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 2007. 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% by 2050.

Informal employment
The majority of workers are employed informally, so 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).

Public Institutions

<table>
<thead>
<tr>
<th>Force enabling equity</th>
<th>Strengths</th>
<th>Force resisting equity</th>
<th>Strengths</th>
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<tbody>
<tr>
<td>Policy implementation: Although the National Policy for Older Persons in 1999 is a step in the right direction, implementation, particularly in rural areas, has been inadequate, indicating issues of equity and difficulty implementing policy across a vast geography. Implementation of the The Maintenance and Welfare of Parents and Senior Citizens Act has also lagged.</td>
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<td>Healthcare quality: Neither the public nor private health care systems provide the required level of continuity of care for the older population and are limited by poor infrastructures and a lack of dedicated geriatric services. Additionally, the physical size of India and geographical variances across states complicate care for older persons.</td>
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Legislative and Policy Landscape for Aging
Aging policy: 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 agency. 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.

Age-friendly Society
Civil society: Community participation is very low on average: only 9% of older adults are members of a community organization. It is low that are members, involvement in self-help groups, religious organizations or older people’s associations are the most common.

Equitable Healthy Aging

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<th>Healthy aging</th>
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<td>Policy and Program: India’s efforts to promote healthy aging have varied. Although the National Policy for Older Persons in 1999 is a step in the right direction, implementation, particularly in rural areas, has been inadequate, indicating issues of equity and difficulty implementing policy across a vast geography. Implementation of the The Maintenance and Welfare of Parents and Senior Citizens Act has also lagged.</td>
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Age discrimination laws: While existing laws protect older adults from discrimination, the enforcement of these laws is insufficient. For example, the National Policy for Older Persons in 1999 has not been adequately implemented, and although the National Policy for Older Persons in 1999 is a step in the right direction, implementation, particularly in rural areas, has been inadequate, indicating issues of equity and difficulty implementing policy across a vast geography. Implementation of the The Maintenance and Welfare of Parents and Senior Citizens Act has also lagged.

Age-friendly society
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Methodology: As part of the ARC 4.0 initiative, Economist Impact employed a technique to evaluate the readiness of achieving equity healthy aging in 30 countries based on Kurt Lewin’s force field analysis. This approach compares forces that promote or resist change, allowing for analysis of factors that may not be readily comparable within and across countries. We use a qualitative lens to conduct desk research and supplemented by expert assessment. We then conduct a qualitative assessment to score the forces 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.

Economist Impact

India

Ecosystem for equitable healthy aging:
Strengths

1. Financial protection for healthcare: The Pradhan Mantri Jan Awas Yojana scheme, announced in the government’s 2018 budget, is one of the largest government health insurance programs in the world, aiming to cover more than 500 million people from poor or vulnerable families (e.g. who at least one member has a disability). For coverage of older persons, it will replace the Senior Citizen Health Insurance Scheme, launched in 2018 under the pre-existing Rashtriya Swasthya Bima Yojana program.

2. Informal employment: The majority of workers are employed informally, so who do not have secure employment contracts or workers’ benefits.

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

4. Public Institutions: Although the National Policy for Older Persons in 1999 is a step in the right direction, implementation, particularly in rural areas, has been inadequate, indicating issues of equity and difficulty implementing policy across a vast geography. Implementation of the The Maintenance and Welfare of Parents and Senior Citizens Act has also lagged.