Chapter 10
Ageing and Health Agenda for Nepal: Challenges and Policy Responses for Sustainable Development

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Abstract Although the Ageing and Health Agenda (AHA) has garnered momentum in the broader context of United Nation's 17 Sustainable Development Goals (SDGs), progress in formulation and implementation of appropriate policies in developing countries remains an underexplored subject. This chapter responds to this gap and traces country-specific AHA related policies and programs in Nepal. Drawing on the World Health Organisations' (WHO) global strategy and action plan on Ageing and Health, this chapter examines how strategic objectives of the plan have manifested in the Nepalese policy landscape in relation to the third SDG – ensure healthy lives and promote well-being for all at all ages. The findings indicate that integrating the AHA agenda into social policies and programs at the country level has been hindered by the lack of: (a) an emphasis on age-friendly environment; (b) an alignment of health systems to the needs of elderly, (c) support for private and not-for-profit sector-led geriatric care initiatives, and (d) initiatives to support and fund research on AHA.

Keywords Ageing and health · Age friendly environments · COVID-19 · Healthy ageing · Long term care · Policy analysis · South Asia · Sustainable development goals

10.1 Introduction

There has been a growing emphasis for a couple of reasons on prioritising social policies and programmes related to ageing across developing countries as a way to achieve sustainable development. First, the United Nations Department of Economic and Social Affairs (UNDESA) not only indicates that the population aged 65 and over is growing faster globally than all other age groups, but also predicts that one

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in six people in the world will be over age 65 (16%) by 2050 (UNDESA 2019). Second, this global trend is expected to have far-reaching impacts on the socio-economic landscapes of less advanced economies and warrants holistic social policy reforms, as it is not just an economic problem. The United Nations (UN) has declared 2021 to 2030 to be a decade of healthy ageing, and requested key stakeholders such as governments, international and regional organisations, civil society, the private sector, academia, and the media to actively support the initiative as a way to accomplish Sustainable Development Goals (SDGs) by 2030 (UN 2020: 1–3). Although the Ageing and Health Agenda (AHA) has become a global priority, especially in the context of SDGs (see World Health Organisations [WHO] 2019), progress in the formulation and implementation of appropriate policies in developing countries remains an underexplored subject. This chapter responds to this gap and traces country-specific AHA related social policies and programmes in Nepal—which is reeling from three major crises: a decade-long armed conflict that ended in 2006, the 2015 earthquake, and more recently the COVID-19 pandemic. Furthermore, the chapter draws on the WHO's global strategy and action plan on ageing and health and examines how its five strategic objectives have been manifested in the social policies landscape.

The chapter is structured in four parts, with the next section providing the background to the country, followed by a review of the SDGs and AHA nexus. The subsequent section of the chapter describes the research study design and findings. Finally, the chapter will discuss the implications, before presenting concluding remarks.

10.2 Nepal: Country Background in the South Asian Context

South Asia is one of the most populous regions on the world and is comprised of eight nations: Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka—with significant variations in terms of population at the country level. For example, India with a population of over 1.37 billion is the most populous nation in the region, and the island nation of the Maldives is the least populated with a population of only about half a million (World Bank 2019). Nepal is the fifth most populous country in the region with a population of 30 million (CBS 2021). The UN Human Development Index – a composite indicator made up of three key factors: life expectancy, educational achievement, and income (United Nations Development Programme [UNDP] 2018) – indicates that most countries in the region have made significant strides towards improving socio-economic conditions over the past five decades. As a result, the region has also witnessed significant demographic changes and started to age gradually.

For instance, as Fig. 10.1 shows, the regional average of population 65 and above (65+) has nearly doubled from 3.19% in 1979 to 5.61% in 2019 (World Bank 2020). Although Sri Lanka has the highest proportion (nearly 11%) of the 65+ population, Nepal has less than 6% of the 65+ population, slightly above the regional average. It is also clear from Fig. 10.1 that the proportion of elderly population in the region

