

**National Workshop on  
Strengthening Senior Citizens Care in India  
Thiruvananthapuram, Kerala  
27.09.2024**

**Report on Senior Care Reforms in India:  
Reimagining the Senior Care Paradigm  
Position Paper Released on 16.02.2024**

Source: <https://www.niti.gov.in/sites/default/files/2024-02/Senior%20Care%20Reforms%20in%20India%20Final%20Version%20Website-compressed.pdf>

# SENIOR CARE REFORMS IN INDIA

Reimagining the Senior Care Paradigm

**A POSITION PAPER**



**FEBRUARY 2024**

# OUTLINE

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GOVERNMENT INITIATIVES

PRESENT SCENARIO

CHALLENGES

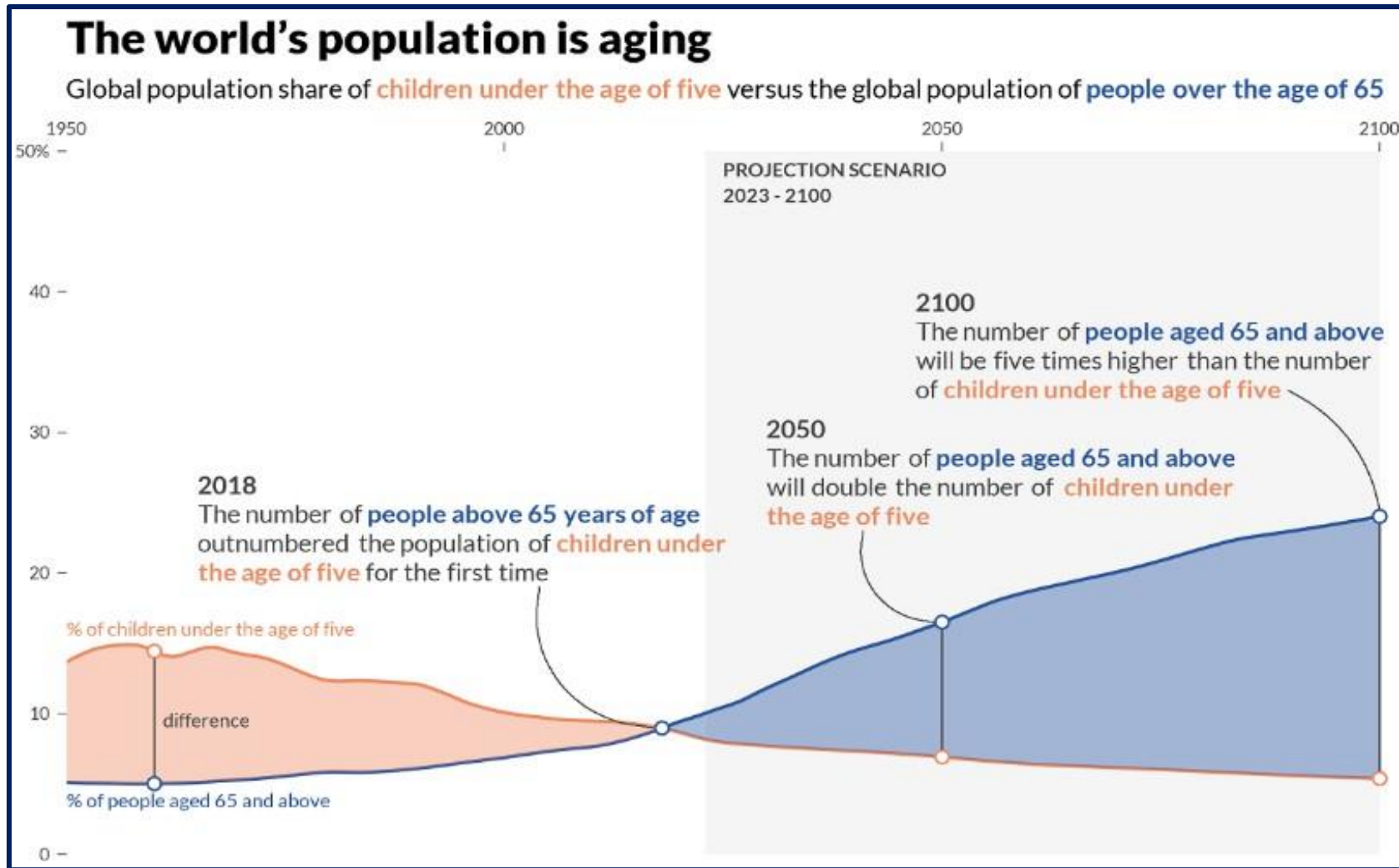
INTERNATIONAL PRACTICES

RECOMMENDATIONS

WAY FORWARD

CONTEXT

# DEMOGRAPHIC TRENDS AND FUTURE PROJECTIONS FOR AGING POPULATION : WORLD



The population of people **aged above 65 is rising in every country** and will keep on doing so in the future.

Source: UN World Population Prospects 2022 created by visual capitalist

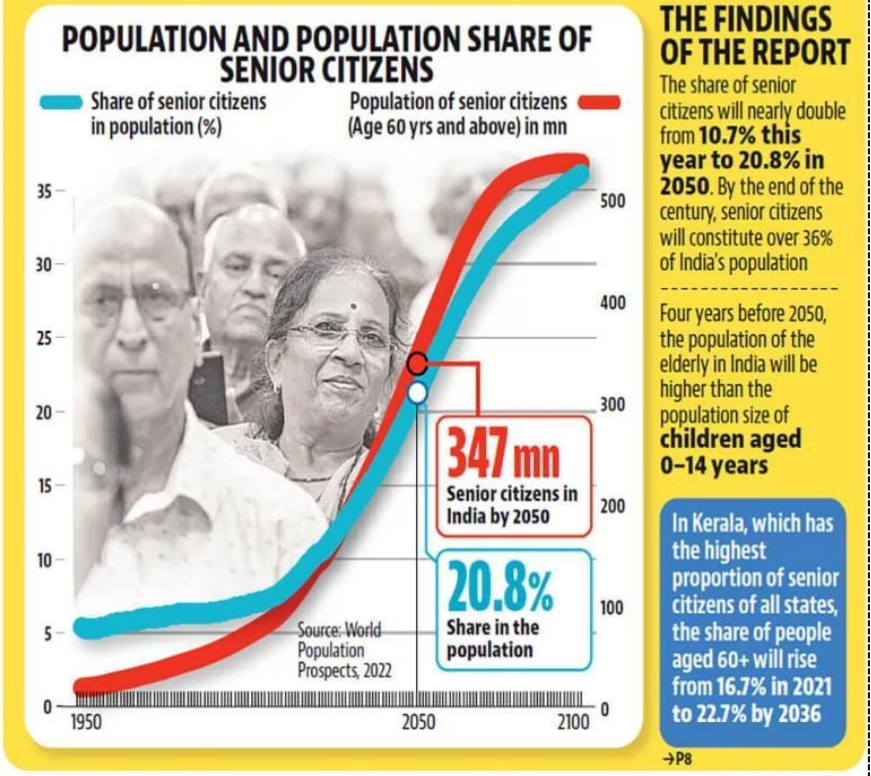
# DEMOGRAPHIC TRENDS AND FUTURE PROJECTIONS: INDIA

