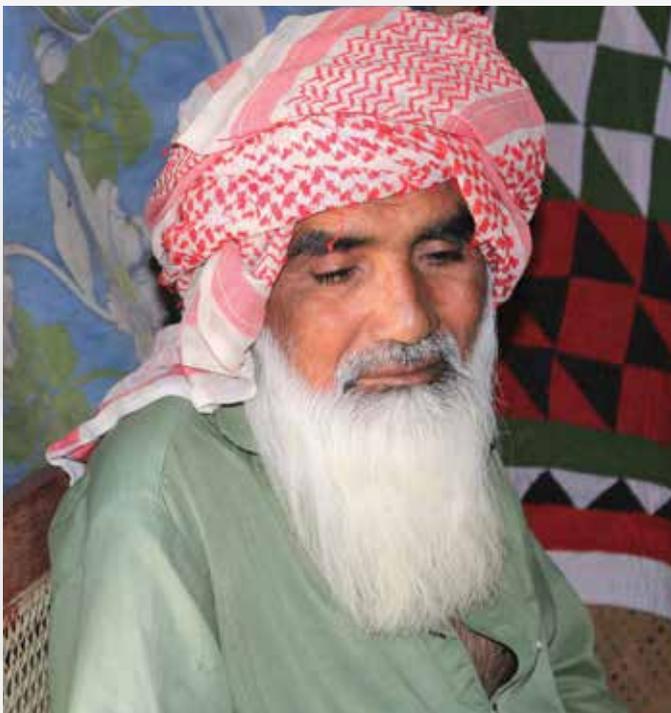




Foundation for Ageing
and Inclusive Development

Towards Inclusive Ageing: A Review of Laws, Demography and Social Protection Initiative in Pakistan



By
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2025

FOREWORD

Pakistan is at a critical demographic turning point. With the share of older people projected to triple by 2050, our society must urgently confront the question: Are we ready to protect, support, and empower the ageing members of our communities? The stark reality is that: We are not. Despite their growing numbers, older people in Pakistan remain invisible in the country's legal, social, and economic systems. This invisibility is both a cause and consequence of systemic neglect, and it must be addressed now.

Towards Inclusive Ageing: A Review of Law, Demography and Social Protection Initiative in Pakistan, commissioned by the Foundation for Ageing and Inclusive Development (FAID), is the first national-level effort to assess, document, and critically reflect on the multidimensional realities of ageing in our country. This report offers a powerful synthesis of data, policy analysis, and comparative insight. It presents a clear roadmap for ensuring that older people are no longer an afterthought in policy, but a priority.

This report makes it evident that Pakistan's older population is excluded on multiple fronts. Legal and institutional frameworks remain fragmented and insufficient, with no federal legislation to uphold the rights of older people or coordinate policy across provinces. Social protection systems leave the vast majority of older people especially women, those in rural areas, and persons with disabilities without adequate income or healthcare in later life. Even basic services like age-friendly health care, social care, and accessible infrastructure are still beyond reach for most.

This report is not just a documentation of gaps, it is also a call to action. It provides policymakers, development actors, and civil society with the evidence and tools needed to enact rights-based, inclusive reforms. It anchors its recommendations in international frameworks such as the Madrid International Plan of Action on Ageing (MIPAA), the UN Principles for Older people, and the Sustainable Development Goals. Most importantly, it centers on the voices, rights, and lived experiences of older people themselves.

I would like to express my heartfelt thanks to Professor Dr. Asghar Zaidi and Waqar ul Hassan for their exceptional work in compiling this comprehensive report. Their deep expertise, analytical rigor, and unwavering commitment to the cause of older people have resulted in a document that not only highlights the challenges but also offers bold, evidence-based recommendations for systemic change. Their contributions will serve as a guiding light for future policy and action.

In line with FAID's 2025-26 slogan: **Empower-Include-Transform**, this report reflects our collective commitment to empowering older people through knowledge and voice, including them meaningfully in public policy and services, and transforming outdated systems that fail to protect their rights. It is not just a study, it is a steppingstone toward a more just, inclusive, and age-friendly Pakistan. Let us act now so that every person can age with dignity, security, and hope.

Syed Moez Ud Din KakaKhel

Chief Executive Officer

Foundation for Ageing and Inclusive Development (FAID)

TABLE OF CONTENTS

Executive Summary	2
1. Introduction	7
1.1 Background and Rationale	8
1.2 Objectives of the Report	9
1.3 Conceptual Framework	10
1.3.1 Integrated Social Protection and Healthy Ageing Approach	10
1.3.2 Human Rights-Based Approach (HRBA)	10
1.4 Chapter Summary and Policy Implications	10
1.5 Structure of the Report	11
2. Systematic Literature Review	12
2.1 Introduction	13
2.2 Methodology of Literature Identification	13
2.3 Demographics and Ageing Trends	13
2.4 Health and Well-being	13
2.5 Poverty and Social Protection	14
2.6 Gender and Ageing	15
2.7 Family Structures and Intergenerational Support	15
2.8 Ageing in Emergencies and Climate Disasters	16
2.9 Human Rights and Legal Frameworks	16
2.10 Policy Landscape and Gaps	16
2.11 Conclusion	17
3. Legal Framework for Older Persons	18
3.1 Introduction	19
3.2 International Legal Commitments & Conventions.	19
3.2.1 International Covenant on Economic, Social & Cultural Rights (ICESCR, 1966)	19
3.2.2 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979)	20
3.2.3 Vienna International Plan of Action on Ageing (1982)	20
3.2.4 Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159), 1983	20
3.2.5 UN Principles for Older people (1991)	21
3.2.6 Madrid International Plan of Action on Ageing (2002)	21
3.2.7 WHO Active Ageing Framework (2002)	21
3.2.8 Convention on the Rights of Persons with Disabilities (CRPD, 2006)	21
3.2.9 Participation in UN Open-Ended Working Group on Ageing (2010)	22
3.2.10 Global Strategy and Action Plan on Ageing and Health (2016–2020)	22
3.2.11 United Nations Decade of Healthy Ageing (2021–2030)	22
3.2.12 Sustainable Development Goals (Agenda 2030)	22
3.3 Federal Legislation and Policy Initiatives	24
3.3.1 Employees' Old-Age Benefits Institution (EOBI) Act, 1976	24
3.3.2 National Policy for Senior Citizens (1999)	24
3.3.3 Relief Package for Older people (2004)	25
3.3.4 Senior Citizens Bill (2007)	25
3.3.5 Benazir Income Support Programme (BISP) Act, 2010	25
3.3.6 Maintenance and Welfare of Old Parents and Senior Citizens Act, 2020	25
3.3.7 Pakistan Bait-ul-Mal (PBM) Old Home Policy (2020)	25
3.3.8 Parental Protection Ordinance (2021)	26
3.4 Islamabad Capital Territory (ICT) and Federal Areas	27
3.4.1 Islamabad Healthcare Regulation Act, 2018	27
3.4.2 Islamabad Capital Territory Rights of Persons with Disabilities Act, 2020	27
3.4.3 Islamabad Capital Territory Senior Citizens Act, 2020	27
3.4.4 Islamabad Capital Territory Senior Citizens Act, 2021	27

3.5 Provincial Legislative Frameworks	28
3.5.1 Punjab	28
3.5.1 Khyber Pakhtunkhwa	29
3.5.1 Sindh	30
3.5.1 Balochistan	31
3.6 Comparative Analysis	32
3.7 Lessons from Regional and International Practices	34
3.7.1 Bangladesh	34
3.7.2 China	34
3.7.3 India	35
3.7.4 Philippines	35
3.7.5 Thailand	35
3.8 Challenges and Recommendations	36
3.9 Conclusion	37
4. Social Protection for Older persons	38
4.1 Federal Level:	40
4.1.1 Benazir Income Support Programme (BISP)	42
4.1.2 Sehat Sahulat Programme (SSP)	44
4.2 Provinces Level:	46
4.2.1 Punjab	46
4.2.2 Sindh	49
4.2.3 Khyber Pakhtunkhwa	51
4.2.4 Balochistan	53
4.3 Challenges and Cross-Cutting Issues	54
4.3.1 Economic vulnerability and gaps	54
4.3.2 Transport and Mobility Barriers	54
4.3.3 Digital and Technological Challenges	54
4.3.4 Gendered and Disability-Specific Exclusion	54
4.3.5 Lack of Awareness and Outreach	54
4.3.6 Weak Grievance Redress Systems	54
4.3.7 Community Self-Help and Solidarity	54
4.3.8 Mental Health and Psychosocial Support (MHPSS)	55
4.4 Conclusions	56
5. Demographic Profile of Older Persons in Pakistan	57
5.1 Profile Based Pakistan Bureau of Statistics (PBS 2023) Data	58
5.1.1 Age-Specific and Sex-Wise Distribution	58
5.1.2 Rural–Urban Distribution by Age and Sex (60+)	59
5.1.3 Marital Status of Older people	60
5.1.4 Living Arrangements of Older people	61
5.1.5 Disability and Functional Limitations Among Older people	62
5.1.6 Economic Activity and Employment Status of Older people	63
5.1.7 Literacy and Educational Attainment of Older people	64
5.1.8 Conclusion	65
5.2 Profile-Based UNESCAP 2023 Data	65
5.2.1 UNESCAP Demographic Indicators for Pakistan	66
5.2.2 Ageing Trends and Projections in Pakistan	66
5.2.3 Gendered Ageing Patterns in Pakistan	67
5.2.4 Feminization of Ageing and Long-Term Trends	68
5.2.5 Longevity, Median Age, and the Rise of the “Oldest Old”	69
5.2.6 Life Expectancy and the Shrinking Support Base for Older people	69
5.2.7 Comparative Speed of Population Ageing: Global Context	70
5.2.8 Recent Fertility Decline and Gains in Life Expectancy	71
5.2.9 Labor Force Participation, Informality, and Pension Coverage	71
5.2.10 Healthy Life Expectancy (HALE) at Age 60	72

5.2.11	Financial Burden of Healthcare: Out-of-Pocket Expenditure	73
5.2.12	Multigenerational Households and Long-Term Shifts in Living Arrangements	75
5.2.13	Mental Health Risk and Suicide Rates in Later Life	75
5.2.14	Literacy and Digital Exclusion in Older Age	76
5.2.15	Conclusion	77
5.3	Comparison of PBS 2023 and UNESCAP 2023 Data	78
5.4	Summary	79
5.5	Policy Implications for an Ageing Pakistan: From Evidence to Action	79
5.5.1	Expand Universal Pension Coverage	80
5.5.2	Invest in Geriatric and Community-Based Healthcare	80
5.5.3	Close the Gender Gap in Ageing	80
5.5.4	Strengthen Digital Inclusion and Literacy	80
5.5.5	Support Family Caregivers and Multigenerational Households	80
5.5.6	Address Rural Disparities in Ageing	80
5.5.7	Monitor Ageing Trends through Integrated Data Systems	80
6.	Strategic Recommendations for an Ageing-Inclusive Pakistan	81
6.1	Legal Frameworks: Towards Rights-Based Protection for Older people	82
6.2	Social Protection: Building Inclusive and Resilient Safety Nets	83
6.3	Institutional Arrangements: Strengthening Governance for Ageing	84
6.4	Programmatic Priorities: Building Inclusive Systems for Ageing with Dignity	84
6.5	Conclusion: Advancing a Holistic and Coordinated Agenda for Ageing in Pakistan	85
	References	86
	Annexes	89

LIST OF TABLES

Table 1. Comparison of Provincial Legal Framework	33
Table 2. EOBI Disbursement during July–March FY2024	40
Table 3. Older Population by Marital Status	60
Table 4. Global Comparison of Population Ageing	70
Table 5. Comparison of Demographic Profile	78
Table 6. Literature Review Matrix	89

LIST OF FIGURES

Figure 1. Rising Share of Older people (Age 60+)	3
Figure 2. Demographical Transition	8
Figure 3. Older Population by Age Group and Sex	59
Figure 4. Older Population by Region	60
Figure 5. Older population by Relationship to HH	61
Figure 6. Older Population Having Disability by Region	62
Figure 7. Older Population Employment Status by Region	63
Figure 8. Older Population Literacy Rate by Region & Sex	65
Figure 9. Pakistan Demographic Profile Indicators	66
Figure 10. Population by Age Group	67
Figure 11. Older Population by Age and Sex	68
Figure 12. Older Population by Age and Sex	68
Figure 13. Median Age and Proportion of Population (80+) Among 60+	69
Figure 14. Life Expectancy at Birth by Sex	70
Figure 15. Fertility Rate and Life Expectancy at Birth	71
Figure 16. Older Population Employment and Social Protection Status	72
Figure 17. Healthy life Expectancy (HALE) at Age 60	73
Figure 18. Out-of-Pocket Health Expenditure	74
Figure 19. Household Living Arrangements	75
Figure 20. Older Population Suicide Rate by Sex	75
Figure 21. Older Population Literacy Rate by Sex	77

ACRONYMS

ADR	Alternative Dispute Resolution
BHB	Ba Himmat Buzurg
BISP	Benazir Income Support Programme
CNIC	Computerized National Identity Card
CSHG s	Community Self-Help Groups
ECLAC	Economic Commission for Latin America and the Caribbean
EOBI	Employees' Old-Age Benefits Institution
FAID	Foundation for Ageing and Inclusive Development
FY	Fiscal Year
HALE	Healthy Life Expectancy
HRBA	Human Rights-Based Approach
ICT	Islamabad Capital Territory
ILO	International Labour Organization
MHPSS	Mental Health and Psychosocial Support
MIPAA	Madrid International Plan of Action on Ageing
MoHR	Ministry of Human Rights
NRSP	National Rural Support Programme
PBS	Pakistan Bureau of Statistics
PSPA	Punjab Social Protection Authority
SDGs	Sustainable Development Goals
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNDP	United Nations Development Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

Pakistan stands at a demographic crossroads. As life expectancy rises, the country's population is ageing faster than its institutions, policies, and systems can adapt. The share of older persons is expected to triple by 2050, yet the country remains unprepared to meet the needs and rights of this growing group. This National Status Report is the first comprehensive attempt to document the realities of ageing in Pakistan combining data analysis, policy review, and international comparisons to develop a roadmap for inclusive, rights-based action.