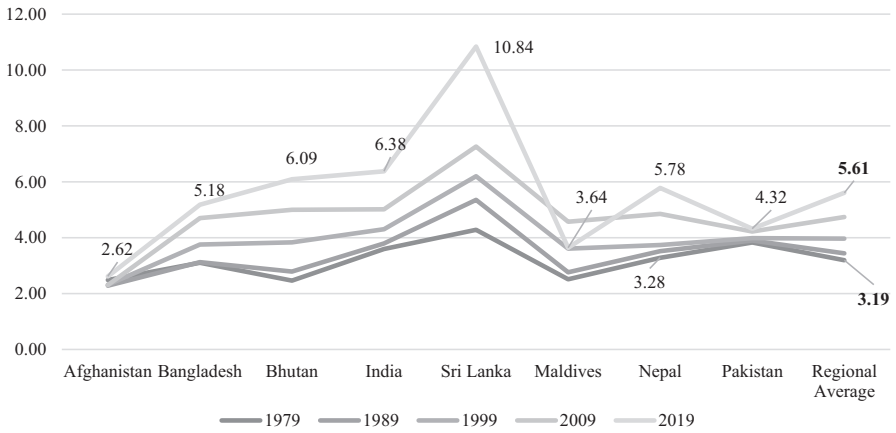

Fig. 10.1 Percentage of population 65 and above in South Asia. (Source: World Bank (2020) URL: https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS)

is fewer in comparison to that of advanced economies. For instance, the 65+ population in the block of Organisation for Economic Co-operation and Development (OECD) nations was about 17% on average in 2017 (OECD 2020). By this standard, with the exception of Sri Lanka, all other nations in the region including Nepal – with an elderly population of less than 7% – are not considered as aged societies in the conventional sense.

Nepal has been through three separate challenging periods in the past three decades. The country had only begun to recover from the two major crises – a decade-long armed conflict between 1996 and 2006 that led to over 13,000 civilian deaths (Office of the United Nations High Commissioner for Human Rights [OUNHCHR] 2012), and the 2015 earthquake that devastated the country's economy and killed nearly 9000 people (Dhakal 2018a) of which nearly one third victims were aged 60 or above (see Derbyshire 2016) – when the third crisis, a global pandemic of a novel coronavirus disease (COVID-19) hit the country in 2019. According to the Johns Hopkins Coronavirus Resource Center (JHCRC), nearly half a million COVID-19 cases have been confirmed and almost 6000 deaths have been reported in Nepal as of May 2021 (JHCRC 2021). Although the Nepalese government does not provide information on the specific breakdown of COVID-19 related deaths by age group on its *COVID-19 Situation Dashboard* (Ministry of Health and Population [MoHP] 2021), the *Situation Updates on COVID-19* (WHO 2021) indicate that the elderly (65+) make up 53% of total deaths so far (Table 10.1). Nonetheless, the relatively lesser infection and mortality rates in Nepal, as well as in the broader South Asian region, have been at least partially attributed to the lower overall percentage of elderly population in the region (see Babu et al. 2020).

The recent demographic trend, however, indicates that Nepal is gradually transitioning towards being an ageing society with over 7% of the population expected to be 65+ years old by 2030 (UNDESA 2019: 40). It can be argued that the pace at which an elderly population is growing has significant implications for Nepal which

Table 10.1 COVID-19 cases and deaths amongst elderly in Nepal as of March 2021

Age group	Total number of cases	Total deaths	Fatality rate (%)
65–74	14,837	853	5.75
75–84	6683	634	9.48
85+	1775	220	13.18

Source: WHO (2021) URL: https://www.who.int/nepal/news/detail/08-03-2021-who-nepal-situation-update

is aiming to graduate to an upper-middle-income country by achieving the SDGs (National Planning Commission [NPC] 2019). For example, the elderly population has ramifications for dependency burdens, as the population who are not participating in the labour force cannot be sustained by those in the labour force unless timely policy decisions are made in order to enhance productivity (see NPC 2017: 2), and appropriate investment is made in social policies and programmes.

10.3 Framework for Examining Ageing and Health Policies

The call for action on ageing has been on the global agenda since the 1982 Vienna International Plan of Action on Ageing which was the first international instrument on ageing (United Nations 1982). The plan aspired to build the capacities of governments and civil society around the world to effectively tackle the socio-economic implications of the ageing of populations. Nearly two decades later, in 1999, the world celebrated the International Year of Older Persons. According to UNDESA (1999), the purpose of the celebration was to recognise humanity's demographic coming of age. However, it was the Madrid International Plan of Action on Ageing and its Political Declaration (the 2002 Madrid Plan) that significantly propelled the ageing agenda into becoming a global priority. The 2002 Madrid Plan was adopted by 159 governments around the world (United Nations 2002) and it emphasised the vital role governments play in promoting, providing, and ensuring access to the basic social services needs of older persons. The plan identified three key area of priorities: (a) older persons and development; (b) advancing health and well-being into old age; and (c) ensuring enabling and supportive environments (p. 1).