## Elderly population in India:

- There were **~149 million** persons aged 60 years and above in 2022 (as of 1 July), comprising around **10.5 %** of the country's population.\*
- It is projected that by 2050, India will have **~347 million older persons**, constituting **20.8 %** of the total population.\*
- **One-fifth population** of Vikshit Bharat 2047 will be aged 60 & above.

## AN AGEING DEMOGRAPHIC?

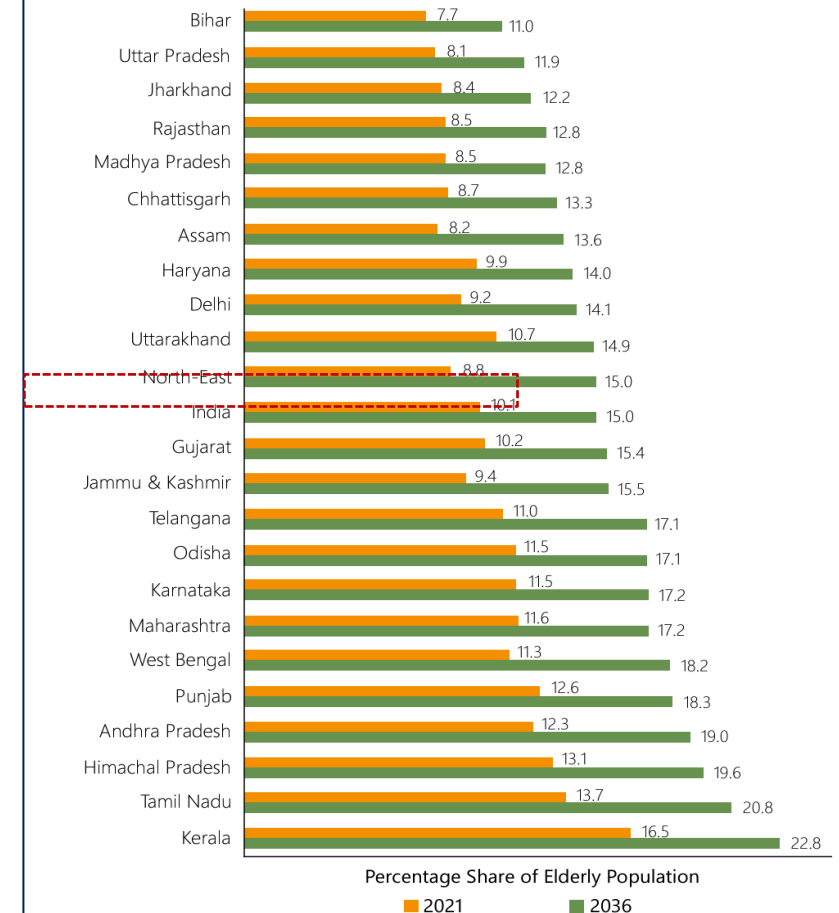
The number of Indians aged above 60 will comprise 1/5th of the population by the middle of the century, the UN Population Fund's 'India Ageing Report 2023' said



Source: 'India Ageing Report 2023', United Nations Population Fund (UNFPA) in collaboration with the International Institute for Population Sciences (IIPS)

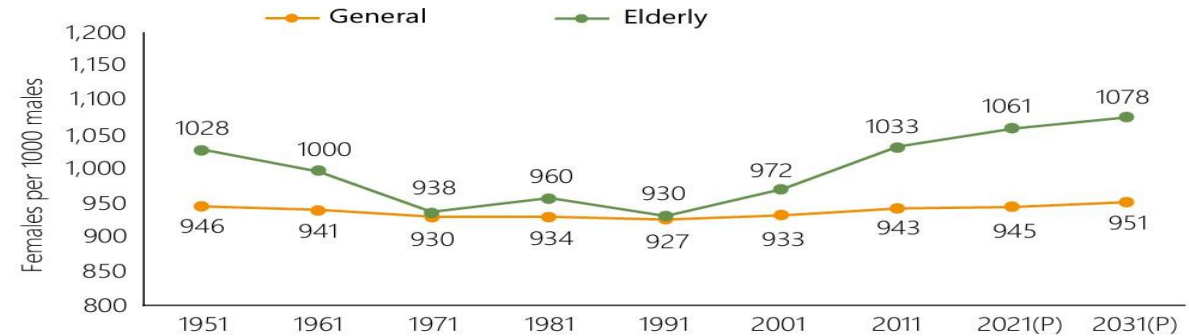
## Share of the Elderly Population: 2021 vs 2036 Across States

Figure 2.4: Projected share of the elderly population, India and states, 2021 versus 2036



# FEMINIZATION OF AGEING POPULATION IN INDIA

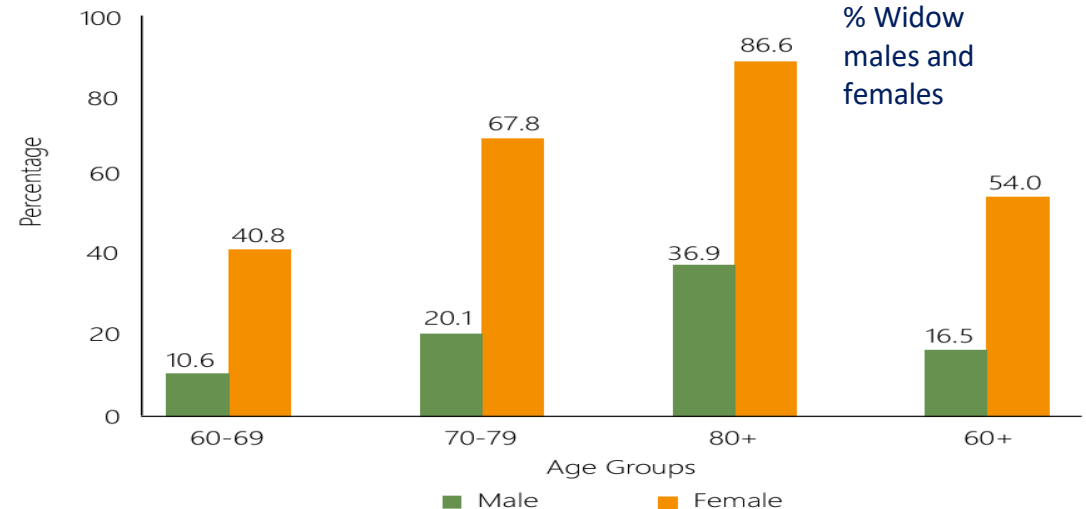
- **Senior Sex Ratio** has been projected to increase from 972 (2001) to **1078** (2031) female per 1000 male.



