis à une pression croissante alors qu'ils s'attaquent à une augmentation des maladies non transmissibles tout en luttant contre des maladies infectieuses persistantes. En outre, les disparités dans l'accès aux soins de longue durée ou la qualité de ceux-ci repré- sentent une nouvelle cause potentielle d'instabilité sociale et un obstacle à la poursuite du développement. Cet événement se tiendra en marge de la 7ème Conférence interna- tionale de Tokyo sur le développement de l'Afrique (TICAD7) dans le but de réunir les décideurs, les représentants de la société civile et les chercheurs dans un dialogue sur les défis du vieillissement en Afrique. La discussion portera sur les soins de santé, les soins de longue durée, la protection sociale et le bien-être, ainsi que sur le potentiel de partage d'informations et de leçons entre l'Asie et l'Afrique.

ORDRE DU JOUR

MOT D'OUVERTURE

Akio Okawara, président et directeur général du Japan Center for International Exchange

REMARQUES SPÉCIALES

Natalia Kanem, directrice exécutive, Fonds des Nations Unies pour la Population (UNFPA)

DISCOURS PRINCIPAUX

Awa Marie Coll-Seck, présidente de CN-ITIE, ancienne Ministre de la Santé de la République du Sénégal

Prafulla Mishra, Directeur régional pour l'Afrique, HelpAge International

Maliki, Directeur de la planification de la population et de la sécurité sociale, Ministère du Développement National et de la Planification, Indonésie

Ken Masuda, professeur agrégé, École de médecine tropicale et de santé mondiale de l'Université de Nagasaki

DISCUSSION

MODÉRATRICE: **Reiko Hayashi**, directrice, Département de la recherche et de la coopération internationale, Institut National de Recherche sur la Population et la Sécurité Sociale (IPSS)

Orateurs des discours principaux

REMARQUES FINALES

Osuke Komazawa, conseiller spécial du président pour la politique en matière de soins de santé et de soins de longue durée, Economic Research Institute for ASEAN and East Asia

CONTENTS

Opening Remarks

by Akio Okawara

Your excellencies, distinguished guests, ladies and gentlemen, good afternoon. On behalf of the co-organizers, it is my great pleasure to welcome you all to the TICAD7 official side event "Towards Population Ageing in Africa -Current Approach to Elderly Care, and Lessons to be Shared Across Continents". Today's event is jointly organized by the KAKENHI Project Team for "Future Population Ageing in East Africa", the Economic Research Institute for ASEAN and East Asia Area, Nagasaki University, and the Japan Center for International Exchange JCIE, with tremendous support from the National Institute of Population and Social Security Research. At this point, it is my honor to welcome Her Excellency Dr. Awa Marie Coll-Seck, former Minister of Health for the Republic of Senegal, and Her Excellency Dr. Natalia Kanem, Executive Director of the United Nations Population Fund, who both of them will be speaking later.

JCIE, as a non-profit organization, has been undertaking programs to address various global health issues playing a catalytic role to facilitate international coordination. And in this context, the population ageing issue has been one of JCIE's important project scopes in recent years. In 2017, we launched a program on Healthy and Active Ageing in Asia in cooperation with ERIA, and in close consultation with the Japanese government's Asia Health and Wellbeing Initiative, commonly known as AHWIN. As we all know, Japan is the most aged country in the world and there are many lessons that could be drawn from Japan's experience in tackling aged-related challenges. Under AHWIN, we aim to promote regional cooperation that fosters sustainable and self-reliant healthcare systems, and work towards the goal to create vibrant and healthy societies where people can enjoy long and productive lives.

Today at TICAD 7, in collaboration with Dr. Masuda's KAKENHI project team, we are extending our scope to Africa. There are over 150 official side events this week, during TICAD 7, but as far as I know this is the only forum dealing with the topic of population ageing in Africa. So I believe this is a significant event, introducing us to the challenges that Africa will face with respect to ageing in the very near future. As the sub-title of this event suggests, the purpose of the session is to bring together key experts from Asia and Africa to discuss healthcare, social protection and welfare issues, exploring the potential for sharing experiences and lessons across continents. With the contribution from speakers from various sectors including policymakers, civil society representatives, and academicians, I am sure that today's dialogue will provide new insights and raise awareness that population ageing is a challenge that Africa, just like Asia will be facing in the coming years. In closing, I sincerely hope that today's event will bear fruitful discussion, and provide important steps towards information sharing and cooperation between Africa and Asia. Thank you very much.

Akio Okawara
President and CEO, Japan Center for International Exchange (JCIE)

After graduating from Keio University with a BA in law, Akio Okawara joined Sumitomo Corporation in 1973. During the span of his 40-year career with the compa- ny, he served in the automotive, overseas transport, and other departments. He was seconded in the 1980s to Los Angeles to serve as assistant to the president of Mazda Motors America, and in 1991–1997 he was posted as director of business development in Washington DC. Back in Tokyo, he headed Sumitomo's Information Analysis and Research Department. In 2004, he was posted to the Sumitomo Shoji Research Institute, and he served as the executive director of the institute from 2006 to 2013. In April 2014, Okawara became President and CEO of JCIE. He currently serves as a panel member of the US-Japan Conference on Cultural and Educational Interchange (CULCON) and is a member of the Foundation Council of the Japanese-German Center Berlin. In the global health field, Mr. Okawara serves as director of the Global Health and Human Security Program Executive Committee and director of the Friends of the Global Fund, Japan (FGFJ).

大河原 昭夫 (公財)日本国際交流センター理事長
1973年住友商事株式会社入社、海外運輸部、自動車部等を経て1991年よりワシントン 事務所次席、1997年より情報調査部にて部長代理、部長を歴任。2004年より(株)住友 商事総合研究所に勤務、2006~13年まで同研究所取締役所長を務めた。2014年4月に 日本国際交流センター(JCIE)理事長に就任。現在、日米文化教育交流会議(カルコン)委 員、ベルリン日独センター評議員を兼務する他、日英21世紀委員会日本側ディレクター、日 独フォーラム委員、日韓フォーラム幹事委員、国際保健の分野では、グローバルヘルスと人 間の安全保障プログラム運営委員会幹事、グローバルファンド 日本委員会ディレクター等 を務める。慶應義塾大学法学部卒。

Special Remarks

by Natalia Kanem

Mr. Akio Okawara, President and CEO of the Japan Center for International Exchange, Ms. Reiko Hayashi, the National Institute of Population and Social Security Research, my dear sister Minister Awa Marie Coll-Seck, Excellencies, Distinguished speakers, Guests and Partners, good afternoon. At the outset, I would like to express our gratitude from UNFPA to the government of Japan for your leadership in bringing us together under the TICAD umbrella, and also for highlighting the very important issue of population ageing. There are some brilliant initiatives taking place around the world that focus on healthy dignified happy ageing, and I would say that the Asia Health and Wellbeing Initiative (AHWIN) is one such brilliant platform. It is facilitating regional cooperation in population ageing and I am really happy to learn that an African Health and Well Being Initiative is being spearheaded using some of that same blueprint.

Population ageing is actually no longer just a phenomenon in developed countries. Planning ahead means that we have to think about the current youth boom in developing nations which will very quickly progress through the cycle of life and indeed in Africa. We estimate that by the year 2050 around 80% of people who are aged 60 or older will be living in what are now low-or middle-income countries. So the face of the world is changing. And ageing is not only driven by falling fertility rates, what we have, and this is great news is medical advances, health and nutrition improvements that are leading to longer lifespan, and the outcome of these great achievements has to be part and parcel of a discussion of social and economic development so that as we age, the quality of life also is maintained around the globe. More and more governments are looking for advice and support from UNFPA on policies and on programmes to address population ageing and low fertility. And we are working with partners and demonstrating leadership by increasing support for demographic intelligence and policy advice. Next year, census 2020 a very important year for this. Looking across the life cycle what UNFPA also says is that part of our mandate is to make sure that every young person's potential is fulfilled. That's part of being able to contribute to your family, to your community, to your nation so that by the time the life cycle brings you to older age you will have had an investment in you so that you are prepared for that stage of life.

Just to close, I would like to say that in this year UNFPA is celebrating our 50th anniversary, so we are on the ageing spectrum, and indeed we are celebrating 25 years since the Cairo International Conference on Population and Development, and it was there that all the member states, 179 of them called for action. Action that is vital for a country's prospect, for prosperity and transforming the way we look at population from just looking at numbers and statistics to seeing the faces of the people that are represented. And as we convene in Nairobi on the 12 to the 14th November to celebrate 25 years since Cairo, we are asking people to come with commitments, and population ageing is one of the emerging issues that we will be discussing under the umbrella of demographic diversity. It is been said that ageing is not lost youth, what it is, it's an opportunity to expand creativity and it's an opportunity to show our strength as advocates in this stage of life. So together let us make a difference, let us project meaningful responses to population ageing including some of the pension strategizing that is happening in Japan at this very moment here. Let us learn from each other and let us advance the vision of health and happiness in the golden years of life. Thank you so much.

Natalia Kanem
Executive Director, United Nations Population Fund (UNFPA)

Dr. Natalia Kanem is the UN Under-Secretary-General and Executive Director of UNFPA. Dr. Kanem brings to the position more than 30 years of strategic leadership experience in medicine, public and reproductive health, social justice, and philanthro- py. She started her career in academia with the Johns Hopkins and Columbia University Schools of Medicine and Public Health. While serving as a Ford Foundation Officer from 1992 to 2005, she helped pioneer work in women's reproductive health and sexuality, in particular through her position as the representative for West Africa. She then served at the Foundation headquarters, becoming Deputy Vice-Presi- dent for its worldwide peace and social justice programs in Africa, Asia, Eastern Europe, Latin America, and North America. From 2014 to 2016, Dr. Kanem served as UNFPA Representative in the United Republic of Tanzania. In July 2016, she was named Deputy Executive Director of UNFPA in charge of programs. Dr. Kanem holds a medical degree from Columbia University, New York, and an MPH with specializa- tions in epidemiology and preventive medicine from the University of Washington.

ナタリア・カネム
国連人口基金事務局長

ナタリア・カネムは、コロンビア大学とジョンズ・ホプキンス大学の医学部と公衆衛生大学 院にて、研究者としてキャリアをスタートした後、30年以上の間、医学、公衆衛生及び性 と生殖に関する健康、社会正義、社会奉仕事業分野において指導的立場で活躍してきた。1992年から2005年 にかけて、フォード財団に勤務し、同財団の西アフリカ代表とし て女性の性と生殖に関する健康や、セクシュアリティ分野における先駆者として尽力し、そ の後財団本部では、アフリカ、アジア、東ヨーロッパ、南北アメリカにおいて世界平和と社 会正義を促進するプログラムを総括する副代表として活躍した。2014年から2016年まで UNFPAのタンザニア代表を務め、2016年7月にプログラム担当の事務局次長に就任し た。カネムは、ニューヨークのコロンビア大学で医学博士号を、シアトルのワシントン大学 で、疫学、予防医学を専門とした公衆衛生学修士号を取得。

KEYNOTE SPEECH

Population Ageing and Health in Africa

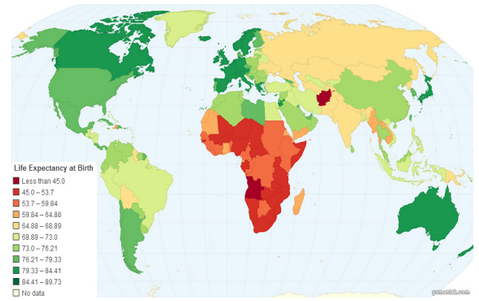
by Awa Marie Coll-Seck

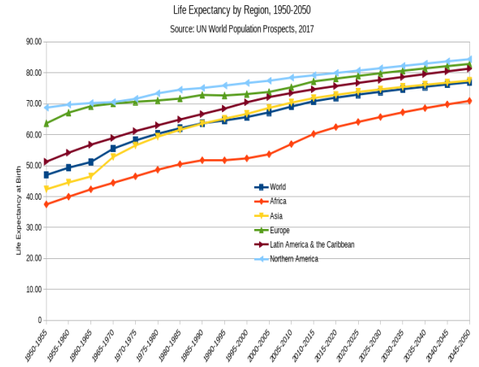
Mesdames et Messieurs, chers orateurs, chers participants à cet évènement important. Je voudrais parler d'un sujet dont on nous a demandé de dire quelques mots. Et je commencerai par trois PowerPoints qui nous montrent déjà la position de l'Afrique.

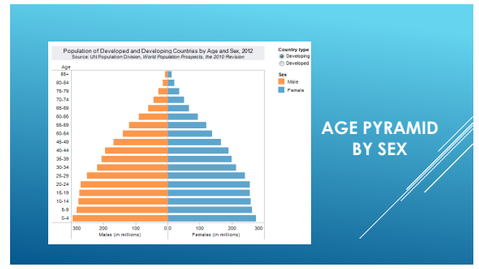
La position de l'Afrique qui se trouve être le continent où la population a une espérance de vie la plus faible. C'est le continent où vous avez la moyenne de la population qui varie entre 45 ans et 65 ans. Cela peut être comparé aux pays européens, au pays au Canada per exemple, ou au Japon, ou à l'Australie, où il y a une population vieillissante beaucoup plus nombreuse.

