

# Disparities among Older Persons in China<sup>1</sup>

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**Abstract:** This study shows that, despite unprecedented economic progress, major disparities in the wellbeing of older persons in China persist. These include disparities between the elderly in urban and rural areas, between the elderly in wealthier Eastern coastal regions and the poorer Western and Central regions, and between elderly men and women. These disparities exist largely because of differential life course experiences that tend to be magnified in old age due to their cumulative effects. Utilizing the “Active Ageing Framework”, developed by the WHO Ageing and Life Course Programme, and core indicators of the Active Ageing Index of European Union countries, this report examines three areas in which there are disparities in the situations of different groups of older persons; health, security and participation.

The study finds that older persons in rural areas are in a disadvantaged position in terms of access to healthcare services, and that women live longer but are less healthy than men in China. Older persons in Western and Central regions of China are in poorer health than those in the Eastern coastal region. Huge disparities also exist in the annual pension incomes received by different subgroups of older persons. Pension schemes are highly differentiated among subgroups of older persons. Gaps of community-based elderly care between urban and rural areas are remarkably pronounced. In terms of participation, the study finds that older persons in rural areas have a higher labour force participation rate, largely as a result of low pension income security. Elderly men participate more than elderly women in political activities. Older persons have more social participation opportunities in wealthier areas. The findings of this study contribute to an understanding of the situation of older persons in China and can be used as the basis for recommendations for policy reforms.

**Key words:** Disparities · Health · Security · Participation

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1 This report is one of the Equity Report Series by the United Nations System in China. It builds on an academic paper jointly developed by the United Nations Population Fund (UNFPA) China Office, the Institute of Gerontology of Renmin University of China (RUC), the China Research Centre on Ageing (CRCA), National School of Development of Peking University (PKU), the Women's Studies Institute of China (WSIC) and National Bureau of Statistics (NBS).

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## 1 Introduction

China's population structure is changing rapidly. Over the course of the past four decades, the Chinese population went from being skewed towards younger cohorts to becoming an ageing population. In 2015, 16.1% of the population was aged 60 and over, while approximately 30% of the population was aged 24 and under. The population projections by the United Nations estimate that each year between now and 2030, an additional 10 million Chinese will join the ranks of older persons (aged 60 and over). Hence, in 2030, China's 358 million elderly population will account for roughly 25% of the total population, further rising to 36.5% by 2050, making China one of the "hyper ageing" societies. More evidences and new policy initiatives are required in order to be prepared for these rapid demographic changes happening in China.

Although ageing is a global phenomenon, ageing in China is unique as compared to that in other countries because of the speed at which ageing is taking place as well as the size of the aged population. Population ageing in China has three characteristics; it is huge in terms of the size of the cohort of older persons, it is occurring rapidly in terms of the increase in both the absolute number and proportion of older persons, and is occurring even more rapidly in terms of the increase of people aged 75 and over.

Furthermore, ageing in China is occurring at a much earlier stage of economic development than it occurred in other ageing societies in Western Europe and North America. For example, when China became an ageing country in 2000 (i. e. when its elderly population first accounted for at least 10% of the total), its Gross Domestic Product (GDP) per capita was only 7% of what Japan's was when it crossed the same threshold.

Building on an academic paper jointly developed by the United Nations Population Fund (UNFPA) China Office, the Institute of Gerontology at Renmin University of China (RUC), the China Research Centre on Ageing (CRCA), the National School of Development of Peking University (PKU), the Women's Studies Institute of China (WSIC), and National Bureau of Statistics (NBS), this report, "Disparities among Older Persons in China", with its focus on disparities in wellbeing within the population of older persons, is a product of a study led by the United Nations Population Fund China Office.<sup>1</sup>

This report, employing the World Health Organization's (WHO) "Active Ageing Framework" and work from the Active Ageing Index team led by Professor Asghar Zaidi, analyses three important dimensions with respect to the wellbeing of older persons: health, security and participation.

### 1.1 China's Global Ranking in Terms of Wellbeing of Older People

The comparative position of China can be approximated by using the evidence

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1 This report also acknowledges the contributions of UN agencies in China, in particular WHO and UNDP.

available in the Global AgeWatch Index (GAWI). Since its launch in October 2013, the GAWI has helped identify contexts in which older people fare better, and point to policy interventions that are effective in reducing their vulnerabilities. (For the purpose and methodology of the Global AgeWatch Index, see Zaidi, 2013).

China ranks 52 out of the 96 countries covered in 2015, ahead of Russia (65), India (71) and Indonesia (74). It performs best in the enabling environment domain (28), with above regional average values in three out of four indicators: safety (78%), civic freedom (76%) and satisfaction with public transport (71%). China ranks 39 in the capability domain, with educational attainment among older people (30.1%) equal to the regional average but below the Index average (45%). It ranks 58 in the health domain and has near regional average values for life expectancy at 60 and above the regional and Index averages for healthy life expectancy at 60. China ranks lowest in the income security domain (75), due to high old-age poverty rate (23.9%) compared to the regional average (12.9%), and low relative welfare (50%).

The countries doing best in the GAWI have social and economic policies supporting older persons in terms of universal pension income and adequate and affordable access to healthcare services. Likewise, older persons' capabilities for employment and autonomy are promoted with the help of enabling environments at work places and in the society at large. This approach is apparent not just in advanced Western European, Nordic and North American countries but also in some middle ranking countries such as Chile (21), Argentina (31) and Mauritius (42) (HelpAge International, 2015).

## **1.2 Major Disparities within the Group of Older Persons**

China already has a reasonably good comparative position with respect to the wellbeing of older persons. However, as this study will show, major disparities persist between the elderly in urban and rural areas, between the elderly in wealthier Eastern coastal regions and the poorer Western and Central regions, and between elderly men and women. These disparities exist largely because of differential life course experiences that tend to be magnified in old age due to their cumulative effects. These disparities are increasingly attracting the attention of both the Chinese government and international development agencies. This report will contribute towards a better understanding of the situation and make recommendations for policy reforms.

As a response to ageing, the Chinese government has already enacted multiple policies and plans, and additional new policy instruments are being prepared. Yet, no single actor can address all of the challenges associated with ageing in order to realize a society where people can age with security and dignity, and continue to participate in life around them as citizens with full rights.

The inter- and intra-generational equity of ageing are two equally important

dimensions to study. The former examines the issue of equity from a cross-generational perspective including the young and the old while the latter addresses disparities within the group of older persons. This report focuses on an analysis of disparities within subgroups of older persons, in order to highlight the issues concerning disparity and equality.

It is useful to draw a distinction between the terms “inequalities and inequities” and “gaps and disparities” as they are often used interchangeably.

- Equality implies that no differences should exist between people, even when the differences are not unjust. For example, equality of earnings implies that everyone should earn or receive the same income, irrespective of their efforts.

- Equity, on the other hand, accepts differences but rejects disparities that are unfair and avoidable. First, the playing field on which everyone is active must be level and once that is the case, the differences observed must be judged on the basis of the principles of social justice. For example, the wage reward should be fair according to the efforts of the individual and productivity, but without any form of discrimination, such as gender discrimination.

“The distinctive feature of high inequities is that they are always unfair, often systemic, and mostly avoidable” (Vandemoortele 2013; Whitehead and Dahlgren 2007). For example, disparities among older persons arising merely because of gender, or geographic location, are unacceptable and must be remedied. This report prefers to use the term “disparity”, and discusses in particular those disparities in China that can be avoided by providing a level playing field during all phases of a life course.