Abbreviation: P, Projected.

Sources: Office of the Registrar General and the Census Commissioner, India, *Census of India, 2011* (Ministry of Home Affairs, Government of India), available at <https://censusindia.gov.in/>

- **54%** females aged above 60+ are widowed compared to 16.5% of males in the same age group.

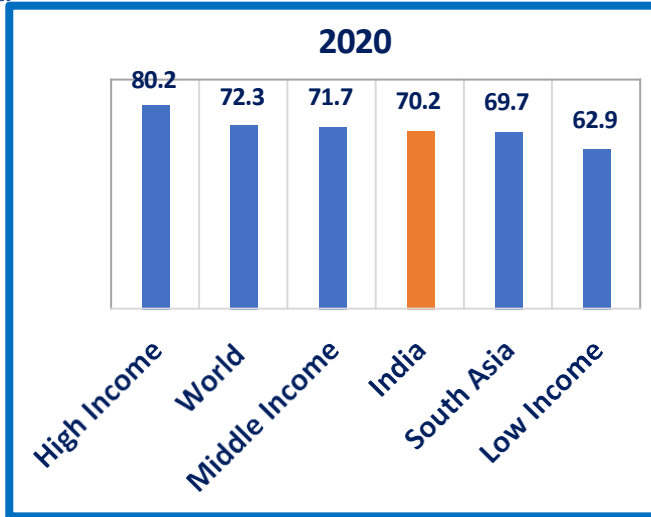
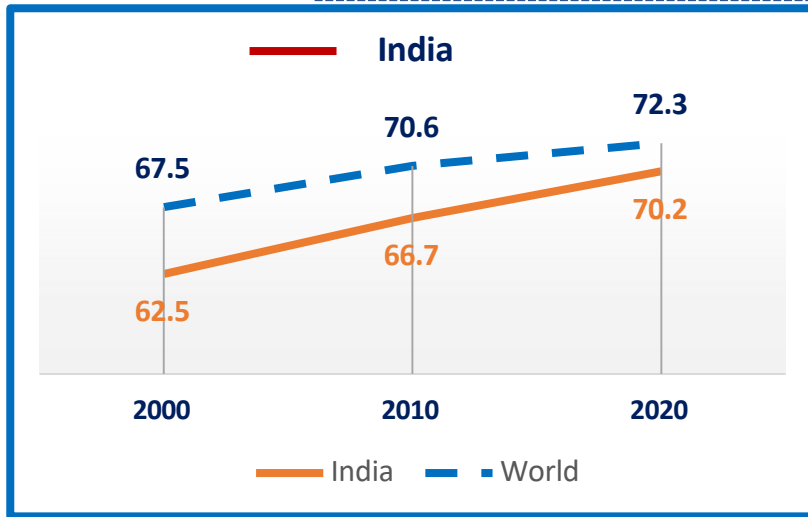


Source: Computed from individual level data of the *Longitudinal Ageing Study in India: Wave 1*,



# LIFE EXPECTANCY **AT BIRTH** AND HEALTHY LIFE EXPECTANCY (**HALE**) : INDIA VS WORLD

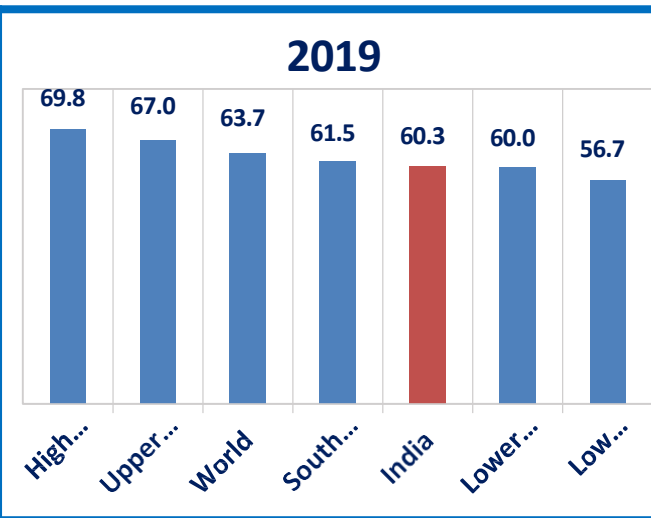
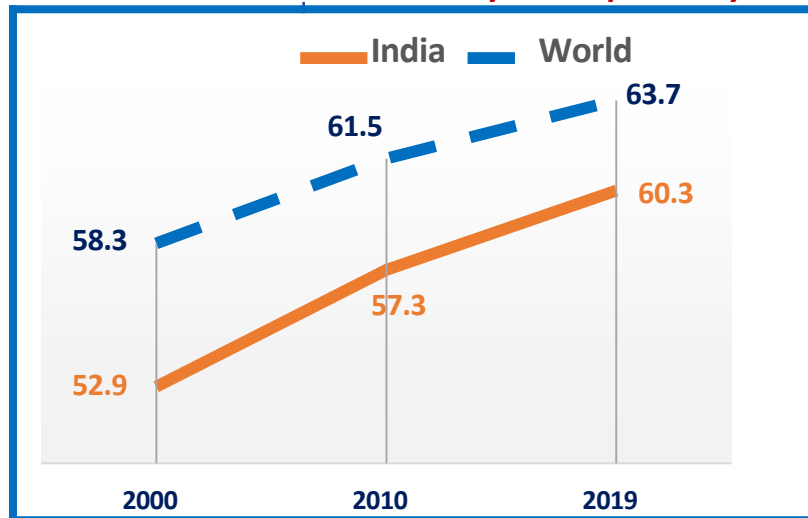
## Life Expectancy at Birth



Rising trend in Life Expectancy at Birth for India, is at par with the global trend

- **Higher** than Low Income countries.
- **Slightly higher** than the South Asian countries.
- **Lower than High and Middle Income country** groups and the global average.