Mais on ne s'arrêtera pas là. Il faut dire que dans les années 50, (1950), on avait entre les populations des pays les plus développés et l'Afrique à peu près 30 ans de différence. Mais tous les pays ont vu leur espérance de vie augmentée. Et aujourd'hui la projection sur 2050 nous montre il n'y aura plus que 15 ans de différences.

C'est dire que le vieillissement de l'Afrique est en cours et qu'il faut en tenir comptes dès maintenant. On regarde de la pyramide de vie. Nous avons par âge une pyramide qui existe toujours dans les pays en développement, notamment en Afrique, et une pyramide qui a complètement changé de forme avec le maximum des personnes entre 25 et 35 ans, alors qu'en Afrique c'est toujours les jeunes qui sont là.



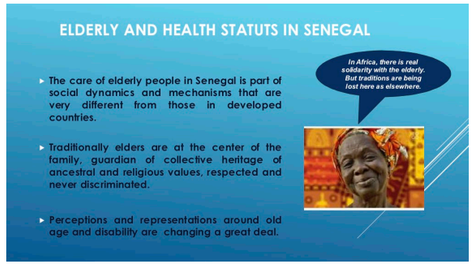




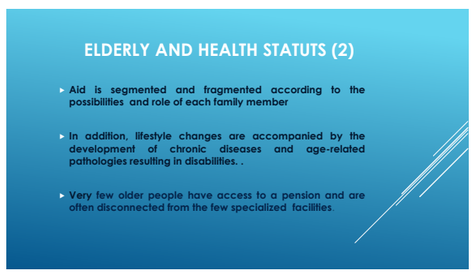
Cependant, il y a de plus en plus de sujets âgés. Et comme ailleurs, nous voyons aussi qu'il y a plus de femmes que d'homme âgés. Nous devons donc anticiper sur cette croissance.

C'est pour cela que les personnes qui s'occupent de santé mais également d'action sociale se tournent régulièrement vers les gouvernements et leur demandent quoi faire. Et les gouvernements aussi, nous attendons tous à ce que les gouvernements mettent en place des politiques, des stratégies, des plans d'action, qui permettent de se soutenir les personnes les plus âgées. Ce qu'il veut dire que les gouvernements auront un double challenge, celui des populations jeunes qui est le challenge classique, normal - les populations jeunes pour lesquelles qu'il faut une meilleure santé, il faut de l'éducation, il faut de l'emploi. Mais en même temps puisqu'il y a un vieillissement de la population, nous devons aussi tenir comptes de ce vieillissement-là.

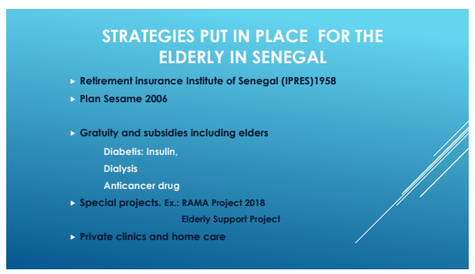
Merci de m'inviter à cet évènement, parce qu'effectivement parler du vieillissement, c'est un sujet d'actualité en Afrique aujourd'hui. Les autorités, qu'elles soient politiques ou sanitaires, ont toutes dit que progressivement les sujets âgés deviennent une priorité. Et certains pays, comme l'Afrique du Sud, le Bénin, le Sénégal, mais également le Nigeria, ont développé des plans d'action qui sont en rapport avec les recommandations de la seconde Assemblé Mondiale sur le vieillissement qui a eu lieu en 2002, mais également les recommandations de l'OMS en matière de santé. Mais il y a des choses concrètes qui se font. Aujourd'hui en Afrique du Sud, il y a la création d'une pension pour les sujets âgés, différente de la pension pour les retraités. D'autre pays, comme le Sénégal, ont préféré parler d'accès gratuit au soin. Il y a beaucoup d'expériences en Afrique que nous ne pouvons pas dérouler ici. Mais juste pour vous dire que c'est un terrain qui va être exploré et pour lequel il y aura énormément d'avancées.



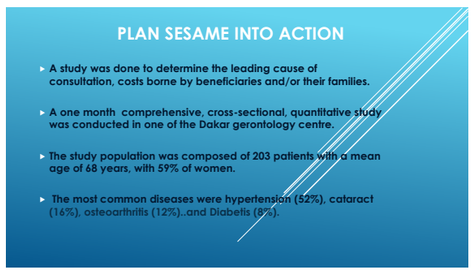
Quand on parle maintenant du Sénégal, presque comme dans les autres pays africains, on va voir que le problème de la prise en charge des sujet âgés est lié à des mécanismes et à des dynamiques sociales, qui sont très différents de celles que l'on observe dans les pays développés. Traditionnellement en Afrique et au Sénégal, les sujets âgés sont au centre de la famille. Ce sont des personnes qui sont des gardiennes de l'héritage collective et de nos ancêtres mais également des valeurs religieuses. Et ce sont des personnes respectées. Et ils ne sont normalement jamais discriminés.



Mais ces perceptions et ces représentations autours de l'âge et de handicap qui va suivre, sont en train de changer. Prenons l'exemple de cette vielle dame, cette femme âgée qui dit qu'en Afrique il y a une réelle solidarité avec les sujets âgés, mais les traditions sont également en train de se perdre. Et donc au Sénégal, on a observé, les anthropologues se sont rendu compte que nous avons un déclin de la solidarité, des réseaux de solidarité communautaire, une distance entre les générations, et les dépendants apparaissent parfois comme étant vraiment un problème, particulièrement dans les villes mais également un défi pour les familles. L'appuis qui est apporté aux personnes âgées est fragmenté et segmenté en fonction des possibilités mais également des rôles de chacun. Par exemple, un sujet âgé du sexe masculin sera pris en charge dans la toilette et autres, par sa femme surtout quand elle est beaucoup plus jeune, ou par son fil ainé, ou en tout cas un garçon de la fratrie. Quand il s'agit de la mère, c'est surtout la fille aînée qui s'en occupera. Mais de plus en plus dans les sociétés où on a un peu de moyens, on voit qu'on prend des gens qu'on paye pour s'occuper des veilles personnes. Il y a un changement qui se passe. Mais également le style de vie est changé. Il y a beaucoup plus de maladie chronique qui se développe et les maladies donc liées aussi à l'âge. Mais très peu de personne au Sénégal, qui sont des personnes âgées, moins de 20% ont accès à des pensions, et souvent sont déconnectées des structures de santé spécialisée.



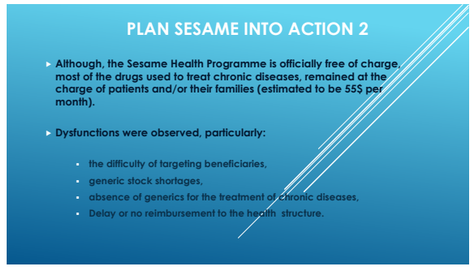
Passons les stratégies. Elles sont nombreuses au Sénégal, mais nous avons mis en exercice certaines. Et nous reviendrons sur notamment le plan Sesame et un projet spécial qui s'appelle RAMA, qui est un projet au niveau communautaire. Mais sachez qu'il y a beaucoup d'exemple de stratégies dont la gratuité et la subvention de certains produits ou de certains médicaments, comme pour le diabète insuline. C'est vrai que c'est surtout les enfants qui utilisent. Mais chez les adultes et chez les sujets âgés, ça peut être aussi utile. La dialyse est gratuite déjà pour tout le monde donc les sujets âgés en bénéficient. Et les médicaments contre le cancer sont subventionnés au niveau des structures publiques. Voilà donc les choses qui se font. Et le secteur privé est aussi impliqué de plus en plus avec des consultations pour des personnes en fin de vie, ou bien, des consultations à domicile et prise en charge à domicile.



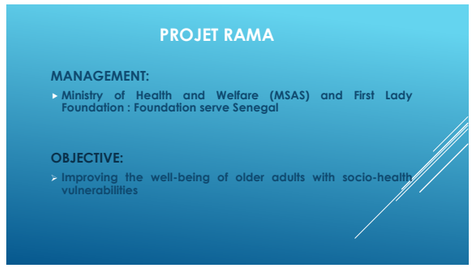
Quand on parle du plan Sesame au Sénégal, c'est un plan qui s'adresse aux personnes âgées. Et chez nous on parle de « âgé » dès 60 ans. Dès que vous avez 60 ans, vous pouvez avoir la consultation

gratuite, les médicaments essentiels, les examens paramédicaux, les procédures donc chirurgicales et médicales, et les hospitalisations. Mais comment est-il réellement.

On a fait une étude au niveau d'un centre de santé gériatrique, qui a permis de passer en revue 203 patients qui sont venus en consultation avec en moyenne d'âge de 68 ans, et plus de femmes que l'hommes. Puisqu'il y a 59% de femmes, donc une notion de genre est à rendre en compte. Les maladies les plus fréquentes étaient l'hypertension, les cataractes, les arthroses et le diabète.



Mais nous avons observé que, on dit que la prise en charge est gratuite, mais dans les faits, nous ne sont rendu comptes que beaucoup de choses sont encore payantes. Pourquoi ces choses sont payantes? C'est parce qu'il y a d'abord une difficulté à cibler les personnes bénéficiaires. Nous avons normalement, quand on parle de personnes bénéficiaires, nous avons les personnes qui n'ont pas de pension. Les personnes qui sont dans le secteur informel. Mais en général, tout le monde vient. C'est ce qui fait que, le nombre qui était prévu et le nombre que nous recevons est beaucoup plus important. Il y a souvent des ruptures de stock de médicaments génériques, l'absence de génériques quand on parle de maladies chroniques - très souvent il n'y pas de générique - et les délais de remboursement pour les structures. Puisque l'État doit payer, c'est gratuit mais souvent il y a des retards. Donc certaines structures n'acceptent pas des sujets âgés, parce qu'elles disent qu'on a une dette trop importante. C'est pour cela que le président *Macky Sall*, le président de la République, qui a trouvé ce plan Sesame en place, a décidé de le lier maintenant à la couverture sanitaire universelle qui est financée, ce qui permette d'avoir les moyens pour ce plan *Sesame*.

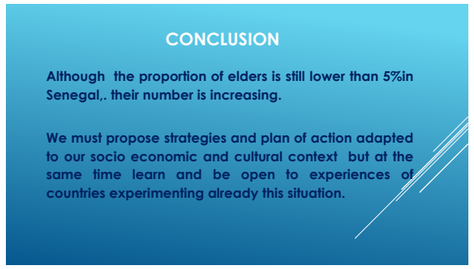


Le projet *RAMA* est un autre projet du ministère de la santé et de la première dame - la fondation de la première dame, *Servir le Sénégal* - et qui veut améliorer le bien-être des sujets âgés, notamment ce qui sont vulnérable au plan de la sante et social.

Identifier ces gens par les relais, comme ces sujets âgés par relais communautaire. Les médecins et les infirmières viennent au niveau communautaire après quand ils sont identifiés pour voir les problèmes de santé et les problèmes nutritionnels. Une approche aussi psychosociale et émotionnelle est faite. Et on a une amélioration qui se fait au niveau de l'environnement de sujets âgés. Par exemple, l'équipement par des supports avec des chaises roulantes, des béquilles, les choses que ces sujets n'ont pas, et cela les bloquent dans la maison et ne leur permet pas d'être mobile. Ce sont les

choses qui sont prises en considération. Le support avec des consommables, comme des kits d'hygiène, comme des aides pour ses personnes âgées et des toilettes, même des toilettes. Il y a certaines maisons où les toilettes ne sont pas adaptées aux sujets âgés. Et ce projet les aide dans ce sens-là.

Je voudrais toute suite, après ça, passer aux recommandations. C'est vrai que on a beaucoup de chose à dire. Mais puisqu'on a que 15 minutes, on a parlé de l'Afrique, on a parlé du Sénégal. Quelles sont des recommandations que nous devrions faire? Il faut d'abord adopter une approche surtout communautaire qui renforce les familles, une approche holistique. Ce n'est pas seulement une approche médicale, mais tous les aspects autres sociaux, environnementaux sont à rendre compte en considération. Et former des personnes pour une spécialisation un peu en gériatrique. Renforcer les systèmes de sante surtout en une manière décentralisée. Inclure dans la liste des médicaments essentiels les médicaments pour les personnes âgées. Intégrer le vieillissement dans les programmes de santé et autres, comme la vaccination, comme la nutrition, quand on parle de sport. Toutes ces choses vont être prise en considération. Et enfin, on ait vraiment un financement approprié. C'est bien beau d'avoir toutes ces stratégies mais il faut des moyens, et cela je lance un appel aussi, non seulement aux États, mais également à tous les acteurs qui soutiennent nos pays, parce que cela est important. On a plus facilement des financements pour les jeunes et pour les femmes, mais pas beaucoup pour les sujets âgés.



