

A life innovation analysis framework in Asia and the Pacific from the perspective of social quality for older persons: Empowerment by the MIPAA process in the era of the SDGs

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Abstract. MIPAA is reviewed with the concept of Social Quality (SQ) as it links the objectives of this normative international instrument with the aims of the 2030 Sustainable Development Goals (SDGs) Agenda. We argue that the SQ framework is a useful policy tool to monitor the process of empowerment of older persons and raising the level of their well-being, which are encompassed in the SDGs, and show how SQ was designed as a vehicle for building up the human conditions and quality of life all the way to old age. Consequently, policies that are guided by the SQ approach can be considered more coherent and oriented toward nurturing the daily lives and welfare of older persons. The three pillars of MIPAA; i.e., development, health, and enabling environments emphasize the quality of life in old age as well, and the SQ platform shows how social systems influence individual and collective aspects of welfare. We also show how the SQ platform can help policy makers ask the right questions about how to introduce new and improved forms of social services, like better health to increase satisfaction with life, infrastructure to improve mobility, and connectivity to increase interaction with and participation in society.

Key Words: social quality, wellbeing in old age, life innovation, local social governance, social realities, Asia and the Pacific.

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What is MIPAA and how it relates to the SQ concept and the SDGs?

The Madrid International Plan of Action on Ageing (MIPAA) is an internationally agreed plan guided by bioethics and human rights treaties to help empower older persons and integrate their concerns in development policies that can lead to improvements in their quality of life and well-being so that they are not left behind, which is what the SDGs are committed to. This means older persons need to be empowered in relation to other groups in society where they interact with as social agents (United Nations, 2002) Social Quality by definition also focuses on social interaction and is defined as the “extent to which people are able to participate in the social and economic life of their communities under conditions which enhance their well-being and individual potential” (Beck, van der Maesen, Thomese, & Walker, 1997).

The Plan was adopted at the Second World Assembly on Ageing in Madrid, Spain in 2002 (ibid.). Governments have taken the responsibility to implement its numerous provisions and the United Nations reviews their response every five years to ensure that they stay on track. The first five-year review in Asia and the Pacific was carried out by United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) in Macao, P.R. China, in 2007. It was followed by a The Second Review in Bangkok, Thailand in 2012, and more recently followed by the Third Review which took place also in Bangkok in 2017 (United Nations ESCAP, 2017).

The MIPAA offered the global community a good starting point to illuminate and share insights about the difficulties and risks associated with dependency and helplessness in old age that some older persons may face in their daily lives. Three areas of life are covered by MIPAA, which are considered detrimental to older persons' empowerment in their communities:

- i. Older persons and development
- ii. Advancing health and well-being into old age
- iii. Ensuring enabling and supportive environments

Older persons and development

Of concern under this pillar from the SDGs perspective, in particular SDG 8, is ensuring access to income-support systems in old age. Access is considered necessary to alleviate poverty and help improve well-being. SDG 8 is focused on inclusive economic growth measured with annual per capita economic growth. The SDG calls on governments to achieve at least 7 per cent gross domestic product growth per year to lift the bottom 40 per cent of the population above the national average of income. Low pension coverage in old age tend to be norm in most countries in the Asian region. As such, this pillar is aligned with what the SQ concept is concerned with, which are increasing pay, longer vacations, and more satisfaction with work conditions and, also extends its approach to better relationships and living well and long. Therefore, the SQ approach is grounded on a similar vision of quality of life in old age and offers specific definitions at the individual and collective levels related to measuring the objective aspects of quality of life, including income and longevity. It also defines more

subjective aspects, like happiness and emotional satisfaction with work and relationships, and offers indicators to measure them as well (Zaidi, 2018).

Advancing health and well-being into old age

The second pillar of MIPAA places emphasis on active ageing as a foundation of staying healthy in old age. Its definition of health mixes objective indicators, like the absence of disease with subjective ones as wellness and pleasure in life. Therefore, MIPAA guides governments' response to meeting old-age needs in place as well as encouraging them to promote higher levels of happiness and satisfaction. Achieving both can be fraught with challenges and the SQ approach attempts to provide measurable definitions for both by balancing quality and quantity of life. It also considers the impact of time (which is wider than the definition used by WHO). To be sustainable, the long-term consequences of a person's life style need to be addressed by social policy and the SQ approach takes this dimension into consideration in practical terms. This includes the prevention of non-communicable disease and obesity, for example (United Nations, 2018a).

