



Ateneo Graduate School of Business
Our Country is *Our* Business!

No. Occasional Paper

**THE AGEING POPULATION:
SOCIETAL RESPONSE AND
THEIR IMPLICATIONS TO
BUSINESS AND INDUSTRY IN
SELECTED ASEAN COUNTRIES**

Johanna Solon Banzon
Eduardo Pedria Banzon
Joan Rapsing Villas

The Ageing Population:
**Societal Response and
Their Implications to
Business and Industry in
Selected ASEAN Countries**

Johanna Solon Banzon
Ateneo de Manila University

Eduardo Pedria Banzon
Ateneo de Manila University

Joan Rapsing Villas
Ateneo de Manila University

The Occasional Paper Series (OPS) is a regular publication of the Ateneo Graduate School of Business (AGSB) intended for the purpose of disseminating the views of its faculty that are considered to be of value to the discipline, practice and teaching of management and entrepreneurship. The OPS includes papers and analysis developed as part of a research project, think pieces and articles written for national and international conferences. The OPS provides a platform for faculty to contribute to the debate on current management issues that could lead to collaborative research, management innovation and improvements in business education.

The views expressed in the OPS are solely those of the author(s) and do not necessarily reflect the views of AGBS or the Ateneo de Manila University.

Quotations or citations from articles published in the OPS require permission of the author.

Published by the Ateneo de Manila University
Graduate School of Business
Ateneo Professional Schools Building
Rockwell Drive, Rockwell Center, Makati City, Philippines 1200
Tel.: (632) 899-7691 to 96 or (632) 729-2001 to 2003
Fax: (632) 899-5548
Website: <http://gsb.ateneo.edu/>

Limited copies may be requested from the AGBS Research Unit
Telefax: (632) 898-5007
Email: submit@agsbresearch.org

The Ageing Population: Societal Response and Their Implications to Business and Industry in Selected ASEAN Countries

Johanna Solon Banzon
Ateneo de Manila University

Eduardo Pedria Banzon
Ateneo de Manila University

Joan Rapsing Villas
Ateneo de Manila University

ABSTRACT

Worldwide, the population comprising the elderly is growing rapidly. Lower fertility coupled with declining mortality rates across countries have resulted to a higher number of older people. This demographic phenomenon, also known as population ageing or demographic ageing, is happening globally, both in the developed and less developed regions of the world. Population ageing is one of the most prominent demographic trends today.

While the proportion of senior citizens is higher in countries that are more developed economically, most of the elderly population will be from the less developed regions, in terms of absolute

numbers. Because of the rapid increase in the population of the elderly, there is a possibility that developing nations will become old before they become affluent. Governments and social institutions in these less developed nations will be burdened by the increased demands for healthcare and may not be ready to manage the demands of an older populace if they are not prepared for this demographic transition.

This paper explores the factors related to this demographic trend and compares the responses of government and society in Indonesia, the Philippines, and Singapore to this phenomenon.

The goal of this paper is to stimulate the industry to consider investing in business endeavors that address issues related to an ageing population. It is hoped that actions taken by the business sector will supplement and complement existing societal responses and interventions.

Keywords: ageing population, demographic ageing, ASEAN demographic transition

I. Introduction

The population comprising the elderly population aged 65 years old and older is increasing rapidly worldwide. This is a result of lower fertility rate coupled with decreased mortality rate. Population ageing has become one of the most prominent demographic trends today. This demographic phenomenon, also known as population ageing or demographic ageing, is happening globally, both in developed and less developed countries.

Population ageing has become one of the most prominent demographic trends today. This demographic phenomenon, also known as demographic ageing, is happening globally, both in developed and less developed countries.

According to the United Nations Population Fund (UNFPA) (as cited in ASSA paper, 2006), the global total fertility rate (TFR) has declined dramatically in a span of 50 years, from 5 children per woman to 2.7 children per woman today. The crude death rate (CDR) has also been halved as a result of better nutrition and access to improved water supply and sanitation, advances in medicine, and improved healthcare services (UNFPA as cited in ASSA paper, 2006). These advances have also increased life expectancy among males and females, thus, further contributing to the growing population of the elderly.

The proportion of older people is higher in more economically developed countries, while most of the elderly, in terms of absolute numbers, are in less developed regions in the world. Because of the swift rate of population ageing, it is possible that developing countries will become old before they become affluent.

If governments and social institutions in these countries were not prepared for this demographic transition, they will be burdened by the increased requirements for healthcare and other demands of an older populace.