En conclusion, bien qu'au Sénégal, il y a environ 5% de personnes âgées, si on parle de 65 ans, mais plus, quand on dit 60 ans comme chez nous. Et ce nombre est en train d'augmenter. C'est dire que on doit avoir des stratégies qui sont adapter à nos contextes socio-économiques et culturels. En Afrique et au Sénégal en particulier, on a même des proverbes qui parlent d'une manière très élogieuse des sujets âgés. Per exemple, un sujet âgé qui meurt c'est une bibliothèque qui brûle. Un sujet âgé est le ciment de la communauté. Il y a donc beaucoup de chose encore à faire. Mais surtout apprendre des autres. Apprendre des pays qui sont déjà passer par là. Il ne faut pas s'enfermer dans ce qu'on croit être le bon, mais essayer aussi de s'ouvrir à d'autres. Parce que cela nous permettra d'aller de l'avant et d'aider les personnes âgées. Je voudrais donc remercier les organisateurs de nous avoir donner ces opportunités de pouvoir partager avec vous cette expérience, et vous dire que nous nous sommes à votre disposition. Comme je l'ai dit, être ouvert est permettre à nos sujets âgés en Afrique de bénéficier d'une prise en charge adéquate, tenant compte de nos cultures et de nos valeurs. Je vous remercie.

Population Ageing and Health in Africa

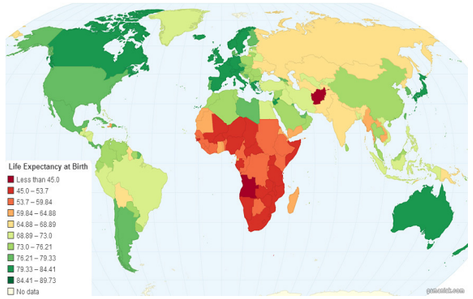
by Awa Marie Coll-Seck

Ladies and gentlemen, dear speakers, dear participants in this important event. I would like to talk about a subject that we were asked to say a few words about. I will start with three PowerPoints that already show us the position of Africa.

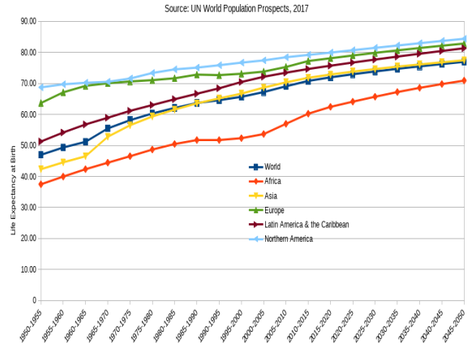
The position of Africa, which happens to be the continent where the population has the lowest life expectancy. It is the continent where you have the average of the population which varies between 45 years and 65 years. It can be compared to European countries, to Canada, for example, or to Japan, or to Australia, where there is a much larger aging population.

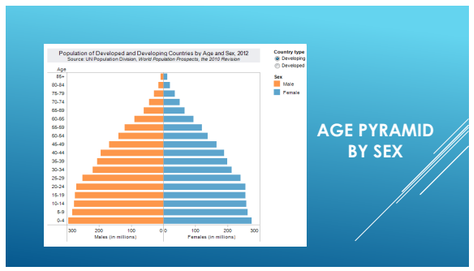
We will not stop there. It must be said that in the 1950s (1950) there was between the populations of the most developed countries and Africa about 30 years of difference. However, all countries have seen their life expectancy increased. In addition, today, the projection on 2050 shows us there will be more than 15 years of differences.

This is saying that the aging of Africa is under way and that it must be taken into account now. We look at the pyramid of life. We have by age a pyramid that still exists in developing countries, especially in Africa, and a pyramid that has completely changed shape with the maximum of people between 25 and 35, while in Africa it is still young who are there. However, there are more and more elderly subjects. Moreover, we also see that there are more women than older men as elsewhere. We must therefore



Life Expectancy by Region, 1950-2050
Source: UN World Population Prospects, 2017



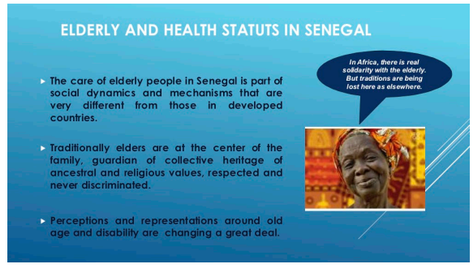


anticipate this growth.

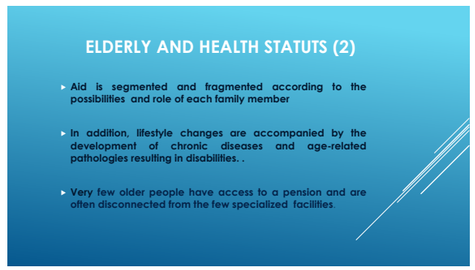
This is why people who care for health but also social action regularly turn to governments and ask them what to do. Governments, too, we are all

waiting for governments to put in place policies, strategies, action plans that support older people. What it means is that the governments will have a double challenge, that of the young populations which is the classic, normal challenge - the young populations for whom it is necessary to have a better health, one needs education, it is necessary to employment. At the same time, since there is an aging population, we must also take account of this aging.

Thank you for inviting me to this event, because indeed speaking of the aging, it is a subject of topicality in Africa today. Authorities, whether political or health, have all said that older people are gradually becoming a priority. Some countries, such as South Africa, Benin, Senegal, but also Nigeria, have developed action plans that are related to the recommendations of the Second World Assembly on Aging that took place in 2002 but also WHO's strategies on health. There are concrete things that are done. Today in South Africa, there is the creation of a pension for the elderly, different from the pension for retirees. Other countries, such as Senegal, preferred free access to care. There are many experiences in Africa that we cannot do here. However, just to tell you that this is a field that will be explored and for which there will be a lot of progress.



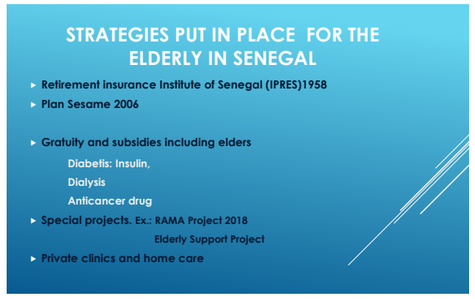
When we speak now of Senegal, almost as in other African countries, we will see that the problem of the care of the elderly is linked to mechanisms and social dynamics, which are very different from those that we observed in developed countries. Traditionally in Africa and Senegal, elderly people are at the center of the family. They are people who are guardians of the collective heritage and our ancestors but also religious values. They are respected people. In addition, they are normally never discriminated against.



However, these perceptions and representations around the age and disability that will follow, are changing. Take the example of this old lady, this elderly woman who says that in Africa there is a real solidarity with the elderly, but the traditions are also being lost. In Senegal, it has been observed, anthropologists have realized that we have a decline in solidarity, networks of community solidarity,

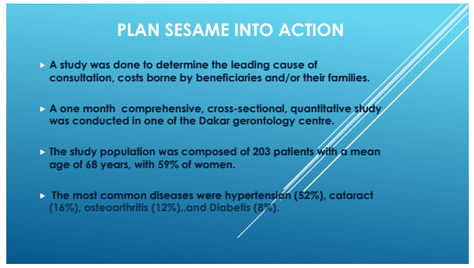
a distance between generations, and dependents sometimes appear to be really a problem, especially in cities but also a challenge for families.

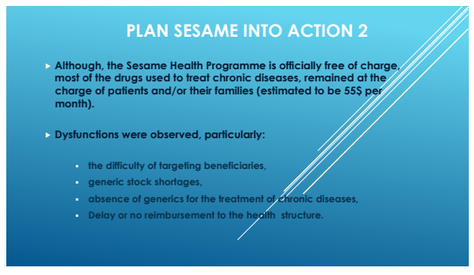
The support that is given to the elderly is fragmented and segmented according to the possibilities but also the roles of each one. For example, an older male subject will be cared for in the toilet and others, by his wife especially when she is much younger, or by her older son, or at least a boy of the siblings. When it comes to the mother, it is mostly the eldest daughter who will take care of it. However, more and more in societies where we have a little means, we see that we take people whom we pay to take care of old people. There is a change happening. The lifestyle is also changed. There is a lot more chronic disease that is developing and diseases therefore also related to age. However, very few people in Senegal, who are elderly, less than 20% have access to pensions, and often are disconnected from specialized health facilities.



Let's go through the strategies. There are many in Senegal, but we have put into practice some. We will come back to the Sesame plan and a special project called RAMA, which is a project at the community level. Please be aware that there are many examples of strategies including free and subsidized certain products or drugs, such as diabetes insulin. It is true that it is mostly children who use. However, in adults and in the elderly, it can be as useful. Dialysis is free already for everyone so elderly people benefit. In addition, cancer drugs are subsidized at the level of public structures. These are then the things that are done. Furthermore, the private clinic is also increasingly involved with end-of-life consultations, home-based consultations and home care.

When we talk about the Sesame plan in Senegal, it is a plan for seniors and we speak of "aged" from 60 years. As soon as you are 60, you can have free consultation, essential medications, paramedical basic exams, so surgical and medical procedures, and hospitalizations. However, how is it really?

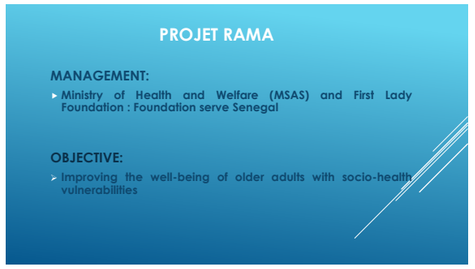




A study was conducted at a geriatric health center, which reviewed 203 patients who came for consultation with an average age of 68, and more

women than men. Since there are 59% of women, so a notion of gender is to be taken into account. The most common diseases were hypertension, cataracts, osteoarthritis and diabetes.

In fact, we observed that many things are still paying though it is said that the care is free. Why are these things paying? This is because there is first a difficulty in targeting the beneficiaries. Normally, when we talk about beneficiaries, we have people who do not have a pension. People who are in the informal sector. However, in general, everyone comes. That is why the number that was planned and the number we receive is much larger. There are often shortages of stocked generic drugs, the absence of generics when it comes to chronic diseases - very often there is no generic - and delays in reimbursement for health structures. Since the state has to pay, it is free but often there are delays. Some health structures then do not accept old people, because they say that they have too much debt. That is why President Macky Sall, the President of the Republic, who found this Sesame plan in place, decided to link it now to the universal health coverage that is funded, which allows to have the means to this Sesame plan.

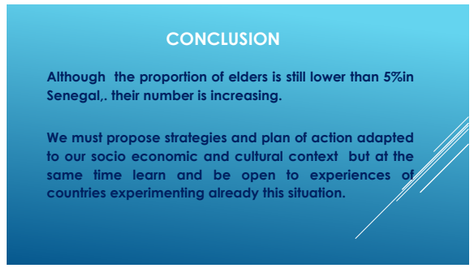


The RAMA project is another project of the Ministry of Health and Welfare and the First Lady Foundation of the first lady, Serving Senegal - and which aims to improve the well-being of the elderly, including those who are vulnerable in terms of social-health.

Identify these people by the relays, as these elderly subjects by community relay. Doctors and nurses come to the community level afterwards when they are identified to see health problems and nutritional problems. A psychosocial and emotional approach is made. We then have an improvement in the environment of older people. For example, the equipment by means of supports with wheelchairs, crutches, things that these subjects do not have, and that block them in the house and does not allow them to be mobile. These are the things that are taken into consideration. The support with consumables, such as hygiene kits, as aids for the elderly and toilets, even toilets. There are some houses where toilets are not suitable for elderly people. This project helps them in that sense.

I would like any continuation, after that, to pass to the recommendations. It's true that we have a lot to say. However, we talked about Africa and Senegal since we only had 15 minutes. What are some recommendations we should make? First we need to take a community-based approach that strengthens families, a holistic approach. This is not just a medical approach, but all other social, environmental aspects are to be considered. In addition, train people for a specialization a little

geriatric. Strengthen health systems especially in a decentralized way. Include drugs for the elderly in the list of essential medicines. Integrate aging into health and other programs, such as immunization, such as nutrition, when it comes to sport. All of these things will be taken into consideration. Finally, we really have appropriate funding. It is all well and good to have all these strategies, but we need means, and I appeal also not only to the States, but also to all the actors who support our countries, because that is important. There is more funding for young people and for women, but not much for older people.



In conclusion, although there are about 5% of seniors in Senegal, if we speak of 65 years, but more, when we say 60 years as at home. In addition, this number is increasing. This means that we must have strategies that are adapted to our socio-economic and cultural contexts. In Africa and Senegal in particular, there are even proverbs that speak highly of older people. For example, an elderly who dies is a burning library. An elderly person is the cement of the community. Therefore, there is still a lot of things to do. However, mostly learn from others. Learn from countries that are already going through there. We must not lock ourselves in what we believe to be the good, but also try to open ourselves to others. This is because it will allow us to move forward and help the elderly.