## Healthy Life Expectancy



India and the World -consistent improvement in HALE

- India, is at par with global trend
- **Performance is better than** lower middle and low income group countries.
- **Performance is Lower than** the **global average**, high and upper middle income and even lower than South East Asian group of countries.

World Bank classification of countries by income-groups (GNI Per capita)

Low income = \$1,025 or less ; Lower middle-income = Between \$1,026 and \$3,995;  
Upper middle-income = Between \$3,996 and \$12,375; High income = \$12,376 or more

Source: World Bank Data, 2020 & World Health Statistics, as of Dec 2020 (WHO)



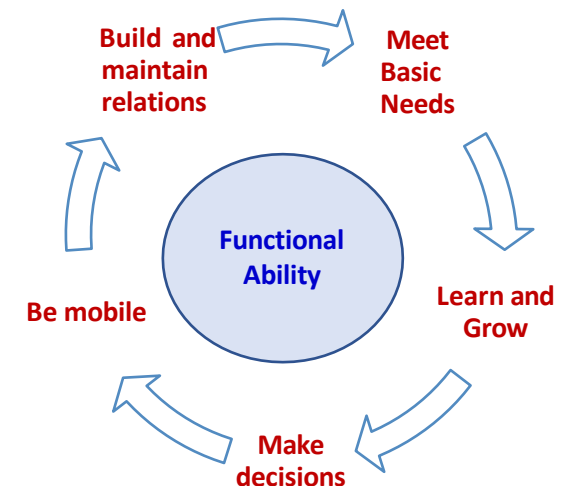
# IMPACT OF DEMOGRAPHIC TRENDS: INDIA

These demographic changes present complex **Health, Social and Economic challenges** to which the country must rapidly adapt, both in the present and continuing in the future.

A strategic framework of reforms, with Inter-sectoral convergence, available and affordable health infrastructure, innovative financing mechanism, enabling social environment, uptake and adoption of digital technology etc. is therefore proposed.

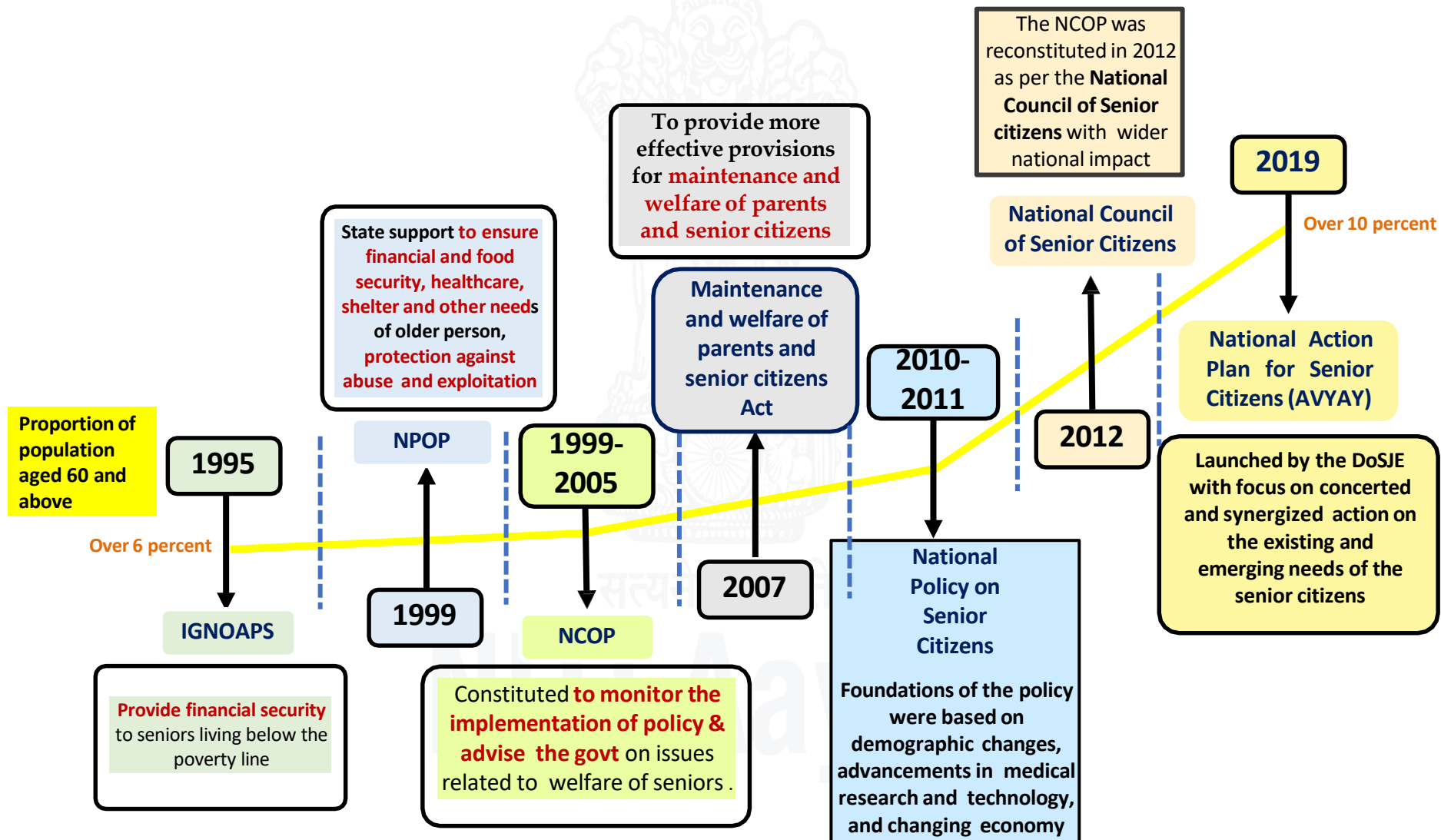
## Healthy Ageing

The World Health Organization (WHO) defines healthy ageing as “**the process of developing and maintaining the functional ability that enables wellbeing in older age.**”