There is, on the other hand, an ongoing debate on the effect of demographic changes, in particular the ageing of the population, on economic growth and development. Some experts assume that as the population grows older, their economic activity decreases. For example, E. P. Banzon (personal communication, August 16, 2011) assumes that as the population becomes older, there will be less consumption of goods and services, except on healthcare.

According to Bloom, Canning, and Sevilla (as cited in ASSA, 2006), the assumption is not widely accepted, however; and disagreements have resulted to three schools of thought, namely, restriction, promotion, and independence of population change on economic expansion. Healy (2004) argues that demographic ageing does not necessarily represent an ailing populace that encumbers the national coffers with healthcare and welfare costs. Healy asserts that the future elders will be “healthier, more active and more productive than preceding generations.” Advances in medicine and improved access to healthcare are expected to lessen the burden of sickness among the aged.

For business and industry, population ageing offers many prospects. Responding to the needs of the older generation has commercial rewards, although a thorough understanding of their contribution is required. For example, the elderly will invest more on leisure and recreation rather than on luxury consumer goods (Access Economics, 2001). Currently, there is substantial interest on how population ageing will affect urban planning in terms of housing, land use, and transport; and on urban environment and

new technologies, such as motorized wheelchairs and ‘smart houses’ (OECD, 2002). Investments on the provision of elderly care and health services may not only prove profitable but may also contribute to nation building efforts.

This study describes the phenomenon of population ageing as experienced in three member states of the Association of Southeast Asian Nations (ASEAN), namely, Indonesia, the Philippines, and Singapore. This paper explores the factors related to this demographic trend and compares the responses of society in each of these countries. The paper relied heavily on reports, such as the *Demographic Changes and Challenges in ASEAN Countries* (2006) and *Major Trends Affecting Families in East and Southeast Asia* (Quah, 2003); presentations, such as Ageing Profile and Policies in the ASEAN (Sunusi, 2011); and discussions with experts. Further, this paper identifies gaps in the societal response in the three countries and proposes interventions to address the gaps.

This paper aims to stimulate the industry sector to consider investing in business endeavors that will meet the demands of an ageing population. It is hoped that their actions will both supplement and complement existing societal response and interventions.

II. Objectives of the Study

In general, the objective of this study is to compare how Indonesia, the Philippines, and Singapore are dealing with the issue of population ageing to be able to determine areas for possible involvement of the business sector.

Specifically, the study aims to

- describe the extent of ageing of the population in Indonesia, the Philippines, and Singapore;
- describe societal response to demographic ageing under taken in the countries, including policy interventions; and
- identify gaps in societal response and possible areas for business involvement.

III. Significance of the Study

The global population is growing old, and this phenomenon is also happening in ASEAN. The ageing ASEAN population creates both challenges and opportunities for the ASEAN as a single market, as well as in the health, labor, and business sectors in each of the member states of ASEAN. The speed of population ageing in ASEAN is threatening the rate of economic growth enjoyed by the region. Given that ASEAN member states generally have fewer resources compared to developed countries, they are at a more precarious position to deal with possible sudden or large-scale effects of population ageing (Swarzenruber, 2010).

The ageing ASEAN population creates both challenges and opportunities for the ASEAN as a single market, as well as in the health, labor, and business sectors in each of the member states of ASEAN.

It is generally accepted that population ageing is a critical global demographic trend and one of the most crucial changes in this century (Schultz, 2007). This issue may not be a priority for most ASEAN member states, but the magnitude of this trend has necessitated further study on their responsiveness to this phenomenon. There has to be full recognition of the possible adverse consequences of ageing on the economic prospects of the country, in terms of a decrease in the labor force, production, and spending; and an increase in the demands and costs for healthcare and social welfare. The introduction of or reform in policies is often complex and a long process, and the implementation of these policies also takes a much longer time. Political inaction or lethargy in addressing the

issue of ageing may lead to dismal consequences for the stakes are high (Schultz, 2007).

On the other hand, if indeed an ageing population brings with it opportunities and exciting new outlook for economic growth, then these prospects should be explored and fully maximized (Menon & Melendez, 2009). It has become clear that this demographic trend will have huge and lasting implications on almost every aspect of the economy.

IV. Methodology

The study uses a comparative analysis of the demographic ageing in Indonesia, the Philippines, and Singapore, and these countries' response to this phenomenon.

Indonesia and the Philippines were selected because of their similar economic and demographic profiles and both are large archipelagic nations. On the other hand, Singapore was selected to serve as the benchmark for assessing the implications of ageing and the corresponding societal response and for comparison against those in Indonesia and the Philippines.