## 2 Methodology

In line with official Chinese documents (e. g. the Law of People’s Republic of China on the Protection of Rights and Interests of Older Persons) and for the purpose of comparisons with other studies on ageing, this report defines older persons as people 60 years of age and over. Usually the oldest old are defined as the population aged 80 and over. However, due to the younger age structure of the data used in this report (especially in the analysis of health issues), this report mainly makes comparisons between a younger age group (60–74) and an older age group (75 and over) for older persons.

This study takes as its starting point the “Active Ageing Framework”, developed by WHO’s Ageing and Life Course Programme as a contribution to the 2<sup>nd</sup> United Nations World Assembly on Ageing, held in April, 2002, in Madrid, Spain (WHO 2002). The three pillars of this policy framework: Health, Security and Participation, are the three areas this report covers. In addition, information is drawn from the analytical framework and core indicators of the Active Ageing Index (see, e. g., Zaidi et al. 2016).

Through collaborative research with multiple academic institutions, this report describes and analyses the disparities existing among the current generation of older persons, with a focus on disparities in three dimensions:

- Rural and urban ,
- Men and women , and
- Eastern coastal areas in comparison to Western and Central areas.

Table 1 reports on the data sources used in this report and also on the definitions of regions in China. Table 2 provides the analytic framework and core indicators analyzed in this report.

**Table 1 Data Sources and Definition of Regions**

| Three domains | Data Sources   | Definition of Regions   |
|---------------|--|---|
| Health        | The 2013 China Health and Retirement Longitudinal Study (CHARLS 2013), conducted by the National School of Development and the Institute of Social Science Survey, Peking University             | <b>East</b> , 11 provinces and municipalities:<br>Beijing<br>Hebei<br>Shanghai<br>Zhejiang<br>Shandong<br>Hainan<br>Tianjin<br>Liaoning<br>Jiangsu<br>Fujian<br>Guangdong                                   |
| Security      | The National Survey on Older Persons in Urban and Rural Areas in 2000, 2006, and 2010, conducted by China Research Centre on Ageing  | <b>Central</b> , 8 provinces:<br>Heilongjiang<br>Shanxi<br>Jiangxi<br>Hubei<br>Jilin<br>Anhui<br>Henan<br>Hunan   |
| Participation | a. Household Surveys, conducted by National Bureau of Statistics;<br>b. The 3 <sup>rd</sup> National Survey on the Status of Women in China, conducted by the Women's Studies Institute of China | <b>West</b> , 12 provinces, municipalities and autonomous regions:<br>Inner Mongolia<br>Chongqing<br>Guizhou<br>Tibet<br>Gansu<br>Ningxia<br>Guangxi<br>Sichuan<br>Yunnan<br>Shaanxi<br>Qinghai<br>Xinjiang |

**Table 2 Analytic Framework and Main Indicators**

| Three domains | Sub-domains             | Indicators  |   |
|---------------|-------------------------|---|---|
| Health        | Health outcomes         | Physical health   | 1. 1 Self-rated health status                             |
|               |                         | Mental health   | 1. 2 Activities of Daily Living (ADL)                     |
|               |                         |   | 1. 3 Cognition competence                                 |
|               |                         | 1. 4 Depression   |   |
|               | Healthcare services     | Access  | 1. 5 Prevalence of untreated diseases in recent two weeks |
|               |                         | Cost  | 1. 6 Insurance coverage                                   |
|               |                         |   | 1. 7 Reimbursement rate                                   |
| Security      | Economic security       | Income  | 2. 1 Average income                                       |
|               |                         | 2. 2 Main source of income                                      |   |
|               | Pension                 | 2. 3 Pension coverage rate                                      |   |
|               |                         | 2. 4 Pension level  |   |
|               | Physical security       | Community care  | 2. 5 Demand for community care                            |
|               |                         |   | 2. 6 Supply of community care                             |
| Participation | Economic participation  | 3. 1 Labour force participation rate                            |   |
|               | Political participation | 3. 2 Voting rate for congress elections                         |   |
|               |                         | 3. 3 Voting rate for villagers committee/neighborhood committee |   |
|               | Social participation    | 3. 4 Coverage of OPAs   |   |
|               |                         | 3. 5 Usage of activity centres for older persons                |   |
|               |                         | 3. 6 Coverage of University of the Third Age                    |   |

Note: The results of all these indicators were analysed but for brevity's sake only selected results are included in this report.

### 3 “Health” Disparities among Older Persons

#### 3.1 Key Findings

##### 3.1.1 *Older Persons in Rural Areas Are in a Disadvantaged Position with Respect to Accessing Healthcare Services, and this Affects Their Health Status*

After many years of reforms of the health care system, China has achieved close to universal health care insurance coverage. According to the China Health and Retirement Longitudinal Study (CHARLS) 2013, about 95% of older persons participate in at least one of the following three schemes: People living in urban areas and who are employed, are covered by the Urban Employee Basic Medical Insurance (UEBMI), while urban residents who are unemployed, students, children or elderly are covered by the Urban Resident Basic Medical Insurance (URBMI). Those who have a rural *hukou* (household registration) are covered by the New Rural Cooperative Medical Insurance (NRCMI). However, there are significant disparities in the coverage provided by the three health insurance schemes. Table 3 presents some basic information about these schemes.

**Table 3 Three Major Health Insurance Schemes in China**

| Schemes | Financing  | Personal contribution            | Reimbursement rate *  |
|---------|--|----------------------------------|---|
| UEBMI   | Shared by employers and employees  | 2% of salary                     | ≤5,000RMB: 75%<br>5,000 – 10,000RMB: 80%<br>More than 10,000RMB: 85%<br>Reimbursement proportion for people retired: 85%/90%/95%                  |
| URBMI   | Personal contribution and government subsidies (320RMB per person per year in 2014) <sup>1</sup> | 90RMB per person per year (2014) | For students and children: 55%/60%/65%<br>For urban unemployed residents: 50%/55%/60%<br>For urban residents older than 70 years old: 50%/60%/65% |
| NRCMI   | Personal contribution and government subsidies (320RMB per person per year in 2014)              | 90RMB per person per year (2014) | Inpatient: 75% (2014)<br>Outpatient: 50% (2014)<br>Ceiling: 6000RMB   |

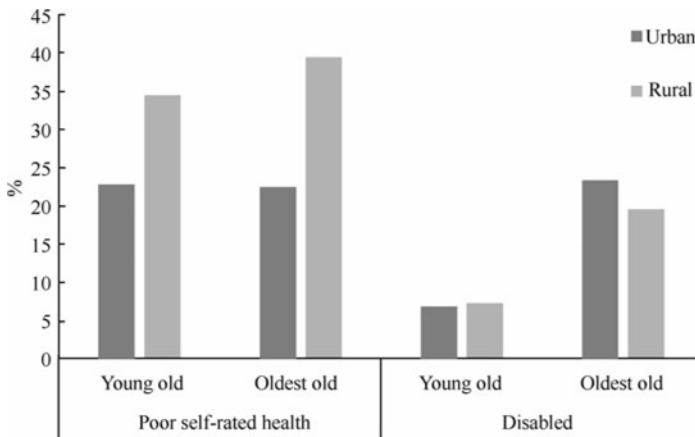
\* The lower the level of the health institution, the higher the proportion of medical expenditure that can be reimbursed.

