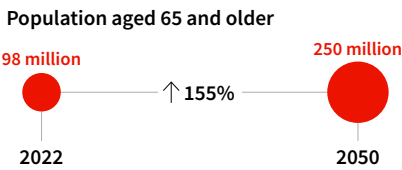


# The Aging Readiness & Competitiveness (ARC) 4.0

India has seen a shift in awareness in recent years around the need to prepare for its aging population. It has introduced a new health insurance scheme, the largest government health insurance programs in the world. Another promising step is the government's commitment to collecting data through a full-scale national survey on the consequences of population aging, which began in 2017. However, the enormous size of the country, along with the heterogeneity of its states, makes it difficult to implement holistic programs that reach older populations in need, especially women and those living in rural areas.

## Demographic

The share of the population aged 65 and older will more than double from 7% to 15% in 2022-50.



Sources: UN, International Labour Organization, World Inequality Database, Economist Impact.

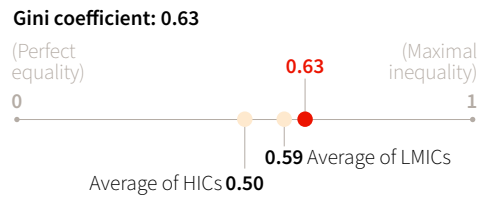
## Informal employment

The majority of workers are employed informally, who do not have secure employment contracts or workers' benefits.



## Income inequality

The income inequality is higher than both the averages for low- and middle-income countries (LMICs) and high-income countries (HICs).



## Ecosystem for equitable healthy aging:

		Very unfavorable				Moderately unfavorable				Moderately favorable				Very favorable			
		Strength				Strength				Forces resisting equity							
		1	2	3	4	4	3	2	1								
Public institutions	<p><b>Social protection:</b> There are a patchwork of pension and social support systems in India. The government's National Old Age Pension Scheme provides social assistance and pensions for older persons, widows and the disabled, as well as people living below the poverty line.<sup>1</sup> The National Pension System is a defined pension plan open to all individuals between the age of 18 and 60, including individuals and those working in the informal sector.<sup>2</sup> The Employees' Provident Fund is available for all salaried employees.<sup>3</sup> Pension coverage is limited though: only 43% of people over retirement age receive one.<sup>4</sup></p>				4												<p><b>Healthcare quality:</b> Neither the public nor private healthcare systems provide the required level of continuity of care for the older population and are limited by poor infrastructure and a lack of dedicated geriatric services.<sup>7</sup> Additionally, the physical size of India and geographical variances across states complicates care for older persons.<sup>8</sup></p>
	<p><b>Financial protection for healthcare:</b> The Pradhan Mantri Jan Arogya Yojana scheme, announced in the government's 2018 budget, is one of the largest government health insurance programs in the world, aiming to covering more than 500 million people from poor or vulnerable families (e.g. when at least one member has a disability). For coverage of older persons, it will replace the Senior Citizen Health Insurance Scheme, launched in 2016 under the pre-existing Rashtriya Swasthya Bima Yojana program.<sup>5,6</sup></p>				4												<p><b>Education access and quality:</b> Education levels among older persons remain very low, impacting their ability to access necessary resources and information.<sup>9</sup> More effort is needed to improve equitable access to education by gender, location and wealth.<sup>10</sup></p>
Legislative and policy landscape for aging	<p><b>Aging policy:</b> The government enacted the National Policy for Older Persons in 1999 to promote the health and welfare of senior citizens in anticipation of India's aging population.<sup>11</sup> In addition, the Maintenance and Welfare of Parents and Senior Citizens Act of 2007 and its 2019 amendment promote the welfare and care of older adults.</p>				4												<p><b>Policy implementation:</b> Although the National Policy for Older Persons is a step in the right direction, implementation, particularly in rural areas, has been negligible, indicating issues of efficacy and difficulty implementing policy across a vast geographic scope.<sup>14</sup> Implementation of the The Maintenance and Welfare of Parents and Senior Citizens Act has also lagged.</p>
	<p><b>Age-friendly data:</b> The government has shown commitment to mapping out the situation of older people. It sponsored the first Longitudinal Ageing Study in India in 2017-19, a full-scale national survey of the health, economic and social determinants, and consequences of population aging, and will repeat it every three years.<sup>12,13</sup></p>				4												
Age-friendly society	<p><b>Civil society:</b> Community participation is very low on average: only 5% of older adults are members of a community organization. Of those that are members, involvement in self-help groups, religious organizations or older people's associations are the most common.<sup>17, 18</sup></p>				4												<p><b>Networks of care:</b> In recent years, social changes such as emigration and the move to larger cities have led to a reduced ability of older persons to depend on their family networks for care in older age.<sup>19</sup> For now though, older persons in rural areas still tend to have more access to family support than their urban counterparts, while those in cities have better access to government care facilities.<sup>20</sup></p>
																	<p><b>Ageism:</b> At least one in ten people aged 60 and older perceiving their age as the main reason for the discrimination they experience.<sup>21</sup></p>

**Methodology:** As part of the ARC 4.0 initiative, Economist Impact employed a technique to evaluate the ecosystem for achieving equitable healthy aging in 10 countries based on Kurt Lewin's force field analysis. This approach compares forces that either promote or resist change, allowing for analysis of factors that may not be readily comparable within and across all countries. Building on our desk research and supplemented by expert interviews, we outline the forces that enable and hamper aging equity. We then conduct a qualitative assessment to score their relative strength on a scale from 1 ("weak") to 4 ("strong"). All scores were independently assessed by two raters (with an inter-rater reliability—Cohen's kappa—of .72), who then reconciled differences.

Lack of inclusion of a force does not necessarily indicate its absence from a country. It typically means that we decided to focus elsewhere or that there was not adequate research available on the particular subject. Moreover, because of the nature of evaluation—complex matters are collapsed into simple scores—we note that not all readers will agree with all scores. Further, these scores are not intended to facilitate explicit rating or ranking, but rather to foster qualitative examination of complex dynamics through simplified heuristics. It is our hope that these overviews will encourage reflection and action.

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