In the comparative matrix, the variables used were crude birth rate (CBR), CDR, TFR, and life expectancy. Furthermore, the responses of the government of the three countries to the demographic transformation were also compared. These include policies, activities, and structures created to respond to the issue of population ageing.

Review of literature accessed from several electronic databases and libraries was done, in addition to the conduct of interviews of experts on population ageing to enrich the discussion.

V. Results and Key Findings

Demographic profiles

Table 1 shows the projected CBR, CDR, and crude growth rate (CGR) of Indonesia, the Philippines, and Singapore. These indicators are important in predicting the “younging” or “ageing” of populations. The CBR is affected by the TFR which, in turn, influences the CGR. A decrease in both the CBR and CDR and an increase in life expectancy result to ageing of the population.

In ASEAN, the average CBR is 19.6 per 1,000 population. Among the three countries, Singapore has the lowest CBR at 8.4 per 1,000 population, while Indonesia, with CBR of 19.2, falls below the ASEAN average and the Philippines’ CBR of 23.1 is above the average. The difference between the three countries may be explained by the level of their socioeconomic activities.

The average CDR for the ASEAN is 6.8 per 1,000 population. Indonesia (7.1 per 1,000 population) is above the ASEAN average while Singapore (4.8) and the Philippines (5.5) are below the average. These rates reveal the effectiveness of health care delivery systems in the countries and their accessibility to the target population.

Singapore’s population growth rate has stabilized with a crude growth rate of 2.9% and TFR of 1.3 births per woman. If not for a net migration rate of 5.1 (Table 2), its growth rate and population would have declined. In comparison, both Indonesia and the Philippines continue to have high crude growth rates of 12.1% and 18.3%, respectively, and have at least 2 births per woman. The high

growth rates in these countries have not been affected by the negative migration rates they had been experiencing since 1995.

Table 1. *Projected Crude Birth Rate, Crude Death Rate, and Crude Growth Rate for Indonesia, Philippines, and Singapore, 2005–2010*

Country	Crude Birth Rate (per 1,000 people)	Crude Death Rate (per 1,000 people)	Crude Growth Rate (%)	Total Fertility Rate (births per woman)
Indonesia	19.2	7.1	12.1	2.2
Philippines	23.1	4.8	18.3	2.8
Singapore	8.4	5.5	2.9	1.3

Sources: World Population Prospects: The 2004 Revision Population Database, United Nations, 2002. Retrieved from <http://www.un.org/esa/population/publications/WPP2004/wpp2004.htm>; World Urbanization Prospects: The 2003 Revision, United Nations, 2003. Retrieved from <http://www.un.org/esa/population/publications/wup2003/2003wup.htm>

Table 2. *Net Migration Rate in Indonesia, Philippines, and Singapore, 1995–2000, 2005–2010 and 2015–2020 (per 1,000 population)*

Country	Net Migration Rate		
	1995–2000	2005–2010	2015–2020
Indonesia	–0.9	–0.8	–0.6
Philippines	–2.5	–2.1	–1.8
Singapore	19.6	9.0	5.1

Sources: World Population Prospects: The 2004 Revision Population Database, United Nations, 2002. Retrieved from <http://www.un.org/esa/population/publications/WPP2004/wpp2004.htm>; World Urbanization Prospects: The 2003 Revision, United Nations, 2003. Retrieved from <http://www.un.org/esa/population/publications/wup2003/2003wup.htm>

All this has resulted in the ageing of the Singapore population with the proportion of its population aged 65 years old and over expected to increase from 7.2% in 2000 to 17.5% by 2020 (Table 4). With life expectancy in Singapore reaching 81 years of age for females and 77 for males (Table 3), the median age of Singaporeans is expected to increase from 34.5 years in 2000 to 45.3 in 2020 (Table 4). Life expectancy in Singapore is 9 years longer, for both male and female, compared to the Philippines; and 12 years longer, for both male and female, than in Indonesia.