Older People in Pakistan remain largely invisible in legal frameworks, public health planning, and social protection systems. Despite some progress at the provincial level, such as Senior Citizen Bill in Punjab, Sindh, Khyber Pakhtunkhwa, and ICT- there is no federal framework guaranteeing minimum rights. Many older persons lack legal identity documentation, access to legal and social services, protection from elder abuse and age-based discrimination.

Box A: Population Ageing in Pakistan: A tsunami is waiting to happen?

Pakistan is home to 13.5 million older persons today (PBS 2023)—projected to reach nearly 36.5 million by 2050 (UNESCAP 2023), yet the country remains unprepared, in terms of economic, legal, social and health services available to older persons.

Without urgent action, millions of older persons will face exclusion from health, income, and legal protection. A federal law, universal pension floor, and dedicated ageing institutions are no longer optional—they are essential for meeting constitutional duties and SDG pledge of “leaving no one behind”.

On the social protection front, the situation is equally dire. Only 5.8% of older persons are covered by any pension scheme, leaving millions reliant on informal support or continuing to work in old age under precarious conditions. Existing programs like EOBI, BISP, and Sehat Sahulat Program are not adequately tailored to the unique needs of older adults—especially women, widows, rural dwellers, and those with disabilities. The lack of geriatric care, age-friendly infrastructure, and digital access further compounds their exclusion.

This report was commissioned by the Foundation for Ageing and Inclusive Development (FAID) to address this critical policy vacuum. It offers an integrated analysis of Pakistan's ageing population through legal, social, institutional, and demographic lenses—serving as a foundational document to guide future policy, legislation, and resource allocation.

This report, developed by Professor Dr. Asghar Zaidi and Waqar Ul Hassan, on behalf of the Foundation for Ageing and Inclusive Development (FAID), aims to provide a comprehensive, data-driven, and policy-relevant assessment of the situation of older people in Pakistan. Its specific objectives are:

- To systematically review the national and international literature on ageing, including evidence gaps and data limitations relevant to the Pakistani context.
- To examine the legal and institutional frameworks for older people in Pakistan, including international commitments and provincial laws, and to identify implementation challenges.
- To assess the current social protection landscape, both contributory and non-contributory pensions, and identify gaps in healthcare access and welfare provisions.
- To present an updated demographic profile of the older population using data from the 2023 Pakistan Population and Housing Census and regional data from UNESCAP, disaggregated by gender, geography, and functional status.
- To identify policy gaps and propose actionable recommendations for ageing-inclusive reforms aligned with national needs and international standards.

This report uses two key analytical frameworks:

1. **Rights-Based Framework for Ageing:** Anchored in MIPAA, the UN Principles for Older people (1991), and the Sustainable Development Goals (especially Goals 1, 3, 5, 8, 10, and 16). It focuses on the right to health, income, participation, legal protection, and dignity.
2. **Social Protection Lens:** Draws from international good practice (e.g., Latin America, South Asia) in building integrated systems of income security, healthcare, and care services.

Pakistan is undergoing a profound demographic shift: the proportion of older people (aged 60 and above) has increased to 5.6% (13.5 million) of the total population (PBS, 2023) and is expected to rise to nearly 9.9% (36 million) by 2050 (UNESCAP, 2023). This transition is driven by increasing life expectancy and changing family structures. A significant proportion of older people live in rural areas, often without access to basic services, health facilities, or formal income support. The demographic transition presents an opportunity to reap a longevity dividend—but only a whole range of proactive, inclusive, and coordinated policy actions are taken.

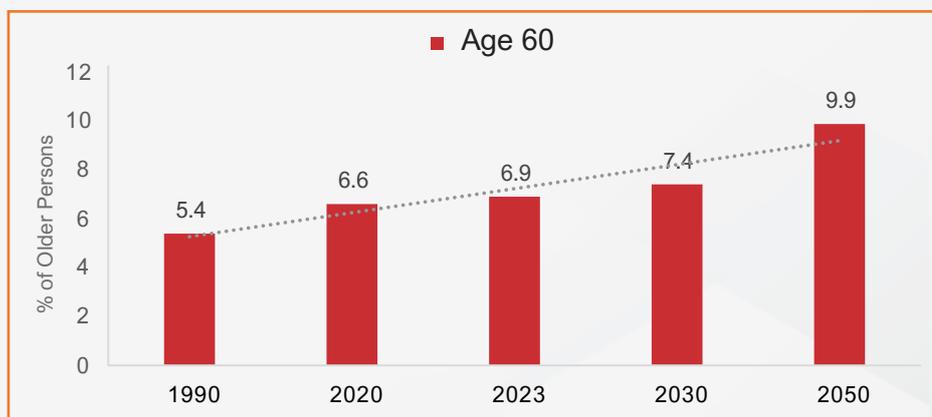


Figure 1. Rising Share of Older Persons (Age 60+)

Source: UNESCAP

Despite the clear need, older people remain largely invisible in Pakistan’s national development agenda. The absence of an effectively operational federal-level legal framework on ageing means that older people are not guaranteed their rights. Existing provincial legislation remains fragmented, under-resourced, and inconsistently implemented, leaving significant gaps in protection and enforcement. As detailed in Chapter 3, while some provinces have enacted Senior Citizens Acts, most lack the necessary operational mechanisms—such as rules of procedure, functional welfare councils, and adequate budget allocations—for effective implementation.

There is no dedicated ombudsperson, grievance system, or national strategy to safeguard older people's legal and constitutional rights, including protection against age-based discrimination or elder abuse.

On the social protection front (Chapter 4), only 5.8% of older people are covered by any form of social protection (UNESCAP, 2022). The Employees' Old-Age Benefits Institution (EOBI) covers only a small fraction of the formally employed workforce. Most older people, particularly those who work in informal sectors, remain excluded from pensions, health insurance, or social welfare programs. Non-contributory schemes such as BISP and Ehsaas Ba-Himmat Buzurg Program provide some relief but lack national scale, sustainable funding, and integration with healthcare or disability services.

Box B: Strengthening Governance for Ageing—Why Coordination Matters?

Challenge: Pakistan lacks a central institution or cohesive national strategy to lead ageing-related policies across ministries and provinces. As a result, ageing remains largely invisible in development plans, budget allocations, and national monitoring systems.

Why it Matters: Without institutional leadership, policies and services for older persons remain fragmented, underfunded, and poorly implemented. The absence of coordination weakens accountability, disrupts service delivery, and undermines progress on ageing-related rights.

What Needs to Happen?

- Establish a national focal institution or coordination cell on ageing within a federal ministry.
- Develop inter-ministerial and inter-provincial coordination mechanisms to align policy and implementation.
- Integrate ageing into national planning, public budgeting, and SDG monitoring systems to ensure consistent progress and accountability.

Despite the clear need, older people remain largely invisible in Pakistan's national development agenda. The absence of an effectively operational federal-level legal framework on ageing means that older people are not guaranteed their rights. Existing provincial legislation remains fragmented, under-resourced, and inconsistently implemented, leaving significant gaps in protection and enforcement. As detailed in Chapter 3, while some provinces have enacted Senior Citizens Acts, most lack the necessary operational mechanisms—such as rules of procedure, functional welfare councils, and adequate budget allocations—for effective implementation. There is no dedicated ombudsperson, grievance system, or national strategy to safeguard older people's legal and constitutional rights, including protection against age-based discrimination or elder abuse.

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Overall, the existing legal, institutional, and policy frameworks are inadequate to respond to the challenges of population ageing in Pakistan. The country lacks a unified national vision for ageing, comprehensive monitoring indicators, and coordinated implementation across sectors. Without urgent reform, the rights, dignity, and well-being of Pakistan's older people will remain at risk—and the country will fall short of its SDG, MIPAA, and human rights obligations.

Pakistan’s ageing population is growing rapidly, yet national systems remain unprepared. The analysis in this report reveals critical structural gaps across legal protections, social safety nets, healthcare, data systems, and institutional coordination. Older people—particularly women, rural residents, and those without contributory pensions—face systemic exclusion and vulnerability. The following are the most pressing challenges identified across all six chapters of this report.

1. Absence of a Federal Legal Framework – No overarching law exists to unify and enforce rights for older people across provinces.
2. Extremely Low Pension and Income Security Coverage – Most older people, especially informal workers, remain outside contributory or non-contributory pension systems.
3. Health System Unprepared for Ageing – There are no age-friendly clinics, trained geriatric staff, or long-term care services in public healthcare.
4. Gender-Based Exclusion in Old Age – Older women lack pensions, digital access, and safety in public spaces, reflecting lifelong inequities.
5. No Institutional Focal Point – Ageing is not coordinated at the federal level; inter-ministerial planning and resource allocation are lacking.
6. Ageing Not Mainstreamed in Development Planning – Policies on health, transport, housing, and DRR do not include older people.
7. Neglect of Older people in Crises – Emergency responses (e.g., floods, pandemics) systematically overlook mobility, health, and shelter needs of older people.
8. Exclusion from Digital and Public Infrastructure – A lack of ICT training, age-unfriendly cities, and unsafe transport reduces mobility and engagement.

Box C: Priority Challenges for Inclusive Ageing in Pakistan

Thematic Area	Critical Challenge(s)	Recommendation(s)
<p>Legal Framework</p> <ul style="list-style-type: none"> • Fragmented and inconsistently implemented provincial legislation • Absence of legal aid, grievance redress, and protection from elder abuse 	Absence of a Federal Legal Framework for Older Persons	Enact a Federal Senior Citizens Act with Rights-Based Protections
<p>Social Protection</p> <ul style="list-style-type: none"> • Informal sector and rural older persons excluded from pensions and support • Public healthcare systems not equipped to meet older persons’ needs 	Extremely Low Pension and Social Protection Coverage	Introduce a Universal Non-Contributory Old-Age Pension Floor
<p>Institutional Arrangements</p> <ul style="list-style-type: none"> • No dedicated national focal institution or coordinating body on ageing • Ageing not prioritized in government planning, budgeting, or monitoring 	No National Focal Institution or Coordinated Policy Mandate	Create a National Focal Institution or Coordination Unit
<p>Programmatic Priorities</p> <ul style="list-style-type: none"> • Unsafe and age-inaccessible public infrastructure and housing • Deepening digital exclusion, especially among older women and rural elders 	Ageing Excluded from Development, Emergency Planning and Digitation	Mainstream Older Persons into Development Policy

Responding to the above challenges requires immediate, integrated, and rights-based policy action. Drawing from national data, literature, legal and social protection assessments, and good international practice, the report proposes a set of high-impact, actionable recommendations. These are organized to inform federal and provincial policymaking, civil society advocacy, and future development planning efforts to ensure no older person is left behind.

1. Enact a Federal Senior Citizens Act – Introduce unified, rights-based legislation ensuring minimum protections and harmonizing provincial laws.
2. Expand Non-Contributory Pensions – Establish a universal old-age pension floor to cover informal sector workers and rural elders.
3. Establish Geriatric Health Services – Train primary care providers, create age-friendly clinics, and integrate older people into Sehat Sahulat.
4. Launch Gender-Sensitive Ageing Policies – Include widow pensions, secure transport, legal aid, and digital training programs for older women
5. Create a National Focal Institution on Ageing – Designate a federal ministry or coordination cell to lead, budget, and monitor ageing-related reforms.
6. Mainstream Ageing Across Sectors – Mandate inclusion of older people in disaster, housing, transport, and social protection policies.
7. Develop Grievance Redress and Legal Aid Mechanisms – Create ombudspersons, helplines, and legal services for elder abuse, exclusion, and discrimination.
8. Foster Digital and Urban Inclusion – Invest in digital literacy, build age-friendly cities, and ensure older people’ access to public spaces and ICT.

This report reaffirms that ageing in Pakistan is not merely a welfare concern—it is a defining challenge and opportunity for national development, social justice, and inclusive governance. With 13.5 million older people today (PBS 2023) and projections indicating nearly 36.5 million by 2050 (UNESCAP 2023), the demographic shift is already underway. However, policy, legal, and institutional systems have yet to respond with the urgency and coherence this transformation demands.

Older people are vital contributors to Pakistan’s society and economy—they are caregivers, informal workers, wisdom holders, and community anchors. Yet, their rights remain insecure, their economic needs largely unmet, and their healthcare demands invisible in mainstream policy. The absence of unified legal protections, age-sensitive social safety nets, and dedicated institutional mechanisms continues to marginalize this growing population. Fragmented provincial laws, minimal pension coverage, digital exclusion, and insufficient healthcare services deepen inequality and exclusion in old age—particularly for women, rural elders, and those with disabilities.

The evidence presented across this report sends a clear signal: Pakistan cannot afford to ignore the ageing agenda. A failure to act will not only violate constitutional and international obligations but will also undermine the country’s long-term development prospects. Ageing must be mainstreamed across public policy, including legislation, budgets, planning frameworks, and data systems. Therefore, it is strongly recommended that Pakistan establish a National Commission and develop a comprehensive National Strategy on Ageing.

This report offers a strategic roadmap, grounded in global good practice and tailored to Pakistan’s realities. It outlines actionable reforms under four pillars: legal frameworks, social protection, institutional arrangements, and programmatic priorities. These reforms are not aspirational; they are achievable, necessary, and urgent.

Now is the time to build a society that values older people as equal citizens. With strong political will, intergenerational solidarity, and inclusive governance, Pakistan can ensure that all people age with dignity, opportunity, and security. Ageing is not a crisis—it is a chance to strengthen the social contract for all generations.



