Ageing and Health Policy in India

Integrating Policy and Research on Ageing in ASEAN: Conversations Across the Policy and Research Divide, Supported by ERIA

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Population Ageing in India

India's Population,1950-2018

Year	Population	% Male	% Female	Density (km²)	Population Rank	Growth Rate
2018	1,354,051,854	51.81%	48.19%	411.87	2	1.11%
2017	1,339,180,127	51.82%	48.18%	407.34	2	1.13%
2016	1,324,171,354	51.83%	48.17%	402.78	2	1.15%
2015	1,309,053,980	51.84%	48.16%	398.18	2	1.24%
2010	1,230,980,691	51.87%	48.13%	374.43	2	1.47%
2005	1,144,118,674	51.84%	48.16%	348.01	2	1.67%
2000	1,053,050,912	51.80%	48.20%	320.31	2	1.86%
1995	960,482,795	51.78%	48.22%	292.15	2	2.00%
1990	870,133,480	51.76%	48.24%	264.67	2	2.17%
1985	781,666,671	51.76%	48.24%	237.76	2	2.33%
1980	696,783,517	51.79%	48.21%	211.94	2	2.32%
1975	621,301,720	51.82%	48.18%	188.98	2	2.34%
1970	553,578,513	51.78%	48.22%	168.38	2	2.15%
1965	497,702,365	51.71%	48.29%	151.39	2	2.06%
1960	449,480,608	51.60%	48.40%	136.72	2	1.89%
1955	409,269,055	51.46%	48.54%	124.49	2	1.69%
1950	376,325,200	51.31%	48.69%	114.47	2	-

India's population grew almost four-fold from 376 million 1950 to 1354 million in 2018.

India's population grew at more than 2% for the four decades of 1960-2000 when the population rose by 250%.

India has a female adverse sex ratio of the population since 1951.

Huge inter-state and rural-urban variations in population growth rates

India's Population, 2020-2095

| Year	Population	% Male	% Female	Density (km²)	Population Rank	Growth Rate
2020	1,383,197,753	51.79%	48.21%	420.73	2	1.00%
2025	1,451,829,004	51.72%	48.28%	441.61	1	0.97%
2030	1,512,985,207	51.64%	48.36%	460.21	1	0.83%
2035	1,564,570,223	51.53%	48.47%	475.90	1	0.67%
2040	1,605,355,574	51.41%	48.59%	488.31	1	0.52%
2045	1,636,496,308	51.28%	48.72%	497.78	1	0.38%
2050	1,658,978,162	51.15%	48.85%	504.62	1	0.27%
2055	1,673,078,321	51.03%	48.97%	508.91	1	0.17%
2060	1,678,568,111	50.91%	49.09%	510.58	1	0.07%
2065	1,675,744,291	50.80%	49.20%	509.72	1	-0.03%
2070	1,665,179,391	50.71%	49.29%	506.50	1	-0.13%
2075	1,648,425,091	50.63%	49.37%	501.41	1	-0.20%
2080	1,626,927,002	50.57%	49.43%	494.87	1	-0.26%
2085	1,602,017,424	50.52%	49.48%	487.29	1	-0.31%
2090	1,574,797,201	50.51%	49.49%	479.01	1	-0.34%
2095	1,545,958,898	50.52%	49.48%	470.24	1	-0.37

India will soon overtake China to become world no .1 country in population. This could happen earlier than the projected 2025.

India will have the world's largest population of around 1.7 billion in 2055.

Population stabilization of India is likely to be delayed by a decade beyond 2050, pushing forward to 2060, mainly as result of momentum of population growth due to large size young cohort of women.

This has both the demographic advantage of longer first demographic dividend until 2060 and the challenges of creating high quality human capital and preparing for elderly population.