Table 3. *Life Expectancy at Birth in Indonesia, Philippines, and Singapore, 2004 (years)*

Country	Life Expectancy at Birth	
	Male	Female
Indonesia	65	69
Philippines	68	72
Singapore	77	81

Source: 2004 ESCAP Population Data Sheet, United Nations Economic and Social Commission for Asia and Pacific, 2004. Retrieved from http://www.unescap.org/esid/psis/population/database/data_sheet/2004/index2.asp

Indonesia and the Philippines are expected to have increasing proportions of their population composed of persons aged 65 years old and over. In the Philippines, the proportion of the elderly is projected to increase from 3.5% in 2000 to 5.8% in 2020, and the median age becoming older from almost 21 years to 27 years (Table 4). Indonesia will likewise have a higher proportion of elderly relative to its total population, from 4.9% in 2000 to 7.3% in 2020. The median age of the population is also expected to increase from 24.8 years in 2000 to 31.8 years in 2020 (Table 4).

Table 4. *Age Group Distribution and Median Age in Indonesia, Philippines, and Singapore, 2000 and 2010*

Country	2000				2020			
	Age Group Distribution (%)			Median Age (years)	Age Group Distribution (%)			Median Age (years)
	<15	15-64	65+		<15	15-64	65+	
Indonesia	30.2	64.9	4.9	24.8	23.1	69.6	7.3	31.8
Philippines	37.5	59	3.5	20.9	27.9	66.3	5.8	27.0
Singapore	21.8	71.1	7.2	34.5	12.7	69.8	17.5	45.3

Source: Economically Active Population Estimates and Projections (Version 5: 1980-2020), International Labour Organization, 2006. Retrieved from http://laborsta.ilo.org/applv8/data/EAPEP/eaep_e.html

Interestingly, despite the smaller proportion of population aged 65 years and over in both Indonesia and the Philippines compared to Singapore, the elderly in these countries are significantly more economically active. About 40–41 out of 100 elderly in Indonesia and the Philippines are economically active compared to almost 9 out of 100 elderly in Singapore (Table 5).

Interestingly, despite the smaller proportion of population aged 65 years and over in both Indonesia and the Philippines compared to Singapore, the elderly in these countries are significantly more economically active.

Table 5. *Economically Active Population Estimates by Age Group in Indonesia, Philippines, and Singapore, 2005 (% of population)*

Country	Age Group											15+
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	
Indonesia	37.5	68	74.4	77.7	79.9	81.2	80.9	79.8	70.1	61.7	41.1	67.8
Philippines	37.6	69.2	77.3	81.2	81.0	84.4	83.6	81.7	75.0	64.0	40.1	68.9
Singapore	15.1	75.3	93.1	88.8	81.8	80.2	78.4	71.4	53.7	30.8	8.5	63.4

Sources: World Population Prospects: The 2004 Revision Population Database, United Nations, 2002. Retrieved from <http://www.un.org/esa/population/publications/WPP2004/wpp2004.htm>; World Urbanization Prospects: The 2003 Revision, United Nations, 2003. Retrieved from <http://www.un.org/esa/population/publications/wup2003/2003wup.htm>

The question begs as to the high proportion of economically active elderly people in Indonesia and Philippines. Is this the result of a much more appropriate and comprehensive societal response in Singapore to population ageing?

Societal Responses

General ASEAN Response

ASEAN has recognized the need to set directions in responding to ageing and has incorporated policy directions in its various commissions and action plans. In 2010, ASEAN adopted with the Brunei Declaration which seeks to strengthen the family institution and caring for the elderly.

Following the Brunei Declaration, the member countries of ASEAN designated national focal agencies and coordinating bodies on ageing in their respective countries. Indonesia and Thailand established national committees on ageing or elderly commissions, respectively, the Indon National Commission on Ageing and the

National policies, plans of action, and laws had been enacted by several ASEAN member states. The Philippines has enacted in 1992 a Senior Citizen's Act with subsequent amendments in 2003 and 2010 providing for the benefits for the elderly. Similarly, Thailand has enacted the Older Persons Act.

Thai National Commission on the Elderly. In Malaysia, the Ministry of Women, Family and Community Development was tasked to focus on the elderly. The Philippines organized an inter-agency committee for the Philippine Plan of Action for Senior Citizens.

National policies, plans of action, and laws has been enacted by several ASEAN member states. The Philippines has enacted in 1992 a Senior Citizen's Act with subsequent amendments in 2003 and 2010 providing for the benefits for the elderly. Similarly, Thailand has enacted the Older Persons Act.

Finally, social security and social assistance schemes in ASEAN member states also provide and even prioritize benefits for the elderly.

Singapore

The primary mechanism of Singapore in responding to the needs of its ageing population is the Central Provident Fund (CPF). It functions as a compulsory savings fund where various savings accounts are maintained. These accounts include retirement savings accounts which can be partially withdrawn once the owner of the account reaches the age of 55.