I would therefore like to thank the organizers for giving us these opportunities to share this experience with you, and to tell you that we are at your disposal. As I said, being open is a way for our elderly people in Africa to benefit from adequate care, taking into account our cultures and values.

Thank you.

Awa Marie Coll-Seck
President of the National Committee of Extractive Industries Transparency Initiative (CN-ITIE); Former Minister of Health for the Republic of Senegal

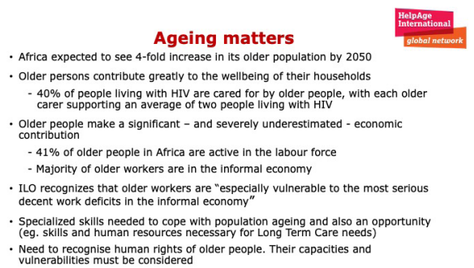
Dr. Awa Marie Coll-Seck has served as President of CN-ITIE of Senegal since April 2019. Previously, she served as Minister of State to the President (2017–2019), Minister of Health and Welfare (2012–2017), and Minister of Health and Prevention (2001–2003). She was Executive Director of Roll Back Malaria Partnership (2004–2011) and UNAIDS Director of Policy, Strategy and Research, and of Country and Regional Support (1996–2001). With an MD and PhD in infectious diseases and bacteriology- virology, she led the infectious diseases department at University Cheickh Anta Diop of Dakar-Senegal before starting her international career. Dr. Coll-Seck is on the Roll Back Malaria Board of Directors; Scientific Council of University Cheick Zaid; and the Clinton Health Access Initiative's High Level Steering Group for Every Woman, Every Child. A member of the jury for the ISA Award for Service to Humanity (Bahrain) and for the 3rd Noguchi Prize Africa, she also sits on the Lancet Commission on the Future of Health in Africa and the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights, and co-chairs the WHO/UNICEF Commission for Realigning Child Health for the SDG Era. Author of over 150 scientific publications, she has been awarded the Knight of the Order of Merit of Senegal, Burkina Faso and The Gambia; Palmes Académiques, the French Order of Merit, and Legion of Honor; and "Best Minister of the World" at the 2017 World Summit of the Government, among others.

Experience of the Old in a Continent of Young...and Ageing

by Prafulla Mishra

Thank you. Good afternoon, everyone. It is a real honor to be standing here and speaking to you about population ageing in Africa. It is a paradoxical situation, which we are talking about. I am told that in Japan, people cannot stop talking about population ageing. Whereas in Africa, people do not think about population ageing as an issue, and they do not talk about population ageing. It is therefore a real honor to be speaking about population ageing in Africa. I want to first thank and give my regards to Dr. Natalia Kanem, Executive Director for UNFPA, Dr. Okawara from the Japan Center for International Exchange, Dr. Reiko, Madam Minister from Senegal, Professor Ken Masuda from Nagasaki University, and distinguished panel members. In this presentation, I will attempt to reflect on the issue of population ageing, but specifically talking about social protection and health, and the linkage between the two.

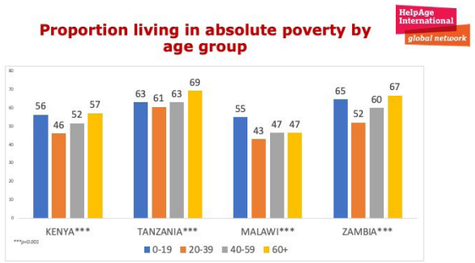
I think it has already been said by Dr. Natalia, and Madam Minister from Senegal that Africa is expected to see a large population increase in the next 20 to 30 years. In fact, it will increase by nearly 4 times. It will become almost 225 million by the year 2050 from around 60 million now. One of the things that we must keep in mind when we talk about population ageing and what the people try to talk about more is their mobility, their challenges.



I think it is also very important to look at the contribution and the value that older people bring to our societies' families. There is one statistics on HIV. When you look at the orphan and vulnerable children in Africa,

a large majority of these orphans are cared for by their older grandparents. That is one example. African food security owes largely to the smallholding farmers. If you look at smallholding farmers, the majority of them are again, older persons. I therefore think as much as we are talking about the vulnerability of older persons in Africa, and indeed they need support, we must also think of another reality.

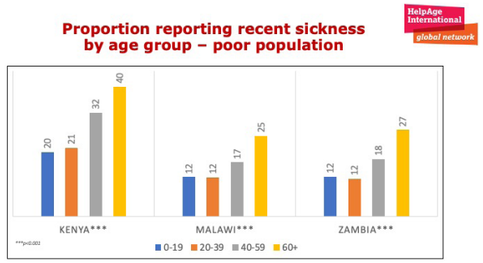
I also think it is very important that we also look at the 'capacities and values' older persons continue to bring to our families and societies. In fact, if you look at the informal economy, majority of the older persons, up to 60 to 70 percent, and many of them are women, are employed in the informal sector. I think those are some of the contributions they make. Any intervention for older people must therefore consider both their capacity as well as vulnerabilities. That will be a more balanced approach in decision making. And at the same time ensuring they are supported because they have 'rights' that they must enjoy as any other person.



Source- APHRC

If I move on, you know that we negotiated and worked on the Sustainable Development Goals. One of the key aspects of the Sustainable Development Goals is to leave no one behind, as we all know. It was already mentioned from this podium.

Poverty is one of the biggest inequalities that exist in the world today. In the slide, I present the persons living with absolute poverty. These are just examples of some countries in Africa. If you look at Kenya, 57 percent of the older people are living with poverty. Tanzania is 69 percent, and so on. When you look at the national poverty rates in these countries, older people are actually sometimes at the same or higher level than the rest of the age groups. However, there is not usually a lot of mention and focus on this population groups in national poverty reduction planning across the continent. We cannot achieve SDGs by leaving older people behind.

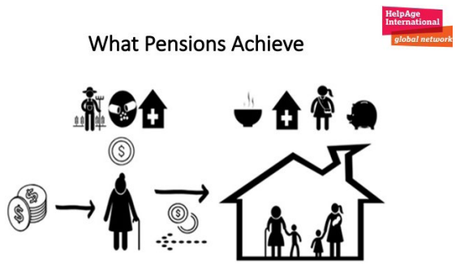


Source- APHRC

Another slide shows sickness faced by older people. I think it's an obvious thing that older people tend to fall sick. This is just the common illnesses. If you take non-communicable diseases, that percentage increases to probably much more. In fact, Kenya, I think probably around 60 percent of older people will have a case of non-communicable disease when you talk about diabetes, hypertension, arthritis and so on. And yet, the basic public health care systems are not inclusive of health needs of older people. Even in countries where health care is supposedly 'free', that is indeed not the case as we will discuss later.

I think already Madam Minister mentioned about the importance of social pensions, universal pensions. In Africa, I think I must say that governments are

beginning to take a lot of attention. She mentioned the example from Senegal. I have tried to give a sense of some of the social pension programs that go on in the continent over the years in the slide. Some of the key ones if I can speak about is the Old Age Pension policy in Zanzibar. The island of Zanzibar (Tanzania) has started a universal old-age pension for all older persons above 70 in the year 2016. Kenya has just started last year a universal pension for older persons. Malawi has already completed a technical feasibility study for old age pension and lawmakers are considering the same. Zimbabwe is currently doing a similar feasibility study.



I have been very fortunate to travel to several countries in Africa, and meet policymakers and government officials to discuss on issue of older people. One of the usual challenges that I hear is 'giving money to older people is just putting money in something that is not very productive'. This is

something that I tried to challenge in the diagram in the slide. It is based on the research done by HelpAge as well as many other organisations. I work with HelpAge International and other organizations on the impact of older person pensions on the wider community.

On the left side, if an older person receives a pension, that person tends to increase her contribution in agriculture, health seeking behavior, building better houses, and so on. Of course, it's great that you get money and you spend it on yourself and live better. I think that's obvious thing to summarize.

The right side is the family. Especially in many countries where the pensions have happened, or other forms of social pension, the school enrollment of girl child has increased significantly in those places. This is because the grandparents get the pension and give it to their grandchildren, to go to school. In addition, household savings have increased. Household food dietary diversity increases and they eat better and different types of food. I think that's another indicator. As shown by the arrow which goes back, what is also important is that they do not face the exclusion from the family because this person is giving back. They come in and the family starts to take care of them all. We can probably easily deduce that it creates more inclusive families.

Now, let's look at health and care. I try to just

be a very brief slide here. When you look at older person's health and care in Africa, you are looking at the issues of access.

When you talk about access, it is social access, financial access, physical access and their physical capabilities to go to health facilities. That is a significant challenge. I will come to financial access a bit later.

Let's look at the issue of quality. If I'm an older person in Africa, I might be able to go to a health facility. However, more likely than not, I may not get the treatments that I need. I may have to wait there for 3 or 4 hours because the queue is very long. Of course, you do not tend to go there as often as you fall sick.

Awareness of our health workers. In fact, what the professor said about one recommendation, which I want to pick, is the need for geriatric care. You'll be very surprised that there is only a handful of geriatric specialist in sub-Sahara Africa and a majority of countries don't even have one! That is not something that we can deal with unless we build up that particular base.

Regarding data, our formal healthcare systems do not continue to focus on collecting data for older persons. In fact, data disaggregation as per age, sex and disabilities are one of the key things that the Sustainable Development Goals have asked for.

As I have already mentioned, there is a link between social pension and access to health care. When somebody has social protection such as a social pension, there's better health-seeking behavior, access to health and participation. As I mentioned to you with the diagram before, persons tend to have a bit more capacity to seek health and come out of the house though they do not suddenly become healthy. When they feel included, the family also thinks, Let's less take care of this older person. That person is valuable to us, and let's also make sure that person is included. Those are some of the things which I wanted to talk about. Again, we have done research in several countries that proves this. It clearly shows that you cannot talk about wellbeing of older people in fragmented manner and social pensions and income security for older persons are a key determinant for achieving "Health for all" as envisioned in the Sustainable Development Goal 3.

Now I wanted to challenge a bit, again from my discussions and travel through the Africa region. I have been very lucky to meet with many policymakers. I just tried to summarize it here. "Why an African Policy Maker is Unlikely to focus on Older People." I think you can read all those issues there. I'll just talk about one or two. One of the things which come out often is that many African governments have declared rightfully that health is free for all. Now health is free, which means basically that the health consultation is

free. It will be free if I have the money to take transport and get to a clinic. However, that's not exactly free if the drugs are not there and I have to go to the market outside. If I have to do some diagnostic tests, and the government health facility doesn't have the laboratory, then it's not exactly free. Thus, it's not something we'll be able to talk about.

One of the other things that come up is that Africa is a youthful continent. I was listening to another lecture about this Kanagawa prefecture in Japan this morning. In 1970, the population pyramid of Kanagawa was with young people, which means an expansive pyramid. The shape of the pyramid will, however, become constrictive in 2030. Africa will also age and unless we have a long time horizon to plan ways in which issues of ageing populations are planned through and integrated within development processes. In fact, Africa is in a wonderful place now to start planning early and learning from experiences in Japan and elsewhere.

Let's talk about another issue. It is said that we value our older people in Africa. I think it's a common myth that we value our older people. Now, valuing older persons should not be only by saying nice words that we value, but also backed up with policy and programmatic actions.

Given the experience that Japan has had in integrating population ageing in your development as we're talking about here in TICAD, that is a real opportunity for Africa to learn from Japan. With TICAD, the collaboration between Japan and the Continent will get stronger, and we will be able to address population ageing and learn from each other a lot more.

Before I conclude, I think we have to challenge and talk about a very fundamental issue. When we talk about the older persons, we also need to understand that we are also dealing with a very deep seated behavior, what we call "ageism". "Ageism" is a discrimination towards somebody based on their age. It is equally pervasive and damning as other issues such as racism and sexism, and yet, doesn't receive equal attention and condemnation. There are people who feel that older persons are lesser human beings. Unless and otherwise we challenge that premise, deep seated behavior, we will not be able to address some of these things.

In addition, I hope, in Africa, we will be able to respect it a lot and backs it up with the action as the way of Japanese society. There's a lot of action already, and I hope that we will continue the trajectory of integrating population ageing in our development. Thank you so much.

Prafulla Mishra
Regional Director-Africa, HelpAge International

Prafulla Mishra is Regional Director for HelpAge International for Africa. In his role for the last five years with HelpAge, he has led a number of transformational changes for the organization in the region, leading to increased engagement with local partner organizations, generating and disseminating evidence and learning, and building partnerships with key regional institutions. His professional interests include social development, gender, humanitarian response and recovery, resilience, natural resource management, and governance. With 24 years of professional experience, he has also worked with the M.S. Swaminathan Research Foundation, Oxfam, International Rescue Committee, and the Norwegian Refugee Council, and has worked in India, Kenya, Somalia, Ethiopia, Djibouti, Sudan, Chad, Yemen, and other countries in Africa on various developmental, humanitarian, and post-conflict programs. He takes keen interest in learning from programs and has partnered with a number of academic and research institutions. He holds an MSc in Ecology and PhD in Life Sciences (Mangrove Ecology).