1. INTRODUCTION

1.1 Background and Rationale

Pakistan, like many countries in the Global South, is undergoing a significant demographic shift. Improvements in life expectancy, a slow but steady decline in fertility rate, coupled with a fast-changing household composition, have led to a steady increase in the proportion of older people (aged 60 and above). UNESCAP (2023) records that the population aged 60 and above is projected to grow from 5.3% in 1990 to nearly 14% by 2082. Additionally, healthy life expectancy (HALE) at age 60 improved from 16.5 years in 2000 to 17.2 years in 2019.

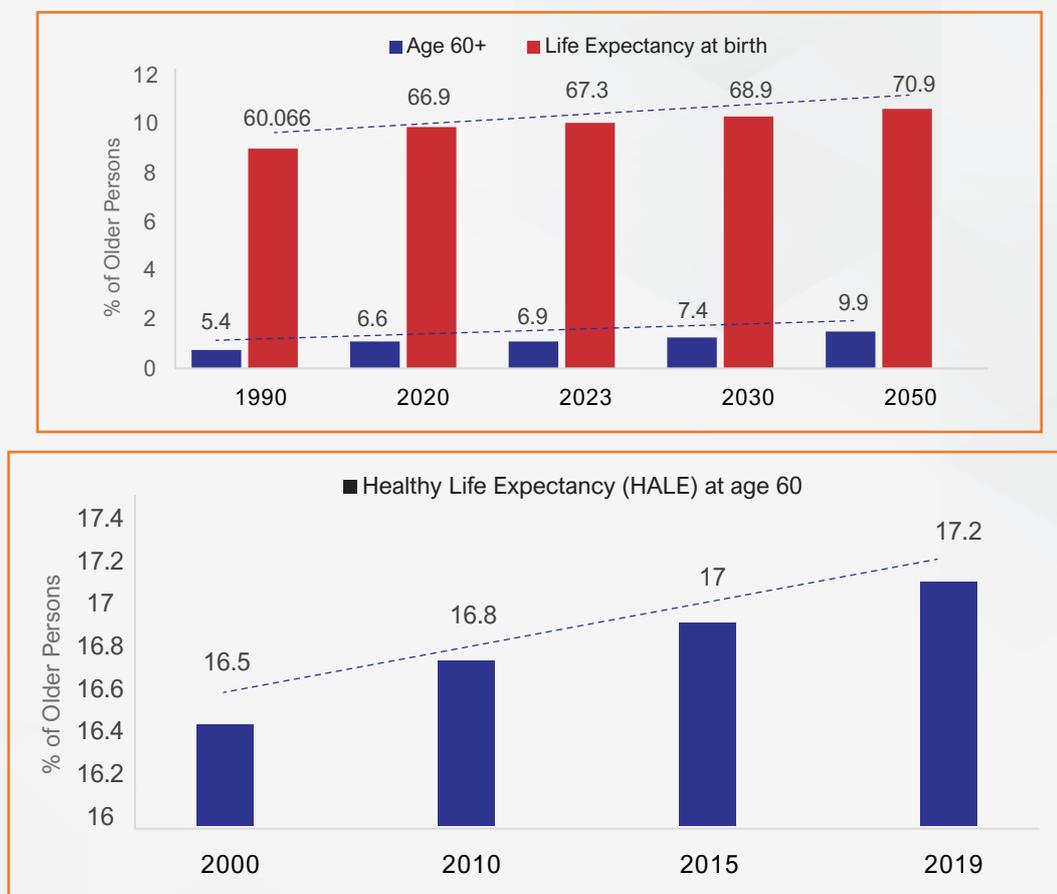


Figure 2. Demographic Transition of Health and Life Expectancy

Source: UNESCAP

According to the Pakistan Bureau of Statistics (PBS, 2023), older persons now constitute 5.6% of the total population. This figure is expected to rise significantly in the coming decades. Regional data from UNESCAP (2023) suggests that the older population in Pakistan could reach 9.9% by 2050, indicating a substantial increase in the ageing cohort. This demographic transition brings serious challenges that need quick and coordinated action from the government and civil society.

While ageing is a marker of development and improved survival, its implications are multifaceted. Older persons often face vulnerabilities related to income insecurity, health challenges, gender-based discrimination, digital exclusion, social isolation, less decision-making autonomy and inadequate access to basic services such as healthcare, housing, transport, and social protection. These challenges are even worse for older women and those living in rural areas. The report on the status of older persons in Pakistan, based on PBS 2023 and UNESCAP 2023 data, highlights that a large proportion of older persons reside in rural areas with limited access to formal support systems. Functional limitations and disability burdens are high among older peoples, while Pakistan lacks enough healthcare for older people, long-term care options, and infrastructure that supports ageing with dignity.

Despite Pakistan's endorsement of several international commitments such as the Madrid International Plan of Action on Ageing (MIPAA, 2002) and the UN Principles for Older Persons (1991), the country still lacks a single, coordinated legal system to protect the rights of older people. Several provinces have enacted senior citizens' acts, yet their implementation has been uneven and under-resourced. There is no federal policy or law providing a unified rights-based framework for ageing. Without a clear national law, it is difficult to ensure older people's rights are protected in all areas of life. Moreover, ageing remains largely invisible in Pakistan's development planning and macroeconomic discourse.

The country's commitment to the Sustainable Development Goals (SDGs), particularly SDG 1 (No Poverty), SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), SDG 8 (Decent Work and Economic Growth), SDG 10 (Reduced Inequalities), and SDG 11 (Sustainable Cities and Communities), cannot be achieved without mainstreaming the rights and well-being of older peoples. Yet, the invisibility of ageing in national policy frameworks and insufficient age-disaggregated data makes it harder for evidence-based planning and inclusive development.

Present social protection mechanisms are not enough to meet the needs of older people. UNESCAP (2023) data reveals that only 5.8% of older persons in this age group are covered by any form of social protection, including pensions. The Employees' Old-Age Benefits Institution (EOBI) and provincial senior citizen welfare schemes cover only a fraction of the older population. Informal sector workers and rural residents are largely excluded from contributory pensions.

Box A: Why Ageing in Pakistan Demands Urgent Policy Attention?

- Pakistan is ageing fast: The proportion of older persons (aged 60+) will nearly double—from 5.6% (13.5 million) in 2023 to 9.9% (36 million) by 2050 (PBS, UNESCAP, 2023).
- Older persons face widespread exclusion: Income insecurity, poor access to healthcare, social isolation, and gender disparities are common—especially in rural areas and among women.
- Only a small share of older persons are covered: Just 5.8% (0.96 million) of older adults receive any form of social protection, including pensions (UNESCAP, 2023).
- Legal protections are fragmented: Several provinces have ageing legislation, but implementation is uneven and there is no unified federal law.
- Ageing is missing from national development planning: Despite SDG commitments and international frameworks like MIPAA, older persons remain largely invisible in Pakistan's macroeconomic and policy discourse.

Non-contributory support schemes at national and provincial level, such as the BISP and Ehsaas Ba Himmat Buzurg Program, represent important steps but need expansion and integration. Furthermore, the fragmentation of institutional responsibilities across different ministries and departments reduces the efficiency of interventions and the coherence of ageing policy.

In this context, a comprehensive, inclusive, and forward-looking policy approach is imperative. The need of the hour is to develop ageing-responsive frameworks guided by global best practices, national realities, and grounded in human rights.

1.2 Objectives of the Report

This report, developed by Prof. Dr. Asghar Zaidi and Waqar UI Hassan, on behalf of the Foundation for Ageing and Inclusive Development (FAID), aims to provide a comprehensive, data-driven, and policy-relevant assessment of the situation of older persons in Pakistan. Its specific objectives are:

- To systematically review the national and international literature on ageing, including evidence gaps and data limitations relevant to the Pakistani context.
- To examine the legal and institutional frameworks for older persons in Pakistan, including international commitments and provincial laws, and to identify implementation challenges.

- To assess the current social protection landscape—both contributory and non-contributory pensions—and identify gaps in healthcare access and welfare provisions.
- To present an updated demographic profile of the older population using data from the 2023 Pakistan Population and Housing Census and regional data from UNESCAP, disaggregated by gender, geography, and functional status.
- To identify policy gaps and propose actionable recommendations for ageing-inclusive reforms aligned with national needs and international standards.

1.3 Conceptual Framework

This report is based on two guiding frameworks that provide both normative and operational guidance:

1.3.1 Integrated Social Protection and Healthy Ageing Approach:

This combined framework underscores the need for comprehensive social protection systems that are aligned with the WHO’s Healthy Ageing principles. It focuses on helping older people stay healthy, active, and independently, mentally, and socially—by using inclusive policies, integrated healthcare, income security, and creating supportive environments that allow older people to live with independence, respect, and engagement.

Healthy Ageing!

Healthy ageing is the process of developing and maintaining the functional ability that enables older people to do what they value. It involves fostering good health, ensuring access to care, supporting social relationships, and creating environments that enable well-being and independence in older age.

Source: WHO

1.3.2 Human Rights-Based Approach (HRBA)

This approach stresses universality, indivisibility, and interdependence of rights, promoting participation, non-discrimination, accountability, and transparency in the design and implementation of ageing policies. It emphasizes that older people have rights and should be treated as active citizens, not just recipients of aid.

These frameworks are used throughout the report to identify challenges, evaluate existing systems, and develop recommendations that are inclusive, equitable, and sustainable.

1.4 Chapter Summary and Policy Implications

This introductory chapter outlines the urgent need for policy attention to Pakistan’s ageing population. The proportion of older people (aged 60 and above) is projected to increase significantly—from 5.6% in 2023 to nearly 10% by 2050, reflecting a demographic transition with far-reaching implications.

Despite this trend, ageing remains largely absent from national development planning. Older people, particularly women and rural residents, face widespread exclusion from income security, healthcare, housing, and social services. Social protection mechanisms cover less than 6% of the older population, and the legal framework is fragmented, with no federal law guaranteeing their rights.

The chapter emphasizes the importance of adopting an inclusive, human rights-based approach to ageing policy, informed by global frameworks such as MIPAA and the SDGs. Two guiding frameworks—Healthy Ageing and Human Rights-Based Approaches—are introduced to shape the analysis in the chapters that follow. To address the challenges of ageing effectively, Pakistan must:

- Develop a unified federal policy and legal framework on ageing.
- Expand inclusive social protection systems with universal coverage.
- Integrate ageing into all aspects of national and provincial development planning.

To meet the demands of an ageing society, Pakistan must act now using both global best practices and local realities to guide reforms that ensure dignity, autonomy, and protection for all older people.

1.5 Structure of the Report

The report is organized into six chapters. Following this introductory chapter, Chapter 2 presents a systematic literature review that synthesizes the national and international evidence base on ageing, including gaps in data and knowledge. Chapter 3 examines the legal framework for older people in Pakistan, mapping international commitments and domestic legislation, with a focus on provincial laws and their implementation challenges. Chapter 4 discusses the social protection landscape, including contributory and non-contributory pension systems, welfare schemes, and gaps in coverage. Chapter 5 analyzes the status of older people using data from PBS 2023 and UNESCAP 2023, disaggregated by gender, location, and functional ability. Finally, Chapter 6 presents the main conclusions and strategic recommendations to advance ageing-inclusive development in Pakistan.



2. SYSTEMATIC LITERATURE REVIEW

2.1 Introduction

This chapter presents a systematic review of existing literature on ageing in Pakistan, drawing on both national and international reports, journal articles, and policy briefs. It brings together key insights across multiple themes—demographic trends, health inequalities, gendered ageing, disaster vulnerabilities, and policy gaps—to establish a clear rationale for this Towards Inclusive Ageing: A Review of Law, Demography and Social Protection Initiative in Pakistan.

2.2 Methodology of Literature Identification

The literature review presented in this report employed a systematic search strategy using Google Scholar and institutional repositories. Keywords included 'Ageing', 'Older People', 'Well-being', 'Health Status', and 'Pakistan'. Boolean operators (AND, OR, NOT) and truncation were applied. Over 129,000 results were initially retrieved. Filtering by time (2010–2025) and by relevance reduced this to less than 500 core studies and reports. Priority was given to peer-reviewed articles, national assessments, UN or international agencies reports (e.g., UNFPA, WHO, UNESCAP), and HelpAge International publications. A literature matrix was developed to categorize thematic focus, policy relevance, and methodology. A summary of the reviewed literature is provided in Annex Table 6, categorizing the studies by focus area, year, and relevance to the current report.

2.3 Demographics and Ageing Trends

Pakistan is undergoing a significant demographic transformation characterized by a rising proportion of older people. According to UNESCAP (2023), individuals aged 60 and above currently represent approximately 7% of Pakistan's total population, with projections indicating this figure could rise to 15.8% (around 40 million) by 2050. However, the 2023 Population and Housing Census conducted by the Pakistan Bureau of Statistics (PBS) recorded 13.5 million older people, accounting for only 5.6% of the population—showing that current data may not fully reflect the true size of the older population, making it harder for the government to plan, design timely and targeted interventions. This demographic transition is attributed to declining fertility rates and increasing life expectancy. Existing national planning documents have not adequately reflected this change, resulting in a policy gap between demographic realities and institutional preparedness (HelpAge Asia, 2018).

The UNFPA (2012) emphasizes that ageing in Pakistan is accompanied by poverty, weak health infrastructure, and fragmented social protection. Gender disparities further amplify vulnerabilities among older women. The UNFPA further warns that without proactive policy adaptation, ageing could exacerbate socio-economic vulnerabilities. While ageing trends are often subsumed under general development narratives, the urgency of population ageing calls for disaggregated data, focused indicators, and inclusion in the national development agenda. Despite this exponential growth, ageing remains marginal in public policy.

2.4 Health and Well-being

Health is a major concern for older peoples in Pakistan, particularly in rural areas and among low-income groups. The SPRC (2020, 2021) reports indicate that non-communicable diseases (NCDs), mobility impairments, and mental health issues are common but inadequately addressed. The WHO's Healthy Ageing Framework focuses on helping older people stay active, independent, and able to do the things they value, yet Pakistan's healthcare infrastructure does not prioritize these outcomes.