The CPF also includes Medisave or the medical savings account which is a compulsory savings account to cover hospitalization costs. In order to expand coverage against healthcare costs, Medisave can also be used to pay for the premium of the Medishield, which is a low-cost health insurance scheme covering catastrophic illnesses.

The CPF may further include savings account for housing, tertiary education, and home protection. The savings account for home protection is a compulsory mortgage-reducing plan which protects members from loss of home resulting from the death of members or permanent disability of members.

Singapore also provides subsidies for hospital beds in government hospitals, amounting to as high as 80% granted to the poorest patients or Class C patients. In addition, there are grants to voluntary welfare organizations that operate nursing homes and sheltered homes. The grants finance up to 90% of the capital funding costs of the nursing homes and 50% of their operating expenditures.

There is a government budget-financed Elder Care Fund which provides financing to a range of facilities for the elderly and their continuing care. These facilities include nursing homes, community hospitals, hospices, day rehabilitation centers, and home medical and home nursing services.

Lastly, Singapore also has a government employee scheme and pension fund (GESPF) that manages the old age pension for government employees. Together with the compulsory savings accounts in CPF, more than 65% of Singaporeans were covered by pension funds in 2000 (Table 6).

Table 6. *Coverage of Pension Schemes and Old Income Support Programs in Indonesia, Philippines, and Singapore, 2000*

Countries	Coverage of Pension Schemes (% of labor force)	Statutory Retirement/Pensionable Age (2002 year of age)		Old Age Income Support Programs		
		Male	Female	Private Sector		Public Sector
				Social Insurance	Provident Sector	Male
Indonesia	15.5	55	55	None Yet	JAMSOSTEK	TASPEN
Philippines	28.3	60	60	SSS	Pag-IBIG	GSIS
Singapore	65.3	62	62	N/A	GESPF	GESPF

CPF=Central Provident Fund, GESPF=Government Employee Scheme and Pension Fund, GSIS=Government Service Insurance System, JAMSOSTER=Jaminan Sosial Tenaga Kerja, PAG-IBIG=Home Development Mutual Fund, SSS=Social Security System, TASPEN=Tabungan dan Asuransi Pegawai Negeri

Sources: Social Security Programs Throughout the World: Asia and the Pacific 2002, Social Security Administration, 2003. Retrieved from <http://www.ssa.gov/policy/docs/progdsc/ssptw/2002-2003/asia/>; 2004 ESCAP Population Data Sheet, United Nations Economic and Social Commission for Asia and Pacific, 2004. Retrieved from http://www.unescap.org/esid/psis/population/database/data_sheet/2004/index2.asp; World Population Prospects: The 2002 Revision, United Nations, 2003. Retrieved from http://www.un.org/esa/population/publications/wpp2002/WPP2002_Vol3.htm; World Population Ageing, 1950 – 2050, UNited Nations, 2002. Retrieved from <http://www.un.org/esa/population/publications/worldageing19502050/>; Pension Systems in East Asia and the Pacific: Challenges and Opportunities, R. Holzmann, I. W. Mac Arthur, & Y. Sin, 2000. Retrieved from <http://wbln0018.worldbank.org/>

Indonesia

In Indonesia, the elderly, like all other citizens, have access to a whole range of social protection schemes provided by the government. It includes membership in the national social security system covering both private and public sector employees. The old age pension fund of the private sector employees is managed by Jaminan Sosial Tenaga Kerja (JAMSOSTEK), while the old age pension scheme of government employees is run by PT TASPEN.

Combined, these two schemes provided pension coverage to 15.5% of Indonesians in 2000 (Table 6).

The elderly is also covered by the social health insurance program run by JAMSOSTEK, for the elderly who worked in the private sector, and by a parallel health insurance scheme run by PT ASKES for the elderly who were government employees.

The elderly in Indonesia are also recipients of various social assistance programs that include conditional cash transfers and the budget-financed health insurance scheme for the poor called the JAMKESMAS.

Uniquely for the elderly, legislation (Law 11) mandates the provision of free “Day Care Services” to them. They are also entitled to home care services, access to elderly-responsive trauma centers, and discounted railway fares.

Lastly, Indonesia rolled out in 2006 an income support or unconditional cash transfer for its senior citizens, which amounted to around 300,000 rupees per person per month by 2009.

Philippines

Similar to the elderly in Indonesia, those in the Philippines have access to a range of social security and social assistance schemes. The public sector employee retirement fund is managed by the Government Service Insurance System (GSIS) while the private sector and informal sector retirement fund is managed by the Social Security System (SSS). With these two schemes and the pension fund managed by the military and police, about 28% of Filipinos were covered by pension funds in 2000 (Table 6).