A measurable difference between any two societies is whose citizens live longer and healthier. The SQ approach understands that a determinant of longevity is individual income level and social empowerment. Sustainability, as stated in the Kyoto Protocol, is also a determinant of longevity – which is perhaps why Japan's citizens boast the longest lives. An essential SQ health factor, equity, is also important for sustainability, which is the concern of SDGs 3 (inclusive health) and 10 (reducing income inequality) (Holman & Walker, 2018).

Many countries today provide free health care to older persons and subsidize long-term care but the coverage remain problematic (Suter & Mallison, 2015). Access and quality are two issues commonly cited by experts. Inactivity in old age, can risk diseases in impairment leading to poor overall health. However, this may not always be the case as the incidence of acute conditions, like infections, tend to decrease with age. However, when they do occur, acute conditions can be more severe in older age and would require intensive clinical interventions, especially for older women, as in the case of pneumonia and the flu. These conditions can pose social restrictions that can limit interaction and result in poverty and destitution, even death (ibid.).

SDG 3, concentrates on inclusive health, promotes access to universal, safe, and effective health coverage, including financial risk protection (United Nations, 2018b). The SQ approach also considers inclusive health and attributes health to social empowerment and participation in decision making, in addition to community-based care and behaviour pathways, like those that enhance or damage health, including psycho-social and physiological pathways to enhance or reduce cognitive and immunological function. Such provisions are seen as lacking, or difficult to access, in many communities in the region, an example is mental health counselling care. Naturally, communities that have limited exposure to the wider citizenry and insularity, as research has shown, tend to possess limited relationships and civic participation which predispose its members to various health problems. This means social

status and roles in society combine with access to material health provisions to determine health outcomes.

Therefore, the SQ approach can provide insights on why two communities with similar income levels have different health outcomes. Again, the Japanese health experience, as well as the Northern Italian and former Soviet Union countries', is instructive as the SQ approach draws insights from all three regions (Morris & Zelmer, 2005).

Geriatric care is also problematic in many parts of the region and MIPAA has pointed this out, especially for persons living with disabilities and restricted daily activities. For example, middle- and high-level income countries have experienced the epidemiological transition with industrialization and today obesity levels are unprecedented, which different health outcomes, some are similar or even worse than low-income countries (Rajkhan & Blumberg, 2004). In this connection, the SQ approach can supplement SDG 3 with insights to explain these differences.

Ensuring enabling and supportive environments

Older adults tend to prefer ageing at home (ESCAP, 2018). This is perhaps why governments in the region have put in place various supporting measures to facilitate the realization of this preference, like ensuring transportation systems are accessible. However, these measures tend to be limited in their reach and leave many behind. Public spaces need to be upgraded to meet the need to older persons, especially when disability and frailty are addressed.

What is the Social Quality approach?

SQ is a model of social relations that emerge from individual activities and social interactions with people, considered as social agents; that is people who tend to be thoughtful but not brilliant. These interactions form relationships that happen every day between people and are critical features of the wellbeing of both individuals and their communities in any society. Activities and interactions are experienced at the individual level and, therefore, must be measured (Walker, 2002).

Thus, Walker (2002), encoded these daily activities and encounters in the social quality theory and presented it as a comprehensive conception of their dynamics, which are considered as the foundation of Societal Quality of Life. Social and economic researchers, as well as environmentalists, have incorporated the same attributes, that is activities and interactions, in most social research as both have been identified as the basis of population growth and economic growth. The SQ model focuses on disadvantaged groups in society; considered by age, gender, disabilities, ethnicity and belief (Ferge, 1997); and as such, its aim is to overcome the obstacles that restrict their daily activities and interactions in society to improve their lot. This is important because with ageing, longevity, migration, and urban population growth, the obstacles continue to rise. Trends in activities of daily living (ADL) in many modern settings support this claim. In epidemiology research, this is very well documented with data (BMJ, 2017). For example, a study entitled "1 In 4 women and 1 in 6 men aged 65+ will be

physically disabled in Europe by 2047," confirms the analysis of other studies in Asia and cites rising restrictions to daily activities in old age as a source of concern and would require policy action.