In addition, the WHO's earlier Active Ageing Policy Framework (2002) offers a foundational perspective by promoting a holistic vision of ageing that optimizes opportunities for health, participation, and security. It introduces a life-course approach that recognizes the cumulative impact of social determinants on health and well-being in later life. The inclusion of culturally appropriate and gender-sensitive services—elements largely missing from Pakistan's current ageing and health landscape (World Health Organization, 2002).

The WHO's (2020) Framework outlines a life-course approach to ageing, emphasizing early interventions, people-centered systems, and community-based care. It advocates for four strategic priorities—health promotion, NCD control, integrated systems, and supportive environments—offering policy directions highly relevant for Pakistan's ageing population (Opolski & Wysocki, 2013). Beyond system-level gaps, Pakistan's ageing policy must address individual-level well-being and functional outcomes. A growing body of international research supports the use of Patient- Reported Outcome Measures (PROMs) to assess quality of life, frailty, functional decline, and psychological distress in older peoples. Integrating PROMs into Pakistan's health monitoring tools, particularly within primary and long-term care systems, could significantly enhance geriatric health outcomes (Saqlain et al., 2020).

In addition to biomedical determinants, environmental and psychosocial factors significantly shape ageing outcomes. Research from Hong Kong shows that older peoples' well-being is strongly influenced by age-friendly infrastructure, fear of falling, social isolation, and limited mobility in unsafe public spaces (Kwan et al., 2021). PIDE (2021) highlights the absence of age-specific primary healthcare units and the lack of training for health professionals in geriatric care. Moreover, rural-urban disparities and weak referral systems further marginalize older populations. Effective ageing policy must therefore include dedicated geriatric services and community-based health models aligned with WHO standards. The PIDE-World Bank (2021) report emphasizes the Healthy Ageing approach, advocating functional ability, intrinsic capacity, and age-friendly systems aligned with WHO standards.

Anu et al. (2023) outline that older people are particularly vulnerable to heatwaves, air pollution, infectious diseases, and food insecurity due to physiological decline and geriatric syndromes i.e. frailty and cognitive impairment. Older peoples also face greater psychological impacts following natural disasters. These climate-related risks demand urgent public health responses tailored to geriatric populations, integrating environmental resilience into healthy ageing strategies.

2.5 Poverty and Social Protection

Economic insecurity among older people is deeply entrenched in Pakistan's informal labor economy. MIMAP (2003) was among the earliest studies to link ageing and poverty, showing that older people lack access to pensions or sustainable income. This is reaffirmed by the State of Old Age Reports (SPRC 2020, 2021), which show that a large portion of the older population is dependent on family remittances or informal work, without recourse to formal social safety nets.

Programs like BISP, Sehat Sahulat Program, and Ba-Himmat Buzurg provide limited support, and their outreach to older peoples remain insufficient. The Sehat Sahulat Program has expanded nationwide to improve healthcare access for vulnerable groups, indirectly covering the older population. However, gaps remain in rural outreach, inclusion of marginalized groups, and cost regulation. Several social protection programmes at both the national and provincial levels are examined in detail in the upcoming chapter on social protection for older people in Pakistan. Despite this, evidence shows it has improved financial protection for low-income households (Khalid et al, 2021).

HelpAge International (2020) also notes that the delivery of these schemes is often inefficient and lacks age-sensitive design. A rights-based approach to ageing necessitates expanding contributory and non-contributory pension systems, developing minimum income guarantees, and integrating ageing into social protection reform. Regional evidence from Latin America and the Caribbean underscores the role of non-contributory pensions in improving older people's financial protection. The ECLAC (2022) report finds that while pension coverage has widened, many countries still struggle with inadequate benefits and fragmented delivery systems. The report calls for stronger integration of health and long-term care, emphasizing equity, sustainability, and alignment with global ageing frameworks (ECLAC, 2022). These insights are instructive for Pakistan, where social protection remains partial and often excludes rural and informal employed older populations.

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Comparative evidence across South Asia reveals that Pakistan ranks among the lowest in terms of healthcare and resource allocation for older people. Mathews et al. (2022) show that older peoples in Pakistan face severe deficits in pension coverage, access to geriatric services, and assistive technologies. In contrast, countries like Sri Lanka and India have made modest progress in institutional care and social pensions. These disparities underscore the urgency for Pakistan to adopt a multisectoral, gender-responsive approach to healthy ageing. Evidence from across developing Asia, including Pakistan, shows that older people often remain in the labor force not by choice but due to poor economic condition.

Kikkawa and Gaspar (2023) find that low pension coverage and informal employment status limit the ability of older peoples to retire securely. In Pakistan, where contributory pension schemes reach a minority of the older population, many continue working in informal jobs into advanced age. These dynamics highlight the urgency of pension reform, active learning, inclusive strategies and flexible retirement policies to improve income security and reduce vulnerability among older populations.

2.6 Gender and Ageing

Older women in Pakistan face a compounded form of marginalization shaped by lifelong gender inequities. The CPPG (2012) analysis showed that older women have significantly less access to healthcare, are more likely to live in poverty, and are under-represented in decision-making roles. They are often dependent on male family members, which limits their autonomy in later life. UNDP (2016) and PIDE (2021) both emphasize the need for intersectional approaches that account for gender, class, and geographic location.

Despite Pakistan's commitment to SDG 5, namely: Gender Equality, there is a noticeable absence of gender-specific strategies in ageing policies. Addressing this requires gender-sensitive programming, targeted resource allocation, and empowerment-focused interventions for older women. Gaps in assessing the healthcare services, public transportation facilities and formal pension coverages in Pakistan are evident for older women and widows (Mathews et al., 2022). Older women often continue working in informal settings due to the absence of formal pension systems or retirement policies in rural areas (Kikkawa and Gaspar, 2023). Older peoples, particularly those in rural areas and women, often lack digital literacy, devices, and supportive infrastructure (Farooq and Imran, 2023).

2.7 Family Structures and Intergenerational Support

In Pakistan, families serve as the primary support system for older people, offering both financial care and physical assistance. However, demographic transitions, declining fertility rate, rising life expectancy, youth migration, and shifts in family composition can impact the condition of older people. A study conducted in Nepal found that 81% older peoples lived with family, over 6% lived alone and reported higher emotional and physical insecurity—especially widowed women and low-income older people (Singh et al., 2021). The erosion of joint family structures, influenced by urbanization and labor migration, was cited as a driving factor.

Policy responses must include incentives for co-residence, community-based support systems, and expanded roles for Lady Health Workers and social workers to supplement informal care where families are absent.

2.8 Ageing in Emergencies and Climate Disasters

Older people are among the most vulnerable groups during humanitarian crises, yet they are often neglected in disaster preparedness and response. The 2022 floods in Pakistan underscored this neglect. According to HelpAge (2022), older peoples reported limited mobility, exclusion from aid distribution, and heightened health risks. Post-disaster assessments revealed that emergency shelters were not age-friendly and essential services were inaccessible. Reports by UN (2023) and HelpAge (2022) International argue for mainstreaming older people in emergency planning frameworks. The increasing frequency of climate-induced disasters necessitates the inclusion of ageing in national resilience and disaster risk reduction (DRR) strategies. This also aligns with the Sendai Framework, which urges inclusive preparedness approaches.

Environmental stressors exacerbate pre-existing chronic conditions, while extreme weather events disrupt access to essential medical care and increase mortality risk including older peoples (Anu et al., 2023). Farooq and Imran (2023) found in their research that digital literacy among older peoples play vital role during health emergencies such as the COVID-19 pandemic.

2.9 Human Rights and Legal Frameworks

Despite Pakistan's formal endorsement of the Madrid International Plan of Action on Ageing (MIPAA) and the UN Principles for Older people, the national legal framework dedicated to safeguarding the rights of older peoples remain unevenly implemented. The following chapter on the legal framework for older people in Pakistan will examine these existing legal rights of older peoples in greater detail.

The Zaidi et al., (2019) and HelpAge (2020) stress the absence of enforceable legal protections against age-based discrimination and older abuse. While some provinces have introduced senior citizen cards and welfare policies, these are often fragmented and lack proper enforcement. The Human Rights-Based Approach (HRBA) provides a framework to address these gaps by focusing on treating older people fairly, with respect and equal rights. Legal empowerment of older people should include protection from exploitation, guaranteed access to justice, and participation in policy decisions affecting their lives.

2.10 Policy Landscape and Gaps

Several reports identify the need for a comprehensive national ageing strategy. Despite the presence of several social protection programmes, most initiatives are reactive, short-term, political or donor- driven. Literature from SPRC (2021) and PIDE (2021) emphasizes the lack of monitoring frameworks, inter-agency coordination, and age-sensitive indicators.

In alignment with these findings, ESCAP (2021) identifies four critical components for successful national ageing frameworks: institutional coordination, integrated policy design, robust monitoring systems, and long-term sustainability. Pakistan notably lacks all four. Without a whole-of-government approach, ageing policies remain fragmented and under-resourced. ESCAP further underscores that many countries in the Asia-Pacific region—including Pakistan—fail to mainstream ageing into broader development strategies, despite commitments under MIPAA and the SDGs (UNESCAP, 2021).

Comparative frameworks from other regions also underscore the gaps in Pakistan's current policy landscape. A WHO Europe (2020) review of healthy ageing strategies emphasizes the need for countries to combat ageism, invest in long-term care, geriatric care and build community-based

infrastructure through decentralized planning. These efforts are underpinned by strong legal framework and social protection policies and multisectoral coordination—elements largely absent in Pakistan’s approach. While European contexts differ institutionally, but framework could provide valuable lesson for Pakistan’s policy-makers (WHO Europe, 2020). The report calls for stronger integration of healthcare and social protection policies, emphasizing equity, sustainability, and alignment with global ageing frameworks (ECLAC, 2022). Latest evidence from Pakistan shows that social norms and perceived accessibility related to public transport play a critical role in shaping social exclusion among older peoples.

Al-Rashid et al. (2023) found that societal expectations and psychological perceptions of transport usability reinforce mobility inequalities, particularly for those older people having disability or financial constraint. These findings underscore the need to go beyond physical infrastructure and address the community-associated or socio-environmental root causes to promote ageing-friendly transport systems. A study by Farooq and Imran (2023) highlights how digital exclusion significantly limits older people’ access to health information and services in Pakistan. This disconnect exacerbates barriers to telemedicine, health promotion campaigns, and social engagement. To address this, the study recommended age-sensitive digital literacy programs and promoting intergenerational learning to bridge the technology gap.

The National Status Report on Older People aims to fill this void by providing a centralized, evidence-based foundation for policymaking. It will benchmark Pakistan’s ageing trajectory against regional standards and generate actionable insights for legislative and programmatic reforms.

2.11 Conclusion

The literature reviewed in this chapter reveals a progressively richer, though still uneven, understanding of ageing in Pakistan. Recent studies have highlighted critical gaps and emerging issues across multiple domains, including health disparities, gendered vulnerabilities, social exclusion, income insecurity, inadequate mobility, and climate-related risks for older people. However, the research landscape remains largely siloed, with limited cross-sectoral integration and policy translation.

This report addresses that critical gap by applying two complementary frameworks: the Social Protection and the Legal Framework-based approach, which foregrounds dignity, equity, and accountability in ageing-related interventions and programmes. By synthesizing multisectoral and multidisciplinary insights, the National Status Report provides an evidence-based foundation for ageing-inclusive policy reform in Pakistan.

Its originality lies in the comprehensive scope and methodological synthesis of national and international literature—ranging from public health to digital literacy, climate vulnerability to community behavior, labor market participation, and disaster risk reduction. The report not only maps existing challenges but also offers a strategic blueprint for integrated, and context-specific action to ensure that no older person is left behind in Pakistan’s development trajectory in upcoming chapters.



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3. LEGAL FRAMEWORK FOR OLDER PEOPLE

3.1 Introduction

The evolving demographic realities and international obligations have compelled policymakers to consider legislation and policy measures aimed at protecting older persons. The Constitution of Pakistan (1973) provides a broad foundation for these protections. It obligates the state to promote the well-being of the people regardless of age, and to provide basic necessities of life including food, clothing, housing, education, and medical relief. Key constitutional articles relevant to older persons include Articles 9 (Right to life), 14 (Dignity of man), 25 (Equality of citizens), and 38 (Promotion of social and economic well-being of the people), which underscores the State's responsibility to ensure the welfare of all citizens, including older persons (Government of Pakistan, 1973).

Box A: What Does the Constitution say about Older Persons?

While the Constitution of Pakistan does not mention older persons explicitly, it lays the foundation for their protection and welfare through several key articles:

- Article 9 – Guarantees the right to life with dignity.
- Article 14 – Upholds the dignity of every individual, including the older persons.
- Article 25 – Ensures equality before the law for all citizens, regardless of age.
- Article 38 – Directs the state to secure the well-being of the people by providing for necessities like food, housing, healthcare, and social security.

Key Message: These constitutional guarantees create a legal obligation for the state to safeguard older persons' rights to dignity, equality, and social protection.

The Constitution explicitly commits the State to secure the well-being of the people irrespective of sex, caste, creed, or race by raising their standard of living. It places the responsibility of ensuring the necessities of life—including food, clothing, housing, education, and medical relief—on the State. Furthermore, it calls for the establishment of social security systems through compulsory insurance or other means (Government of Pakistan, 1973). This foundational commitment provides a supportive framework for the protection of older people's human rights, even if they are not explicitly mentioned.

It is increasingly recognized that aging is not just about needing help, but a phase in which individuals must enjoy equal rights. The human rights approach to ageing rejects age-based discrimination and calls for the legal recognition of older people as rights-holders, capable of full participation in society. A lack of explicit recognition of older people's rights in existing legal instruments remains a significant concern (Zaidi et al., 2019).