Most elderly Filipinos are essentially non-paying or fully subsidized members in the national health insurance program run by the Philippine Health Insurance Corporation (PhilHealth). They acquire this entitlement via three routes, namely: as retired employees, as dependents of their children who are members of the GSIS or SSS, or as poor Filipinos whose premiums are paid for by government. [An amendment] to the Senior Citizen’s Act (Republic Act 9994) included the remaining elderly Filipinos who would not be able to become non-paying members through any of these three routes, but this provision has not been fully implemented.

The same law is the latest reiteration of the Expanded Senior Citizens Act of 2010 (Republic Act 9994) which, since the early 1990s, has mandated the private sector to provide discounts (usually 20%) for various services and goods. These include cinema tickets, meals, groceries, and the crucial need for hospitalization, and outpatient medication and diagnosis.

The elderly are also entitled to free government-provided hospitalization and other government-provided services, but this entitlement is constrained by the availability of government funding for the services.

RA 9994 has expanded the free services and goods to include pneumococcal and influenza vaccination for indigent senior citizens. It also provided for benefit assistance amounting to 2,000 pesos to the nearest next of kin of deceased indigent senior citizens. A social pension or monthly stipend similar to the income support of Indonesia is also mandated.

A less-than-firm of the original legislation mandating the private sector to grant discounts and fully subsidized or free government services mean that the elderly usually cannot avail of these privileges unless insisted upon.

Recently, advocates for the elderly and their programs have become stronger and better organized. Their efforts have contributed to a much more vigorous implementation of the provisions of the Senior Citizen's Act, particularly on discount entitlements which include a 20% discount for the purchase of medicines and hospitalization, and a 5% discount on water and electric bills registered in the name of the senior citizen, provided consumption is below 100 kilowatt-hours for electricity and 30 cubic meters for water.

Comparison of Programs for the Elderly in Indonesia, the Philippines, and Singapore

Singapore has expanded the coverage of its pension funds to over 65% of the population. It has also mobilized significant budget financing to subsidize hospital and other healthcare services including home medical care, retirement homes, and general care for its elderly.

Indonesia has pension systems in place but the coverage needs to be expanded. Health insurance coverage is slowly being expanded to include poor households and poor elderly Indonesians. Budget financing is slowly being mobilized to fund income support and homecare, but the scope is limited.

The Philippines also has pension systems in place with a larger proportion of the population covered than in Indonesia, but less than half of Singapore's coverage. Similarly, budget financing is being mobilized to provide income support or social pensions and free elderly-specific vaccinations, such as pneumococcal and for influenza. Uniquely, it has mandated private sector providers of a range of goods and services to grant discounts to the elderly, with emphasis on medicines and healthcare services.

VI. Recommendations

The greying of Indonesia, the Philippines, and Singapore is taking place at different pace and at different timing. Singapore is ageing much earlier and more rapidly than Indonesia and the Philippines.

All three countries have acknowledged the need to preferentially provide resources to its elderly, as evidenced by the welfare-like approach of their policies on caring for senior citizens. Interventions have been crafted and implemented along with the mobilization of budget financing to address the needs of their elderly citizens. However, societal response at the country level is, at best, wanting.

While efforts have been taken to respond to the issue of ageing in these three countries, there remain gaps that may be filled by the government and different sectors of society. In Indonesia for example, the focus is on promoting the health and independence of the elderly (WHO, 2004); while in Singapore, government policy maintains that the family is the first line of support (Committee on Ageing Issues Report, 2006). These illustrate responses that have been taken so far, but for the business sector, they could be further involved or contribute in promoting the welfare of the elderly in several areas. This can include the business sector participating in programs on social inclusion and protection that promote the social participation, membership in social security schemes, and economic and financial security of the elderly. Another area that the business

The greying of Indonesia, the Philippines, and Singapore is taking place at different pace and at different timing. Singapore is ageing much earlier and more rapidly than Indonesia and the Philippines.

sector could be involved are in poverty alleviation programs, and interventions that ensure access to quality promotive, preventive, and clinical health care services. Finally, the business sector can contribute to policy reforms that could expand legal protection and other safety nets to the elderly.

Finally, in order to create wholistic policies on ageing that will truly be responsive to the needs of the elderly population, there should be adequate and accurate information on the profile; the current status of care; and interventions, at the level of the individual and at the level of society, that have been tested and proven to work in other countries.