# GOVERNMENT INITIATIVES

# JOURNEY OF SENIOR CARE-ACT & POLICIES IN INDIA



# MAJOR WELFARE SCHEMES /PROGRAMS AND INITIATIVES - INDIA

## Health

- **National Program for Health Care of the Elderly (NPHCE)**
- **Ayushman Bharat – PMJAY**
- **Ayushman Arogya Mandir**
- **VayoMitra – Ayush Geriatric Healthcare Services**
- **Rashtriya Vayoshi Yojana**

## Social

- **Atal Vayo Abhodaya Yojana.**
- **The National toll-free Helpline for Senior Citizens, Elderline: 14567**
- **Annapurna Scheme**
- **Antyodaya Anna Yojana**
- **Accessible India Campaign.**
- **E-Anudaan Portal.**
- **Geriatric Caregivers Training programme.**

## Economic

- **National Social Assistance Program (NSAP)**, including Indira Gandhi Old Age Pension Scheme (IGNOAPS) and Indira Gandhi National Disability Pension Scheme (IGNDPS)
- **Varishtha Pension Bima Yojana**
- **Atal Pension Yojana**
- **National Pension Scheme**
- **Senior Able Citizens for Re-Employment in Dignity (SACRED)**
- **Pradhan Mantri Vaya Vandana Yojana**

# PRESENT SCENARIO

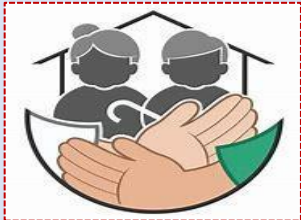
# STATUS OF GERIATRIC ILLNESSES/SOCIAL/FINANCIAL ISSUES- \* FINDINGS

## Health



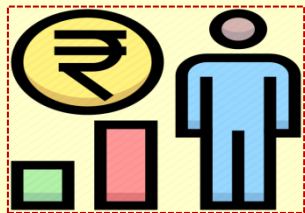
- **75%** of the elderly have **one or more chronic diseases**.
- **23.3%** suffer from **multi-morbidity**.
- **24%** have at least **one Activities of Daily Living limitation**
- **>50%** experience **mobility restrictions**.
- **20%** suffer from **mental health issues**.
- **>27%** are **underweight**, and **22%** are **overweight**.

## Social



- **Increasing Dependency ratio** (60 per 100 at present).
- **1065:1000** is Senior Sex Ratio.
- **71%** residing in **rural areas**.
- **6%** of total elderly and **9%** of women elderly live alone.
- **32%** have **low life satisfaction**.
- **5%** suffer from **abuse**.
- **20%** aware of **senior citizen benefits**.

## Economic

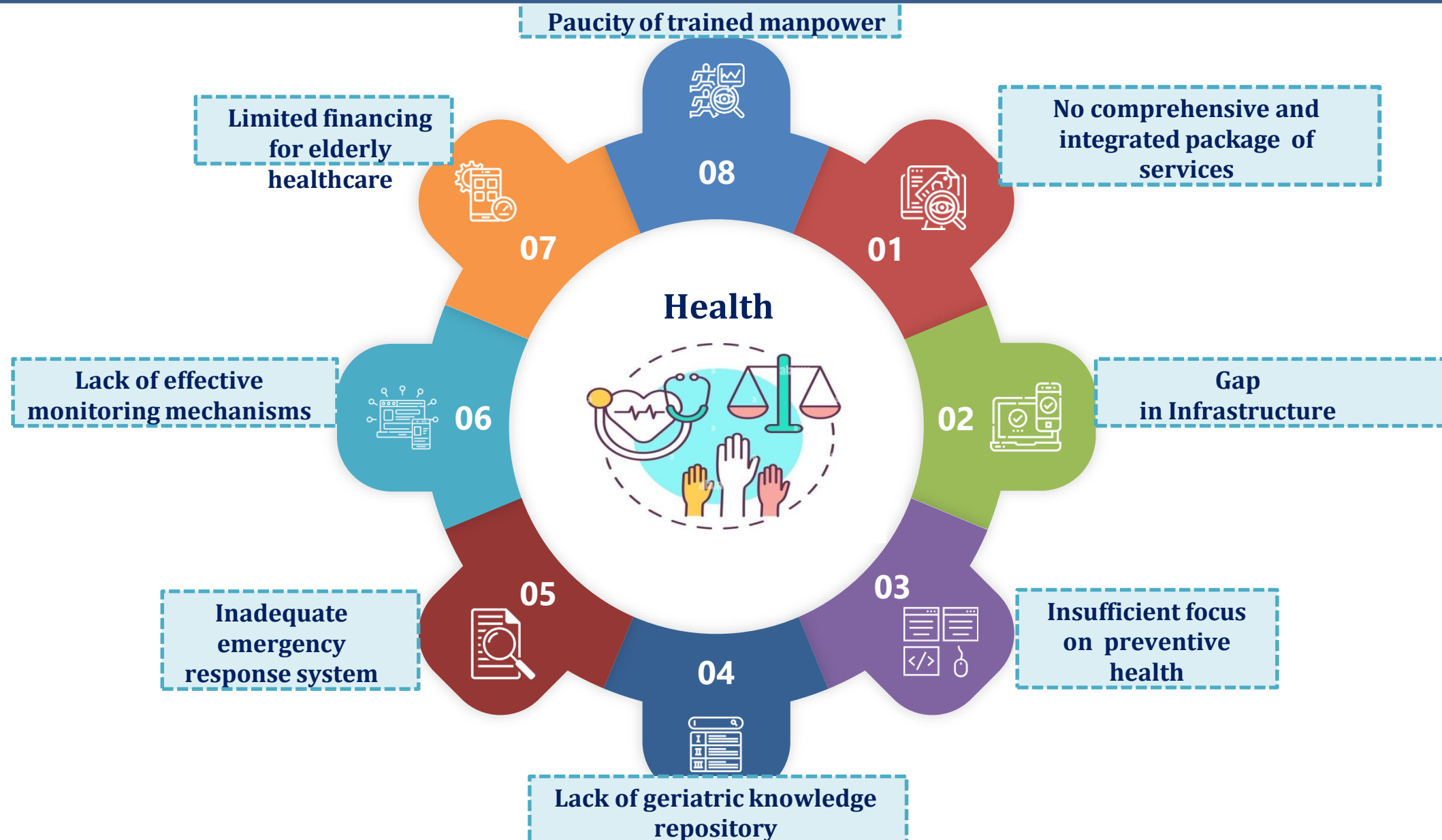


- **34%** are currently **working**.
- **70%** are dependent for **everyday maintenance**.
- **78%** are **without pension cover**.
- **OOPE for in-patient services** is Rs. 8028 and Rs. 31933 in public and private facilities respectively