India will have world's largest workforce for a longer period of time for more than 50 years but also older population larger than the population of US and and other large size countries

Population Growth Rate by Age Group (2005-50, %)
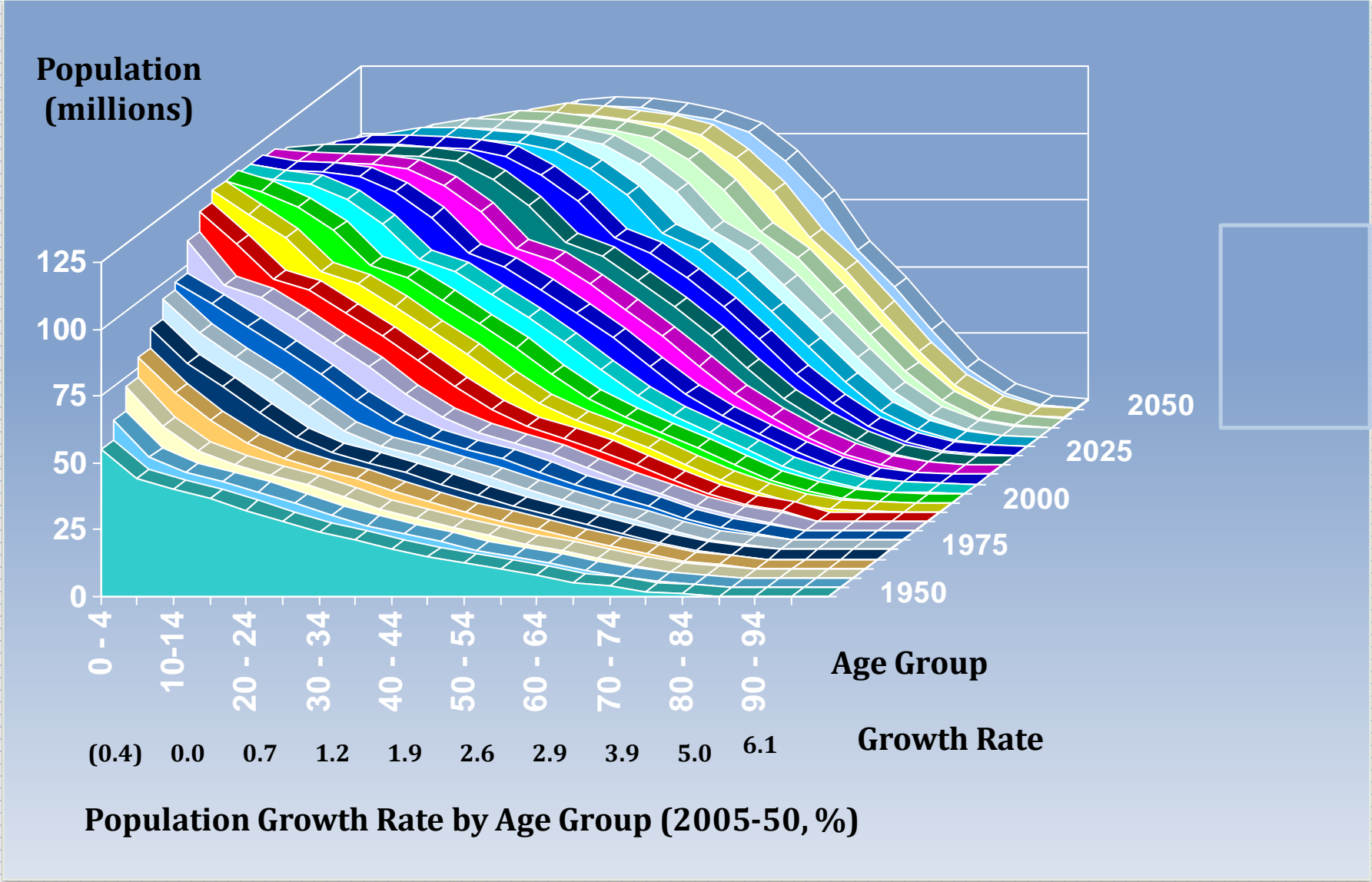
This chart best describes the 100 years of remarkable age-structural transition in India during 1950-2050.

Waves of younger cohorts transforming into working age population and moving on to older ages.