3.2 International Legal Commitments & Conventions

Pakistan's legal and policy approach to ageing is increasingly influenced by its participation in global and regional frameworks. While many commitments are non-binding, they reflect international norms and expectations that shape domestic policy priorities. These conventions, declarations, and strategies offer guiding principles for promoting older people's rights to dignity, autonomy, health, participation, and protection. Pakistan is a signatory to several international instruments that promote the rights and well-being of older people

3.2.1 International Covenant on Economic, Social & Cultural Rights (ICESCR, 1966)

Ratified by Pakistan in 2008, the ICESCR obliges the state to uphold a range of economic, social, and cultural rights, many of which are crucial to older people's dignity, well-being, and participation in society. Key provisions relevant to older people include:

- Article 9: Recognizes the right to social security, including social insurance, which is vital for the financial security of older people.
- Article 10(1): Stresses the importance of family protection and assistance, recognizing older people's family roles and care-giving contributions.
- Article 11: Affirms the right to an adequate standard of living, including food, clothing, and housing—core elements for older people's well-being and independence.
- Article 12: Guarantees the right to the highest attainable standard of physical and mental health, essential for older people's access to healthcare services and healthy ageing.
- Articles 6 & 7: While addressing the right to work and fair conditions, these also ensure older workers are not discriminated against in the workforce and can access safe, dignified employment if they choose to remain economically active.
- Article 13 & 15: Although primarily aimed at education and cultural life, these articles emphasize the right of older people to participate in lifelong learning, cultural activities, and to benefit from scientific progress.

3.2.2 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979)

Ratified by Pakistan in 1996, this landmark UN convention commits States to eliminate all forms of discrimination against women in political, economic, social, cultural, and civil life. While not specific to older people, CEDAW is critically relevant due to the double disadvantages faced by older women due to their age and gender.

Key provisions include:

- Article 11: Guarantees women's equal rights to work, equal pay, social security (including for old age), and safe working conditions—important for older women's economic independence.
- Article 12: Ensures equal access to healthcare, including age-relevant care related to pregnancy, chronic conditions, and later-life health needs.
- Article 14: Recognizes the special vulnerabilities of rural women—many of whom are older—by securing rights to social protection, credit, land, housing, and participation in community life.
- Article 16: Establishes equality in family life and marriage, which has implications for older women's property rights, care-giving roles, and autonomy in widowhood or old age.

CEDAW's monitoring mechanism, the Committee on the Elimination of Discrimination against Women, regularly reviews Pakistan's progress. However, gaps persist in translating CEDAW principles into age-responsive gender policies, particularly for older women in rural areas and informal sectors

3.2.3 Vienna International Plan of Action on Ageing (1982)

Adopted at the first World Assembly on Ageing in Vienna, this plan laid the groundwork for global responses to ageing, highlighting employment, health, housing, social security, and education. It encouraged countries, including Pakistan, to develop policies and programs to address the needs of older people, setting the stage for further commitments like the Madrid International Plan of Action.

3.2.4 Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159), 1983

Ratified by Pakistan in 1994, this ILO Convention promotes the vocational rehabilitation and employment of persons with disabilities, including many older people who experience physical or mental impairments as they age. It calls for equal opportunities in work and training, access to guidance and employment services, and supportive workplace environments. This commitment

underlines Pakistan's responsibility to ensure that older workers with disabilities are fully integrated into the workforce and protected from discrimination, promoting their economic security and social participation

3.2.5 UN Principles for Older people (1991)

Adopted in 1991, these principles set to promote older people access to basic needs, social inclusion, care services, personal growth, and protection from abuse or discrimination. the UN framework identifies five critical domains for older people' rights, which also serve as benchmarks for national legal efforts:

- Independence: Access to food, shelter, employment, and autonomy in decision-making
- Participation: Inclusion in community activities and decision-making processes
- Care: Availability of healthcare, institutional support, and family care
- Self-fulfilment: Opportunities for personal development and the realization of potential
- Dignity: Freedom from abuse, neglect, and discrimination, with respect for inherent worth (United Nations, 1991)

3.2.6 Madrid International Plan of Action on Ageing (2002)

Adopted at the Second World Assembly on Ageing in Madrid, this landmark global strategy marks a decisive shift toward “building a society for all ages.” It defines three priority areas:

- Older people and Development – Recognizes that by 2050, the global population over 60 will nearly triple, especially in developing countries, and emphasizes the inclusion of older people in economic and social policies.
- Advancing Health and Well-Being into Old Age – Calls for universal access to preventive, curative, rehabilitative, and palliative care, as well as training healthcare professionals in geriatrics.
- Ensuring Enabling and Supportive Environments – Promotes age-friendly housing, accessible transportation, community-based care, and strong safeguards against older abuse.

The Plan urges mainstreaming ageing into all national and global development frameworks, including human rights, poverty eradication, and gender equality strategies. It stresses participatory policy-making involving older people and regular evaluations—such as the five-year review cycles, with the most recent “MIPAA+20” review completed in 2022, and the next review due in 2027, for which the process will be starting by the end of this year.

Since 2002, Pakistan has responded to MIPAA by ratifying subsequent international ageing frameworks, including the UN Principles for Older people, the WHO Active Ageing Framework, and the UN Decade of Healthy Ageing. Provincially, this influence is visible in legislation mandating geriatric healthcare, age-friendly infrastructure, welfare councils, old-age homes, and older abuse protections. Incorporating MIPAA's pillars into Pakistan's legal and policy frameworks strengthens alignment with global best practices on ageing.

3.2.7 WHO Active Ageing Framework (2002)

This framework, adopted by the World Health Organization, calls for integrated policies combining healthcare, social protection, age-friendly environments, and lifelong learning. It emphasizes the three pillars of active ageing—health, participation, and security—and promotes a life-course approach to address the needs of older people globally.

3.2.8 Convention on the Rights of Persons with Disabilities (CRPD, 2006)

Ratified by Pakistan in 2011, this convention safeguards the rights of persons with disabilities, many of whom are older individuals, ensuring their dignity, autonomy, and full participation in

society and treaty exists to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all disabled persons (UN, 2006).

3.2.9 Participation in UN Open-Ended Working Group on Ageing (2010)

OEWGA is a working group considered the existing international framework of the human rights of older people and identify possible gaps and how best to address them, including by considering, as appropriate, the feasibility of further instruments and measures. Pakistan actively engages in this group's work to identify gaps in protecting older people's rights and explore the feasibility of an international convention to address these gaps.

3.2.10 Global Strategy and Action Plan on Ageing and Health (2016–2020)

Adopted by WHO Member States in 2016, this strategy aimed to align health systems with the needs of ageing populations. It introduced the concept of functional ability, focusing on individuals' capacities to be and do what they value. The strategy emphasized integrated care, long-term care systems, and supportive environments for older people.

3.2.11 United Nations Decade of Healthy Ageing (2021–2030)

Building on the 2016 strategy, the Decade of Healthy Ageing is a global initiative endorsed by the United Nations, aligned with the last ten years of the Sustainable Development Goals, to improve the lives of older people, their families, and the communities in which they live. Pakistan supports this global initiative aimed at improving the lives of older people, focusing on integrated care, combating ageism, age-friendly environments, and long-term care systems (UN, 2020).

3.2.12 Sustainable Development Goals (Agenda 2030)

While not age-specific, the SDGs offer an important global commitment to inclusivity and equality. Several goals align with the needs of older people:

- Goal 1 (No Poverty): Targets social protection for all, including older people.
- Goal 3 (Good Health and Well-being): Advocates for universal health coverage and healthy ageing.
- Goal 5 (Gender Equality): Promotes gender inclusive protections and equitable opportunities, addressing the intersectional challenges faced by older women.
- Goal 8 (Decent Work and Economic Growth): Emphasizes the right to dignified work and economic security for all, including older workers.
- Goal 10 (Reduced Inequalities): Emphasizes inclusion and protection for vulnerable populations including the older people.
- Goal 11 (Sustainable Cities and Communities): Encourages age-friendly infrastructure and inclusive urban development.

These international frameworks—when combined—offer a multidimensional perspective essential for evaluating and strengthening Pakistan's domestic legal commitments to its ageing population. While these principles are vital to assessing and improving Pakistan's national legal framework for older people, the country has yet to fully implement these commitments, particularly those specifically dedicated to older people's rights. This underscores the need for Pakistan to endorse and advocate for the proposed international commitments, including the UN Convention on the Rights of Older people (Zaidi et al., 2019).

Box B: Pakistan's Global Commitments to Ageing

Year	International Commitments/Conventions	Focus Area
1966	ICESCR	Social security, health, standard of living
1979	CEDAW	Rights of older women, non-discrimination
1982	Vienna Plan of Action on Ageing	Employment, health, housing
1991	UN Principles for Older Persons	Independence, dignity, participation
2002	Madrid International Plan of Action on Ageing (MIPAA)	Development, health, enabling environments
2002	WHO Active Ageing Framework	Health, participation, and security
2006	Convention on Rights of Persons with Disabilities (CRPD)	Rights of older persons with disabilities
2010–Now	UN Open-Ended Working Group on Ageing (OEWGA)	Global dialogue on rights of older persons
2016–2020	WHO Global Strategy on Ageing and Health	Functional ability, integrated care
2021–2030	UN Decade of Healthy Ageing	Age-friendly environments, long-term care
Ongoing	Sustainable Development Goals (Agenda 2030)	Multiple goals relevant to older persons (SDG 1, 3, 5, 8, 10, 11)

Key Message: Pakistan has ratified several global ageing conventions and frameworks—but dedicated efforts toward their implementation remain insufficient.

3.3 Federal Legislation and Policy Initiatives

Pakistan's federal policy enactments with the welfare and rights of older people have evolved incrementally through policy declarations, draft bills, and eventually operational and legislative instruments. The following timeline presents this progression:

3.3.1 Employees' Old-Age Benefits Institution (EOBI) Act, 1976

The Employees' Old-Age Benefits Institution (EOBI) Act of 1976 is a foundational social protection legislation in Pakistan, aiming to provide financial security for workers in their old age. It establishes a mandatory contributory scheme for industrial and commercial workers, ensuring that upon retirement, employees receive benefits such as an old-age pension, old-age grant, and survivors' pension. For older people, the Act guarantees a basic income in retirement, thus promoting financial independence and reducing poverty in old age.

Key Provisions for Older people:

- Old-age Pension (Section 22): Monthly pensions for insured persons over 60 years (55 for women) who have contributed for at least 15 years.
- Old-age Grant (Section 22A): Lump-sum grant for insured persons who reach retirement age but do not meet the pension contribution criteria.
- Survivor's Pension (Section 22B): Life pension for the surviving spouse or minor children of deceased insured workers.
- Institutional Support: The EOBI institution manages the pension fund, ensuring sustainability and disbursement of benefits.

The Act represents an essential federal-level commitment to the welfare of older people in the formal sector, offering them dignity and a measure of financial security in retirement.

3.3.2 National Policy for Senior Citizens (1999)

This foundational policy was the first to explicitly focus on the health and well-being of older people, emphasizing their social and economic security, healthcare, housing, and active participation in society. It commits to removing barriers to social inclusion and aims to foster intergenerational solidarity, highlighting the potential of older people as contributors to family and society. The policy prioritizes financial security, access to healthcare and nutrition, safe housing, educational opportunities, welfare and social services, and protection from abuse and neglect. It proposed the training of primary care physicians in gerontology, the development of domiciliary and dental care services, and the establishment of a multi-tiered healthcare delivery system (Government of Pakistan, 1999). It also promotes collaboration between the government, NGOs, and the private sector to ensure these goals are met.

However, this policy was never formally approved or enacted, and thus remained a draft without legal status. As a result, it lacked the institutional and legislative follow-up necessary to bring its progressive proposals into practice. Because the policy was never officially approved, it was not put into action or monitored. This highlights a long-standing gap in national-level ageing governance in Pakistan and underscores the need for renewed efforts to develop and implement a robust federal policy framework for older people

3.3.3 Relief Package for Older people (2004)

Introduced by the federal government in 2004, this package aimed to ensure respect, dignity, and special treatment for older people in public spaces. It mandated priority services at railway stations, airports, hospitals, and banks, as well as legal facilitation for older people's cases. It also promoted healthy activities through free access to parks, museums, and libraries, and incorporated respect for older people in the educational curriculum to foster intergenerational respect and care. It was a symbolic and practical initiative aimed at promoting respect for senior citizens.

3.3.4. Senior Citizens Bill (2007)

The bill was a proposed legislative initiative aimed at improving the welfare and protection of older people in Pakistan. Despite repeated discussions and advocacy for over a decade, no law was enacted. The bill's intended focus was on providing social and economic support for older citizens, including the establishment of shelter homes at low charges, access to health and nursing facilities, travel concessions, legal aid, pension credits, and free admission to cultural and social events. The bill represented a recognition of the challenges faced by Pakistan's aging population and aimed to ensure older people's dignity, inclusion, and well-being in society.

3.3.5 Benazir Income Support Programme (BISP) Act, 2010

The BISP Act established Pakistan's largest federal cash transfer program, aimed at supporting the poorest and most vulnerable groups, including older people living in poverty. While not exclusively for older people, BISP provides financial assistance that helps many older women—especially widows and those without family support—meet their basic needs. By offering unconditional cash transfers, BISP indirectly contributes to the social and economic security of older people in Pakistan.

3.3.6 Maintenance and Welfare of Old Parents and Senior Citizens Act, 2020

Enacted in 2020, this federal legislation obligates children and close relatives to financially support their older parents and senior citizens, ensuring their dignity and basic needs. It also establishes a Senior Citizens Commission to formulate policies for the well-being of older people and mandates the issuance of senior citizen cards that grant various benefits, including access to priority services and discounts. The Act further provides for old-age homes and legal protections against neglect or abuse, reinforcing Pakistan's commitment to the welfare and security of its older population.