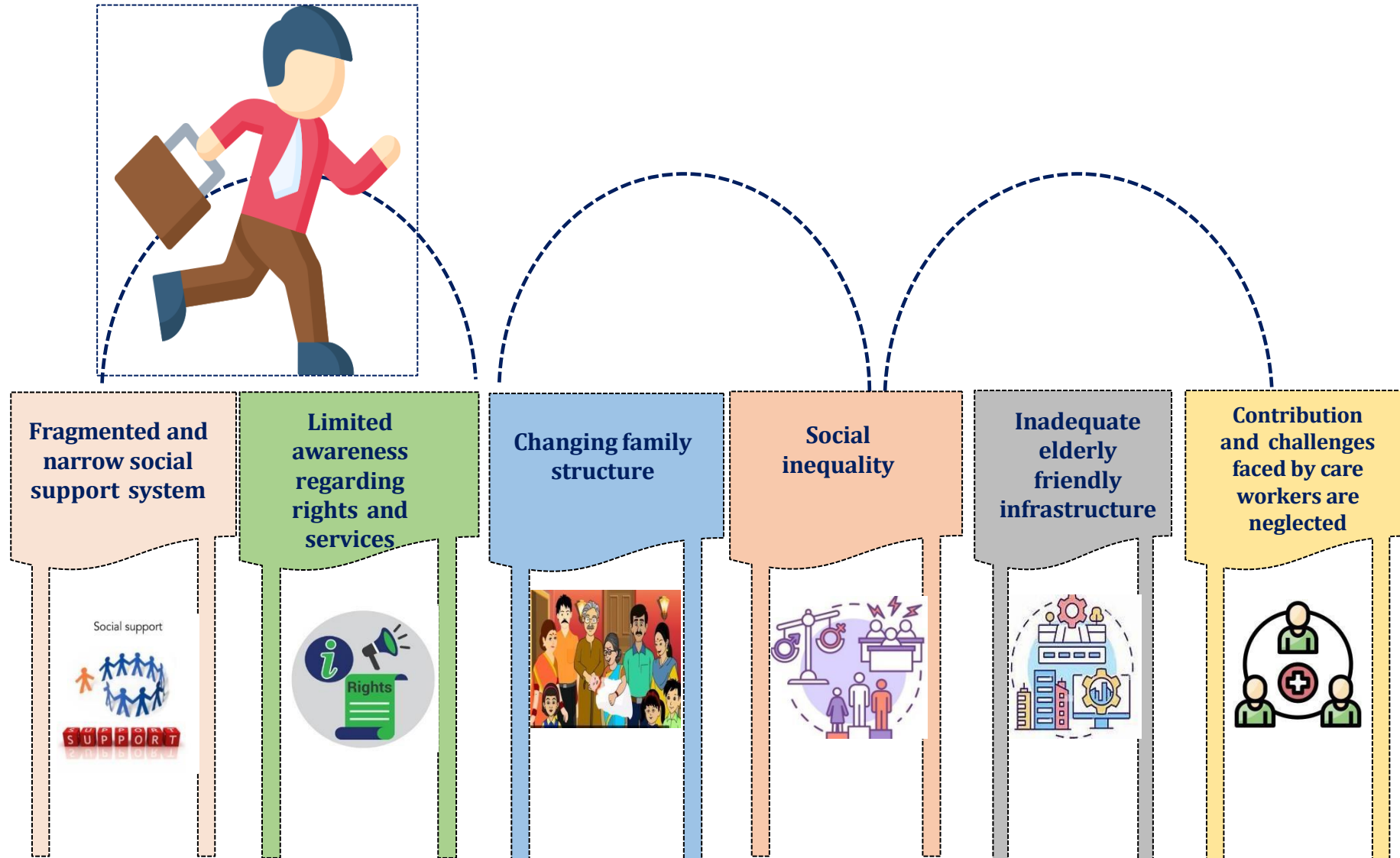
# CHALLENGES



# KEY ISSUES AND CHALLENGES IN SENIOR CARE (HEALTH)



# KEY ISSUES AND CHALLENGES IN SENIOR CARE (SOCIAL)



# Key Issues and Challenges in Senior Care **(Economic)**

- **Lack of universal comprehensive financial systems for old age security**

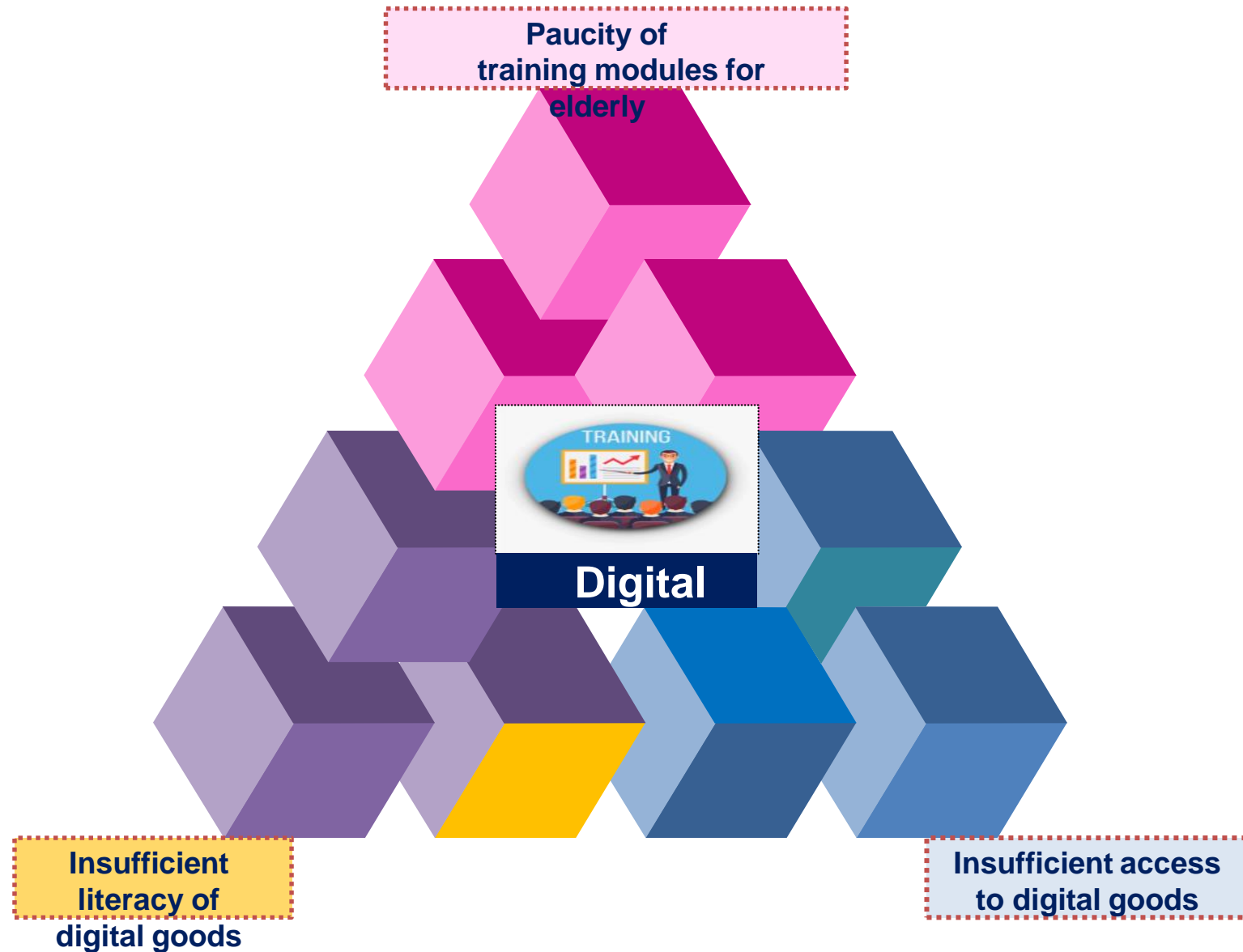
- **Insufficient levels of financial literacy**