Based on questions and interviews with government officials from a wide range of sectors that represent women, men, children, minorities, and migrants, taking account of cultural differences and the different levels of welfare systems, the theory is built on four themes of 'Conditional Factors' for human behavior: (1) Socio-Economic Security; (2) Social Inclusion; (3) Social Cohesion; and (4) Social Empowerment. This thematic approach reflects the primary sources and causes for most forms of discrimination, inequality, insecurity, injustice and social divisions (Walker, 2002). What the theory observed is that in every society, regardless of its claimed ethical values, there is a constant tension (acting as behavioural constraints) between the individual aspiration to self-realisation (as in Maslow's hierarchy of needs) and participation in the various collective social domains that constitute everyday life and the collective identify of the community. The two forces are in constant tension. The SQ concept is imbedded in this understanding.

The tension arises, more specifically, from, on the one hand, the biographical and societal development (agency and social structure) and, on the other hand, the world of organisations and the one comprising informal relationships (system and lifeworld) (Yee & Chang, 2009). Therefore, SQ can be defined as an adaptive struggle between two opposing forces that permeates not only social policy but also economic, environmental and other relevant policies. It is theorized that this struggle leads to an unequal relationship between social and economic policy, which prompted Allen Walker and colleagues, like Laurant van der Maesen, to find innovative approaches aimed at establishing a balance between economic and social development (Walker, 1998).

According to Walker (2011), there are four main factors that, in combination, can open the possibility for SQ, and therefore the SDGs, in policy: Social Recognition (or respect of human dignity); the Rule of Law, Human Rights and Social Justice; Social Responsiveness of institutions (the openness of society - flexibility); and the individual's own capacity to engage (skills and learning). These are considered Constitutional Factors that are theoretically and intuitively derived from the above-mentioned local tensions that have system-wide global implications (see Table 1).

Table 1: The Social Quality and related social development Factors: Conditional, Constitutional and Normative Factors of MIPAA and SDGs

CONDITIONAL FACTORS DIMENSION OF RESOURCES	CONSTITUTIONAL FACTORS DIMENSION OF HUMAN ACTIONS	NORMATIVE MIPAA and SDGs Objectives DIMENSION OF ETHIC/IDEOLOGY
Socio-economic security Social cohesion Social inclusion Social empowerment	Personal(human) Security Social recognition Institutional responsiveness Personal(human) capacity	Development, Health, Enabling environments Social empowerment Human dignity Inclusion Participation

Source: Social Quality: A Vision for Europe, The Hague, Kluwer Law International (Beck, 1997).

The above model captures the social reality of urban and rural communities as best as can be measured with the use of available statistical data and qualitative information. Once the constitutional factors, which encompass most of the SDGs,³ are constituted, the four conditional factors determine the opportunities for the achievement of SQ, what Allen Walker (1998) called societal QOL components and well-being. Social systems may be enabling and supportive (social empowerment); institutions and groups may be accessible (social inclusion); people will have variable access to the material, environmental and other resources necessary for participation (socio-economic security); and their society and communities will be characterised by different forms and levels of cohesion (social cohesion) (Yee & Chang, 2009). This is how the constitutional factors intersect with the conditional factors in every society studied by Walker and colleagues who put this theory to the test. Noteworthy is the SQ research by Yee & Chang (2009). It showed that the four conditional factors can drive inequality in old age, especially gender inequality. This is because self-realisation may imply individual autonomy while collective identities may be open and liberating or closed and authoritarian. The tension between the two can lead to acceptable or unacceptable social outcomes. According to Walker & Sidorenko (2004), 'development' must be ethical to be sustainable (not only technological), this means that it needs to be humanistic (not just utilitarian) and respecting of dignity. In line with this ethic, the SQ approach has been proposed as a set of standard tools for improving social and economic policies; the above factors in Table 1 can help policy decision makers measure the extent to which people's daily lives in old age have attained an acceptable level of old-age empowerment.