Finally, in order to create wholistic policies on ageing that will truly be responsive to the needs of the elderly population, there should be adequate and accurate information on the profile; the current status of care; and interventions, at the level of the individual and at the level of society, that have been tested and proven to work in other countries.

Evaluation of current plans and policies is crucial in ensuring the soundness of societal interventions. Research needs to be carried out, and mechanisms put in place to routinely collect data on the effectiveness of selected interventions.

Multisectoral involvement is likewise important, and both the public and private sectors could work together to plan strategies to assist the ageing population.

References

Abidin, M.Z. (2008, March). *The impact of changing demographics and need for human capital in Asia's development*. Remarks delivered at the Asian Development Bank Institute Distinguished Speaker Seminar, Tokyo, JPN. Available at <http://www.adbi.org/event/2513.mahani.distinguished.speaker/>

Access Economics Pty Ltd (2001). *Population ageing and the economy*. Canberra, AU: Department of Health and Aged Care.

Aging in Other Countries and Across Cultures in the United States. (2010) In *Social gerontology* (9th ed., pp. 43-68). Retrieved from http://www.pearsonhighered.com/assets/hip/us/hip_us_pearsonhighered/samplechapter/0205763138.pdf

ASEAN Social Security Association (2006, September). *Demographic changes and challenges in ASEAN countries*. Paper presented at the 18th ASEAN Social Security Association (ASSA) Board Meeting Seminar: Implication of Ageing Population, Penang, MAS. Available at: <http://www.asean-ssa.org/cs/groups/public/documents/document/mdaw/mda0/-edisp/wcm001061.pdf>

Committee on Ageing Issues. (2006). *Report on ageing population*. Retrieved from http://app1.mcys.gov.sg/Portals/0/Summary/research/CAI_report.pdf

Expanded Senior Citizens Act of 2003 (Republic Act 9257). Retrieved from http://www.lawphil.net/statutes/repacts/ra2004/ra_9257_2004.html

Expanded Senior Citizen Act of 2010 (Republic Act 9994). Retrieved from Official Gazette website: <http://www.gov.ph/2010/02/15/republic-act-no-9994/>

Healy, J. (2004). *The benefits of an ageing population* (Discussion Paper Number 63). Retrieved from The Australian Institute website: http://www.tai.org.au/documents/dp_fulltext/DP63.pdf

Holzmann, R., Mac Arthur, I. W., & Sin, Y. (2000). *Pension systems in East Asia and the Pacific: Challenges and opportunities*. Retrieved from <http://wbln0018.worldbank.org/>

International Labour Organization. (2006). *Economically active population estimates and projections* (Version 5: 1980-2020) [Data file]. Retrieved from http://laborsta.ilo.org/applv8/data/EAPEP/ea pep_E.html

Mehta, K. K. (2002). Family caregiving for older persons in Singapore: Trends, issues and policies. *Social Service Journal*, 21, 2-5. Retrieved from http://www.ncss.gov.sg/documents/ssj_Feb-Mar07.pdf

Menon, J. & Melendez-Nakamura, A. C. (2009, December). Ageing in Asia: Trends, impacts and responses. *ASEAN Economic Bulletin*. Retrieved from <http://www.allbusiness.com/population-demographics/demographic-trends-aging/13815641-1.html#ixzz1VS5Thmb9>

Organization for Economic Cooperation and Development (2002). *Ageing, housing and urban development*. Paris, FR: OECD Publishing.

Quah, S. R. (2003). *Major trends affecting families in East and Southeast Asia*. Retrieved from United Nations website: <http://www.un.org/esa/socdev/family/Publications/mtquah.pdf>

Republic Act 7432. (1992). Retrieved from <http://pcw.gov.ph/index.php/laws-legislation-filipino-women/25-laws-general-purpose/177-republic-act-7432>

Shultz, G.P. (2007). Preface. In A. Hayutin, *How population aging differs across countries: A briefing on global demographics* (p. 6). Stanford, CA: Stanford Center on Longevity.