Although an antecedent to the current SDGs – the eight Millennium Development Goals (MDGs) agreed to by the global community in 2000 that ranged from halving extreme poverty rates to halting the spread of HIV/AIDS by the end of 2015 (United Nations 2012) – MDGs ignored the ageing population (see Hylander 2012), however the current SDGs do appear mindful of the AHA to a certain extent. As discussed earlier in Chap. 1 of this volume, the 17 different Sustainable Development Goals (SDGs) – ranging between global priorities like poverty reduction and climate action – provide a collective way forward for peace and prosperity for people and the planet, at the present and into the future. These SDGs also represent a collective global pledge that everyone would have the opportunity to fulfil their potential with dignity and equality and no one would be left behind, especially the vulnerable (United Nations 2015), including the elderly. Dugarova (n.d.) has argued that it is

crucial to not only address the exclusion and vulnerability of (and intersectional discrimination against) elderly in the implementation of the SDGs, but also to go beyond treating the elderly as a vulnerable group so that their role can be acknowledged as active agents of sustainable development (p. 7). On the one hand, of the 17 SDGs, the goal that is most relevant to the AHA is the third one which aims to ensure healthy lives and promote well-being for individuals at all ages (UNDESA 2020). On the other, the WHO's (2019) AHA goes a step further and envisages a world in which everyone can live a long and healthy life (Table 10.2). Since the WHO's five strategic elements align with several targets of the third SDG, this chapter contends that the five strategic elements can serve as a reasonable framework to trace country-specific AHA related policies and programmes in developing countries like Nepal.

10.4 Research Study Design

Although the need for the development of appropriate social policies and effective implementation to address challenges associated with the elderly is self-evident, the assessment of existing ageing related policies and potential reforms in Nepal remains a multifaceted challenge in a post-conflict and post-disaster socio-economic setting which is now in the midst of a pandemic. However, there is a clear difference in the way policy analyses are carried out for a specific purpose. On the one hand, analysis 'for' policy leads to briefings for governmental agencies and developing alternative choices to inform the policy making process and policy makers. On the other, the scrutiny 'of' current policies is a scholarly exercise that often takes place in academic settings in order to unravel existing and potential policy contexts and consequences (see Dhakal and Burgess 2021). This chapter concerns the latter. Drawing on the WHO's global strategy and the action plan's five strategic objectives, this chapter examines the research question: 'How prepared is Nepal for transitioning to an ageing society?' The overarching purpose of this chapter is to gain an in-depth understanding of the current social policies related to the AHA and potential reforms. The chapter utilises a wide variety of secondary sources such as government documents, media coverage, and observations (Table 10.3) in order to examine the research question.

As with any empirical studies, there are limitations to the analysis presented in this chapter. First, document analysis as a method is prone to being insufficiently detailed (see Bowen 2009). Government policy documents and reports are rarely published for the purpose of academic research and are consequently light on details in terms of critical analysis, interventions, and outcomes, especially in developing countries (see Serajuddin et al. 2015). Second, this research was severely hindered by the COVID-19 pandemic and the in-country primary data collection (survey and interviews) could not be carried out within the available timeframe. Third, the census takes place in Nepal every 10 years and the next census is expected to be completed by the middle of 2021 (CBS 2021). The demographic data utilised in this chapter is therefore slightly outdated. Future studies should take these limitations into account and build on the analysis presented in the chapter.