With the rising challenges of education, healthcare, social housing, transportation and pollution, which are commonly faced by urban and mega city coupled with the background of ageing and migration, the four conditional factors of SQ can provide the right questions and insights for further exploration (Yee & Chang, 2009; 2011). This approach allows the researcher to explore the social realities in a new way that reconstructs social life with more coherence, combining both the natural environment and biophysical environment. Recent

³ In particular, SDGs 4 (inclusive education), SDG 8 (full employment), SDG 10 (reduction of income inequality), SDG 16 (peace, justice and responsive institutions), and SDG 17 (partnerships for development).

years have seen a considerable expansion in the statistical data available to policy makers in Asia, including statistical digests from the WHO's ICF (the International Classification of Functioning, Disability and Health), ESCAP, World Bank and OECD. While this expansion of information is a positive step, some paradoxical dimensions are found (van der Maesen & Walker, 2014).

The shortcoming of statistics

As vital as statistical data is to policy making, and political participation, and empowerment, it tends to reinforce policy fragmentation, which makes it hard for policy makers and NGO practitioners to tackle the problems the SDGs are trying to solve in a holistic way (Philips, 2006). Because the whole of society is bigger than the sum of the parts, for older persons to comprehend what is happening to their communities, a more comprehensive understanding of the patterns of society is needed, not just the components. This is where the SQ concept comes in; the above factors enable researcher to ask older persons and those that represent their communities and the sectors that provide services to them questions about how to improve policy.

By addressing the four conditional factors of SQ, policy makers and NGO practitioners then can start developing a better understanding of the emergent big picture of the near future and which can improve their budgeting practices, like planning and encumbrance, related to education, health and social care, and social pensions (a non-contributory universal old-age cash benefit scheme) as claimed by the HelpAge International (2017). It is stated that the learning that resulted from the outcome of the third Review of MIPAA did not only concern the right amount of cooperation, between the public and private sectors, or between individuals and society, the model has to assume a change in the way health and care support provisions are functioning in the community (Van der Maesen & Walker, 2014).

The Progress of MIPAA in the ESCAP region from the lens of SQ

The three sets of factors in Table 1 can be fitted to MIPAA and the SDGs in conducting interviews. For example, when interviewing government officials and NGO representatives who attended the 'Asia-Pacific Intergovernmental Meeting on the Third Review and Appraisal of the Madrid International Plan of Action on Ageing', in Bangkok (ESCAP, 2017) with questions based on the factors listed in the Table, the following insights emerged about the ageing reality in their countries:

- (1) Development and older persons:
 - a. Sustainability must be localised first, taking into consideration social and cultural values and norms.
 - b. Learning and financing need to go hand in hand. Learning means continuously harnessing the emergent picture of ageing. Financing means to support the learning that needs to happen with better monitoring and measurement of the

three sets of factors of the SQ's framework to better implement MIPAA at the local level.

- c. Ethical development in practice also means ensuring income security in old age or disability by giving access to opportunities for re-employment, and this needs the support of the private sector.
- d. Social empowerment in enabling older persons to enhance their wellbeing in their community.

(2) Personal health:

- a. Personal health today is a serious challenge, so severe it should be treated as if affected by an epidemic, mostly affecting older persons and causing health inequality, but increasingly young adults too, as young as 40 years old.
- b. A considerable gap exists in the literature on medical diseases, that usually start in youth, as disease is primarily a result of the transformations that occur to social processes because of development, like building a road that connect two cities or villages with modern transportation, for instance, that lead to the emergence of obesity, mental health problems, and social conflict, as it affects the four SQ's conditional factors, and manifest themselves in old age.
- c. Prevention can work if the above social override that leads to disease is addressed. Financial easing to pay for health care can also help address this problem.
- d. Capacity assessment of patients is very important when it comes to making decisions about health treatment.
- e. Culture is important in the delivery of health care and patient consent usually leads to higher levels of satisfaction.
- f. Only five per cent or less of older population can rely on formal long-term care and financial assistance.
- g. Preventive personal health needs to be promoted with alternative medicines and approaches.
- h. There is a health gradient within societies due to income inequality and which affects the poor more acutely.
- i. Social protection improves the welfare infrastructure in society and favours better health.
- j. Community-based health care is underutilized. The demand is higher for in-patient hospitalization.