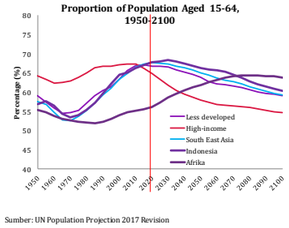
National Strategy Towards Independent, Prosperous, and Dignified Ageing Population

From Asia Experiences to African Perspective

by Maliki

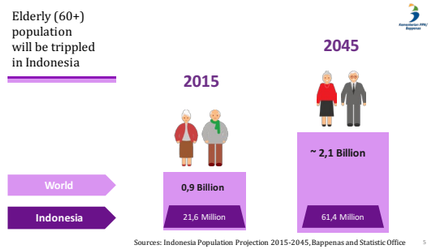
Distinguished guests, ladies and gentlemen. First, let me say I want to appreciate for the opportunities to share our experiences on developing our policy on ageing population.

Middle Income Countries are experiencing ageing



- Productive age population has been declining in the advanced countries (Japan, European countries, and USA).
- While, in the **middle income** countries productive age group will reach peak around 2030s.
- African countries will face ageing population in the mid 2050s.

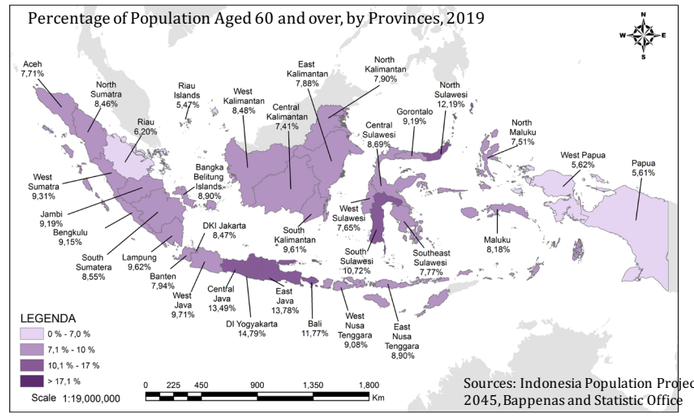
Sumber: UN Population Projection 2017 Revision



To begin with, unlike our neighborhood countries such as Thailand, Singapore and Malaysia, Indonesia is actually in the primary stage of ageing population. Indonesia is still enjoying the demographic dividend, which is defined as reaping the peak of the productive age group. We are going to have the peak maybe around the next 5 to 10 years from now. At the same time, Indonesia will also experience ageing population in the next 5 years. We are reaching 10 percent of 60+ population approximately next year. Comparing Indonesia and Africa, that may be relevant at some point, not during the periods, but where actually the policy of demographic dividend is only defined as how actually to improve the skills of young productive age group and how to open more job opportunities for them. We are forgetting that improving productivity and preparing old-age welfare is also one way to optimizing the demographic dividend. Present challenges and opportunities for our current demographic transition is also a course in Indonesia.

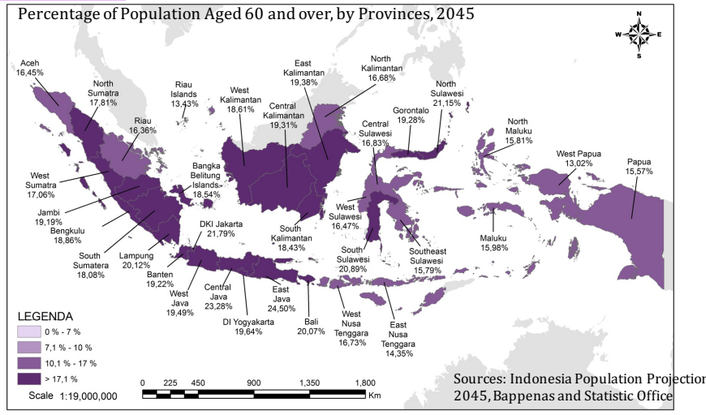
In terms of percentage, our population with age 60 and over is not reaching 10 percent yet this year. It will be attained next year. Regarding size-wise, our aged population will be around 30 million though it's 20 million now. We will have 30 million within the next few years. In addition, in our 100 years of independence, our aged population will be approximately around 60 million. That counts for 20 percent of our total population, or around 3 percent of the total world population. That is why ageing population is not as a trend but it should also

In 2019, only a few provinces have experienced ageing



Sources: Indonesia Population Projection 2015-2045, Bappenas and Statistic Office

100 Years of Independence will be colored by ageing population



Sources: Indonesia Population Projection 2015-2045, Bappenas and Statistic Office

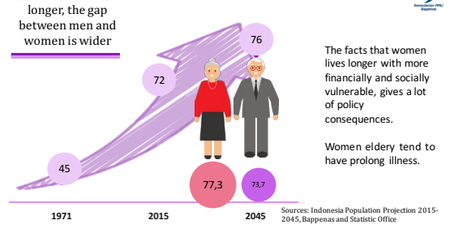
be an opportunity for us. Our challenges are not only about the size, but also about the diversity.

In 2019, as you can see here, only a few provinces experience ageing society. In some other places, it is quite young, and they are still struggling on how actually to reach better health access for the children and also high quality for the human capital.

In 2045, when we celebrate our 100 independence, most of the provinces will have experienced ageing population. However, cultural and geographical backgrounds will also be a real challenge for us in adopting the same goal. We cannot adopt the same policy for the whole provinces to achieve a more dignified elderly society.

Our challenge, our population ageing, should be similar with other developing countries. While we have life expectancy increasing, where the female elderly live longer, it doesn't follow by lengthening the healthy life expectancy. The female elderly will live longer, alone, and more vulnerable.

Indonesian will live longer, the gap between men and women is wider



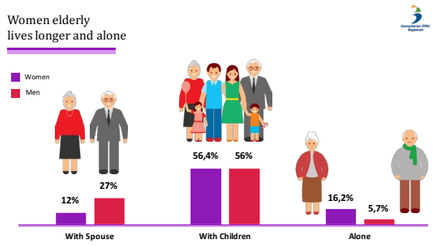
The facts that women lives longer with more financially and socially vulnerable, gives a lot of policy consequences.

Women eldery tend to have prolong illness.

Sources: Indonesia Population Projection 2015-2045, Bappenas and Statistic Office

Even though the majority of the elderly live with their children, there is an increasing trend of living

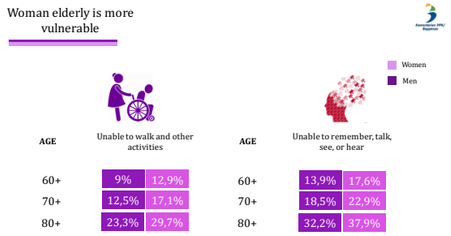
alone, especially for female elderly.



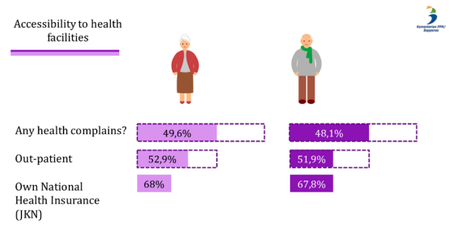
Among the elderly itself, poverty is higher as Africa. Our poor elderly is higher than 12 percent, which is higher than national level. When our poverty rates at national level have reached a single digit, the level of poverty of the poor people of the elderly is declining very slow.

The elderly with disability is also increasing, while the coverage of the pension is also not more than 15 percent for the elderly. The elderly, both for the rich and the poor and both in urban and rural, still have to work to finance their consumption. While the rich people can depend partially from their return on investment, the poor elderly heavily depend on the government's support.

In addition, the elderly with disability is accelerated, especially for female elderly.



Some of them have national health insurance to cover with, but it is not universal coverage. It is shown that more than 50 percent of the elderly are already covered by the national health insurance.



Our Strategy

Based on this condition, our law on elderly welfare has been promulgated in as early as 1998. However, the implementation is still relatively weak and the strategy is not comprehensive. The policy handles the elderly as the object of development, not as a subject. Therefore, the law is still failed to see the elderly as potential to contribute to significant economic growth contributions.

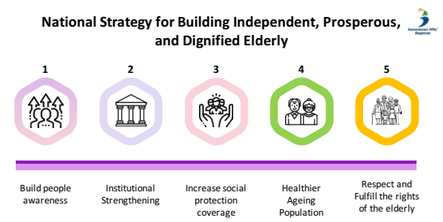
Therefore, since last year, we are trying to improve

and formulate national strategy to aim for better and productive elderly in the future. The elderly should become a role model for the young generation and also provide meaningful contribution to the community. There is a lot of evidence that female elderly's better means for government support to improve young generation quality.

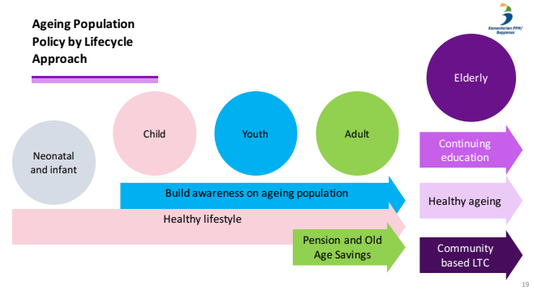
Therefore, our ultimate goal is to realize a prosperous, independent and dignified elderly by building strong competitive and adaptive human capital in more integrated efforts. This will be implemented by creating more opportunities, and better access for elderly.

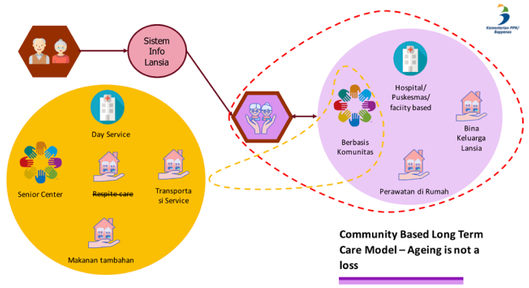
First is to strengthen the capacity of the elderly. The second one is to improve the welfare of the elderly. The last one, more importantly, is to build a safe neighborhood for the elderly itself.

Then, our national strategy will consist of 5 main concerted efforts. First is to build the generational awareness in the community that ageing process is a process to be embraced and respected. We need to prepare because everyone will be aged. Second is to strengthen the institutional and regulation arrangement. Strong coordination, implementation, and institution are needed, especially in the local context. Regulatory framework is also important for legal basis for all the stakeholders to work on the same issues. Third is to protect the elderly as early as possible. The social protection with cover of social assistance, and also insurance-based social protection. Pension program and old-age pension is the effort to increase the coverage, especially in the informal sectors. Fourth is to increase health status. It is a very integrated effort that will affect all aspects. Socialization, education and avocation have been quite intensive for creating healthy lifestyles for all generations, which hopefully will also prepare for the old-age period. Last is how we should create a better environment for respecting the rights of the elderly.



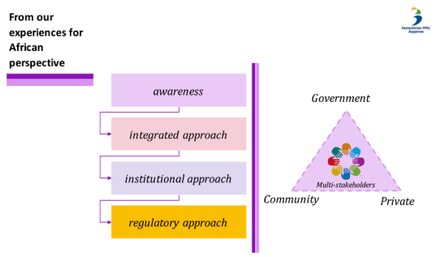
Our strategy is multi-stakeholders effort. All sectors have to be involved, and intervention is best on the lifecycle efforts. We have to intervene at the right time and as early as possible.





As part of our national strategy, we acknowledge that there is a rapid changing of lifestyles in all generations. Our baby-boomers who were also born before ’97 are considered “a sandwich” generation. They live with other 2 generations that live in totally different lifestyles and somehow different norms. Then, we cannot really depend on the same living arrangements in the future where children can provide care for their parents every day. Especially with rapid urbanization where children will not be able to live with their parents. They live in separate cities, and a lot of parents live apart from their children. There is an increasing trend that the living alone elderly in rural area commits suicide recently because of feeling lonely.

Therefore, we are keen to develop more comprehensive social protection. That is including how we build the elderly system and long-care system as part of the elderly care system. The elderly care system is aimed for more productive and active elderly. We are in the preliminary stage of building a more systematic community elderly care. Our first effort is to integrate all programs that have been implemented by all stakeholders here. In the long term, we plan to build insurance-based long-term care system. Japan is one of the best examples as benchmark for us.



From our experience, what to share with African fellows is that ageing policy has to come as early as possible. An ageing policy is a multi-stakeholders’ effort. Therefore, we need to integrate, coordinate, and also harmonize the policy. In addition, more challenge is how we can be consistent in implementing in the long term of the policy itself because the resource will not be in this present time. Lastly, I would like to thank again for inviting me. We realize that we cannot claim that our experiences will be successfully implemented and resulting in the expected outcome. However, one thing we can emphasize here is that ageing population is certain. Therefore, our chance is how to convince the policymakers to prepare this as early as possible. Thank you.