In recent years, older persons have more access to the health care services they need and for some indicators the urban-rural disparities are lessening. For

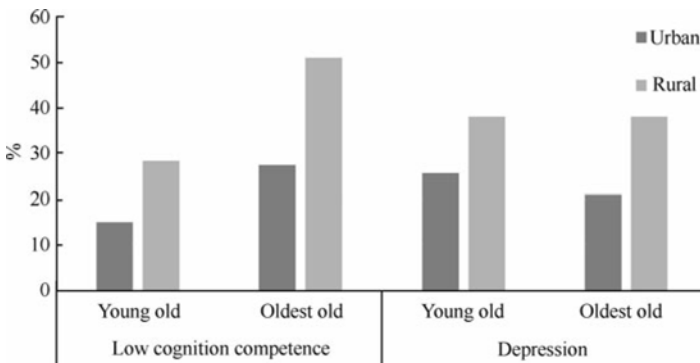
<sup>1</sup> *About Raising the Financing Standards of 2014 NRCMI and URBMI*, Ministry of Finance, National Health and Family Planning Committee, Ministry of Human Resources and Social Security, April 25, 2014.

example, among elderly people with diseases, those who had not been treated during the most recent two week period came to 0.5% and 2.5% of urban and rural older persons, respectively, in 2013; while it was 4.8% and 13.3%, respectively, in 2008 (NHFPC 2015). However, out-of-pocket expenditures on healthcare services are still a heavy burden for rural residents to bear. In 2013, the average self-payment per inpatient care (3,309 RMB) accounted for 33.0% of per capita household annual income for those enrolled in NRCMI, and this amount is higher than that in URBMI (30.0%), and especially, UEBMI (16.7%) (NHFPC 2015). Such disparities reduce the access of rural older persons to high cost treatments and increase the risk of disease.

The 2013 CHARLS shows that rural residents are more likely to report poor health, to have low cognition competence and to be depressed (Figure 1 and Figure 2).



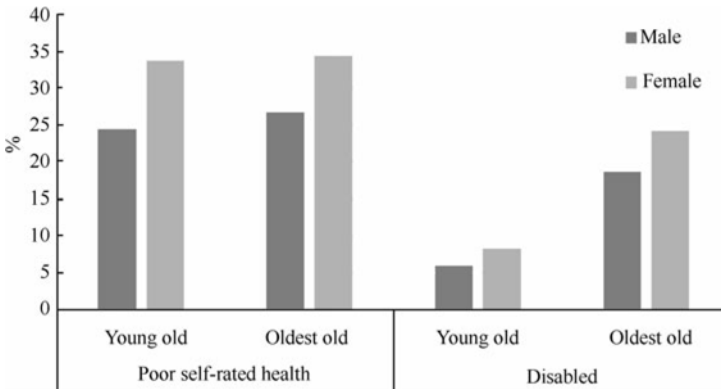
**Figure 1 Poor Self-rated Health and Disability by Place of Residence**  
 Source: 2013 China Health and Retirement Longitudinal Study



**Figure 2 Low Cognition Competence and Depression by Place of Residence**  
 Source: 2013 China Health and Retirement Longitudinal Study

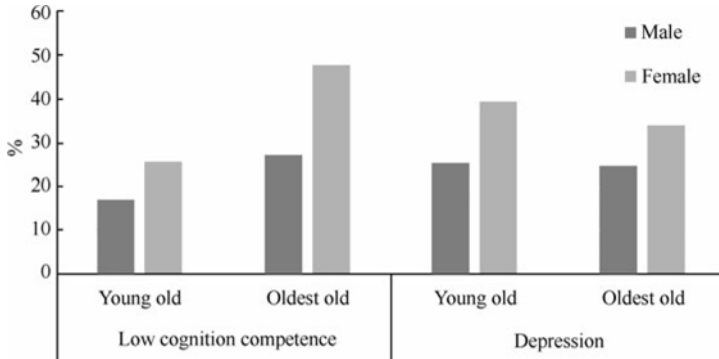
### 3.1.2 Women Live Longer but are Less Healthy than Men in China

In 2010, women in China had a life expectancy at birth of 77.4 years, five years longer than that of men.<sup>1</sup> However, in terms of their physical and psychological health conditions, older women are worse off than older men. Figure 3 and Figure 4 show that among both young old (60 – 74) and the oldest old (75 and above) females are relatively more disadvantaged than their male counterparts in terms of self-rated health status, cognition competence and depression.



**Figure 3 Poor Self-rated Health and Disability by Gender**

Source: 2013 China Health and Retirement Longitudinal Study



**Figure 4 Low Cognition Competence and Depression by Gender**

Source: 2013 China Health and Retirement Longitudinal Study

It is notable that a higher proportion of women in both the young old and oldest old groups are disabled (Figure 3). Through the advancement of medicine and health technology, some chronic diseases can be treated through

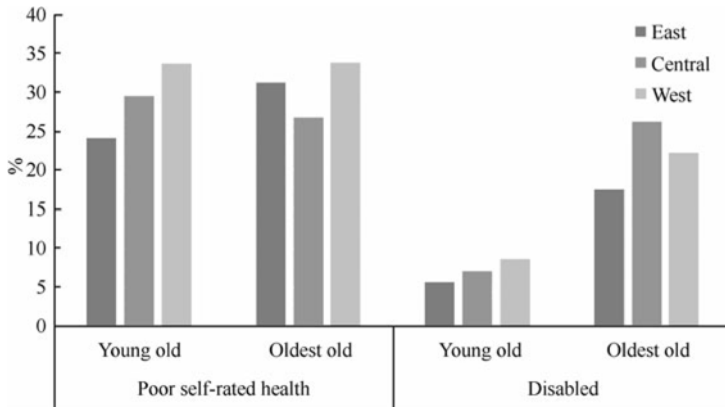
1 National Bureau of Statistics of the People's Republic of China, National data, 2010, <http://data.stats.gov.cn/workspace/index?m=hgnd>



timely interventions. Such treatments can prolong life, but morbidity levels increase and those being treated are likely to experience functional limitations caused by their diseases. Other studies have found that on average, men will be in need of long-term care for 1.5 years versus 2.5 years for women (Du 2006). Older women need more long-term care, especially during the later stages of their lives.

3.1.3 *Older Persons in Western and Central Regions of China Are in Poorer Health than those in the Eastern Coastal Region*

From a regional perspective, young old persons in the East are in better health than those in the Central and the Western regions of China in terms of “self-rated health” and “disability.” However, the health conditions of the older persons aged 75 and over do not have a pattern related to regional location. (Figure 5).

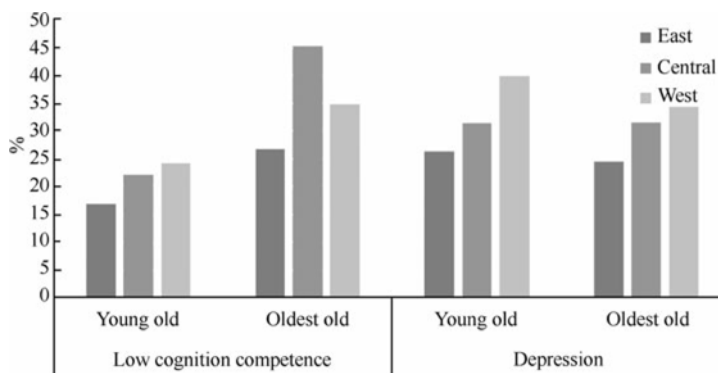


**Figure 5 Poor Self-rated Health and Disability by Region**  
 Source: 2013 China Health and Retirement Longitudinal Study

Older persons in Central and Western China, whether the young old or the oldest old, tend to be in poorer mental health than those in the Eastern part of China (Figure 6). Similarly, older persons in Eastern China have fewer symptoms of depression than those in other regions.