(3) Enabling environments:

- a. The new emerging picture of ageing in most Asian cities also means adequate housing – it follows from this that the views of older persons determine living

- conditions, such as the location of preference, size, proximity to working-age family members, networks, charities, facilities, and other attributes considered adequate today.
- b. The interaction with the environment is dynamic (not static).
 - c. As stated by the respondents, every city, should be concerned with the rising problems of inadequate housing arrangements and chronic diseases faced most older persons – particularly women, and those living alone.
 - d. Accessibility is an issue for the poor, especially in rural areas.
 - e. Data was also important.
 - f. Stress can have a deleterious effect on health, for example, it can raise blood pressure, weaken the immune system, harms the cardiovascular systems and induce inflammation.

Clearly, the policy implications of the above account indicate the interaction between income security, social protection and health. If health is a determinant of income security and social protection, it means resources need to be concentrated on the poor if no one is to be left behind.

From the SQ perspective (Holman & Walker: 2018), 'old-age empowerment' is understood as a process of adaptation that enables an older person to overcome obstacles in their social system that lead to losses in their income and well-being, offset with better access to resources, increased work opportunities, and control over one's life. Therefore, empowerment at the individual level can help mediate the cost of care today and in the coming future. The SQ approach is also concerned with the structural or institutional level, which also plays a role in empowering older persons. The institutional environment can impose limitation and constraints on older persons that can disempower them.

The living standard of the poor becomes a function of their health; health risks can shape their attitudes and expectations. The concern here was that the growing demand for long-term care due to physical de-functioning with ageing required higher spending on older persons keeping; to become financially secure and physically active and dignified in society (ESCAP, 2018). The Third Review of MIPAA concluded that this was a dilemma and the SQ approach would then recommend focusing resources in the communities that need it the most. Ethnic communities tend to be the most disadvantaged and excluded and typically suffer from multiple illnesses and low levels of personal security, in particular women and children; the Rohingya is a case in point. As most social welfare structures are rigid in the region, to become empowered, older persons would need to be enabled with learning, skills and placements in jobs with state and market support, which the MIPAA called for, and which the report of the Third Review stressed in Paragraph 18 (f) under the heading "Older Persons and Development":

- (a) "To focus support on older persons in rural and urban areas without kin, older women who face a more extended old age, often with fewer

resources, thus giving priority to the empowerment of older women in rural and urban areas through access to financial and infrastructure services” (ESCAP, 2018: 19).

Developing regions such as Asia has witnessed much positive social and economic changes that has led to the transfer of more resources to older persons and those who care for them or are cared by them since the adoption of the MIPAA (ibid.). However, disparities remain high regarding the overall phenomena of population ageing; perhaps the most striking feature in most societies today is the change in the old-age dependency ratio. On average, this ratio has doubled in the last 20 years as the pace of the magnitude of population ageing picked up speed, it is most pronounced in East and North-East Asia, North and Central-Asia and the Pacific (ESCAP, 2018). This is happening while contributory pensions are creating substantial old-age income inequality, with many unable to offset the cost of care and subsequently, increase the burden of maintenance for their families, especially the women as they are the primary caregivers, often unpaid. Perhaps a shift in the current direction of ageing politics towards securing income in old age with personal empowerment with a contextual focus is necessary.

Conclusion: A need for A Life Innovation Analysis Framework from the Asia and the Pacific

Allen Walker’s SQ theory (2018), posits that combination of constitutional factors, like the objectives of MIPAA and SDGs, and individual conditional factors, like social empowerment and capabilities determines the challenges and opportunities for improving social quality of life. It was discussed how the SQ’s conditional and constitutional factors connect MIPAA to the SDGs framework to enrich understanding of the human conditions and quality of life in old age today. It was also highlighted how the SQ framework enables the capacity to ask the right questions, it is appropriate for exploring the difficult social realities of disadvantaged groups, in particular older persons, and issues pertaining to their quality of life as constructed by MIPAA’s three pillars; i.e., development and older persons, health, and enabling environments. The three sets of factors as demonstrated in Table 1 are interrelated, and can help policy makers formulate better questions to understand the extent to which social support, or the lack of, is acceptable and ethical.

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