The 70+ population is expected to grow at more than 5% annually.
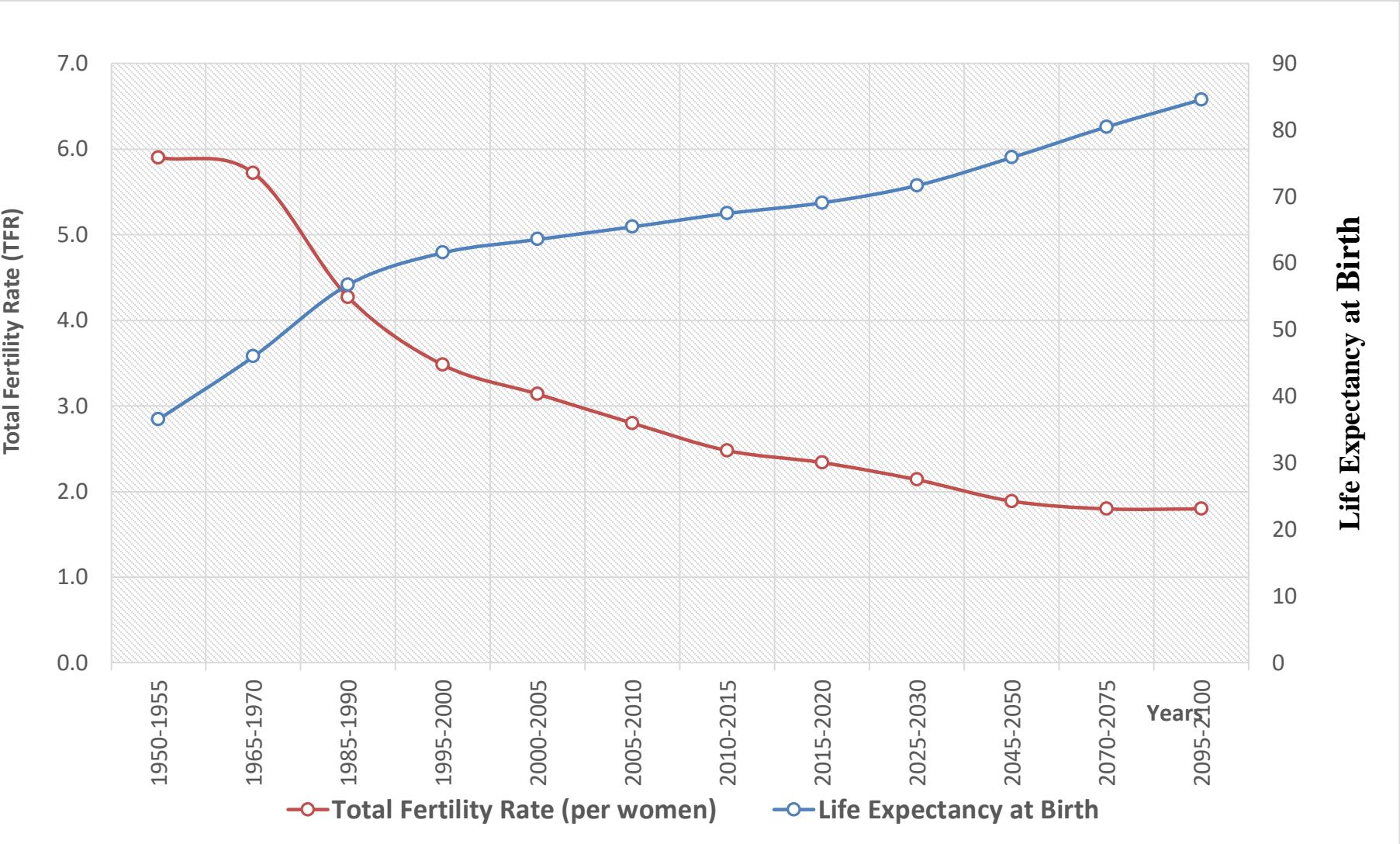
Ageing in India

- With 1.21 billion people in 2011 census, the 60+ population accounted for 9% of India's national population, 103 million older people in age 60+

- Between 2011 and 2050, the number of older **persons in age 60+ will rise to 340 million, growing at annual rate of more than 3.0%**

- Including the preretirement phase i.e., the 45+ population, the proportion will rise to over 30%, or around **600 million people in 2050**.