Table 10.2 Comparison between WHO's Ageing and Health Agenda and UN's SDG # 3

WHO's Ageing and Health Agenda	SDG # 3 Good Health and Well-being
Vision: a world in which everyone can live a long and healthy life	*Goal: Ensure healthy lives and promote Well-being for all at all ages*
Strategic objectives	Relevant targets
1. Commitment to action on healthy ageing in every country	Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
1.1: Establish national frameworks for action on healthy ageing	
1.2: Strengthen national capacities to formulate evidence-based policy	
1.3: Combat ageism and transform understanding of ageing and health	
2. Developing age-friendly environments	
2.1: Foster older people's autonomy	
2.2: Enable older people's engagement	
2.3: Promote multisectoral action	
3. Aligning health systems to the needs of older populations	Target 3.C: Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing states.
3.1: Orient health systems around intrinsic capacity and functional ability	
3.2: Develop and ensure affordable access to quality older person-centred and integrated clinical care	
3.3: Ensure a sustainable and appropriately trained, deployed, and managed healthy workforce	
4. Developing sustainable and equitable systems for long-term care	
4.1: Establish and continually improve a sustainable and equitable long term-care system	
4.2: Build workforce capacity and support caregivers	
4.3: Ensure the quality of person-centred and integrated long-term care	
5. Improving measurement, monitoring, and research on healthy ageing	Target 3.D: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks
5.1: Agree on ways to measure, analyse, describe, and monitor healthy ageing	
5.2: Strengthen research capacities and incentives for innovation	
5.3: Research and synthesise evidence on healthy ageing	

Sources: WHO (2019: 6–24) and UN (2021)

Table 10.3 Key documents analysed

Year	Author(s)	Title
2006	Government of Nepal	Senior Citizens Act, 2063 (2006 AD)
2007	Dahal, B. P.	Elderly People in Nepal: What happened after MIPPA, 2002?
2010	Geriatric Centre Nepal	Status Report on Elderly People (60+) in Nepal on Health, Nutrition and Social Status Focusing on Research Needs
2011	Asian Development Bank	Supporting the development of a social protection framework in Nepal
2012	National Planning Commission	Assessment of Social Security Allowance Programme in Nepal
2015	International Labour Organisation	Social security protection in Nepal: institutional and capacity development Final Report
2015	National Planning Commission	Sustainable Development Goals 2016–2030 National (Preliminary) Report
2015a	Government of Nepal	Constitution of Nepal, 2072 (2015 AD)
2015b	Government of Nepal	Nepal health sector strategy 2015–2020
2017	Khadka, R.	An analytical briefing on the social security sector in Nepal
2019	National Planning Commission	The Fifteenth Plan (Fiscal Year 2019/20–2023/24)
2019	National Human Rights Commission	Monitoring Synopsis of the Senior Citizens' Care Centres—2019
2020	Ministry of Labour and Employment and Social Security	Nepal Labour Migration Report 2020

Source: Compiled by authors

10.5 Findings

10.5.1 Commitment to Action on Ageing

The WHO (2021) argues that countries can commit to the AHA through leadership in order to develop and implement social policies that are beneficial to the elderly, as well as to prevent discrimination against individuals on the basis of their age. This commitment at the country level is visible on several policy fronts.

First, following the 2002 Madrid Plan of Action, the Ministry of Women, Children and Senior Citizens (MWCSC) formulated the 2005 National Plan of Action for senior citizens (MWCSC 2005). The 2005 Plan of Action highlighted the need to focus on the well-being of senior citizens as well as utilising their knowledge, skill, and experiences in service of the sustainable development of the country (p. 4) with six specific priorities: economic security, social security, health and nutrition, participation and engagement, education and recreation, and legal reforms. The following year, the country enacted the Senior Citizens Act. The 2006 Act defined 'Senior Citizen' as being an individual that is 60+ years of age, and characterised 'Incapable Senior Citizen' as those with physical or mental disabilities (Government of Nepal 2006: 1). This opened up policy discussions to ensure

equality and inclusion for the elderly. Under the 2006 Act, a ministerial level National Senior Citizen Welfare Committee (NSCWC) oversees the care, maintenance, and social security initiatives for senior citizens. For instance, the country's commitment to the agenda was noticeable during the early stages of the COVID-19 pandemic. The NSCWC helped develop a pandemic specific action plan to address the challenges faced by the key vulnerable demographics such as children, women, the disabled, and senior citizens during the nationwide lockdown imposed by the government in order to minimise the spread of the virus (Himalayan News Services 2020). The UN Nepal (2020) reported that the key priorities of this action plan were to ensure that the situation of already vulnerable groups was not further exacerbated during the pandemic lockdown and formulated measures such as: (a) preventing potential violence and discrimination against the elderly and (b) forming a collaborative mechanism among all three government tiers (national, state, and local) in order to ensure the delivery of social services.

Second, as Table 10.4 indicates, there are various elderly-specific social security schemes being implemented by the government. For example, the old age allowance is now available for those over 65 (the age of eligibility has been reduced to 60 for disadvantaged groups and residents of Karnali—the most underdeveloped region of the country). In addition, there is a single women allowance for those 60+ or with no source of income, or those earning lower than the minimum wage of approximately AU$ 150/month (Khadka 2017).