**3.2 Discussion**

Analyses of data for self-rated health, disability, cognition and depression show that widespread health disparities exist among groups of older persons in China. Efforts to reduce health disparities among older persons, challenging to begin with, are further complicated because they cannot be separated from other issues such as decreasing family size, internal migration, income inequality and unbalanced regional development. In recent years, the government has implemented a series of policies to promote health equity, such as the health reform launched in 2009 and the Healthy China 2030 plan.



**Figure 6 Low Cognition Competence and Depression by Region**

Source: 2013 China Health and Retirement Longitudinal Study

Precisely targeting the most vulnerable groups among old persons would help to enhance policy performance. Rural elderly, elderly females, older persons living in the Central and Western regions, and oldest old are the four most vulnerable groups in terms of health. Policymakers should pay special attention to these vulnerable groups, especially those who are members of more than one vulnerable group, when developing their health promotion programmes.

Health disparities in later life have accumulated throughout the whole life course (ILC-UK/WHO 2000). Experiences during the fetal period and during childhood probably affect the health of older persons (Huang and Zhou 2013). As discussed above, thanks to health reforms, health insurance coverage of older persons is now almost universal. However, due to issues such as unequal reimbursement rates and income inequality, urban unemployed and rural older persons still have poorer access to health care compared to other segments of the population. In addition, life style factors and other social determinants are also important causes of health disparities. (WHO 2015)

According to UN estimates, the number of oldest old in China will rise to 93.08 million in 2030, accounting for 6.6% of the total population. This upward trend is projected to continue until 2070 (UNDESA 2015). Irrespective of residence, sex or region, there will be more oldest old with disabilities and dementia, and this will trigger higher demands for care. Currently, health and long-term care systems are separated and managed by multiple government departments, mainly the National Health and Family Planning Commission (NHFP), the Ministry of Civil Affairs (MOCA), Ministry of Human Resources and Social Security (MOHRSS), and the National Development and Reform Commission (NDRC). Moreover, both of these systems have their own problems to deal with, such as public hospital reforms and the inadequacy of community-based long-term care options.

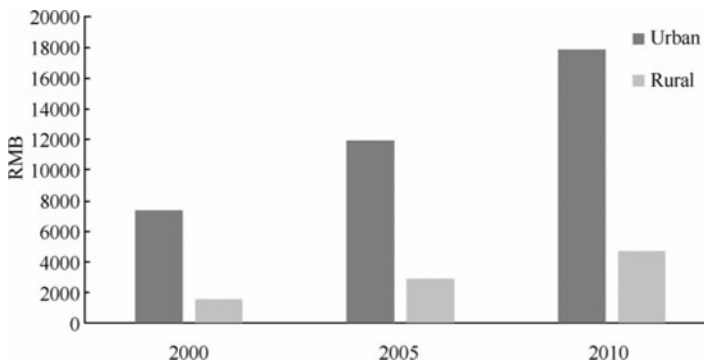
Although China has made significant progress in the designing of service systems for older persons and the promotion of integrated health and long-term care services for institutionalized older persons, more action is still needed.

## 4 “Security” Disparities among Older Persons

### 4.1 Key Findings

#### 4.1.1 *Huge Disparities in Annual Pension Income among Different Subgroups of Older Persons*

In 2010, older persons in China had an average annual income of RMB 10547 (equivalent to approximately US \$ 1550). Older persons in urban areas had an average income of RMB 17892, almost four times higher than the RMB 4756 average of those in rural area. This income gap grew steadily during the period between 2000 and 2010 (Figure 7).



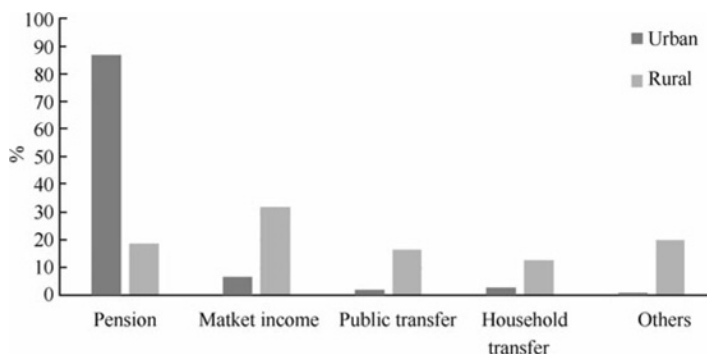
**Figure 7** Average Annual Income of Older Persons in Urban and Rural Areas (2000–2010)

Source: The National Survey on Older Persons in Urban and Rural Areas (2000, 2006, 2010)

Compared with other age groups, among which the ratio of average urban to average rural incomes had risen to 3.3 by 2009 (Liu 2013), this ratio was 3.8 for the population aged 60 and over, reflecting the cumulative effect of inequity through the life course.

In terms of the primary source of their income, older persons in urban areas depend mainly on pensions, while those in rural areas still have to work and/or depend on money transfers from their children (Figure 8). Additionally, income disparities between urban and rural older persons can also be attributed to different pension systems, which in urban areas pay benefits associated with the level of one’s income during the working years, while in rural areas pension benefits are a low flat rate.

In both rural and urban areas, older men have higher incomes than older women. In urban areas, older men have an average income of RMB 22578,



**Figure 8 Primary Source of Income of Older Persons in Urban and Rural Areas in 2010**

Source: The National Survey on Older Persons in Urban and Rural Areas (2010)

compared to an average of RMB 13431 for older women. Older men and women in rural areas have an average incomes of RMB 5466 and RMB 4069, respectively. The disparities among older men and women both in urban and rural areas reflect the relatively disadvantaged position of women in Chinese society in terms of their access to social security and their opportunities in the labour market. The gender gap in pension income is particularly striking in urban areas.

The level of urban pension income depends on how much someone contributes before retirement, and is affected by the length of time contributions are made and the amount of the contribution, the latter of which is closely related to salary level. For the length of time of contribution, while female life expectancy (77 years in the period 2010–2015) is 3 years greater than that of men (74 in the period 2010–2015), women retire at 52.8 years of age on average, seven years earlier than men (Figure 9) and, hence, contribute to pension funds for a shorter period of time. According to the 3<sup>rd</sup> National Survey of Women's Social Status in China, the average income of women as a percentage of that of men in 2010 was 67.3% in urban areas, and 56% in rural areas (UNWOMEN 2015).

Consequently, older men in urban areas have an average annual pension income of RMB 11728, while older women receive, on average, only 54.6% of that amount (RMB 6403). Both the difference in average retirement age (men retire at 59.26 years of age on average, while women at 52.77) and differences in contribution amounts are the main reasons for the difference in pension income between elderly men and women. Therefore, women face bigger challenges to maintain a decent standard of living during old age.

#### 4.1.2 Pension Schemes Are Highly Differentiated among Subgroups of Older Persons

In 2015, the “Decision on the Pension System Reform for Staff of Government Agencies, Party Organizations and Public Institutions” released by the State Council ended a decades-long dual-track pension system. People working at government agencies, party organizations and public institutions, who

contributed zero to their personal pension accounts previously, started to pay 8% of their salary towards their pensions, the same contribution made by those working in private enterprises. This latest reform in the pension system brought profound changes; nonetheless, for a long period of time China has been running a pension system with four different schemes for pension insurance, one for staff at government agencies, party organizations and public institutions, one for urban employees, one for urban residents, and a new scheme for rural residents (Table 4).

Although the overall coverage rate of the pension system has been increasing, the gaps in pension security levels for different groups of people will continue to exist well into the future. The goal of policy makers is to create a universal and equitable pension system. More concrete policies are required to smooth the path of pension reform and make the distribution of pension income more equitable.