3.3.7 Pakistan Bait-ul-Mal (PBM) Old Home Policy (2020)

A unique institutional policy launched to provide structured residential care for destitute and abandoned older people. This policy by Pakistan Bait-ul-Mal establishes Old Homes for destitute, shelter-less senior citizens aged 60 and above. It provides safe housing, meals, healthcare, recreation, spiritual support, and skill development in a family-like environment. Priority is given to the older population living below the poverty line and without family support. The policy also ensures regular medical check-ups, counselling, and legal aid, fostering dignity, self-respect, and active social participation for older people. Initially implemented as pilot projects in five major cities—Islamabad, Lahore, Karachi, Peshawar, and Quetta—the policy outlines a compassionate model for old age homes.

In Punjab, the Social Welfare Department first established an old age home in Lahore, later expanding the network to six more cities: Multan, Rawalpindi, Faisalabad, Narowal, Sahiwal, and Toba Tek Singh. Each of these facilities has a capacity to accommodate 50 residents, collectively serving up to 300 older people. Admission is open to all senior citizens aged 60 and above without discrimination based on gender, caste, creed, or religion. Following the successful implementation of the pilot, the model will be progressively replicated at the divisional level and, where feasible, extended to the district level. Key components include:

- **Eligibility and Enrolment:** Focuses on shelter-less individuals over 60 years living below the poverty line. Applications are reviewed through a structured verification process.
- **Facilities Provided:** Residents receive seasonal clothing, medical care, nutritious meals, recreational opportunities, prayer facilities, legal aid, and psychosocial counselling.
- **Family Reintegration and Exit Protocols:** Emphasizes reintegration of older people with their families where possible.
- **Administrative and Financial Management:** Transparent procedures include procurement committees, internal audits, and oversight from multi-sectoral committees involving public and civil society stakeholders.
- **Outcome and Benefits:** Promotes dignity, social inclusion, and rehabilitation through community engagement and skill-building opportunities.

3.3.8 Parental Protection Ordinance (2021)

This federal ordinance aims to protect parents—including older people—from being forcibly evicted or expelled from their homes by their children or relatives.

Box C: Key Federal Initiatives at a Glance

Here's a snapshot of Pakistan's main federal-level responses to ageing:

- **EOBI Act (1976):** Mandatory pensions for formal sector workers.
- **National Policy for Senior Citizens (1999):** Draft vision for ageing (never enacted).
- **Relief Package (2004):** Priority access in public services.
- **Senior Citizens Bill (2007):** Proposed legal protections (not passed).
- **BISP Act (2010):** Financial support to poor households, including older persons.
- **Maintenance & Welfare Act (2020):** Legal obligations for children to support parents.
- **PBM Old Home Policy (2020):** Residential care for destitute older persons.
- **Parental Protection Ordinance (2021):** Safeguards older parents from eviction.
- **ICT Senior Citizens Act (2021):** Rights, services, and redress for older persons in Islamabad.

Key Message: Despite multiple federal initiatives, fragmented implementation and absence of a national ageing law limit their full impact.

It makes eviction or expulsion of parents a punishable offense with imprisonment or fine and allows parents to file complaints with the Deputy Commissioner for redress. The ordinance also gives parents the right to evict disobedient children or relatives from their homes without going to court, strengthening the legal safeguards for older people and promoting respect and dignity within the family (Government of Pakistan, 2021).

This progression—from conceptual policy to legal protections and eventually operational service delivery—demonstrates Pakistan’s gradual, albeit fragmented, movement toward a comprehensive legal and institutional framework for older people.

3.4 Islamabad Capital Territory (ICT) and Federal Areas

As such, federal-level legal protections for older people primarily apply to ICT and federally administered territories, reflecting the government’s commitment to ensuring the rights and welfare of older people within these jurisdictions.

3.4.1 Islamabad Healthcare Regulation Act, 2018

This Act establishes the Islamabad Healthcare Regulatory Authority to ensure quality healthcare in ICT. Although not exclusively focused on older people, it indirectly benefits them by mandating healthcare standards, patient safety, and oversight of medical services. The Act also addresses complaints and medical negligence—issues particularly pertinent to older patients who may be more vulnerable within healthcare settings.

3.4.2 Islamabad Capital Territory Rights of Persons with Disabilities Act, 2020

While not exclusively for older people, this Act includes explicit provisions to protect and promote the rights of older people with disabilities within ICT. It ensures non-discrimination, equitable access to healthcare, education, employment, and safe housing. Notably, it recognizes the unique vulnerabilities of senior citizens with disabilities and mandates special protections for them in areas such as independent living, protection from abuse, mobility, and inclusion in community and political life. The Act also establishes a dedicated council to monitor and advance these rights.

3.4.3 Islamabad Capital Territory Senior Citizens Act, 2020

This federal-level legislation provides a comprehensive framework for the well-being, comfort, and dignity of senior citizens in Islamabad. It establishes a Senior Citizens Council to oversee policies and a Senior Citizens Fund to finance programs for older people. Key features include the issuance of senior citizen cards granting healthcare and transport discounts, the creation of Dar-ul-Shafqat (old-age homes), and legal measures to protect the property and rights of older people. The Act ensures priority services in healthcare and public spaces and safeguards against abuse or neglect by family members. It aligns with international obligations, including the UN Principles for Older people and the Madrid International Plan of Action on Ageing.

3.4.4 Islamabad Capital Territory Senior Citizens Act, 2021

In 2021, the Islamabad Capital Territory Senior Citizens Act was enacted to ensure the welfare, comfort, and dignity of senior citizens residing in the federal capital. It mandates the establishment of the Senior Citizens Council, chaired by the Minister for Human Rights and comprising representatives from the civil society, Pakistan Bait-ul-Mal, the private sector, and opposition lawmakers. The Council is tasked with policymaking, coordination, and implementation oversight for all ageing-related services in ICT. The Act provides for the creation of an old age home named Dar-ul-Shafqat to serve indigent and abandoned older people. The Act also mandates the establishment of private-sector homes and empowers the Council to regulate their operations.

Key entitlements and provisions include:

- Issuance of a Senior Citizen Card entitling holders to:
 - Free entry into public libraries, museums, parks, and recreational facilities
 - Priority lanes in all government departments and hospitals
 - Separate medical wards, diagnostic discounts, and pharmacy concessions
 - 20% discount on domestic travel, medical services, and lab tests
 - Income tax exemptions (as prescribed)

- Automatic and direct transfer of pensionary benefits to senior citizens via financial institutions;
- Legal protection through property transfer annulment if caregiving obligations are unmet
- Application of maintenance claims through Alternative Dispute Resolution (ADR) mechanisms;
- Establishment of a Grievance Committee empowered to summon witnesses, impose penalties up to PKR 1 million for medical negligence, and hear abandonment cases under civil court powers. A toll-free helpline has also been announced by the Ministry of Human Rights (MoHR); however, the mechanism to integrate this with the complaint redressal system defined under the Act is still underdeveloped. Furthermore, the Grievance Committee has yet to establish its Terms of Reference (ToRs), limiting its current operational effectiveness.

The Act also establishes a Senior Citizens Fund, exempt from taxation and sustained by government allocations and donations. It is audited annually by the Auditor General of Pakistan and supports all welfare activities outlined under the law (Government of Pakistan, 2021).

3.5 Provincial Legislative Frameworks

Following the devolution of powers under the 18th Constitutional Amendment, the responsibility for legislating on the rights and social welfare of older people now primarily rests with the provinces. Each province has taken varying legislative steps:

3.5.1 Punjab

3.5.1.1 Punjab Senior Citizens Welfare and Rehabilitation Bill (2013)

The draft bill marked Punjab's initial effort to address the needs of older people by proposing a framework to ensure healthcare, social protection during emergencies, and the promotion of active ageing and societal inclusion. It emphasized the importance of protecting older people from neglect and abuse and laid the groundwork for a welfare council, financial support measures, and old-age homes.

3.5.1.2 Punjab Senior Citizens Bill (2023)

More recently, the bill has been drafted to expand and institutionalize these efforts, laying out a detailed framework for the welfare, dignity, and protection of older people in the province. The Act establishes a Senior Citizens Council, tasked with drafting policies, advising the government, and ensuring coordination among stakeholders. Although drafted and passed by standing committees, has not yet been formally enacted by the Punjab Assembly. This draft Act aimed to institutionalize support for older people through the establishment of a Senior Citizens Council, proposed that CNIC will be considered as the Senior Citizen Card for various discounts and services, creation of Dar-ul-Kifalat (old-age homes), a Senior Citizens Welfare Fund, legal aid, and priority services across public institutions. It was intended to create a rights-based and service-oriented framework for older people' welfare in the province.

3.5.1.3 Punjab Senior Citizens Welfare Bill (2025)

Building on these efforts, the new bill has now been drafted by the current government to further strengthen systems for older people's well-being, comfort, and dignity. Approved by the Standing Committee of the Cabinet on Legislative Business (SCCLB), the 2025 bill envisions:

- Creation of old-age homes in all 41 districts of Punjab to provide care, shelter, and necessary facilities for unattended senior citizens.
- Free medical treatment, geriatric care, and legal aid in collaboration with bar councils for deserving senior citizens.
- Support for NGOs working in older people's welfare and active coordination with media to promote the rights of older people.
- Establishment of a toll-free helpline and compilation of a digital database of senior citizens to enhance service delivery.
- Integration of development projects targeting older people and the use of technology, including video conferencing, in hospitals to provide accessible healthcare.

This draft bill shows a strong commitment by Punjab to support older people through legal rights, public services, and opportunities for social inclusion. Once cleared by the law and parliamentary affairs department, it will be moved to the Punjab Assembly for legislation—continuing Punjab's journey towards a more inclusive and secure environment for its ageing population.

3.5.2 Khyber Pakhtunkhwa

3.5.2.1 Khyber Pakhtunkhwa Senior Citizens Act (2014)

The act establishes a comprehensive legal foundation for the welfare and dignity of older people in the province. The Act mandates the formation of the Khyber Pakhtunkhwa Senior Citizens Welfare Council, a body responsible for formulating ageing-related policies, coordinating with government and non-government actors, and overseeing implementation.

Key provisions include:

- Establishment of a Senior Citizens Welfare Fund sourced from government grants, donations, and lawful contributions, to support welfare services.
- Provision of a Senior Citizen Card that entitles holders to free entry into public museums, libraries, and recreational spaces, priority hospital services including separate counters and medical wards, medical fee concessions, and membership in senior citizen associations.
- Emphasis on research and data collection to guide policymaking, inclusion of geriatrics in medical curricula, and urban planning considerations for the older people.
- Social support measures, including the creation of clubs and centers to enhance intergenerational interaction, promotion of public awareness campaigns, and facilitation of senior citizen participation in national development through voluntary corps.

The Act reflects a balanced approach by combining legal entitlements with social integration and public-sector collaboration (Khyber Pakhtunkhwa Government, 2014).

3.5.2.2 Khyber Pakhtunkhwa Senior Citizen Rules, 2017

These rules were established to operationalize the Khyber Pakhtunkhwa Senior Citizens Act, 2014. They lay out detailed procedures for registering senior citizens and issuing Senior Citizen Cards, which entitle older people to various benefits and services. The rules also define the structure and functions of the Senior Citizens Welfare Council, procedures for fund management, and mechanisms for coordination with health and social welfare departments. They emphasize the province's commitment to ensuring transparency, accountability, and the delivery of dignified services to older people.

Registration Process:

- Senior citizens can apply for the Senior Citizen Card through the District Social Welfare Office, submitting proof of age (60 years and above) and residence in the province.
- Each senior citizen shall have domicile of the province to be eligible of card.
- The card grants access to healthcare, transport, and recreational benefits.
- Application forms must be filled accurately, with the Social Welfare Officer responsible for verifying the details.
- Approved cards are issued free of cost, ensuring that eligible older people receive priority services and facilities.

3.5.3 Sindh

3.5.3.1 Sindh Senior Citizens Welfare Act, 2014 (Sindh Act No. XXI of 2016)

The act is a comprehensive provincial law that mandates the welfare, social inclusion, and dignity of senior citizens aged 60 and above who are permanent residents of Sindh. The Act was initially drafted in 2014 and formally enacted in 2016, incorporating feedback from stakeholders. It establishes the Senior Citizens Council, a corporate body chaired by the Minister of Social Welfare, responsible for developing policies and overseeing implementation

Key functions of the Council include:

- Establishment of the Senior Citizens Council: A corporate body chaired by the Minister of Social Welfare, responsible for developing policies, overseeing implementation, and coordinating with stakeholders.
- Senior Citizen Card (Azadi Card): Originally mandated by the Act and recently re-launched in 2024 as the "Sindh Senior Citizen Card" in partnership with NADRA.
- Entitles holders to various social security benefits, including:
 - Free geriatric healthcare in government hospitals and 25% discounts in private hospitals, clinics, and pharmacies.
 - 50% discount on public transport fares within the province.
 - Discounts on essential goods, recreation, and lodging facilities.
 - Access to old age homes and support services for indigent older people
- Old Age Homes and Lodging Facilities: Provision of residential facilities for indigent and abandoned older people, ensuring their physical, emotional, and social support.
- Participation and Engagement: Promotion of civic participation by leveraging the experience and expertise of older people in national development activities.
- Healthcare and Discounts: Free geriatric healthcare in government hospitals, 25% discounts at private hospitals, clinics, and pharmacies, as well as funeral services by local councils.

- **Transport and Social Discounts:** 50% concession in public transport fares and 25% discount on essential goods, recreation, and lodging.
- **Legal and Social Protections:** Empowerment of local councils and Deputy Commissioners to enforce the provisions of the Act, safeguard life and property, and prevent abuse, neglect, or abandonment of older people.
- **Senior Citizens Welfare Fund:** A dedicated fund to support programs for healthcare, recreation, housing, legal aid, and financial security of older people.
- **Penal Provisions:** Summary trial procedures under judicial magistrates for cases of abandonment, denial of services, or abuse of senior citizens.