Third, the 2015 Constitution of Nepal guarantees equality before the law to all citizens, and prohibits all forms of discrimination based on origin, race, caste, tribe, sex, economic condition, language, religion, ideology, or any other grounds (Government of Nepal 2015). Accordingly, it can be extrapolated that ageism is against the core anti-discrimination principle embedded in the constitution. Iversen et al. (2009) characterised ageism as being: "implicit or explicit negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) elderly on the basis of their chronological age or on the basis of a perception of them as being old or elderly" (p. 15). However, although a number of studies have examined family-based discrimination, neglect, and violence against the elderly in Nepal (see Sanner 2013; Speck 2017) there is a dearth of evidence on institutionalised ageism such as the recruitment and retention of experienced and skilled but older talent in the labour market. For instance, in an online news article Gautam (2019) stated that:

Table 10.4 Social security benefits for elderly in Nepal

Categories	Amount per month[a]
Senior citizen (disadvantaged group)	NRs 2000 (AU$23)
Senior citizen (single woman 60+)	NRs 2000 (AU$ 23)
Senior citizen (65+)	NRs 3000 (AU$ 33)
Senior citizen (underdeveloped region)	NRs 2000 (AU$ 23)
Widow	NRs 2000 (AU$ 23)

Source: Department of National ID and Civil Registration [DNICR] (2021) URL: https://donidcr.gov.np/Home/SocialSecurity

[a]Currency exchange rate: 1 Australian $ ~ 89 Nepalese Rupees (NRB 2021)

"with the increase of life expectancy in Nepal to 70 years of age, a significant number of elderly people who still can work or are in a need for a job, are often considered worthless, except with a few exceptions" (para 5). The observation above on negative stereotypes towards the elderly, however, is specific to the issue of workforce participation. Shrestha and Zarit (2012) point out that cultural traditions have often associated ageing with positive stereotypes instead, such as being knowledgeable and wiser.

Fourth, there is a long history of social security related polices and schemes that benefit the elderly. The Army Personnel Provident Fund, established in 1934 is the oldest social security protection scheme of the country. The Employment Provident Fund (EPF) for civil servants working throughout the country has been operating since 1948 (EPF 2021). The 1992 Employees Provident Fund Act makes it compulsory for public sector employees to participate in the scheme. However, it is voluntary for personnel of public corporations and workers of private enterprises with 10 or more employees (Khadka 2017). The monthly pension scheme is available only to government employees who retire from service after completing at least 20 years of employment (see Khadka 2017). The retirement aged for civil servants has been recently increased to 60 years from 58 (Nepal 2019). The 1991 Citizen Investment Trust Act provides government, non-government workers, and the self-employed as well as workers in the informal sector an opportunity to participate in the retirement scheme (Government of Nepal 1991).

10.5.2 Developing Age-Friendly Environments

The WHO (2021) posits that the health and well-being of the elderly is determined not only by individual attributes but also by the built and social environmental factors such as outdoor spaces and buildings, transportation, housing, social participation, community support and so on. The focus on age-friendly planning and development is a relatively new topic of research interest globally (see Buffel et al. 2012), particularly in the context of developing countries like Nepal.

A quick scan of the scholarly and grey literature suggests that the notion of 'age-friendliness' is yet to gain currency as a prominent research and policy agenda in Nepal. In a paper titled *Care-takers and place-makers: Old-Age and urban regeneration in Patan, Nepal*, Brosius (2018) makes an attempt to document some of the post-2015 earthquake reconstruction initiatives within ethnic communities of the Newars – the indigenous people of Kathmandu – and highlights that the built environment influences not only the social interaction patterns of elderly, but also the ways in which traditional knowledge gets exchanged between older and younger generations within the community (p. 32). In a newspaper article, an architect Srijana Koirala (2018) stated that:

> … in ancient Kathmandu Valley, chowks (intersection of roads), patis (sitting spaces), courtyards, were a gathering place for older people to socialize by organizing vajans (religious songs), dances, religious activities, cultural programs … some of these activities can still be seen in few areas in the core areas of the valley. But, these types of spaces are no longer seen in the [planning] and development of new urban areas, or in the renewal of old cities in Nepal … (para 3).