Maliki
Director for Population Planning and Social Protection, Ministry of National Development Planning/National Development Planning Agency (BAPPENAS), Indonesia

Maliki is Director for Population Planning and Social Protection in the BAPPENAS since 2017. Before his present position, he previously was the Director for Labor and Employment Creation from 2014 to 2017. He earned his bachelor’s degree in biochemi- cal engineering from Bandung Institute of Technology in 1994, followed by a master’s degree in engineering economics from Purdue University (USA). He holds a PhD in economics from the University of Hawaii at Manoa. Maliki is one of the global experts of the National Transfers Account (NTA). In addition, his portfolio includes social protection, ageing, labor economics, and civil registration, and vital statistics.

Population Aging in Africa

Anthropological perspective

by Ken Masuda

When we approach this issue of aging from an anthropological perspective, a number of keywords emerge. One is to do proper fieldwork and to write a proper ethnography. When we observe a certain event, we need to understand it within the social context and social dynamics. It is also important to understand indigenous knowledge, that is, the knowledge that people have built up in their lives, and how they connect to universal knowledge. That is, to link local events to global issues. Finally, and most importantly, “Learning from local practice.” Anyway, these are the approaches I intend to take in my research on issues facing the elderly.

I am going to raise several topics today, but one that I think is particularly important is the question of how we link or build a bridge between macro events and micro events. One example is this lady. This video was shown on the BBC in 2017, and it is about the celebration for her 117th birthday. Her ID card states that she was born in 1900.

What is interesting is this lady’s family. She was one of six wives of a Kikuyu chief in Kenya. She has seven

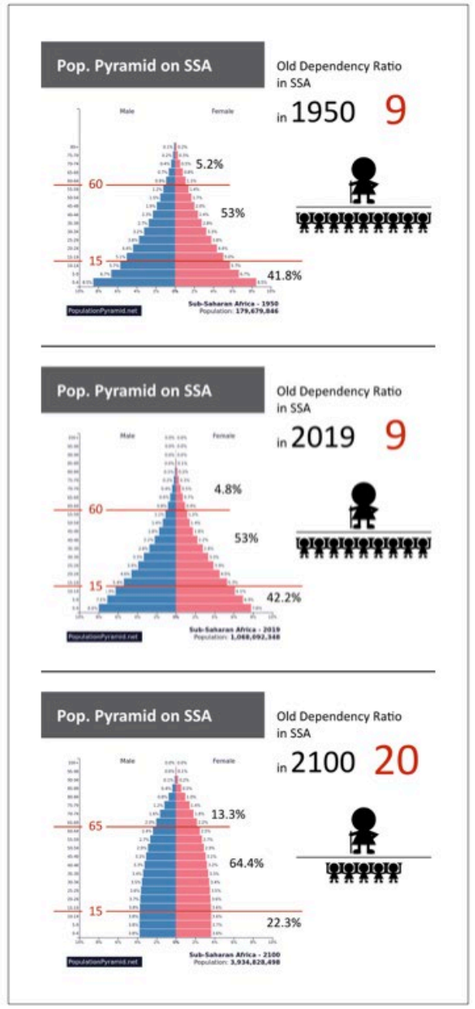
http://www.bbc.co.uk/programmes/p04zrgbg

children, many grandchildren. great-grandchildren, and even great-great-grandchildren. There are five generations of the one family co-existing on this earth at the same time, which is probably the first time this has happened in the history of humankind. These are the kinds of population dynamics that our world exists in, with people living long lives and having many children like this.

Population Ageing in Sub-Saharan Africa

Many of our panelists have already talked about Africa’s population growth and elderly population ratio, so I won’t go into too much detail. I’ll just say that the population will keep growing and the elderly population ratio will be high by the end of this century.

In 1950, the elderly population ratio in Sub-Saharan Africa was 5%. That has not changed very much today – it is still 5%. This is the ratio of the population aged 60 years and over, but at the end of this century, even raising the baseline to 65 years and over, the Old Dependency Ratio will be 13.3%.



Elderlies on the Move

I would like to introduce you to several elderly people I have met in Africa. The situation surrounding the elderly in Africa is by no means stable. Please keep in mind that it is constantly in flux.

A 59-year-old Lady living with someone's child in Kibera

Kibera is the largest slum area in Nairobi. It has a population of over 1 million. This woman, whom we met last year, is 59 years old, so is not strictly in the elderly category. She lives alone, and she is caring for a baby. However, we don't know who the baby's mother is. Apparently, a young woman entrusted the baby to this woman and she has continued to care for it. Because it is a slum, the area is very poor, and the people living there support each other, so the elderlies are.

Kibera (Nairobi, Kenya)

A 59-year old lady taking care of baby whose mother is unknown. Elderlies in slums have particular problems, however people support each other.

Addis Ababa

Older persons do not live in the one place the whole time, instead they move around for various reasons. This picture is from the Ethiopian capital city of Addis Ababa. These people are like my family.

She had lived in a town in southern Ethiopia for several decades, but after her husband died, she has since moved to the capital. Now she lives with her daughter's family, spending her old age, looking after her grandchildren.

Addis Ababa (Etiopia)

She has live in a rural town in souther Ethiopia for decades, now move to the Capital city for living her daughter's family and caring grandchildren.

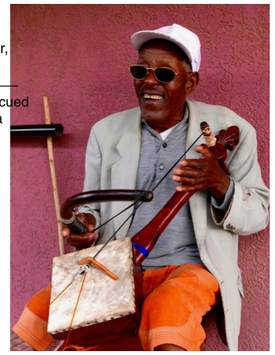
Also in Addis Ababa, in recent years, there is a growing number of homeless elderly living on the streets. There is an NGO that rescues these homeless elderlies, gives them a place to stay, cleans them up, checks their health, and, if they can find out who they are, sends them back to their families.

Street Elderlies, Addis Ababa

An **NGO** serves shelter for elderly people living on the street.

An Old Man living in Shelter, **Addis Ababa**

A blind old man who was rescued from the street was living in a NGO shelter.

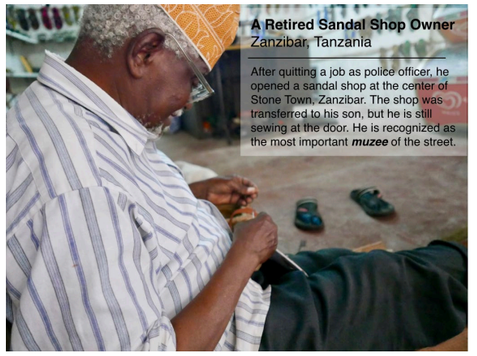


This gentleman is one of the elderly staying in the NGO's shelter. Unfortunately, even though I speak Amharic, one of the Ethiopian official language, I was unable to have a conversation with him, but he certainly looks like he enjoys living in this shelter, like spending everyday playing the traditional music instrument.

A Retired Sandal Shop Owner in Zanzibar

Moving to a different location, to an island called Zanzibar, in Tanzania, this old man is a retired sandal shop owner, who is one of my best friends on Zanzibar.

He used to be a police officer. After he retired, he ran a sandal shop, and he has since retired from that as well, but he still sits outside the shop's entrance, sewing sandals. He is quite active and also a famous for his knowledge of local history.



A Retired Sandal Shop Owner
Zanzibar, Tanzania

After quitting a job as police officer, he opened a sandal shop at the center of Stone Town, Zanzibar. The shop was transferred to his son, but he is still sewing at the door. He is recognized as the most important ***muzee*** of the street.

Even though he has stepped away from the business of the shop, he still looks like he is having a wonderful time. The best thing about him is that he is very well respected by the people in the neighborhood and he is recognized as an important muzée. This is a Swahili word for "elder", that is, he has a recognized position in society.

Elderlies in Rural Villages in Coast Kenya

These photos were taken in a place called Kwale in Kenya. This is the area where we are about to start intensive research. Kwale has an elderly population ratio of about 5%. Many of the elderly here are supported by their families, but some are what we call "skipped-generation households," that is, households in which the elderly are caring for their grandchildren.

Widow, Widower and Elderly Living Alone
Kwale, Coast of Kenya

- Approximately 5% of population is above 60.
- They live with family support.
- There are many skipped-generation household.

An Ex-Famer in Kwale county, Kenya

In his 70s (estimated), he lives with his second son's family.

I have met the retired farmer twice so far. When I first met him four years ago, he was living in a large compound that his family had built in a farming region, with his eldest, third, and fourth sons and their families. However, the old man was living in a crude hut, and he was actually living with the chickens, otherwise, the chickens were living with him. After three years, when I met him again last year (2018), his second son had taken him in. This is another indication of how the elderly, even in rural villages, do not live in the same place the whole time.

Husband and Wife in a Rural Town in Southern Ethiopia

These are my "Ethiopian parents". Anthropologists live in the field for a long time, so we forge family-like connections with the local people. My "father" is in his early 90s, and my "mother" is in her 70s. Neither of them are originally from Southern Ethiopia. Dad came from the north to hunt elephants, and ended up staying. Mom came to the South to marry Dad, and they have both lived here ever since, over a half of century.

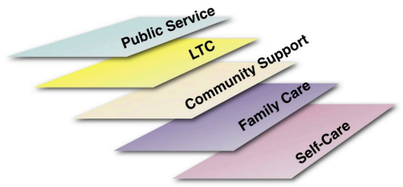
Father and Mother
A town of Southern Ethiopia

Father, in his early 90s, came from north in 1950s as an elephant hunter. Mother , in her 70s, came to marry from Addis Ababa. they owned a honey-wine bar. Idren now retired. All children married and live in other places. Some grandchildren are always here.

Macro and Micro

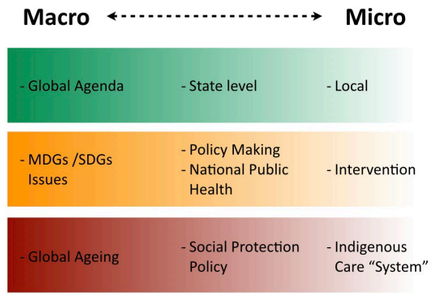
I have learned a great deal about the care that people like these receive in their lives. In fact, as I show here, there is a care system for the elderly, I guess you could call it, a mechanism or overall arrangement that consists of multiple layers of care. This is the same in Japan. In the closest layer, we have self-care, that is, the elderly do what they can to look after themselves. They are also cared for by their families, or they receive support from their neighbors. Further up, there is care from the public sector. For example, there is LTC, or long-term care, in which the elderly receive public, or government, support over the long term to support their lives.

Multi-Layered Care System



Just to go a bit further, as shown here, pensions, for example. The lives of the elderly are positioned within various support networks. If those networks exists, then that's great, but if they don't exist, then they have to do what they can with what they have. This is where we need to do fieldwork to look at what level the elderly are living within this framework, what the reality is.

In terms of this bridge between the macro and the micro, we think of global aging as a global issue, but at the same time, we need to do fieldwork to gain a proper understanding of what is happening within the local context.

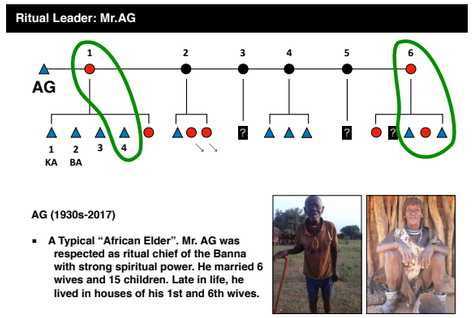


Diversity of Care-Culture

Finally, I would like to conclude my talk with one more example. What kind of gap is there between national policy, which is formed by the state, and local culture, in which people live their daily lives? As for why I came to pose this question, it is because there is tremendous cultural diversity in the African nations. Therefore, there is potential for a gap to form between the policies being established by the state and the indigenous care that is actually being carried out in local communities. Well, there is that gap.

This old man passed away about 15 years ago, but I remember what he told me. This was in a tent village of the Banna ethnic group in Southern Ethiopia, where I lived for a long time. This old man said to me, 'There is only one model for life as Banna. You plow the fields, care for the cows, undergo the various rites and rituals, marry and have children, grow old, and die. That is the only way.' He also insisted that there was no need for schools. It is difficult for people living in this model to fit into the national welfare policy.