- The old-age support ratio (the number of persons aged 15 to 64 per person aged 65 or older) will also fall dramatically from 13 to 5 in 2050.

Population growth rates in India
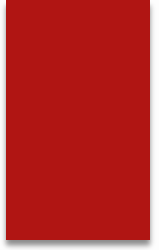
Age Group	1950-2005 historical	2005-2050 projected
<50	2.00%	0.27%
≥50	2.54%	2.60%

Past and Projected Trends in Total Fertility Rate (TFR) and Life Expectancy at Birth in India, 1950 -2100

Total Fertility Rate (TFR) (left axis) and **Life Expectancy at Birth** (right axis) plotted against Years from 1950-1955 to 2095-2100.

Legend: —o— Total Fertility Rate (per women) —o— Life Expectancy at Birth

Life expectancy in India rose from a low of 37 years during 1950-55 to 61.6 years during 1995-2000

Currently lifer expectancy is 68 years (2010-14) and is projected to rise to more than 75 years in 2050 (UN)

long-term trends indicate life expectancy would rise faster than what projections generally suggest

Estimated and projected trends in child population (0-14 years) and older population (65 years and above)
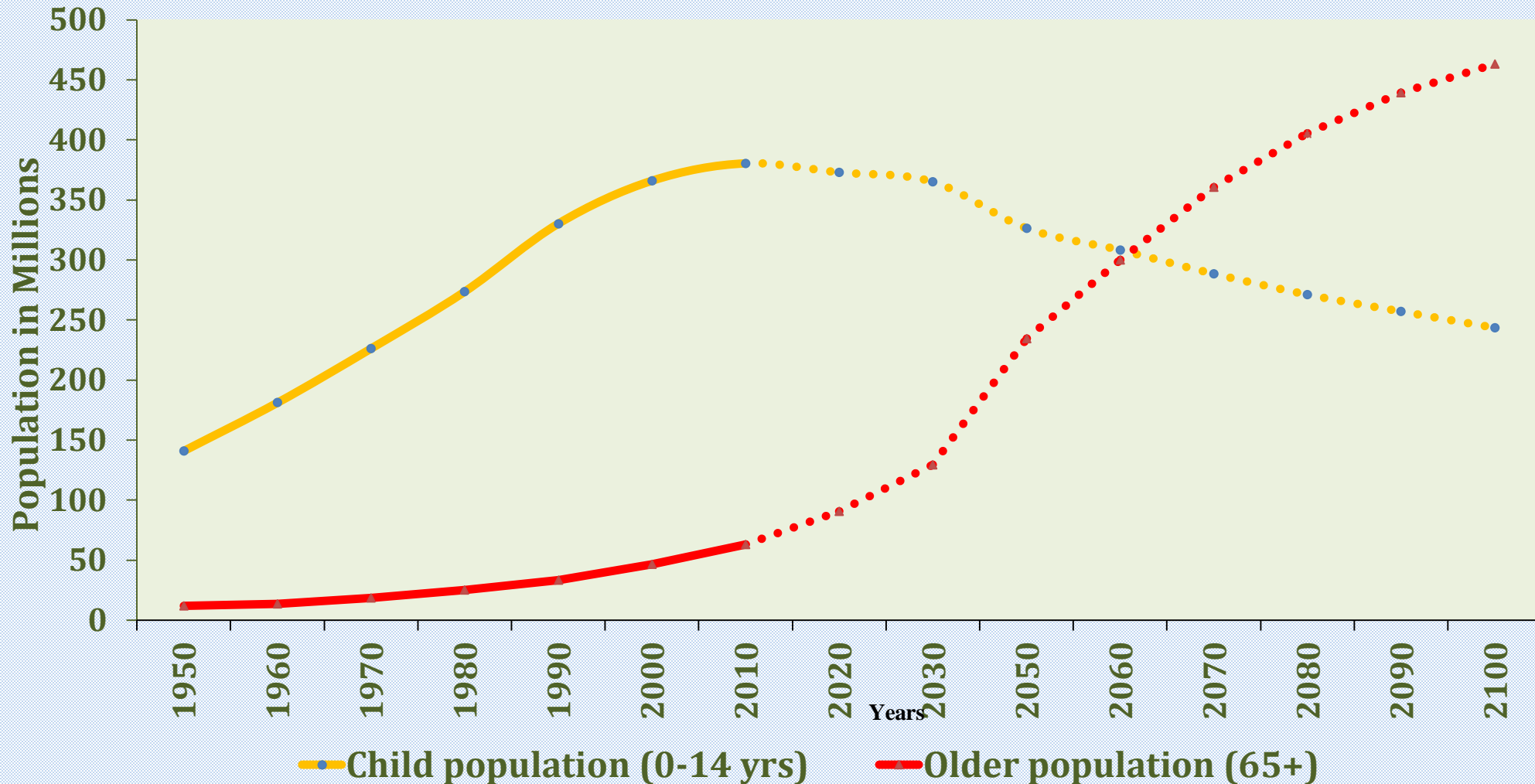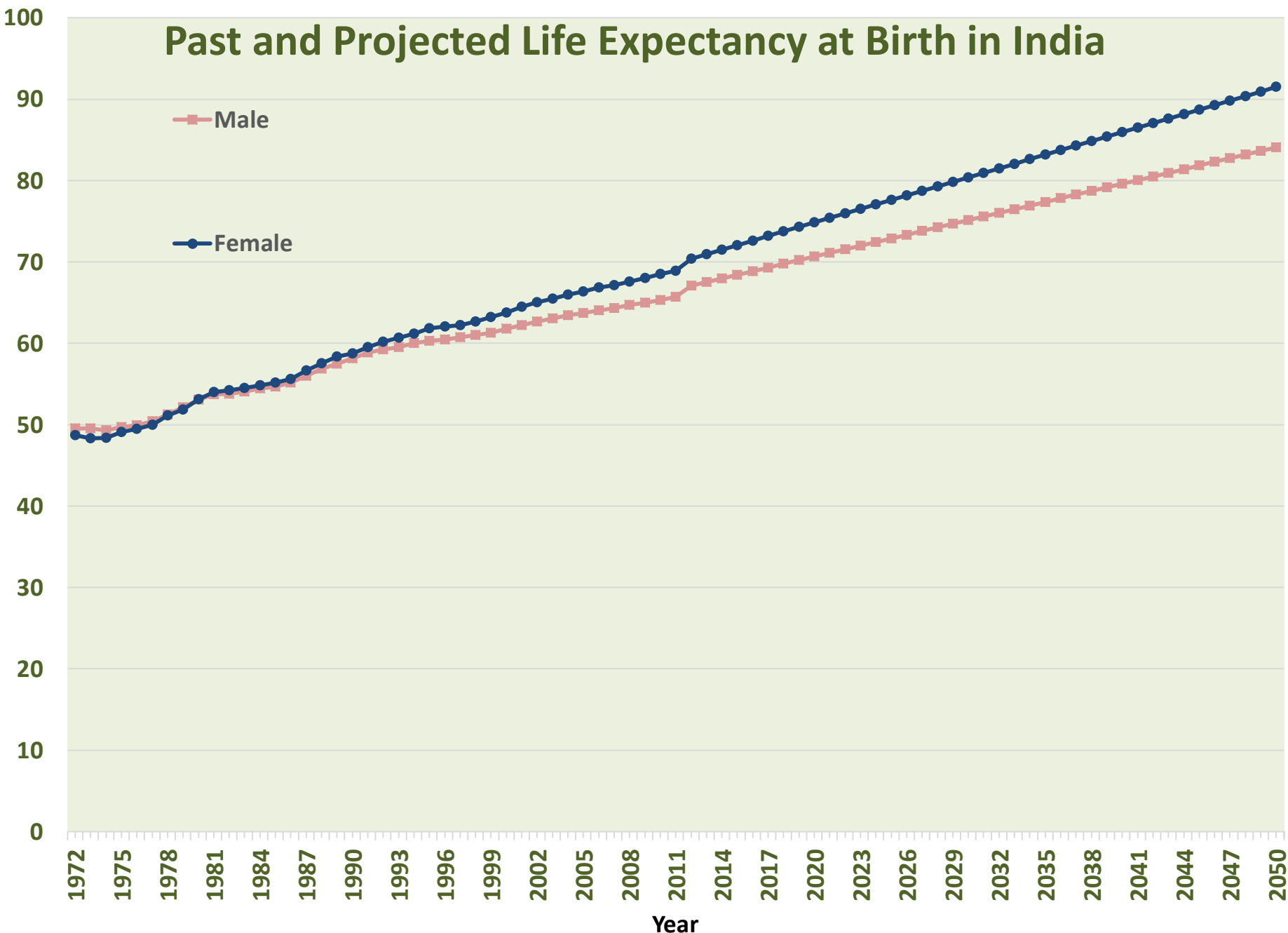
India's 60+ population is projected to grow for several decades at more than 3.0% to 340 million in 2050 and almost 500 million in 2100