The sentiment expressed above is similar to that of a leading geriatrician consultant and dementia specialist in the country who stated: "our growing cities and urban areas are unfriendly to the older populations. The lack of proper infrastructure for the disabled and the elderly has meant that they have a difficult time navigating cities" (Kandel 2018: para 8).

10.5.3 Aligning Health Systems to the Needs of Older Populations

According to the WHO (2021), there is an urgent need for countries around the world to transform their health systems in order to ensure affordable access to medical interventions that respond to the needs of elderly and prevent care dependency later in life. Ageing is often associated with multiple chronic conditions which puts pressure on the utilisation of the health services due to increasing demand (see Jaul and Barron 2017). Aligning health systems to the needs of the elderly is therefore particularly significant in the context of Nepal where universal healthcare provisions is mere rhetoric.

First, under the 2014 National Health Policy, a National Health Sector Strategy 2015–2020 (NHSS) was developed as a main vehicle to guide the health sector and to guarantee access to basic health services as a fundamental right of every citizen (Ministry of Health and Population [MoHP] (2015)). There were four key strategic priorities of the NHSS: (a) equitable access to health Services, (b) quality health services, (c) health systems reform, and (d) multi-sectoral approach (p. 21). However, none of them specifically outlined mechanisms to align the current health systems with the needs of the elderly. Second, Acharya et al. (2019) indicated that there are limited data on healthcare utilisation and costs among the elderly population in Nepal (p. 1). The Fifteenth National Development Plan (NPC 2019) specifically envisages practical provisions to align health systems to the needs of the elderly. For instance, the plan states that: "a senior citizen ward will be established in the government hospitals having more than 100 beds for the senior citizens and provisions will be made for allocating at least 10% the beds in private hospitals along with discount rates for treatment for the senior citizens" (pp. 276–277). Nonetheless, in a recent study, Ghimire et al. (2018) argued that the health financing system in Nepal does not ensure the protection of households from health expenses. Although the Ministry of Health and Population (MoHP) is committed to achieving universal healthcare by 2030 as a part of the sustainable development agenda, nearly half of the total health expenditure is still financed by out-of-pocket expenses (MoHP 2015) exacerbating elderly access to the healthcare system. On paper, the government does provide free health check-ups through public hospitals and health facilities and treatment subsidies to senior citizens for severe health conditions such as cancer, heart disease, uterus prolapse, and kidney disease (see Acharya et al. 2019). However, the benefits of such provisions are skewed towards urban residents in terms of access to healthcare facilities. For instance, free healthcare services

provided to the elderly aged 70+ have a maximum cap of approximately AU$ 60 per year, which is insufficient for travel expenses alone, especially for those residing in rural and remote areas who can easily exceed the allowance.

10.5.4 Developing Sustainable and Equitable Systems for Long-Term Care

The WHO (2021) highlights the fact that the ageing continues to have aspirations to well-being and respect regardless of declines in their physical and cognitive capabilities. Consequently, the preparedness of countries in the middle of the demographic transition matters in order to ensure a functional long-term-care system in order to minimise the utilisation of acute healthcare services as well as providing families and caregivers with alternative care options.

The 2006 Senior Citizens Act assigns caring responsibilities as the duty of each family member based on their socio-economic status and prestige (p. 3). The Act simply reinforces the societal norm of the younger generation sharing responsibilities to care for the older generation in the family. The long-held tradition in the country is that caring for elderly parents is primarily the responsibility of the first son. In the case of multiple sons, the caring responsibilities are shared, often on a rotational basis. And when this option is unavailable, generally other family members step up. Chalise (2020) points to the evidence that over 80% of the elderly in Nepal live with their children, of whom less than 3% live with their daughters. However, the family care system has been disrupted in recent years due to the increased participation of women in the workforce as well as the unprecedented growth of outbound migration for work and study (see Subedi 2020) following the peaceful resolution of the Maoist conflict in 2006 and the 2015 earthquake (Dhakal 2018b). For example, according to the Nepalese Ministry of Labour, Employment and Social Security (MoLESS), over 350,000 Nepalese sought approval to seek overseas employment during the 2017/2018 fiscal year (MoLESS 2020). Approximately 95% of the total outbound labour migration number are male between the ages of 18 and 35 (p. xv). In addition, over 63,000 young people left the country to pursue higher education overseas (Nepali Times 2019) exacerbating the exodus of young people from the country.