**Table 4 Comparisons of Four Pension Insurance Systems in China<sup>1</sup>**

| Insurance system    | Population covered  | Source of pension  | Personal contribution  | Monthly pension (Before the reform in 2015)  |
|---------------------|---|--|--|--|
| For public servants | Staff at government agencies, party organizations and public institutions   | Shared by employers and employees                          | 8% of salary   | 90%/85%/80% of the wage for the month before retirement  |
| For urban employees | Employees of various enterprises, individual business, flexible employment personnel, staff of private non-enterprise units | Shared by employers and employees                          | 8% of salary   | 20% of average wage in the previous year + Balance of individual old-age insurance account/120 |
| For urban residents | Urban unemployed residents above the age of 16 (excluding students at school)   | Personal contribution, collective and government subsidies | To be paid by the residents, including 10 grades varying from RMB 100 to RMB 1000 a year | RMB 55/ month basic pension + Balance of individual old-age insurance account /139             |
| For rural residents | Rural residents above the age of 16 (excluding students at school)  | Personal contribution, collective and government subsidies | To be paid by the residents, including 5 grades varying from RMB100 to RMB500 a year     | RMB 55/ month basic pension + Balance of individual old-age insurance account /139             |

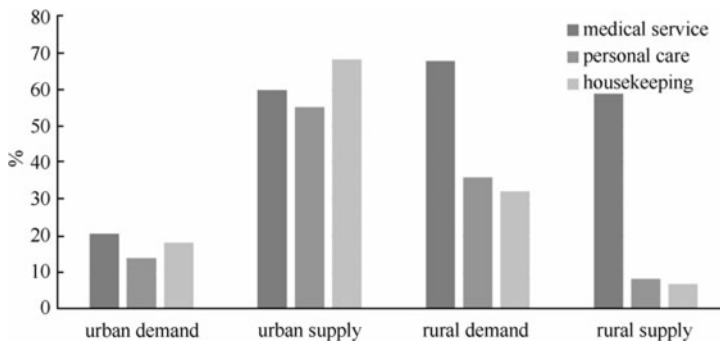
1 The State Council, Opinions of the State Council on establishing a unified basic pension insurance system for urban and rural residents, February 21, 2014, <http://www.cncaprc.gov.cn/zhengce/43257.jhtml>. MOHRSS, Interim Measures for Convergence of Urban and Rural Pension Insurance System, February, 24, 2014, [http://www.mohrss.gov.cn/SYrlzyhshbzb/ldbk/shehuibaozhang/yanglao/201402/t20140228\\_125006.htm](http://www.mohrss.gov.cn/SYrlzyhshbzb/ldbk/shehuibaozhang/yanglao/201402/t20140228_125006.htm)

The State Council, Decision of the State Council on the pension reform for staff at government agencies, communist organs and public institutions, January 3, 2015, [http://www.gov.cn/zhengce/content/2015-01/14/content\\_9394.htm](http://www.gov.cn/zhengce/content/2015-01/14/content_9394.htm)

#### 4.1.3 *Gaps of Community-based Elderly Care between Urban and Rural Areas Are Remarkably Pronounced*

The 12<sup>th</sup> Five Year Plan on Ageing called for China to develop an elderly care service system with home-based care as its foundation, backed up by community-based care, and supplemented by institutional care. Community-based care is crucial among all three, without which home-based care can hardly function under the rapidly changing social context. Since 2010, China has initiated a series of policies to accelerate the development of the elderly care system, including encouraging the development of the elderly care service industry, introducing a subsidy scheme for seniors with financial difficulties and physical limitations, and increasing the purchase of elderly care services by local governments.

With respect to the provision of community care services, the problem of inequitable allocation of community care resources between urban and rural areas is huge. Such a gap leads directly to different quality of life experiences for older persons living in urban areas versus those in rural localities. A 2006 survey by the China Research Centre on Ageing (CRCA) showed that the demand for community-based services by rural older persons is much higher than that of urban older persons. This is not surprising, given that a higher concentration of older persons live in rural areas. In contrast to demand, the supply of community-based services for rural older persons is much lower than it is for their urban counterparts, indicating the huge unmet needs of older persons in rural areas for community-care services (Figure 9).



**Figure 9 Demand and Supply of Home-based Services for Older Persons in Urban and Rural Areas(2006)**

Source: The National Survey on Older Persons in Urban and Rural Areas (2006)

## 4.2 Discussion

At the end of November 2014, there were more than 100 million Chinese of all ages who were not covered by any pension insurance. Most of these people were rural residents, rural migrant workers living in cities, and employees in some parts of the private sector or the “informal” economy (refers to the economy of small businesses that are not formally registered, that pay cash to

workers, offer no benefits, are usually not too stable, etc.)<sup>1</sup>. Furthermore, pension schemes for rural residents and urban residents who are unemployed or work for informal businesses pay benefits of only 55 RMB per month, which is not nearly enough for a person to live a decent life. It is also the case that the basic pension insurance system for both rural and urban residents has not been integrated with social assistance programmes like the minimum living allowance system in rural areas and this impacts people whose income is lower than that of the minimum living allowance. Research shows that an increase in the availability of pensions for rural older persons can reduce their working hours (Huang et al. 2014).

Experiences from developed countries show that social assistance systems are the last resort to protect older persons from extreme poverty. Both social insurance and social assistance belong to the broader social security system. Effective integration of social insurance and social assistance can help identify poor older persons who are in need of financial support. Therefore, it is advisable to give extra allowances to those families of rural older persons whose per capita income still falls below the local minimum living standard after receiving the social assistance living allowance. Besides, it is reasonable to set the same standard as the minimum living standard for the basic pension insurance system for both rural and urban residents. Both central and local governments are duty bound to increase investments in the social insurance system.

As in the case of health, disparities can be seen in pension schemes across different subgroups of older persons in China. The dual pension system that existed until recently is the root cause of the differences in pension income between urban and rural areas and between employees of government organizations and private enterprises. The ongoing economic transition and urbanization process in China has expanded these disparities during the last decade. Older persons in rural areas have become increasingly trapped in a disadvantaged situation, not only financially, but also in terms of diminished support from their families and from the communities in which they live.

As a response, the government has already made it a priority to keep investing in building and improving the pension system in rural areas. In this respect, other sources of income for older persons should not be neglected. The overall trend of urbanization combined with fundamental socio-economic and family changes leave older persons in rural areas facing multiple dilemmas, of which lack of pension income is one.

There are a number of root causes underlying the difficulties faced by rural residents, particularly those caused by low pension income and inadequate care services.

- First, income from traditional agriculture is often no longer adequate to provide a decent livelihood because the land that many older persons have worked for their whole lives has undergone considerable changes during the economic transformation of recent years. More and more agricultural land has been repurposed altogether and has become residential or commercial

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1 Data derives from *Renmin Daily*, <http://finance.people.com.cn/n/2014/1224/c1004-26263774.html>

land. People have been caught between losing their old way of making a living, while not being well prepared to find work opportunities outside of agriculture. Many older persons are still self-sufficient and can continue to work, but they lack adequate knowledge and equal opportunity.

- Second, significant numbers of the traditional providers of informal care and support for older persons (children) have migrated to urban centers in search of work. As a result, the demand for formal care services for older persons in rural areas has increased. However, affordable formal care services are extremely rare in villages and often inadequate to satisfy the demand.

## 5 “Participation” Disparities among Older Persons

### 5.1 Key Findings

#### 5.1.1 *Older Persons in Rural Areas have a Higher Labour Force Participation Rate, Largely as a Result of Low Pension Income Security*

The gap in the labour force participation rate between urban and rural older persons continued to widen during the period 1990–2010.