- **Financial abuse and fraud**

- **Inadequate support for life- time financial planning**



# KEY ISSUES AND CHALLENGES IN SENIOR CARE (DIGITAL)



# INTERNATIONAL PRACTICES ADOPTED FOR SENIOR CARE

# INTERNATIONAL PRACTICES ADOPTED FOR SENIOR CARE

## Health

### Japan

**“Healthy Japan 21 Program”** to promote active ageing through smart walk, diet, breath and check-ups

### USA

**Integrated models like PACE** (Program of All-Inclusive Care for the elderly)

### Thailand

**“Buddy Home Care Model”** by NGOs for providing cost-effective & high quality services healthcare services at home.

## Social

### Singapore

**The Integrated Care for the Elderly (SPICE) program** to provide comprehensive and home-based or non-medical services.

### Japan

**Asia Health and Wellbeing Initiative (AHWIN)** to build an active and healthy society.

### China

**Rule of ‘90-7-3’**, i.e. 90% care by family, 7% by community & 3% in institutional facilities

## Economic

### Thailand

**Universal Social Pension Policy –Old Age Allowance** was made universal

### South Korea

**National Basic Livelihood Security System (NBLSS)** ensures a minimum standard of living to the eligible elderly

### Sweden

**Legal right to remain in the workforce till 69 and National retirement pension system** through Pension agencies.

## Digital

### Japan

**AI-driven** wheelchairs, body sensors etc. and communication tools to help elderly live independently

### UK

**Digital skill development** through access to free training with the help of models such as digital champion networks

### Thailand

**Thammasat Model & schools** for reskilling older people, including digital literacy

# RECOMMENDATIONS



# FOUR PROPOSED REFORMS OF ELDERLY CARE

## REFORM PILLARS

1

Health Empowerment and Inclusion

2

Social Empowerment and Inclusion

3

Economic Empowerment and Inclusion

4

Digital Empowerment and Inclusion

## ENABLERS

1

Fostering Inter-sectoral Convergence

2

Private sector Engagement and CSR Funding

# HEALTH EMPOWERMENT AND INCLUSION 1/2

### Health Literacy

Among seniors and their caregivers to enhance understanding of geriatric health issues and related risks and make them aware of available healthcare services.



### Preventive health

Screening for declining functional ability and mental capabilities, Elderly Immunization & Harnessing the potential of Ayush in preventive health.

### Comprehensive Primary Healthcare Services

Screening for common disorders, psychosocial support and Strengthening the existing rehabilitative, and palliative services.

### Strengthening healthcare infrastructure

Setting up independent geriatric hospitals, research centers, etc. and Leveraging the Ayush infrastructure for senior care

### Tele-consultation services

Expanding tele-consultation services through outreach efforts, health camps, home based care, mobile medical units to bring care closer to home.

## REFORM -1

# HEALTH EMPOWERMENT AND INCLUSION 2/2

### **Skilled workforce for elderly care**

- Geriatric doctors, nurses, and attendants,
- Ayush professionals,
- Physiotherapists, speech and audiology therapists, etc.



### **Poshan Abhiyaan for Senior Citizens**

to address specific nutrient requirement of seniors.

### **Increasing accessibility of services**

Services provided at home by both Skilled medical professionals and Non-skilled medical professionals

### **Emergency response infrastructure and services**

Making existing emergency response infrastructure more sensitive to the needs of the elderly.