The Act also establishes the Senior Citizens Welfare Fund, financed by government allocations, donors, and civil society contributions. It supports the development of programs for healthcare, recreation, housing, legal aid, and financial security. Moreover, the Act includes penal provisions for abandonment or denial of services to older people and outlines summary trial procedures under judicial magistrates. This Act positions Sindh as a province with a relatively detailed and rights-based legislative framework for the older people (Sindh Assembly, 2016).

3.5.3.2 Sindh Senior Citizen Rules, 2022

- **Registration Process:** Eligibility and procedures for senior citizens to apply for the Senior Citizen Card.
- **Council Operations:** Protocols for council meetings, decision-making, and coordination with district-level committees.
- **Fund Management:** Transparent mechanisms for administering the Senior Citizens Welfare Fund and supporting welfare activities.
- **District-Level Implementation:** Establishment of District Senior Citizens Committees, chaired by Deputy Commissioners, to monitor and address the needs of senior citizens at the local level.

3.5.3.3 Sindh Senior Citizen Card, 2024

In December 2024, the Sindh government and NADRA formally launched the Senior Citizen Card. This initiative, the first of its kind in Pakistan, targets approximately 3.7 million senior citizens in Sindh. Key features include:

- The initiative was initiated in compliance with the Sindh Senior Citizens Welfare Act, 2014, which mandates the issuance of these cards to fulfill older citizens' social security needs and entitlements.
- The initiative is designed for all residents of Sindh aged 60 and above.
- Social welfare linkages to ensure dignity and independence for older people.
- NADRA is responsible for issuing and managing the cards, ensuring data integrity and security for the eligible citizens.

3.5.4 Balochistan

3.5.4.1 Balochistan Senior Citizens Act, 2017

The act provides a comprehensive framework for the welfare of older people in the province. It mandates the establishment of the Balochistan Senior Citizens Welfare Council, an independent body tasked with formulating policies, coordinating with stakeholders, and overseeing welfare initiatives. Key functions include:

- Proposing arrangements in hospitals for better medical care for older people
- Promoting research and inclusion of geriatrics in medical curricula

- Coordinating with NGOs and donors for resource mobilization
- Creating recreational and care facilities
- Offering awards and publishing educational material for older citizens
- Healthcare services tailored to the needs of the older people.
- Provide financial assistance and support.
- Establishment of old-age homes and recreational centers.
- Legal aid and protection against abuse or exploitation.

Eligible individuals aged 60 and above are entitled to a Senior Citizen Card, which grants them access to various benefits and services. The Act also guarantees several entitlements through the Senior Citizen Card, including:

- Free entry to public parks, museums, and libraries
- Priority and separate service counters in hospitals, banks, and railway stations
- Dedicated medical wards and concessions in healthcare charges

Furthermore, it establishes the Senior Citizens Welfare Fund, which is exempt from taxation and supports the development of services and infrastructure such as old age homes, rehabilitation facilities, and outreach programs. This act stands out for detailing both governance structures and the social entitlements of older citizens (Balochistan Government, 2017).

3.6 Comparative Analysis

While all provinces and the Islamabad Capital Territory (ICT) have legislated for the welfare of older people, there is substantial variation in their scope, implementation capacity, and entitlements. The following table presents a comparative summary highlighting core feature of each region's legal framework:

Table 1. Comparison of Provincial Legal Framework

Province /Region	Legislative Act	Governing Body	Key Entitlements	Unique Features and Recent Developments
Punjab	Senior Citizens Welfare and Rehabilitation Bill (2013) and Punjab Senior Citizens Act (drafted 2023, not yet passed)	Senior Citizens Council	Senior Citizen Card, 50% transport fare discount, legal aid, and establishment of Dar-ul-Kifalat (old age homes)	<ul style="list-style-type: none"> - Legal aid for senior citizens in family courts - Provincial initiative pending final passage in the Assembly - Increasing attention to holistic, rights-based service frameworks
Khyber Pakhtunkhwa	Khyber Pakhtunkhwa Senior Citizens Act (2014)	Khyber Pakhtunkhwa Senior Citizens Welfare Council	Free public entry, priority counters, separate medical facilities, Senior Citizen Card, Senior Citizen Welfare Fund	<ul style="list-style-type: none"> - Focus on intergenerational centers, voluntary senior corps, research-based policy development - Senior Citizen Rules (2017) detail fund management and council operations - Operational challenges in card distribution remain ongoing
Sindh	Sindh Senior Citizens Welfare Act (2016, amended)	Senior Citizens Council	Azadi Card (Senior Citizen Card), 25% health discounts, public transport and recreation benefits, establishment of old age homes	<ul style="list-style-type: none"> - Summary trials for older abuse and abandonment cases - District-level implementation through Deputy Commissioners - 2024 Azadi Card launched in partnership with NADRA benefiting ~3.7 million senior citizens - Integrated approach to healthcare, social protection, and civic participation
Balochistan	Balochistan Senior Citizens Act (2017)	Senior Citizens Welfare Council	Free public access to facilities, healthcare concessions, establishment of medical wards, Senior Citizen Card	<ul style="list-style-type: none"> - Focus on geriatrics in medical curricula and tax-exempt Welfare Fund - Implementation status remains limited due to pending rules and lack of structured programs
ICT	ICT Senior Citizens Act (2021)	Senior Citizens Council	Senior Citizen Card, tax exemptions, 20% discounts, grievance redress, ADR for maintenance and care, regulated private old age homes	<ul style="list-style-type: none"> - Penalties for neglect and abuse - ADR processes for resolving family maintenance disputes - Comprehensive approach that includes private-sector involvement and legal protections

Despite the presence of legal frameworks in all jurisdictions, challenges remain widespread across Pakistan’s provinces and the Islamabad Capital Territory (ICT). Implementation gaps are a persistent concern, as delays in forming councils, issuing senior citizen cards, and operationalizing welfare funds have hindered progress. Resource constraints, including limited budgets, staffing, and dedicated infrastructure for older people, further exacerbate these issues.

Box D: “Key Gaps in Pakistan’s Legal Framework for Ageing”

- **Implementation Delays:** Provincial acts are often not enforced due to slow formation of councils and poor budget allocation.
- **Fragmentation Across Regions:** Lack of coordination between federal and provincial ageing policies weakens delivery.
- **Digital & Biometric Barriers:** Older persons face difficulties accessing banking, legal, and property services due to biometric hurdles.
- **No National Oversight Body:** The absence of a central coordinating institution hinders alignment of ageing-related programs and laws.

A lack of public awareness and outreach about entitlements restricts access to services, while weak interdepartmental and provincial coordination mechanisms impede effective delivery. To strengthen the implementation of the ICT Senior Citizens Act (2021), it is recommended that the Senior Citizens Council be reconstituted, as some designated members have reportedly not attended a single meeting since its establishment. The lack of regular engagement has hindered the Council’s ability to provide oversight, develop actionable plans, and coordinate service delivery. A more active and inclusive Council—preferably including technical experts, human rights activist, representatives from older people’ associations, and civil society— can help improve its work and keep progress on track.

Although Punjab and Khyber Pakhtunkhwa have made strides in formalizing their frameworks, Sindh and the ICT have introduced more socially inclusive policies. Balochistan’s 2017 Act is detailed on paper but lacks visible operational outcomes. A national coordination platform could play a critical role in harmonizing implementation standards across the country. As highlighted by Zaidi et al. (2019) in a British Council and HelpAge report, the fragmented nature of existing laws and the absence of unified institutional leadership have significantly hindered the overall effectiveness of ageing policy in Pakistan.

3.7 Provincial Legislative Frameworks

Countries across Asia have pioneered diverse legislative and policy frameworks for older people that offer valuable insights for Pakistan. Importantly, many of these countries have updated or expanded their legislation and programs in recent years to address emerging demographic challenges:

3.7.1 Bangladesh

Bangladesh’s Action Plan for Older people (2020–2030) complements its Parents Maintenance Act (2013) by aligning with SDGs and introducing monitoring systems for older abuse, while expanding its old-age allowance scheme to cover millions of beneficiaries.

3.7.2 China

In addition to the revised Elderly Rights Law (2013), China’s 14th Five-Year Plan (2021–2025) includes ageing as a national priority. It calls for smart ageing services, digital health, aged-friendly infrastructure, and community-based rehabilitation services across rural and urban areas.

3.7.3 India

Building on the Maintenance and Welfare of Parents and Senior Citizens Act (2007), India has moved towards digital integration of services and expanded its National Policy on Senior Citizens (2020 draft), which emphasizes healthy ageing, care infrastructure, and the use of technology for service delivery. New schemes also support home-based care and day-care centers.

3.7.4 Philippines

Building on the Maintenance and Welfare of Parents and Senior Citizens Act (2007), India has moved towards digital integration of services and expanded its National Policy on Senior Citizens (2020 draft), which emphasizes healthy ageing, care infrastructure, and the use of technology for service delivery. New schemes also support home-based care and day-care centers.

3.7.5 Thailand

The 2nd National Plan on the Elderly (2002–2021) has been extended through a rights-based model emphasizing income security, healthcare, and social engagement. The government has increased pensions and piloted integrated care teams at the local level to provide home visits and monitor isolated seniors.

Box E: What Pakistan can learn from Asia?

- Bangladesh: Combines legal protections with a nationwide old-age allowance scheme.
- China: Prioritizes smart ageing services and digital healthcare access.
- India: Moves towards home-based care and tech-enabled service delivery.
- Philippines: Created a national commission to oversee all senior services.
- Thailand: Piloted integrated care teams and increased community-based pensions.

Takeaway for Pakistan: A proactive, integrated and rights-based approach improves impact and sustainability

As these regional examples demonstrate, proactive, well-coordinated action can help Pakistan transform its ageing policy landscape into one that truly meets the aspirations and needs of its older citizens. These recent legislative and programmatic advancements highlight key lessons for Pakistan:

- Modernization of legal instruments to reflect demographic and technological trends
- Community-based and home-based care systems integrated with local governance
- Strong institutional coordination through national commissions or councils
- Legal guarantees for income, housing, care, and participation in civic life

Pakistan can draw from these forward-looking reforms to ensure that its legal and policy framework for older people remains responsive, inclusive, and future-ready.

3.8 Challenges and Recommendations

Despite the development of legislation across federal and provincial levels, the legal and institutional framework for older people in Pakistan continues to face several interlinked challenges. One of the most pressing issues is weak enforcement. While laws exist on paper, implementation mechanisms—such as welfare councils, grievance committees, and budgetary allocations—are either delayed or function ineffectively (Express Tribune, 2024¹). Compounding this is the low level of public awareness, with many older people and their families unaware of their legal rights and entitlements (Graana News, 2021¹)

Box F: “Priority Actions for Strengthening Ageing Policy in Pakistan”

- Develop a national coordination mechanism across federal and provincial levels
- Activate Senior Citizens Councils and operationalize welfare funds
- Remove biometric and digital access barriers for older people
- Launch nationwide awareness campaigns to fight ageism and inform about entitlements
- Involve older persons directly in policy design and monitoring
- Ensure legal protections against abuse and neglect are implemented nationwide
- Invest in community- and home-based long-term care infrastructure

Despite the development of legislation across federal and provincial levels, the legal and institutional framework for older people in Pakistan continues to face several interlinked challenges. One of the most pressing issues is weak enforcement. While laws exist on paper, implementation mechanisms—such as welfare councils, grievance committees, and budgetary allocations—are either delayed or function ineffectively (Express Tribune, 2024¹). Compounding this is the low level of public awareness, with many older people and their families unaware of their legal rights and entitlements (Graana News, 2021¹)

A significant systemic barrier is the lack of dedicated institutional infrastructure and systems to support older people’s services. At both national and provincial levels, there are gaps in administrative capacity, staffing, and coordination. This is exacerbated by fragmentation between national and provincial policies, particularly in the absence of a federal coordinating body (Dawn News, 2023¹). Additionally, seniors often face barriers in accessing basic services due to challenges like biometric verification hurdles for property transfers and financial transactions (Dawn News, 2024¹). The absence of adaptive processes further marginalizes older people in a system increasingly reliant on digital identities.

Councils often do not have enough control over their budgets, and there are no clear deadlines or penalties for solving complaints, making it hard to deliver services. (Express Tribune, 2024¹). Legal gaps persist in the protection of older people from abuse, discrimination, and neglect. While provinces like Sindh and ICT have introduced redressal mechanisms and penalties, these are uneven across regions and not uniformly enforced (Express Tribune, 2024¹). Long-term care frameworks—including residential care, family support, and community-based interventions—are largely missing or underdeveloped (Graana News, 2021¹).

Moreover, older people in Pakistan face both physical and mental health challenges. Chronic diseases like diabetes, arthritis, dementia, and emotional health issues such as depression and isolation are prevalent (Dawn News, 2023¹). Economic strains and cultural shifts post-pandemic have intensified the risk of neglect and abandonment of seniors (Dawn News, 2021¹).

¹ While it is generally discouraged to cite news articles in formal policy analysis, this report includes such references only in instances where official government websites, assembly proceedings, or gazette notifications were unavailable

To address these challenges, a set of concrete and strategic recommendations is proposed:

- A harmonized national framework should be developed in full consultation with provincial governments to align goals, definitions, and implementation standards.
- Ageing must be mainstreamed into broader social protection and human rights frameworks, ensuring that older people are not treated in isolation but as part of an inclusive development agenda.
- Sustainable funding mechanisms should be introduced through dedicated budget lines at the federal and provincial levels. Welfare funds must be operationalized transparently with proper audits (Express Tribune, 2024¹).
- Effective grievance redress mechanisms and legal safeguards must be institutionalized to prevent older abuse and neglect. These should include ADR pathways, legal aid, and community-based monitoring (Express Tribune, 2024¹).
- Older people should be actively engaged in policy development, including representation in advisory councils, welfare boards, and planning forums at all tiers of governance.
- There should be public campaigns to improve how people view ageing and encourage support between generations, using schools, media, and community groups.
- Special initiatives to address digital exclusion and biometric barriers for seniors in accessing essential services (Dawn News, 2024¹).
- Promotion of research and data collection on the living conditions, health status, and socio-economic challenges of seniors to inform evidence-based policymaking (Express Tribune, 2024¹).
- Foster public-private partnerships and corporate social responsibility (CSR) initiatives to expand healthcare, recreational, and social services for older people (Express Tribune, 2024¹).