Second, Nepal does not have the western equivalent of long-term care systems and associated policies (Burgess et al. 2018; Oliveira Hashiguchi and Llena-Nozal 2020; Roberts 2017) and as such, aged care facilities are known as old age homes (OAHs). Traditionally, OAHs were established for the elderly without children or with children who were either unwilling or incapable to care for their parents (Khanal et al. 2018). The latest publicly data available conservatively estimate that nearly 1600 elderly (mostly female [61%] reside in 141 OAHs across the country (National Human Rights Commission 2019: 10). Most OAHs are either affiliated with or run by religious not-for-profit charities (for example, temples and monasteries). The Geriatric Centre Nepal (2010) reported that there is only one OAH that is run by the government – the Pasupati OAH – which was established in 1973 and has around 160 residents.

Although, it is located within the premises of the Pashupatinath Temple, an iconic UNESCO World Heritage Site, the lack of adequate space and sanitation makes it unfit for the elderly (Rastriya Samachar Samiti 2018). This concurs with the Konovalov (2021) assessment that OAHs in Nepal often operate with limited resources and offer bare minimum services depriving residents of proper care and support.

Third, there is also a growing call from the Nepalese diaspora in countries like Australia, the United Kingdom, and the United States for the government to engage with the private sector to establish modern OAHs. For example, in a paper presented at the 2014 Non-Resident Nepalese Australia Conference, Gaire and Karkee (2014) contended that the creation of an aged care industry to care for senior citizens has the potential to contribute to the broader sustainable development aspirations of Nepal. The number of private OAHs is believed to be increasing in recent years; Devkota (2019) observed in anecdotal evidence that: 'the hoarding boards of the ever-increasing number of old-age homes in the country signal change in the social and economic structure of Nepal' (para 1). However, comprehensive data on the scope and magnitude of privately operated OAHs is not available.

10.5.5 Improving Measurement, Monitoring, and Research on Healthy Ageing

The WHO (2021) point out that focussed research, new metrics, and methods have the potential to generate a comprehensive understanding of ageing and health related matters that are critical for developing, implementing, and evaluating evidence-based policy options.

Parker and Pant (2011) have argued that a focus on the ageing population is a relatively new policy agenda for Nepal. There are a limited number of ageing related non-governmental organisations (NGOs) and research institutions outside the governmental departments and universities in the country. The WHO (2014) indicated that MWCSW would then provide financial support to institutions, OAHs, and research programmes in order to capture and improve the quality of evidence on ageing in Nepal (p. 43). However, information on the magnitude and scope of funding distributed is not publicly available. There are multiple stakeholders that are directly or indirectly involved in the research surrounding AHA. One of the most credible research institutions in the country is the Central Department of Population Studies (CDPS) established in 1988 at Tribhuvan University—the oldest and largest public higher education provider in the country CDPS (n.d.). Similarly, the Population Association of Nepal (PAN) is a professional, non-profit, and non-governmental organisation established to promote the scientific study of population in general and Nepal's population problems (PAN 2010).

Several NGOs that are affiliated with the HelpAge Global Network (HelpAge, n.d.) are active in various aspects of ageing and health related research such as Nepal Participatory Action Network (established in 1995), Ageing Nepal (established in 2011), the National Senior Citizen Federation (established in 2011), and the Nepal School of Social Work (established in 2018). In addition, research-centric

not-for-profit organisations such as the Centre for Research on Environment Health and Population Activities (CREHPA) and the Geriatric Centre Nepal are actively contributing to the AHA. However, ageing related research carried out by these institutions and the extent of impact of such research in shaping policy agenda and reforms remains unknown as organisations indicated above do not publicly disclose meaningful information via websites and reports.

10.6 Discussion

As in many other countries in the South Asian region, Nepal has made significant strides in reforming social policies in the context of AHA (see Asian Development Bank 2019). The case of Nepal stands out because as mentioned earlier in the chapter, it is currently recovering from three major crises. Based on the findings presented, it is clear that the country's commitment towards action on AHA is comparatively more evident than the other four objectives. The state of strategic initiatives in the country is concisely assessed and summarised in Table 10.5 before making recommendations as a way forward.