Past and Projected Life Expectancy at Birth in India

Life expectancy at birth

Year

Legend:
- Male
- Female

Projection based on recent data suggests that Life expectancy in India could rise to more than 85 years in 2050.

Female life expectancy could be more than 90 years in 2050.

Understanding the Dynamics of Ageing in India

India is currently experiencing rapid ageing, with double burden of disease - with the rising burden of non-communicable diseases (NCDs) and a significant burden of infectious and endemic diseases- together they contribute to the world's largest burden of disease (GBD 2017).

The share of NCDs is currently around 65% and is projected to rise to 85% in 2050. Ageing presents he daunting task of meeting the needs of a rising proportion and number of "elderly".

India's labour market structure is largely is dominated by informal sector, majority of whom engaged in agriculture sector and 80% of the labour force is unorganized signifying formal retirement is restricted to just about 20% of organized sector.

More than 50% of 60+ population are currently working in agriculture and informal sector. Around 85% of elderly live with their families and are receiving support from family.

Current Policies and Programmes for India's Elderly Population

1) National Policy for Elderly in India, launched in 2011
   - Pension coverage for Elderly (BPL)
   - Pension coverage for Widows (BPL)
   - New Pension Policy (NPC)

2) A New National Policy Action on Elderly in India is currently under preparation

3) National Health Mission – Country's Flagship Programme

India's National Health Policy

National Health Mission (NHM)

India's flagship health systems strengthening programme, particularly for primary and secondary health care envisages:

"attainment of universal access to equitable, affordable and quality health care   which is accountable and responsive to the needs of people" (Universal Health Coverage)".

The **National Health Mission (NHM)** has two Sub-Missions:
- **National Rural Health Mission (NRHM)**
- **National Urban Health Mission (NUHM)**

The main programmatic components include:
- Health System Strengthening
- (RMNCH+A)
- Communicable Diseases
- **Non-Communicable Diseases**

Non Communicable Diseases Control Programmes

National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)

National Mental Health Programme (NMHP)

National Programme for Healthcare of Elderly (NPHCE)

National Programme For Control Of Blindness & Visual Impairment(NPCBVI)

National Programme for the Prevention & Control of Deafness (NPPCD)

National Tobacco Control Programme (NTCP)

National Oral Health Programme(NOHP)

National Programme for Palliative care (NPPC)

National Programme for Prevention & Management of Burn Injuries (NPPMBI)

Other Non Communicable Diseases Control Programmes

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NCPDCS)

- Primary care includes primary prevention of hypertension and diabetes, screening for these diseases and secondary prevention by routine follow up with medication to prevent strokes and ischemic heart disease.

- Two way referral linkages with appropriate secondary and tertiary care providers.

- Cardiac Care Units for treatment of Ischemic heart disease, stroke and other cardiovascular emergencies, and facilities for diagnosis and treatment of chronic kidney diseases including dialysis will be made available at district hospital level.

- For cancer control, one dimension is care at the primary level, i.e. prevention, promotion, and early detection, assisted access to higher specialist care, guidance and support.

- Create a network of hospitals that could provide free care for cancer patients.