- The labour force participation rate of older persons in rural areas rose from 32.6% in 1990 to 42.8% in 2010, while that of their urban counterparts fell from 16.7% in 1990 to 6.9% in 2010.
- Over these two decades, the gap between urban and rural older persons in terms of labour force participation rate expanded from about 16 to nearly 36 percentage points.
- For older persons who are unemployed before retirement age or working in informal sectors, the basic pension of 55 RMB per month that they receive is far from enough to guarantee a basic standard of living. Older persons in rural areas rely heavily on their own labour income and support from their families. In addition, when younger workers leave their rural homes and migrate to cities, their left-behind older household members often have no choice but to continue to work, formally or informally.

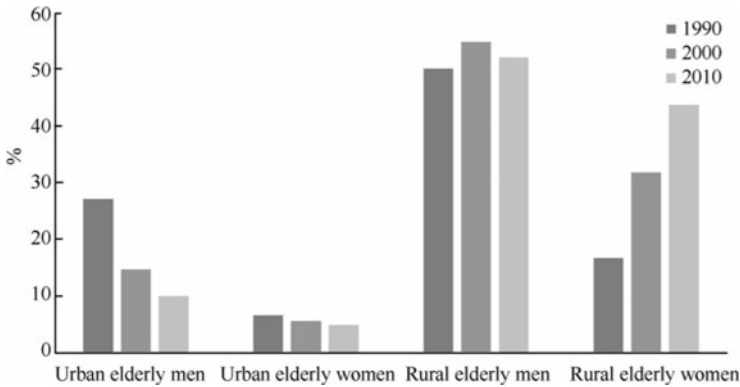
As stated previously, at the end of November 2014, there were more than 100 million people not participating in any pension insurance scheme. Most of these people were rural residents, rural workers who had migrated to urban areas, and employees in some parts of the private sector or the informal economy.<sup>1</sup>

The situation is more complicated when comparing the situation of men vs. women. In urban areas, the proportion of men continuing to work beyond retirement age (60 for men) fell drastically by 17 percentage points from 1990 to 2010, while the proportion of women working beyond retirement age (50 for workers and 55 for officials) remained almost the same during those years. In rural areas, the proportion of women continuing to work beyond the age of

1 Data derives from *Renmin Daily*, <http://finance.people.com.cn/n/2014/1224/c1004-26263774.html>



50 (when women in urban areas are supposed to retire) grew by 27 percentage points from 1990 to 2010, while the proportion of men remained almost the same (Figure 10). To sum up, among the four subgroups of older persons, rural older men remained the group with the highest economic participation rate (approximately 50%), and rural older women have experienced the biggest increase in the labour force participation rate, from 16.8% to 43.8%, during the past two decades. Urban older men have experienced the sharpest decline in the labour force participation rate, which suggests that they benefited more from the development of the overall social support system.

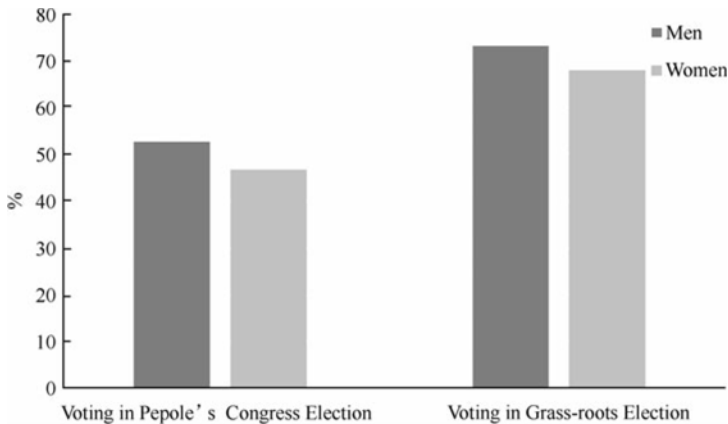


**Figure 10 Labor Participation Rate of Older Persons by Gender in Urban and Rural Areas(1990 –2010)**

Source: Population census, 1990, 2000, and 2010, National Bureau of Statistics

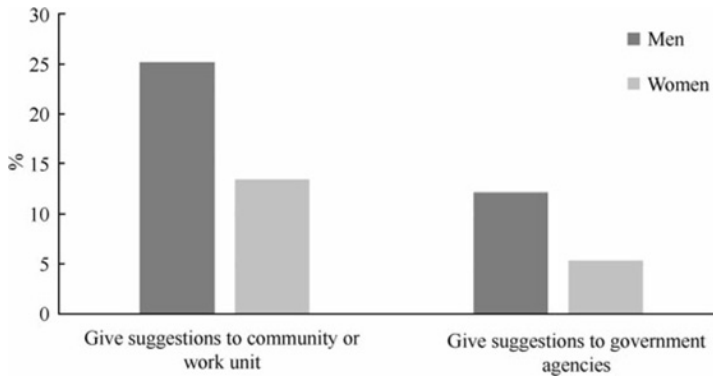
**5. 1. 2 Elderly Men Play a More Active Role in Political Participation**

Elderly men participate more than elderly women in political activities, not only voting but other political activities as well. The gender disparity recorded in political participation (Figure 11 and 12) is a result of different social and cultural expectations for Chinese men and women.



**Figure 11 Participation Rate in Voting by Gender**

Source: The 3<sup>rd</sup> National Survey on the Status of Women in China, All China Women's Federation and National Bureau of Statistics



**Figure 12 Rate of Participation in Political Activities by Gender**

Source: The 3<sup>rd</sup> National Survey on the Status of Women in China, All China Women's Federation and National Bureau of Statistics

According to the 3<sup>rd</sup> National Survey on the status of Women in China conducted in 2010, when asked “do you agree with the following statements about why female political leaders are rare”, the following three statements had the highest percentage of “agree”: “women are confined to housework” (67.3%), “women have fewer opportunities to be trained and selected” (51.9%) and “there are social and cultural norms discriminating against women” (51.7%) (See Table 5). The majority of people agreed that the imbalance in the division of housework between men and women, as well as the social and cultural discrimination against women this division implies lead to limited opportunities for women to participate in political activities.

**Table 5 Reasons Why Female Political Leaders Are Rare in China**

| Reasons for why female political leaders are rare                         | Agree (%) |
|---|-----------|
| Women are confined to housework   | 67.3      |
| Women have fewer opportunities to be trained and selected                 | 51.9      |
| There are social and cultural norms discriminating against women          | 51.7      |
| A woman will not receive the support of family members to become a leader | 24.6      |
| Women are not as capable as men   | 18.3      |
| Women are not qualified to be leaders                                     | 12.2      |
| Women are not willing to be leaders                                       | 11.2      |

\* For each statement, the possible responses were “agree”, “disagree” or “not sure”.

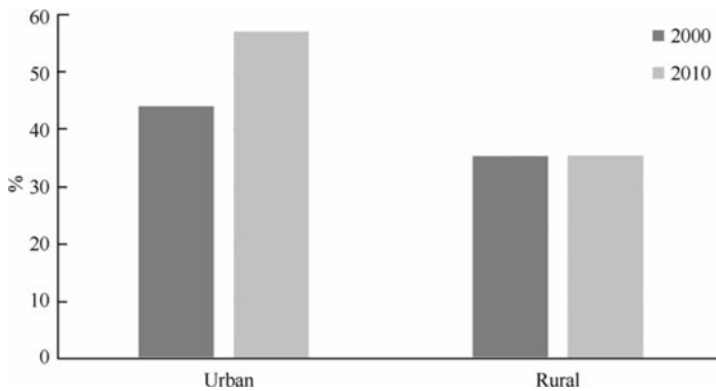
Source: The 3<sup>rd</sup> National Survey on the Status of Women in China, All China Women's Federation and National Bureau of Statistics

Besides suffering from discrimination in the labour market, women are often constrained by their lack of work skills, which is the result of fewer years of schooling and limited employment experience. Studies around the world have demonstrated the positive relationship between education level and political participation rate. According to the 2010 population census, the proportion of female population with at least senior middle-school education is 41.5%, much lower than that of the male population (58.5%). This negatively impacts the ability of women to develop needed skills in writing, reading and speaking, and

this, in turn, impedes their capacity to participate in the political process.