First, the planning and development of age-friendly cities and communities in Nepal is yet to be a priority—especially in the context of new rapid urban development. Although there are challenges in terms of awareness amongst policy makers, the expertise of planners, engagement with stakeholders, and the scarcity of financial resources, amongst other things, the vision and strategic policy direction towards a modern day, age-friendly built environment can certainly draw from the country's rich cultural heritage and community-centred urban planning and development (see Shrestha and Shrestha 2014; Brosius 2018). Second, based on the trend in the ageing population and socio-economic transformation, improving standards for the infrastructure and facilities inside existing OAH is vital (see Gautam 2019), as well as establishing a vibrant aged care industry. The state of OAHs in Nepal not only shows a wide gap in terms of the supply and demand of aged care services but also highlights the lack of baseline data. The growth in the outbound migration of youth is disrupting the traditional care arrangements and thereby increasing the demand for aged care services and care workers. This disconnect between the healthcare strategy and the needs of the elderly to access health care services is particularly significant in non-urban areas. Although there is a genuine desire to move beyond the rhetoric of universal healthcare by 2030 as a part of the sustainable development aspirations, aligning health systems to the needs of older populations necessitates investment in improving existing healthcare and aged care provisions. A comprehensive long-term campaign on health literacy as well as quality care of the elderly need to be immediate policy priorities to address the ongoing COVID-19 pandemic (see Yadav et al. 2021) as well as future health crises that disproportionately affect the elderly. Finally, the current Fifteenth National Plan (NPC 2020) is silent on ways to improve, measure, monitor, and research the AHA going forward.

At the present, there are no funding mechanisms that support multi-disciplinary and multi-sectoral research which fosters AHA. There is a need for capacity

Table 10.5 State of ageing and health related policy initiatives in Nepal

Strategic elements	Hardly evident	Somewhat evident	Evident
1. Committing to action on healthy ageing		x	
2. Developing age-friendly environments	x		
3. Aligning health systems to the needs of older populations		x	
4. Developing sustainable and equitable systems for long-term care		x	
5. Improving measurement, monitoring, and research on healthy ageing	x		

development of various ministries in order that they can coordinate efforts to ensure research investment for the AHA either directly by establishing a national funding mechanism, or channelling donor grants in close consultation with the various stakeholders identified earlier. Such investments are required not only to better prepare the country for transitioning towards an ageing society, but also to equip policy makers with evidence-based tools to carry out policy reforms as envisaged in the Fifteenth Plan, including but not limited to: protecting and promoting the rights of senior citizens through familial, economic, and legal protection, providing necessary services and facilities for senior citizens, utilising the knowledge, skills, and experiences of the senior citizens for socio-economic transformation and development (p. 276).

10.7 Conclusion

As relatively young developing countries like Nepal transition to ageing societies, the need for appropriate socio-economic policies to foster the AHA is increasingly vital to accomplish the SDGs. This chapter examined the preparedness of Nepal in transitioning to an ageing society. The contributions of this chapter are two-fold. First, the chapter demonstrated that the WHO's global strategy and action plan on ageing and health is a useful framework for evaluating policy developments in the context of the third SDG. Second, given the crises such as adverse socio-political conditions, natural disasters, and the COVID-19 pandemic, investment and capacity building to enable policy reforms remain challenging and yet an urgent necessity in countries like Nepal. Despite several policy developments, Parker et al. (2014) point out that a lack of strategic direction with regard to ageing related policies and programmes and their implementation has been obvious over the years. As Podger et al. (2014) argue, the limited capacity of governments in terms of resources and expertise warrants a cautious approach to evidence-based social policy reforms. Although it is too early to tell if the AHA can be seamlessly calibrated in developing countries in the post-crisis context, it is clear from the findings that: (a) government commitment is needed to ensure policy reforms that make universal healthcare more than just rhetoric, (b) non-governmental actors need to ramp up research efforts as a vehicle to shape evidence-based policy reforms and communicate the

outcomes, and (c) for-profit and not-for-profit sectors need to co-facilitate the roadmap towards a modern aged care industry that is driven by the demand for elderly care and the market-based supply of service providers. Nonetheless, it has been argued that since there is no explicit human rights obligation for countries to forbid age discrimination at the moment (see Georgantzi 2020), an international framework or instrument needs to be developed in order to steer countries around the world towards age equality and inclusiveness. If Nepal is to fulfil its sustainable development aspirations by ensuring healthy lives and promote well-being for everyone at all ages before it transitions into a fully-fledged aged society, it must invest resources to: prioritise age-friendly planning and development, match existing health systems to the needs of elderly that are particularly socio-economically disadvantaged, support geriatric care initiatives led by for-profit and not-for-profit sectors, and start investing in ageing related research in order to develop evidence-based solutions.

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