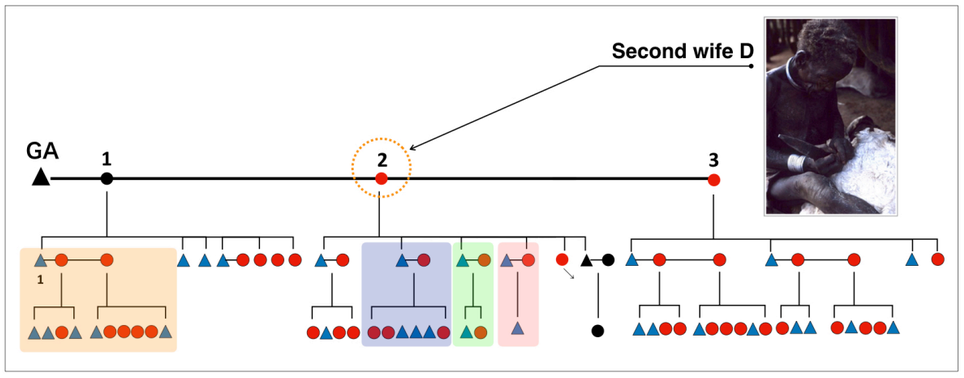
He (Mr. AG) was a ritual leader of the Banna, or chief. You could probably call him a king. He had six wives, and, in his final years, he divided his time between the houses of his first and sixth wives. He

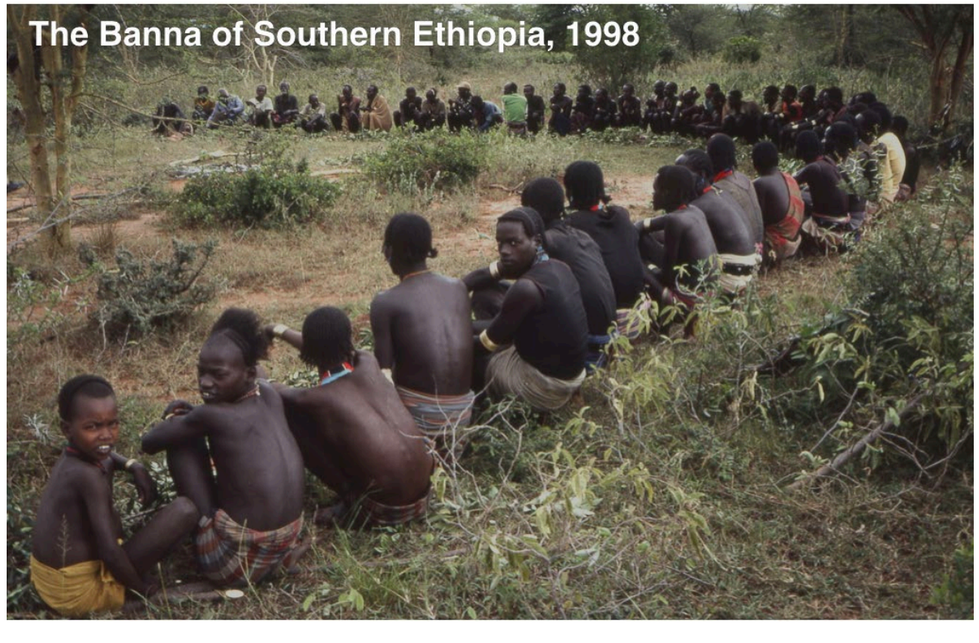


passed away two years ago, and I learned of his death on Facebook. He was the first Banna to have his death announced on Facebook.

One more, G.A. I have never met this man. He had already passed away before I came to this area. He had three wives and many children. I saw his second wife (D) up close on several occasions, and when her husband passed away, when it came to where she would live, she had the options of living with her co-wife...the first wife's children, or with her own children. She would live here for a time, then live here for a time, then another house for a while...So, her living arrangements were not very stable, but wherever she went, she would always do some kind of work, like seen in the picture showing her tanning the skin of a sheep that we had just eaten.

What does it mean for people to get old? Is it seen





as a good thing or a bad thing? That interpretation differs from culture to culture. In this Banna village, when the males eat meat, they do not sit around a table. They sit beside each other in one long row. The men sitting at the far right of the row are the elders, and they go down the line in order from oldest to youngest. Here, the children are sitting at the end. 20 years after taking this picture, all of these elderly men are no longer with us.

When I asked them what they thought about growing old, I received a variety of replies. The most common expression is "inta gecchi di ni" in Banna, which means "I got old." There are various expressions, such as, for example, "*gecchamo no sia ne*", "Getting older is bad." But one man said, with such a happy expression on his face, "*gecchamo no paia ne*" "Getting older is nice." In other words, even within a single culture, there exist a variety of reactions to growing old. These people are trying to build up a culture that sees it as a good thing, so what can be learned from this kind of local practice? How can we incorporate what we have learned into national or government polices? These are the kinds of questions that I am conscious of as an anthropologist.

Ken Masuda
Associate Professor, Nagasaki University School of Tropical Medicine and Global Health

Ken Masuda is an Associate Professor of the School of Tropical Medicine and Global Health, and the School of Global Humanities and Social Sciences, Nagasaki University. Since 1993, he has conducted ethnographic research among the Bannai people, an agro-pastoral group in southern Ethiopia. He obtained a PhD in social anthropology from Tokyo Metropolitan University in 2003. Masuda joined Nagasaki University in 2004 and has been a lecturer for medical anthropology and ethnographic methods at the School of International Health Development (2008–2015) and the School of Tropical Medicine and Global Health (2015–present). He has organized a multi- disciplinary, collaborative research project ("Towards a Multi-Disciplinary Approach for Developing and Harmonizing Field Methods in Anthropology and Development Studies") at Tokyo University of Foreign Studies, and has been conducting a study of elderly life and care in East Africa ("Future Population Ageing in East Africa: A Cross-Disciplinary Study of Social Welfare and Elderly Care") as a JSPS KAKENHI project since 2013. The research projects draw members from such fields as anthropol- ogy, ethnography, public health, demography, health economy, geography, and gerontology.

Discussion

MODERATOR: REIKO HAYASHI

Reiko Hayashi: Hello, everybody. My name is Reiko Hayashi. I'm the moderator of this panel session. I'm from National Institute of Population and Social Security Research. For the speakers' talk, we asked each to use different language to have the "diversity," and now for the discussion we decided to do it in English.

Many of you might have thought that why we are talking about ageing in this TICAD, for African context? As already the speakers have talked about, it is becoming an emerging issue. Although the proportion of old people is small yet, the number of elderly is increasing. In 20 years, it will be 2 times more, in 30 years, it will be 3 times more older people living in Africa because the population itself is increasing.

If there are more older people, then there are more needs for medical care and long term care. This is one topic which we have been hearing from 4 speakers. About medical care, as Professor Awa Marie Coll-Seck has mentioned, healthcare is now expanding, but there is still a lot of lack in providing healthcare for older people. As Dr. Prafulla has mentioned, you have more diseases when you get older. I would like to ask the Indonesian situation, how you dealt with increasing morbidity and diseases for the older people in Indonesia, before coming to the long-term care system itself.

In addition, also for the long-term care, this may be the part which is less developed in Africa. However, as Professor Awa has mentioned slightly, I would like to ask what kind of long-term-care-giving setting which is already existing in Senegal? Furthermore, is it on the way to be developed or not? In addition, Dr. Prafulla might be able to share with us the situation of long-term care such as for the bedridden elderly.

Moreover, when we talk about the development of long-term care system, we cannot escape from family issues. That is what Professor Masuda has talked about such as the family structure. Also there is the value issue. Professor Awa has talked that elderly in Africa is like the cement of the family, and when older people die, it is like burning one library. This value is also changing. In addition, it might be in the case of Indonesia, there are an increasing number of elderly living alone. Is this the case for Africa? P Professor Masuda mentioned there is homeless elderly in Africa which shows the changing value of family. For example, in the case of Japan, we are the most aged society in the world and have had the long-term care insurance since 2000. When we introduced the long-term care insurance, there was this harsh discussion, whether we should pay for the family. Especially, it is the first son's wife, who was in charge of taking care of her parents-in-law. However, we decided not to introduce the family allowance for the long-term care, because if we pay cash to the woman in the family, then we might give the pressure implicitly to this woman to stay at home and care for the elderly. That is how we have introduced the long-term care insurance. That is how we have tried to move the long-term care from family to the social sphere. Is this thing can be the parallel thing in Africa or not? Then, what is the family role, and how is the family considered to offer the care, especially in consideration of gender issues.

These are the questions that I now address to the 4 speakers. I will pass the microphone to get the answers. After that, I want to open the floor to have some questions and comments from you. If you have some questions and comments, please be prepared.

Prafulla Mishra: Thank you so much, Dr. Reiko. You have asked me a question to reflect on long-term care in Africa. Long-term care as a concept is not well understood in the continent. There is a favorite, or a common expression you'll hear, "Oh, we take care of our older people, and they're in their families." However, that is not the truth because there are a lot of challenges that they face. When you try to look at national-level data on how many people out of the old who require long-term care, the data simply does not exist for most countries. If I give an example of Ghana. In Ghana, if you look at persons requiring some sort of assistance in daily life, among people of 65 to 75 age group, 50 percent of them require that kind of assistance. That number is 65 percent above the age of 75. A large number of older people in Africa are thus requiring assistance in managing daily life. Just to give you a reference, let's look at Switzerland where is a great place to be old in as well as Japan. In Switzerland, around 5 to 20 percent of older people above the age of 70 are requiring some sort of assistance.

Now the other reflection I would say is that it becomes a burden when we say that it is the responsibility of the family to take care of the older persons. It is a huge burden because most of the time, the family

itself, the well-being is a key question. We have done a lot of studies in many countries where there is a lot of violation of rights of older people happening at the family level because they just think that it's a burden that they're dealing with. As I am an optimist by nature. Then, I want to talk a bit about the positive thing. It is beginning to be recognized as an issue. In fact, the African Union has, last year, developed an African Common Position on Long-Term Care. A document, which intends to bring integration between family, nation states and individuals, as Professor Masuda mentioned, has just come out. How do we bring it together? I think that's something positive. We hope it will be rolled out ahead. Thank you.

Reiko Hayashi: Thank you. Then, Professor Masuda, would you please start?

Ken Masuda: Thank you very much. Why I am interested in the elderly issue in Africa? I'm teaching at Tropical Medicine and Global Health School at Nagasaki University. Most of my students used to focus on infectious diseases like Malaria, HIV, AIDS, etc. However, as a result of rapid health improvement in Africa, the life expectancy is growing. Then, we are expecting the future population ageing in Africa. That's why I'm interested in this area.

Now focusing on LTC, I participated in the international conference of gerontology, study of elderly people, 3 years ago in Nairobi. A lot of policymakers came and got together from all over Africa. Some are from the Ministry of Health, some are from the Ministry of Labor. Some countries already started making the new policy, yet most of the policymakers are also expecting informal care. Family care is therefore so important. Still now, many people are expecting the family care even though the policymakers are trying to make a new plan. This is the Africa now.

How to integrate or include the peripheral and vulnerable people living in the rural areas in Africa? That depends on, for example, the rapid growth of economic status, and also educational status. This is not just a medical issue or a welfare issue. It becomes a holistic matter. As Prof.Coll-Seck told us, it needs a holistic approach with a wide scope to cover these matters. A lot of things must be paid attention to.

Reiko Hayashi: Thank you. Next is Professor Awa.

Awa Marie Coll-Seck: Thank you. I'm sure that we are all in agreement that we don't have one story in Africa. It's several stories, but we have a common ground, which is an issue of how family is really taking care. All the traditional way, saying that family is taking care completely of elders is not something which we need to say that it is existing completely. When I hear everybody, it seems to me that the situation we have in Senegal is the one we have in Ethiopia, Kenya, and Indonesia. We all would like the family to take care of. However, the family will not be able to do that if the family is not supported. In addition, how to do that is really where the realistic approach is important because we cannot consider that we help them only on medical issues. It is sure that they have more problems of health, but they have also problems with consideration. How the people are taking care of them. How people are behaving. Sometimes, we can be in a family and we are not involved a lot in the town because of the specialty, We have some elders who are in a family, and nobody knows that they are there. I have my own experience where I am living. I knew some people who were sick and older people were never in structures. Then, we decided to organize an NGO where we are going to look at old people in their family. There is a lot. We had never seen them because we were thinking that they don't exist. This is also a way to show that the issue of discrimination exists now in Africa.

The second point, I was very happy to hear the issue of cash transfer because in Senegal we are doing cash transfer for women but not for old people. This issue maybe look at. Because when they have some money, they have more power. The families are sometimes tired to do everything for them at the end because they are completely dependent. If they have some money that they can have themselves, it seems to be that this will give them again the place where they deserve. For the long term care also, it is difficult if you don't have social services or NGOs at the community level supporting countries with older people. This is because they need some home care and all these things need to be organized if they need long term care. I want to say that this is very new to us. We have some projects. We have some strategies. However, the plan of action is not very clear. We realize that we need to learn from others. That is why I think all the questions you raised are important. Because we need to learn. And I would like to ask for all the PowerPoint presentation, if possible. I'm sure that we will be listening people, but we have also all these PowerPoint existing for us. Thank you.

Reiko Hayashi: Thank you. Dr. Maliki?