### 5.1.3 Older Persons have more Social Participation Opportunities in Wealthier Areas

Older Person's Associations (OPA) are important grassroots organizations for older persons. According to government statistics (June 2014), the coverage rate of OPAs (that is, the percentage of communities with an OPA branch) in urban areas is 80.5% and 72.85% in rural areas. The gap in coverage between urban and rural areas indicates that urban older persons have more opportunities to participate in such associations than rural older persons. Compared with the coverage rate, the gap between awareness rates (Do you know if there is any OPA around where you live?) is much larger. In 2010, 57.1% of urban older persons had heard about OPAs, approximately 20% higher than the percentage of rural older persons who had heard of OPAs. More problematic is the fact that, over the last ten years, the awareness rate of OPAs among urban older persons rose by 13% while that of rural older persons remained almost the same (Figure 13), indicating that the gap is expanding. The low awareness rates of OPAs by older persons, especially in rural area, is a result of multiple factors, including different education level, life style, and economic security, etc. But it also indicates that the current existing OPAs in rural area are not in their fully function. It calls for a better utilization of the existing resources.



**Figure 13 Awareness of the Existence of OPAs**

Source: The National Survey on Older Persons in Urban and Rural Areas (2000, 2010)

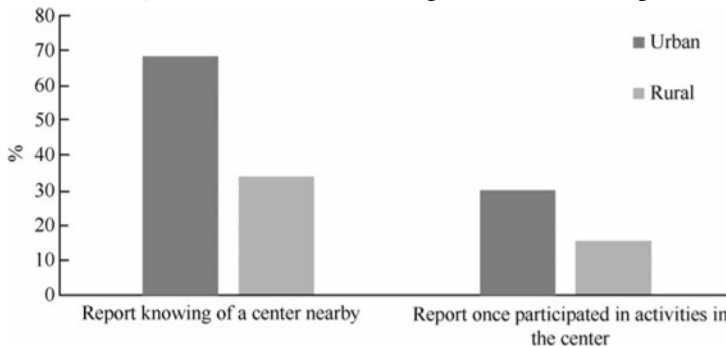
Recreation centres provide public recreation facilities for older persons to exercise and entertain themselves. As of July 2014, there were more than 360000 recreation centres for older persons around the country<sup>1</sup>, but most of them were in urban communities. A 2010 CRCA survey reported that approximately 68% of urban older persons noted that there is a recreation

<sup>1</sup> Data derives from Xinhua net, July 21, 2014, [http://news.xinhuanet.com/politics/2014-07/21/c\\_1111725925.htm](http://news.xinhuanet.com/politics/2014-07/21/c_1111725925.htm)

centre near where they live, a percentage twice as high as that of rural older persons. Not surprisingly, the proportion of urban older persons who had participated in the activities at recreation centres was also much higher than that of rural older persons (Figure 14). Considering the lack of adequate recreational facilities in rural areas, investment in recreational facilities in rural areas should be prioritized.

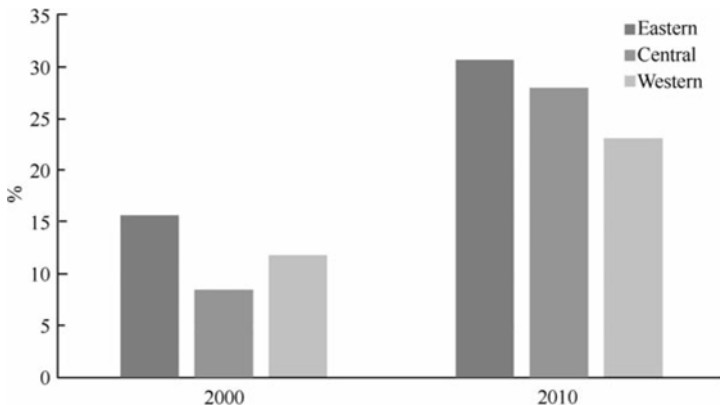
Lifetime access to education and training is essential for people of all ages to more fully utilize their potential and develop their expertise. In China, Colleges for the Third Age, usually established close to communities where older persons live, have been providing continuing education and training for older persons. Such colleges play a major role in promoting the social participation of older persons and increase their quality of life. The 2010 CRCA survey also reported that the Western region of China had the lowest coverage rate for this kind of college.

A comparison of development of the coverage rate of colleges for older persons by region (excluding Beijing and Shanghai) during 2000 – 2010 (Figure 15) shows that the Central region came first with more than a twofold increase, followed by Eastern and then Western regions. To sum up, the gaps among the Eastern, Central and Western regions are narrowing.



**Figure 14 Awareness and Usage of Recreation Center for Older Persons**

Source: The National Survey on Older Persons in Urban and Rural Areas (2010)



**Figure 15 Coverage Rate of Colleges for Older Persons by Region (2000 – 2010)**

Source: The National Survey on Older Persons in Urban and Rural Areas (2000, 2010)

## 5.2 Discussion

The rapid increase in the number of older persons in China reflects the increase of more than 5 years in life expectancy in China during the years 2000 to 2015. Although the size of this group decreased slightly from 59% to 56% during the years 2000 – 2010, older persons in a younger age group have been and will remain the main body of older persons in China in the coming years. As the 2010 National Survey on Older Persons in Urban and Rural areas found 83% of older persons reported themselves to be “in good health” or “primarily in good health”, older persons in China as a whole possess huge potential for participation in various types of activities, whether economic, political or social.

The disparities noted between older persons in urban and rural areas in terms of economic participation, however, clearly indicate that China’s social security system is skewed in favor of people in urban areas, particularly the pension system that favors urban residents. Therefore, to initiate favorable policies and support the active participation of all older persons should be an inseparable part of China’s national response to ageing.

Across all the indicators discussed, the disparities between older men and women are especially pronounced. In part this disparity is the result of traditional thinking about the proper role of women in Chinese society, thinking that has had a particularly profound effect on the current generation of older women. Not only have women been limited by tradition to bearing the heavy burden of housework, their lack of adequate education and skills training also contributes to a great extent to their low level of political and social participation. Therefore, equality in educational opportunities and outcomes can be seen as the root solution to empowering women and improving their socio-economic status in Chinese society. Also, the development of innovative lifelong learning programmes that help women overcome social and cultural constraints should be encouraged.

The low awareness of the existence of OPAs, especially in rural areas where the awareness rate is only half that of OPA coverage, limits the role OPAs can play. OPAs should be an important instrument to mobilize and protect older persons at grassroots levels. How to give full play to these established OPAs is an issue that requires urgent attention. Additionally, the Government needs to make funding available for the establishment of more OPAs in the next five years, and also to enhance the service capacity of existing OPAs.

## 6 Policy Recommendations

Based on the analysis presented in this report, we have the following nine policy recommendations aimed at improving the wellbeing of older persons in China.

## 6.1 Health

(1) Rural elderly, female elderly, elderly in the Central and Western regions, and the oldest old are the four most vulnerable groups of older persons in terms of health. Policymakers should pay specific attention to these vulnerable groups, especially those who are members of more than one vulnerable group, as they develop health promotion programmes. More attention must be paid to the provision of health care for “empty-nest” older persons who live in Central and Western regions, and those living in rural areas. It is recommended that provisions for the development of long-term care services for the oldest old women who are disabled be given special support.