National Mental Health Programme (NMHP)

- The District Mental Health Programme would be integrated into NHM.

- The NMHP includes to managing common mental problems, severe mental diseases, and mental emergencies, new components like suicide prevention, workplace stress management, adolescent-mental health and college counseling services

- The provision of mental health in NHM will entail the provision of an integrated package of care to be delivered at various levels. Outreach services will be provided by community mental health nurses supported by the PHC which will also undertake case detection, management of common mental illness, stabilizing and referral of severe illness or emergency and providing medication refills.

- The CHC will provide outpatient services for walk in patients and patients referred by the PHC, inpatient services for emergencies and assessment, Medical and Social Care and Support to Continuing Care services and Counseling services.

National Programme for Healthcare of the Elderly (NPHCE)

- Keeping in view the recommendations made in the "**National Policy on Older Persons**" as well as the State's obligation under the **"Maintenance & Welfare of Parents & Senior Citizens Act 2007"**, the Ministry of Health & Family Welfare launched the **"National Programme for the Health Care of Elderly" (NPHCE)** in 2010, to address various health related problems of elderly people.

- **NPHCE** provide separate, specialized and comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services.

- In addition to services in 100 identified districts, 225 additional districts are being taken up, and the **Regional Geriatric Centers** are established in 20 states.

- **Three National Centres of Ageing** are being established in three premier medical institutions

- At the community level, ASHA will enable mobilization of elderly to screening camps and be trained to provide home based care.

Ayushman Bharat Yojna

- **Ayushman Bharat or "Healthy India"** national initiative was launched as recommended by **National Health Policy 2017,** to achieve the vision and goal of **Universal Health Coverage (UHC).** This initiative has been designed on the lines as to meet SDG and its underlining commitment, which is "leave no one behind".

- **Ayushman Bharat** aims to undertake path breaking interventions to holistically address health (covering prevention, promotion and ambulatory care), at primary, secondary and tertiary level.

- **Ayushman Bharat** adopts a continuum of care approach, comprising of two inter-related components, which are –
    1. **Establishment of Health and Wellness Centres (HWCs)**
    2. **Pradhan Mantri Jan Arogya Yojana (PM-JAY)**

Health and Wellness Centres (HWCs)

- In February 2018, Government of India announced the creation of **150,000 Health and Wellness Centres (HWCs)** by transforming existing Sub Centres and Primary Health Centres in rural and urban area as **base pillar of Ayushman Bharat.**

- These centres would deliver **Comprehensive Primary Health Care (CPHC)** bringing healthcare closer to the homes of people covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.

- The emphasis of health promotion and prevention is designed to bring focus on keeping people healthy by engaging and empowering individuals and communities to choose healthy behaviours and make changes that reduce risk of growing chronic diseases and morbidities.

Key Elements of HWC

Pradhan Mantri Jan Arogya Yojana(PM-JAY)

- PM-JAY aims to provide financial protection upto Rs.500,000 per family for secondary and tertiary care to about 40% of India's households, 100 million BPL households.

- Under the ambit of Ayushman Bharat, a **Pradhan Mantri Jan Arogya Yojana (PM-JAY)** aims to reduce the financial burden on the poor and vulnerable groups arising out of catastrophic hospital episodes and ensure their access to quality health services was conceived.

- PM-JAY seeks to accelerate India's progress towards achievement of Universal Health Coverage (UHC) and Sustainable Development Goal - 3 (SDG3).

India's Health Policy: Main Concerns

- About two thirds of health expenditure in India is out of pocket expenditure, the largest in the world.

- Major share of health care services utlilization is from private healthcare sources. The share of public health care services is higher only in very few states - smaller states/UTs.

- Government share of health expenditure is just about 1% of GDP.

- NHM major focus is still on health system strengthening, women and child health and communicable diseases.

Policy Agenda for Elderly - What's needed ?

- Major policy agenda to address both Social Security and Health Care Needs of Elderly

- Healthy Ageing Agenda: WHO Healthy Ageing Framework
  - Intrinsic Capacity
  - Functional Abilities
  - Environmental Factors: Individual, Contextual and Community

Thank you