Maliki: Thank you for the opportunity. In terms of the national level, long-term care itself has been officially built. We are trying to design this as well as how we can also have the opportunity to have community-based, as well as the insurance-based long-term care itself. However, in a few years, and also in the future, some local initiatives have already existed. Some of the local governments that are already aware that there's a lot of elderly people in the community that is not having enough attention from government support. Therefore, they also create some programs that related to the care of the elderly itself. This is more integrated effort between the sectors. At least there are 3 sectors that work on this local initiative. There are health sectors and the social sectors. The last, the more important one, is the family planning initiatives. The family planning itself has very important roles because

they have programs on how family members is strengthened. The capacity of the family members to taking care of the elderly itself. I think these 3 major sectors are working well together in some of the local governments, especially which have more liberty on financial capability like some provinces in Java Islands and Bali. They have quite well fiscal capabilities. Then, they can give more attention to elderly care.

In terms of what our national level is trying to do, is how we can actually define more acceptable long-term care system itself. This is because some our stakeholders, some of the academicians, also all the experts, and some of the line ministers also have not yet agreed on what is actually the long-term care system defined at the national level. This is our condition in Indonesia.

Reiko Hayashi: Thank you very much. Thus, there are issues raised such as we need data and long-term care is something very new in Africa. In addition, along with assisting the family who cares, we have many challenged to do. I want to open the floor though the time is limited.. Is there anybody who have some question and comments?

Hideki Yamamoto: My name is Yamamoto and I am from Teikyo University. I am working on joint research at KAKEN together with Professor Masuda and Professor Hayashi. Professor Masuda talked about the examples of elderly who have been supported within the traditional family system, but the current theme of TICAD is growth in Africa, that is, population growth, economic growth. The problem is that there are concerns about the urbanization of the population, and about the elderly living in those urban populations. Professor Masuda gave the example earlier of a slum in Kenya, and I feel strongly that there is a particular need for support from community to care for these elderly living in the urban areas. We have integrated community care system in Japan, and I think that there is a need for something similar. I just wanted to make this comment.

Reiko Hayashi
Director, Dept. of International Research and Cooperation, National Institute of Population and Social Security Research (IPSS), Japan

Dr. Reiko Hayashi obtained a PhD in policy studies from the National Graduate Institute for Policy Studies (GRIPS), Japan, a Master of Health Sciences and Bachelor of Technology (Architecture) from the University of Tokyo, and a DESS from Université de Paris I. Prior to joining IPSS in 2012, her career included Technical Advisor to the Minister of Health, Republic of Senegal (JICA expert) and Project Assistant Professor of Center for Sustainable Urban Regeneration, the University of Tokyo. Her recent researches are on the topics such as global ageing, internal and international migration, population and development, measurement of health, mor- bidity and mortality, and so on. She is the member of ICF and ICD committees of Social Security Council Statistical Working Group of Ministry of Health, Labour and Welfare of Japan, the Japanese Delegation of United Nations Commission on Population and Development, and the Board of Population Association of Japan.

Closing Remarks

by Osuke Komazawa

Excellencies, distinguished guests, ladies and gentlemen, good afternoon. I don't have to make closing remarks here because Dr. Reiko already wrapped up. However, I am supposed to make very brief closing remarks now.

On behalf of the co-organizers, I would like to appreciate your participation and interest in this event. I think we succeeded to provide a very good, one of the very few opportunities to have a dialogue between Asia and Africa on population ageing. Actually, myself has been involved in, both with Asia and Africa, so it's a very impressive event for me.

I'm from ERIA. That is the Economic Research Institute for ASEAN and East Asia. We are based in Jakarta, and our mission is policy recommendation to ASEAN secretariat. You must be wondering why ERIA is one of the co-organizers of this event. Let me talk about my own experiences to explain, to answer this question. Actually, I had activities in Africa. When I was a Ph.D. candidate of Nagasaki University, which is also one of the co-organizers, we had a project to establish the demographic surveillance system in rural Kenya. I stayed in a very remote fishery village in Lake Victoria. According to our database, the population of that island was 1,000. However, the population of 60+ people was only about 10. It's 1 percent. I think at that time, I never discussed population ageing in the project. In addition, I had activities in Vietnam, and I stayed in ethnic minority village in the mountainous Vietnam region. I participated in the Malaria control project. If you had been engaged in some health development projects, you know that the target of Malaria control project is child. We almost ignored the older people in that project. Therefore, it is a very impressive event for me that Asia and Africa have a dialogue on population ageing.

Now you are in Japan. As you know, Japan is the most aged country in terms of population structure. The proportion of 65+ is over 25 percent. It will reach 30 percent soon. So I believe even in Japan, the older people are respected because they have very rich experiences and knowledge, and they developed a well refined skills, and they have very good insights on the societies and

everything. Then, even in Japan, I believe they are all respected. However, you can find some communities if you look around Japan, for example all of the community members are 65+, and inside the societies, it is very common an older person is taken care of by an older person. It resulted in tragedy and even abused, as Professor Prafulla said.

It is taking place in Africa. Abuse of older people is not so rare in Japan. You may think that is an extreme example of the most aged country in the world. However, I think the world population is ageing, because it's a natural consequence of human development. If the 2030 Agenda for Sustainable Development is achieved in the future, the world would certainly have a society with population ageing. I think therefore this kind of dialogue is very important, because the solution for population ageing is not only one. There are very many strategies to cope with population ageing. Therefore, we have to find and create new opportunities for population ageing, rather than considering it burdensome.

Ladies and gentlemen, distinguished guests, your excellencies, population ageing is the success of humanity. If we want to enjoy the achievement of 2030 Agenda for Sustainable Development, now we have to prepare for the era which will certainly have population ageing. I hope this event will be considered in the near future as a spearhead of such a movement to discuss on how humanity copes with population ageing, and how we can enjoy the benefits of extra lives of years we will acquire as a result of human development.

Finally, I'd like to appreciate the great contribution of the panel members with a big applause. In addition, the dedicated work of Japan Center for International Exchange must be applauded strongly. Furthermore, thank you very much, distinguished guests, excellencies, ladies and gentlemen for your participation in this event. I hope to see you again in the near future. Thank you very much. I'd like to close this event. Thank you very much.

Osuke Komazawa
Special Advisor on Healthcare & Long Term Care Policy, Economic Research Institute for ASEAN and East Asia (ERIA)

Osuke Komazawa belongs to the Healthcare Unit of ERIA, which was established in 2017 to promote research and policy recommendations on population ageing and long-term care. Since his appointment to ERIA, he has launched several research projects, such as a longitudinal survey of older people in the Philippines and Viet Nam, and work on the development of career paths for long-term care personnel who return from working abroad. His background is as an ENT surgeon. Dr. Komazawa graduated from the Medical School of Tohoku University in 2000 and obtained his PhD in medical science in 2013 from Nagasaki University. His dissertation examined the community effect of long-lasting insecticide-treated bed nets based on data collected through a health and demographic surveillance system established by Nagasaki University and the Kenya Medical Research Institute in western Kenya, covering about 50,000 people in the area along Lake Victoria. During his dissertation fieldwork, he stayed at a local fishing village several months on an island off the coast of Lake Victoria. He began working for Ministry of Health, Labour and Welfare of Japan in 2015 and was posted to ERIA in 2017.

駒澤 大佐
東アジア・アセアン経済研究センター総長参与

昭和51年奈良県生まれ。平成12年東北大学医学部卒業、同年医師免許。東北大学医 学部附属病院(現東北大学病院)、公立気仙沼総合病院(現気仙沼市立病院)、山形市 立病院済生館勤務。平成17年日本耳鼻咽喉科学会認定専門医(現在休止中)。同年長 崎大学大学院医師薬学総合研究科博士課程入学、平成25年長崎大学博士(医学)。博 士課程在籍時、長崎大学がケニアで展開していた人口静態・動態調査システム構築プロ ジェクトに参画。自身は、ビクトリア湖の離島に滞在して現地調査。学位論文は「長期残効 型殺虫剤浸漬蚊帳の地域効果に関する検討」。長崎大学病院勤務後、平成27年厚生労 働省保健局。同28年厚生労働省政策統括官(統計・情報政策担当)付参事官付人口動 態・保健社会統計室。同29年東北厚生局勤務後、同年8月より厚生労働省からの派遣 により現職。

基調講演・モデレーター

アワ・マリ・コルセック
採取産業透明性イニシアティブ国家委員会理事長、元セネガル保健大臣

ナタリア・カネムは、コロンビア大学とジョンズ・ホプキンス大学の医学部と公衆衛生大学 院にて、研究者としてキャリアをスタートした後、30年以上の間、医学、公衆衛生及び性 と生殖に関する健康、社会正義、社会奉仕事業分野において指導的立場で活躍してきた。1992年から2005年 にかけて、フォード財団に勤務し、同財団の西アフリカ代表とし て女性の性と生殖に関する健康や、セクシュアリティ分野における先駆者として尽力し、そ の後財団本部では、アフリカ、アジア、東ヨーロッパ、南北アメリカにおいて世界平和と社 会正義を促進するプログラムを総括する副代表として活躍した。2014年から2016年まで UNFPAのタンザニア代表を務め、2016年7月にプログラム担当の事務局次長に就任し た。カネムは、ニューヨークのコロンビア大学で医学博士号を、シアトルのワシントン大学 で、疫学、予防医学を専門とした公衆衛生学修士号を取得。

プラフラ・ミシュラ
ヘルプエイジ・インターナショナル アフリカ地域ディレクター

国際NGOヘルプエイジ・インターナショナルのアフリカ地域ディレクターとして、過去5年 間、アフリカ地域内のローカルパートナーとの連携やエビデンスの創出・普及、専門機関と のパートナーシップ構築を進めるなど、アフリカにおけるヘルプエイジの組織変革に貢献した。社会開発、ジェンダー、人道的援助と復興、強靭性、天然資源管理とガバナンスの分 野に関心をもち、24年の経歴をもつ。これまでM.Sスワミナザン研究財団、オックスファム、 国際救済委員会(IRC)、ノルウェー難民問題評議会に所属し、インド、ケニア、ソマリア、エ チオピア、ジブチ、スーダン、チャド、イエメンなどアフリカ各国にて数多くの開発・人道支援と紛争復興プログラムに従事。生態学の修士号とライフサイエンス(マングローブ生態学) の博士号をもつ。

マリキ
インドネシア国家開発企画庁 人口計画・社会保障局ディレクター

インドネシア国家開発企画庁(BAPPENAS)にて2014年から2017年まで労働・雇用創 出局のディレクターを歴任し、2017年より現職。1994年にバンドン工科大学生物化学工 学学士卒業後、米国パデュー大学にて経済工学で修士号を取得。その後、ハワイ大学マ ノア校にて経済学博士号取得。国民移転勘定(National Transfer Accounts: NTA)の 国際的な専門家の一人であり、その他にも社会保障、高齢化、労働経済学、人口動態統計
(出生・死亡登録)の分野においても見識をもつ。

増田 研
長崎大学熱帯医学・グローバルヘルス研究科准教授

長崎大学熱帯医学・グローバルヘルス研究科、および多文化社会学部准教授。1993年 にエチオピア南部の農牧社会バンナにおいて民族誌的研究を開始し、2003年に東京都 立大学より博士論文『アイデンティティとしての「周辺」:エチオピア南部における近代の物 語』により社会人類学の博士号を授与された。2004年に長崎大学に着任し、2008年から は大学院国際健康開発研究科(2015年からは熱帯医学・グローバルヘルス研究科)にお いて、医療人類学と民族誌的方法の教育にあたっている。2010年以降、分野横断型研究 手法の開発に取り組みはじめ、東京外国語大学アジア・アフリカ言語文化研究所におい て共同研究「社会開発分野におけるフィールドワークの技術的融合を目指して」を3年間 にわたって組織した。2013年からは科学研究費助成金による東アフリカの高齢者に関す る生活、健康、福祉をめぐる共同研究を組織し、人類学、民族誌、公衆衛生、医療経済学、 人口学、地理学、老年学といった関連分野を統合したフィールドワークの方法を模索して いる。

林 玲子
国立社会保障・人口問題研究所国際関係部長

東京大学保健学修士、東京大学工学士(建築)、パリ大学修士、政策研究大学院大学博 士(政策研究)。セネガル保健省大臣官房技術顧問、東京大学GCOE「都市空間の持続 再生学の展開」特任講師などを経て2012年より現職。世界的な高齢化、人口移動、人口と開発、健康度・死亡率分析等の研究を行っている。厚生労働省社会保障審議会統計分 科会疾病、障害及び死因分類部会員、生活機能分類専門委員会委員、国連人口開発委 員会政府代表団員、日本人口学会理事などを務める。

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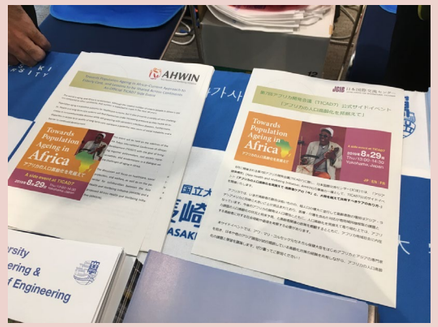

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