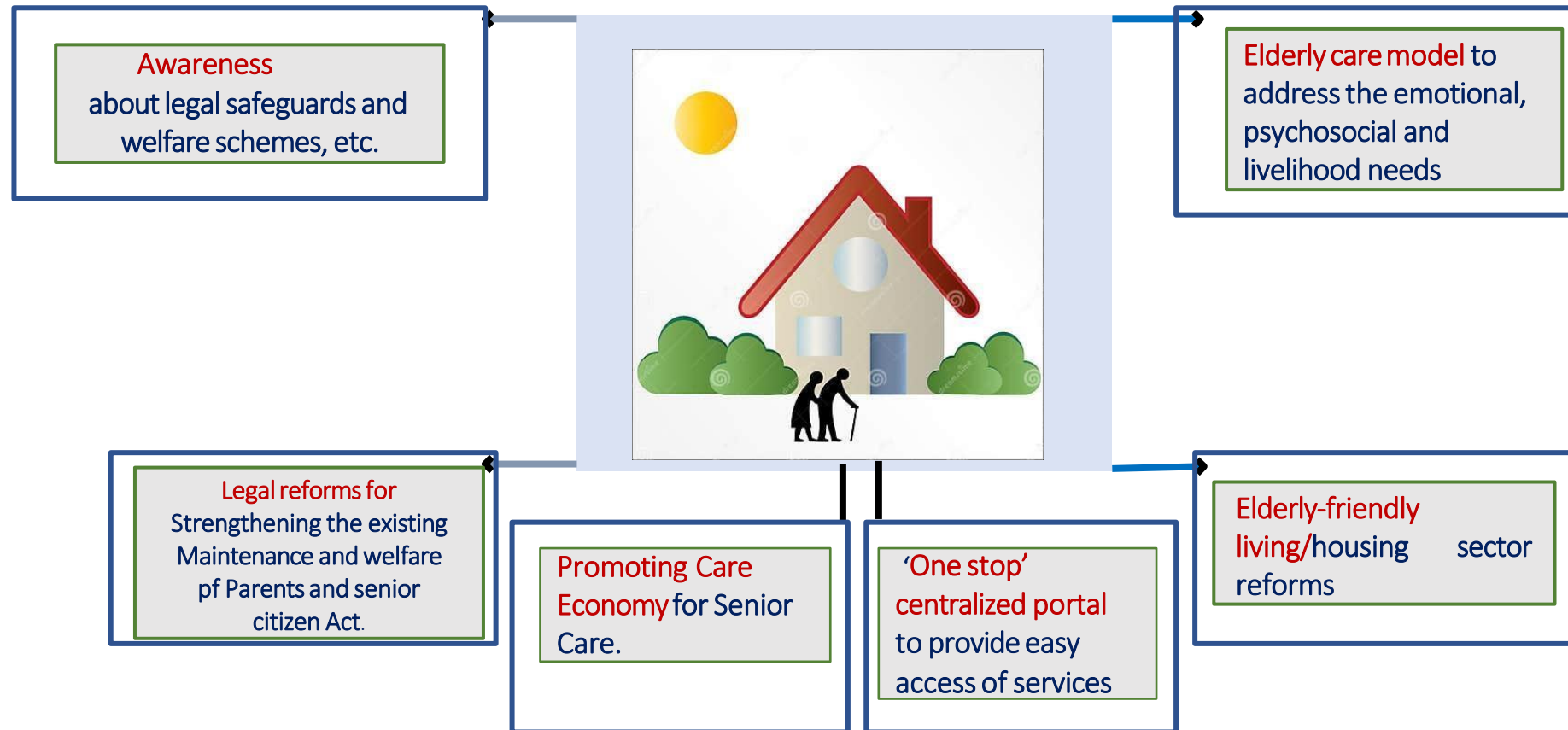
### **Provision of Assistive devices**

Enabling the provision of affordable high-quality assistive devices like hearing aids, artificial dentures, spectacles, etc. Medication reminders, emergency alarm system, fall detectors

### **Mental health services**

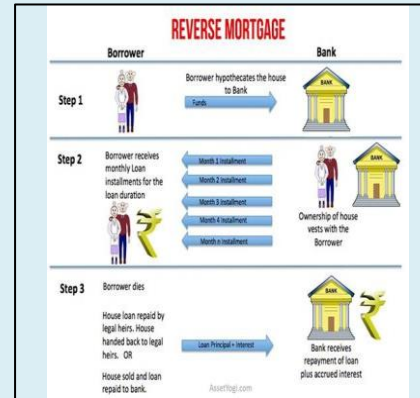
**Strengthening of mental health services**, particularly neurological and substance use conditions among seniors

# SOCIAL EMPOWERMENT AND INCLUSION



# ECONOMIC EMPOWERMENT AND INCLUSION

**Mandatory savings plan for the affording segment.**



**Targeted and comprehensive health insurance product.**  
Encouraging the private sector to design a **targeted and comprehensive health insurance product.**

**Increasing coverage of public funds**  
**Extending pension support** to the elderly from the unorganized sector and **Revising pension amounts** to account for inflation.

**Increasing liquidity and capital allocation**  
Reverse Mortgage mechanism and Tax reforms, exemptions from GST, etc.

**Preventing financial fraud**  
**Protection from financial fraud** through increasing awareness and expediting redressal mechanism.

**Skill Development Reskilling** of the elderly population.

# DIGITAL EMPOWERMENT AND INCLUSION

## Digital inclusion

Increase Access, Ensure Installation, Increase Knowledge, Develop Design, and Build Trust.



## Digital literacy

Setting up Community-based centers in rural and urban areas.

**Digital Accessibility**  
By making them the digital devices affordable.

## Digital Integration

Use of technology in a coordinated and structured manner across different levels of care)

## Digital Disruptions

By harnessing the potential of modern technology

# ENABLERS TO ELDERLY CARE (1/2)

1

## Fostering Inter-sectoral Convergence



### HEALTH

- Ministry of Health and Family Welfare
- Ministry of Ayush
- Ministry of Social justice and empowerment
- Ministry of Finance



### SOCIAL

- Ministry of Social justice and empowerment
- Ministry of Consumer Affairs, Food and Public distribution
- Ministry of Railways
- Ministry of Home Affairs
- Ministry of Civil Aviation
- Ministry of Housing and Urban Affairs
- Ministry of Road Transport and Highways



### ECONOMIC

- Ministry of Social justice and empowerment
- Ministry of Finance
- Ministry of Rural Development
- Ministry of Textiles
- Ministry of Pensions and Pensioners Welfare



### DIGITAL

- Ministry of Social justice and empowerment
- Ministry of Finance
- Ministry of Health and Family Welfare

- **Seamless coordination** between all the Ministries, State and UT Governments, Panchayati Raj Institutions, Urban Local Bodies, NGOs, and Private Players to ensure an overarching mission to control, regulate, and coordinate and to review, monitor, and bring corrective changes.
- Community care models for non-medical care and healthy ageing.



2

Private sector Engagement and CSR Funding

- PPP Synergies for last-mile delivery.
- Private insurance packages with revised rates.
- Private sector and CSR to develop and deploy technology-enabled solutions that help elderly self and remote monitoring, seeking online consultations.
- Affordability of critical elderly products, devices, and services.

WAY FORWARD

## WORK IN PROGRESS AFTER RELEASE OF THE REPORT

- 1 Committee has been constituted to develop a **Comprehensive Senior Care Strategy** in consultation with all stakeholder representing various Ministries, States/UTs., and Technical experts, Geriatricians and academicians from **reputed organizations contributing to elderly care**
- 2 Committee has been conducting **technical consultations with members to jointly analyze the challenges faced by senior citizens, do the situational analysis of existing policies and programs and jointly study the global practices etc. to collect evidence, generate ideas, gather views, and opinions, consolidate the discussions to finally develop the Strategic framework for holistic care and welfare of the senior citizens"**
- 3 National Workshop at Thiruvananthapuram, Kerala to further deliberate and elicit views from states and other stakeholders



Thanks