(2) Policy measures aimed at reducing health disparities among older persons should take a life course perspective and be introduced by mainstreaming health in all national and local policies. Such measures should include, but not be limited to, increasing reimbursement rates for Urban Residential-based Medical Insurance (URBMI) and New Rural Cooperative Medical Insurance (NRCMI), especially for outpatient care. Basic health packages should be improved and provided to people of all ages to improve health management for pregnant women, children and young people, as well as for older persons and people with chronic diseases. Special policies need to focus on the social determinants of health, such as lack of equal opportunities to education and employment and occupational health hazards.

(3) Policies are also needed to meet the increasingly greater health and long-term care needs of older persons, especially the needs of those key vulnerable groups mentioned above. Such policies should include, but not be limited to, adjusting the laws regulating how health workers work in facilities; set more incentives for health workers in community health centres to provide home visit services for older persons; improve the quality of the long-term care workforce through occupational training and continuing education; promote integrated medical and long-term care services aimed at older persons living at home; establish efficient inter-sectoral work mechanisms between the National Health and Family Planning Commission (NHFPC), the Ministry of Civil Affairs (MOCA), the Ministry of Human Resources and Social Security (MOHRSS) and the National Development and Reform Commission (NDRC) to unify fragmented health and long-term care services; provide incentives and training on care for older persons to family members and members of the communities where older persons live.

## 6.2 Security

(4) One of the most important policy priorities is to invest in the Chinese social insurance system to promote pension income coverage and, particularly, to increase the level of pension benefits paid to rural and low-income urban older persons. The measures already introduced should continue, be evaluated and strengthened as needed.

(5) Local and provincial governments should develop special urban planning strategies in which economic development is balanced with compensating measures for those who may be at a disadvantage in the modern Chinese labour market, especially older workers close to the retirement age and those who are residents of rural areas. Lifelong learning, age-friendly work environments, as well as innovative types of new employment are required to assist older persons in rural areas to earn a decent living when working and to live a more financially secure life in retirement.

(6) Local authorities must formulate favourable policies to attract private sector investments, together with professional social workers, to deliver the social services needed. Cooperation across private and public sectors should be strengthened to introduce mutually beneficial initiatives that satisfy the needs of the private sector to be profitable, while also making services accessible and affordable to all segments of society.

### **6.3 Participation**

(7) Education is a long-term investment, and policies should specifically prioritize early education and training, especially for girls. Special mentoring programmes should target young professional women to help them gain the skills they need to succeed in both economic and political participation in modern China.

(8) Lifelong learning opportunities should be expanded with a special focus on increasing the participation of older women. Innovative lifelong learning initiatives and new forms of employment and engagement should also be explored to mobilise and utilise the current experiences and knowledge of Chinese elderly women. Besides investments in lifelong learning, other investments are needed to improve social and cultural life in rural China so as to reduce the disparities between rural and urban older persons.

(9) It is recommended that rural older persons receive extra pension income allowances that enable them to attain the local minimum living standards urban older persons have and are enough that rural older persons are not forced to work past the retirement age because of their low pension income.

In addition, all of the policies recommended above are needed to create a favourable environment for women, one that recognises their family responsibilities and provides them an equal chance of health, security and participation. Chinese women have been burdened disproportionately by child-rearing and housework. This has made them lose competitiveness in their educational and labour market status and this has led, in turn, to them being in a disadvantaged position overall in society. It is thus not surprising that women have fewer resources to support themselves when they are old, especially in rural areas.

It is also important for China to continue identifying new trends and new challenges in population ageing so as to bring about timely and effective policy reforms.

## 7 Concluding observations

An inter-sectoral, rights-based and inclusive policy approach must be adopted in China. The various disparities among different subgroups of older persons inform us that the current allocation of resources in many areas of the Chinese society is unequal and that there is fragmentation of different sectors caused by a long-existing mix of political and institutional arrangements, and historical factors. Overall, an inter-sectoral policy approach that is rights-based and inclusive, and is based on a full understanding of the social context needs to be adopted to eradicate those disparities that are unfair and avoidable. This policy approach must focus both on overall improvement of the social system, and also on the empowerment of the marginalized individuals.

Resources should therefore be allocated across regions in a more balanced manner, especially across Central and Western China and remote areas. Services in need of attention include public health services, high quality pharmaceutical and medical services, and a wide range of community care services needed by older persons. Besides investments for basic medical and care services, other investments to improve social and cultural life in rural China also need to be enhanced, in order to improve the quality of life of rural older persons.

For instance, information and communication technologies need to be introduced and made available more widely in rural areas. This will not only facilitate the provision of the various services needed, but is also a cost-effective way to strengthen inter-generational connections during the process of urbanization. Computers, smartphones and web-cameras all have the potential to assist older persons in their daily lives. Innovative ways of financing and the development of multi-sectoral partnerships should be encouraged. The private sector, local NGOs, and volunteers can be mobilized to contribute either products or educational curriculum for elderly users. Local governments can provide a favourable policy environment for the private sector both in the area of ICT and in the provision of elderly services.

Education and lifelong learning is crucial for the empowerment of any individual; education nurtures the accumulation of more human capital, adds economic value, and allows individuals to move away from being disadvantaged in the society. Hence, education and training are especially important for older women and those older persons living in rural and poor areas. In addition, considering that the retirement age will be raised in the future, beginning with the setting of the same retirement age for both men and women, lifelong learning and occupational training need to be further expanded both in terms of the people they cover and the types of courses they offer. This expansion needs to take into consideration the special needs of older women. Interventions are also required to eliminate gender discrimination in employment and choice of occupation.

Last but not least, women's contribution to housework, especially their care of elderly parents need to be acknowledged and appreciated as a social value.



Older women should be entitled to the same average level of pension and medical insurance as older men. In a rapidly ageing society, in parallel with the previous “one-child policy” and the newly implemented “universal two-child policy”, women are burdened with heavy child-rearing and other housework loads, and lose their competitiveness in the labour market. However, both the level of pension benefits and the amount health insurance to which people are entitled are linked to the contributions they make to these systems during their working years. It is unfair for women to be saddled with more family responsibilities but to have fewer resources to support themselves when they are old themselves.

Policies need to address this issue and create a more favorable environment for Chinese women in the labour market. Women’s unpaid care work must be recognized as an important contribution to the whole society, since they reduce the amounts that government and the society as a whole must contribute to the costs of care. In return, when they become old, women should be entitled to the same average level of pension and medical insurance as men.

**Table 6 Additional Information on the Key Datasets Used in This Paper**

| Survey project name   | Time                 | Geographical scope  | Respondent   | Sample size  |
|---|----------------------|---|--|--|
| The National Survey on Older Persons in Urban and Rural Areas | 2000                 | 20 provinces (or autonomous regions, municipalities) nationwide | Older persons aged 60 and above  | 20255  |
|   | 2006                 |   |  | 19947  |
|   | 2010                 |   |  | 19986  |
| The 3rd National Survey on the Status of Women in China       | 1990<br>2000<br>2010 | National sampling   | Household members aged 18 – 64. In 2010 ad-hoc survey was carried out for older persons aged 65 and above. | 105573 valid questionnaires, of which there were 10793 for older persons aged 65 and above and 1955 for communities. |
| China Health and Retirement Longitudinal Study (CHARLS)       | 2013                 | National Sampling   | Population aged 45 years or older and their spouses  | 18604 (among which 89.06% were surveyed in CHARLS 2011)  |

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