Social Security Administration. (2003). *Social security programs throughout the World: Asia and the Pacific, 2002*. Retrieved from <http://www.ssa.gov/policy/docs/progdesc/ssptw/2002-2003/asia/>

Sunusi, M. (2011). Ageing profile and policies in ASEAN. Retrieved from <http://social.un.org/ageing-working-group/documents/Ageing%20in%20South%20East%20Asia%20Revision%204.pdf>

Swartzentruber, D. (2010, June). Ageing in ASEAN: Window of opportunity? *ASEAN Affair*. Retrieved from http://www.aseanaffairs.com/asean_analysis_21_june_2010/ageing_in_asean_window_of_opportunity

- Thanakwang, K. & Soonthorndhada, K.. (2006). Attributes of active ageing among older persons in Thailand: Evidence from the 2002 Survey. *Asia-Pacific Population Journal*, 21(3), 113-135.
- Tin, N. G., Mehta, K. K., & Rowlands, A. (2006). *Family caregiving in Singapore* (Working Paper No. 2006-01). Retrieved from http://www.fas.nus.edu.sg/rg/doc/family/family_wp.pdf
- United Nations. (2002). *World population ageing, 1950 – 2050*. Retrieved from <http://www.un.org/esa/population/publications/worldageing19502050/>
- _____. (2003). *World population prospects: The 2002 revision*. Retrieved from http://www.un.org/esa/population/publications/wpp2002/WPP2002_Vol3.htm
- _____. (2004). *World urbanization prospects: The 2003 revision*. Retrieved from <http://www.un.org/esa/population/publications/wup2003/2003wup.htm>
- _____. (2005). *World population prospects: The 2004 revision population database*. Retrieved from <http://www.un.org/esa/population/publications/WPP2004/wpp2004.htm>
- United Nations Economic and Social Commission for Asia and Pacific. (2004). *2004 ESCAP population data sheet*. Retrieved from http://www.unescap.org/esid/psis/population/database/data_sheet/2004/index2.asp
- World Health Organization Regional Office for South East Asia. (2004). *Health of the elderly in South East Asia*. Retrieved from: http://203.90.70.117/PDS_DOCS/B1462.pdf



Johanna Solon Banzon is the quality assurance manager of the Health Unit of the Ateneo Graduate School of Business (AGSB) where she teaches Managerial Epidemiology. She finished her nursing studies at the University of St. La Salle in Bacolod City where she was also the University Student Council president. She was an Erasmus Mundus scholar from 2008 to 2009 and awarded three Master in Science degrees from three European universities: Humboldt University in Germany, University College London in the United Kingdom, and Karolinska Institute in Sweden. She also earned a Diploma in Tropical Medicine and Public Health from the Institute of Tropical Medicine of the Charite Univeritatsmedizin in Berlin. She has also completed all coursework toward a Master in Science in Epidemiology at the University of the Philippines, College of Public Health. Prior to her current post, Johanna

was curriculum and information resources manager of the Business Health Unit of AGSB, and a senior clinical research associate in Pfizer. She has conducted several researches on health system topics that include community-based health interventions, out-of-school youth, ageing, managerial competencies in the health sector, nutrition, medicinal plants, and vaccines. She has also done researches on clinical topics, such as pain management, treatment of erectile dysfunction and diabetes, and prevalence of tuberculosis. Currently, she is involved in a research on filariasis, soil-transmitted helminthiases, and the impact of mass media-based health communication on health behavior. She has several published researches to her name. She has provided consulting services for, among others, the Philippines' Department of Health, Ecorys, InWent, Johnson & Johnson, San Beda College, United Laboratories, and the University Research Council.



Dr. Eduardo P. Banzon is the president and chief executive officer of the Philippine Health Insurance Corporation (PhilHealth). Prior to this post, he was a senior health specialist at the World Bank. And before he joined the World Bank, he was PhilHealth's vice president of the Health Finance Policy Sector: Dr. Banzon graduated from the University of the Philippines, College of Medicine, with a degree of Doctor of Medicine. He obtained his Master of Science degree in Health Policy, Planning and Financing from the London School of Economics and the London School of Hygiene and Tropical Medicine. Dr. Banzon is a faculty member of the Health Unit of the Ateneo Graduate School of Business, where he teaches in Master of Business Administration (Health) program. He was a clinical associate professor at the University of the Philippines, College of Medicine, where he taught health

economics, health policy studies, and community medicine, in both the medicine and post-graduate degree programs. As a research associate professor of the National Institute of Health, he focused on health screening interventions. He also served as a community health physician at the Philippine Rural Reconstruction Movement and the International Institute of Rural Reconstruction.



Joan Rapsing Villas a reasearch assistant of the Ateneo Graduate School of Business for this research project. She graduated from the Polytechnic University of the Philippines, with a degree in Bachelor of Science in Business Administration, major in Marketing.



Ateneo Professional Schools Building
#20 Rockwell Drive, Rockwell Center, Makati City