These reforms would not only close the existing legal and institutional gaps but also elevate ageing as a national policy priority, anchored in human rights and dignity.

3.9 Conclusion

Pakistan has made notable progress in laying down the legal and policy foundations for protecting the rights and dignity of older people. Over the past two decades, various federal and provincial initiatives—from the National Policy on Senior Citizens (1999) to the enactment of senior citizen acts in Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan, and ICT—have signaled a growing recognition of the ageing population's needs.

However, despite these strides, much remains to be done. The absence of a comprehensive and enforceable national ageing framework, coupled with uneven implementation and weak institutional coordination, limits the real-world impact of these legal advancements. Furthermore, critical areas such as older abuse protection, community-based long-term care, and access to justice remain underdeveloped. The experiences shared in recent articles highlight the persistent gaps—such as financial insecurity, biometric barriers, ageism, and the lack of specialized geriatric services (Express Tribune, 2024¹; Dawn News, 2024¹; Dawn News, 2023¹).

Moving forward, Pakistan must align its domestic efforts with international best practices and human rights frameworks. This includes investing in implementation capacity, addressing digital exclusion, ensuring budgetary commitments, and—most importantly—involving older people in the decision-making processes that shape their lives. Drawing from regional lessons (such as China's smart ageing services and India's integrated care models), Pakistan can develop a rights-based, community-oriented strategy for senior welfare. A strong national plan is needed to turn laws into real changes in the lives of older people. To ensure older people in Pakistan live with dignity, respect, and inclusion, the government must turn laws into real-life right protections. A strong, unified national strategy—backed by funding, accountability, and the voices of older people themselves—can help close the gap between promises and practice. This is not just a policy challenge, but a test of our social values.



4. SOCIAL PROTECTION FOR OLDER PEOPLE

Pakistan’s social protection system for older people includes a combination of contributory pensions, targeted cash assistance, and limited institutional care. The Economic Survey of Pakistan (ESP 2023–24), emphasizes the need for more inclusive social protection interventions in Pakistan to support marginalized and vulnerable populations, including older people. This reinforces the need to integrate older people’s concerns systematically within existing social protection frameworks and calls for expanding social safety nets that prioritize health and income security for ageing populations.

Box A: “What the Data tells us about Older Persons and Social Protection”

- Only ~10% of older persons in Pakistan receive formal pensions (ILO, 2019).
- Around 39% of older men (65+) continue working to meet basic needs.
- BISP reaches ~4.5 million households, but 96% of its older users are women who face barriers in accessing funds directly.
- SSP had expanded to cover over 8 million families in Khyber Pakhtunkhwa, AJK, and Thar Parker and 6 million families in Punjab, GB, and ICT.

The Foundation for Ageing and Inclusive Development (FAID) undertook a comprehensive research study² from August 2024 to January 2025 to assess the effectiveness, inclusiveness, and sustainability of government social protection programmes for older people and persons with disabilities (PWDs). The study evaluated three key programmes: the Sehat Sahulat Programme (SSP), the Benazir Income Support Programme (BISP), and the Ba Himmat Buzurg Programme (BHB). Using a mixed-methods approach—encompassing 1,052 beneficiary interviews, 48 non-beneficiary interviews, seven focus group discussions with older people, and key informant 49 interviews with service providers and community leaders—the study provides in-depth evidence on programme outcomes and gaps.

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FAID’s findings underscore that while these programmes have enhanced the well-being of many older people, systemic challenges persist. These include limited awareness in rural areas, difficulties accessing digital payment platforms, inconsistent payment delivery, and the lack of integrated long-term care systems. Older women, in particular, face compounded barriers due to cultural restrictions and limited control over financial resources.

This chapter integrates the rich evidence base from the FAID report with existing programme data and policy frameworks to present a comprehensive overview of social protection for older people in Pakistan. It systematically reviews federal and provincial-level programmes, highlights best practices and challenges, and provides a roadmap for reforms grounded in rights-based and lifecycle-focused approaches.

² Foundation for Ageing and Inclusive Development. (2025). Social Protection for Older Persons in Pakistan: A Mixed-Methods Evaluation of SSP, BISP, and BHB Programmes. FAID (Unpublished internal report, January 2025).

4.1 Federal Level

At the federal level, Pakistan's social protection framework for older people is built around contributory and non-contributory mechanisms aimed at providing income security and basic social services. The ILO (2021) underscores that while Pakistan's federal social protection framework offers vital support, it still relies heavily on poverty targeting and lacks a lifecycle-based approach essential for older people. The ILO recommends introducing universal old-age benefits and district-level pilot schemes for basic income, which would ensure a rights-based social protection system that leaves no older person behind (ILO, 2021).

Contributory mechanisms include the Employees' Old-Age Benefits Institution (EOBI) and public sector pension schemes, which primarily cover formal-sector workers. In addition to public mechanisms, a number of private firms and investment companies also offer voluntary pension schemes, providing individuals with alternative opportunities for retirement savings. EOBI provides old-age, survivors', invalidity pensions, and old-age grants for eligible private-sector workers. Non-contributory mechanisms encompass a range of targeted cash assistance and social health protection initiatives, intended to support.

As of April 2024, EOBI supported 299,790 old-age pensioners, 223,755 survivors' pensioners, and 6,766 invalidity pensioners, with an annual addition of about 40,000 beneficiaries. However, coverage is limited to less than 10% of the total older population due to enforcement and registration challenges.

Table 2. EOBI Disbursement during July–March FY2024

Benefits	Total Disbursement(Rs million)
Old-age Pension	24,577.9
Invalidity Pension	495.33
Survivors' Pension	16,890.9
Old-Age Grant	569.25
Total	42,533.4

Source: Employees' Old Age Benefits Institution (EOBI), ESP 2023–24

In addition to the existing challenges of low coverage and limited pension payouts, the Federal Ombudsman's 2016 report identifies a range of operational, legal, and investment weaknesses within the EOBI (Federal Ombudsman Secretariat, 2016). The report highlights alarmingly low registration rates of insured persons and employers, absence of reliable data systems, and outdated regulatory frameworks. It warns that weak investment practices and outdated rules could cause the EOBI fund to run out by 2027. Importantly, the report urges legislative reforms to safeguard the pension rights of workers, including extending pension entitlements to those residing abroad and formalizing self-contribution schemes. These findings underscore the urgency of comprehensive institutional restructuring to secure the future of Pakistan's older workforce. According to the ILO, around 90% of employment in Pakistan is informal, leaving most older people without formal pension coverage and dependent on family support, informal work, or small asset-based income (ILO, 2019). Among men aged 65 and above, about 39% continue working to meet basic needs.

Additionally, older people often rely on income from assets, such as renting or selling land and livestock. These findings reinforce the imperative for a universal pension scheme, robust institutional frameworks, and expanded fiscal allocations to achieve SDG 1.3 (implementing nationally appropriate social protection systems for all). They also support the adoption of lifecycle-based protections, as recommended by the ILO and the Social Protection Floors Recommendation No. 202.

In parallel, Pakistan Bait-ul-Mal (PBM) plays a key role at the federal level in supporting shelterless older people (Pakistan Bait-ul-Mal Policy, 2020)). PBM has established Old Homes in major cities to provide free accommodation, meals, medical care, and psychosocial support to vulnerable older people. Approximately PKR 8.04 million was utilized for this program between July and March FY2024. These homes help older people who have no family support, but they are too few to meet the growing need and remain limited in coverage and highlight the broader gap in institutional and community-based care systems for older populations in Pakistan.

According to the ILO's mapping of social protection systems in Pakistan, expenditures on pensions are significant: the Federal Government spent approximately PKR 245 billion (about 2% of GDP) in 2016-17 on pensions, with military pensions accounting for 72% and civil government pensions the remainder. Provincial pension spending similarly represents a substantial portion of provincial budgets (ILO, 2019). Additionally, Pakistan's total spending on social protection in 2020-21 was only 0.6% of GDP, far below the threshold recommended for middle-income countries. This substantial spending highlights the weight of pension commitments in the overall social protection framework, though questions persist on whether these pensions provide adequate coverage for older people's needs.

In addition to the core federal social protection schemes, Pakistan's social protection landscape has been shaped by external assessments and complementary programmes. The recent UNDP analyses underscore the systemic limitations of Pakistan's social protection architecture in addressing the rights of older people. As per the 2023 UNDP Gender Mainstreaming Research Paper, only around 9.2% of the Pakistani population is covered by at least one form of social protection benefit, placing Pakistan among countries with the lowest social protection coverage in South Asia—alongside Nepal and Afghanistan. In contrast, neighbouring countries such as India (24.4%) and Bangladesh (28.4%) have achieved significantly broader coverage.

The UNDP report further notes that cash transfer programmes and health protection schemes, while important, remain insufficient for addressing the structural vulnerabilities faced by older people—particularly women and those in the informal sector. It calls for moving beyond piecemeal interventions towards a rights-based, lifecycle-oriented approach that guarantees income security and universal access to essential services. The UNDP 2023 report on social protection underscores that globally, only 47% of the population is covered by at least one social protection benefit, leaving older people—particularly those in the informal economy and rural communities—facing persistent vulnerabilities (UNDP, 2023). The report emphasizes that gender and lifecycle approaches are essential for truly inclusive social protection systems, aligning with Pakistan's own challenges in expanding coverage to older people, especially older women. While the report does not provide direct data on older people in Pakistan, it highlights the global consensus that addressing older people's needs is central to social protection expansion efforts worldwide.

However, EOBI and other pension schemes mainly cover formal sector workers, leaving older people in the informal sector largely excluded from pension and survivor benefits (Khyber Pakhtunkhwa Social Protection Policy, 2022). While these federal initiatives form the backbone of Pakistan's social protection landscape, significant challenges remain. Coverage of contributory pension schemes is limited, reaching less than 10% of the country's older population due to enforcement gaps and a large informal workforce (ILO, 2019). Non-contributory initiatives, while more inclusive in principle, often face implementation challenges such as inadequate outreach, administrative delays, and targeting errors.

This report highlights the importance of strengthening federal social protection mechanisms to address the specific needs of older people. This includes improving coordination between income security and health services, expanding outreach to rural and marginalized populations, and embedding age, and gender-sensitive considerations into policy design and implementation.

Non-contributory social assistance comes from a variety of schemes, though none are dedicated solely to older people.

4.1.1 Benazir Income Support Programme (BISP)

A cornerstone of Pakistan's federal social protection framework is the Benazir Income Support Programme (BISP), the country's largest unconditional cash transfer initiative. While BISP is primarily targeted at the poorest households, it has significant implications for older people, particularly older women who often rely on these transfers as an indirect source of support within multigenerational households.

FAID's study highlights both the strengths and the gaps in BISP's design and implementation from the perspective of older beneficiaries. Many older women, for instance, benefit from BISP transfers managed by younger family members, which can help reduce household-level economic strain. However, challenges persist for older women accessing BISP directly, including:

- Limited digital literacy, which constrains older people's ability to navigate digital payment platforms.
- Long travel distances and physical barriers at cash distribution points, especially in rural and under-served areas.
- Gendered vulnerabilities, such as older women limited decision-making power and the heightened risk of harassment during travel or payment collection.

These challenges highlight the need for age- and gender-sensitive adaptations within BISP, including easier access to payments, targeted awareness campaigns, and supportive environments at cash distribution sites. FAID's and other studies consistently underscore the importance of recognizing older people not merely as passive recipients but as individuals with specific needs and rights within Pakistan's broader social protection landscape.

The Benazir Income Support Programme (BISP) is Pakistan's largest unconditional cash transfer initiative, targeting the poorest households and indirectly supporting millions of older women and vulnerable groups. BISP's reach is significant, delivering assistance quarterly to about 4.5 million beneficiary families. However, FAID's detailed study reveals how older people interact with BISP and identifies persistent challenges and opportunities for reform.

4.1.1.1 Demographics and Access

FAID's study shows that most BISP respondents were women (96%), reflecting the programme's focus on female-headed households. However, gender-based barriers persist: older women in particular rely heavily on family members—typically sons or male relatives—to access payments due to digital illiteracy and limited mobility. Rural respondents (62%) face greater difficulties reaching distribution centres and navigating registration processes compared to their urban counterparts (36%).

4.1.1.2 Payment Frequencies and Financial Impact

Payment patterns vary widely:

- 52% of respondents receive cash support every quarter.
- 20% receive support biannually.
- 17% report monthly assistance, while others receive sporadic disbursements.

Despite these efforts, 62% of respondents view the cash support amount as insufficient to meet their basic needs. Many recommend increasing the minimum monthly assistance to PKR 15,000 or more, beyond the PKR 13,500 available as of January 2025 (FAID, 2025).

The BISP Impact Assessment Brief by Oxford Policy Management further illustrates the programme's evolving reach and service delivery improvements between 2013 and 2016 (Oxford Policy Management, 2016). During this period, beneficiary households increased from 1.7 million to 5.4 million, and quarterly stipends rose from Rs. 1,000 to Rs. 4,834. Notably, the average travel time to payment collection points decreased from 48 minutes to 35 minutes. For older people within these households, these improvements directly enhanced the reliability and accessibility of this essential income support.

4.1.1.3 Perceived Benefits and Satisfaction

BISP has substantially reduced poverty and hunger among beneficiaries. About 20% of respondents reported significant improvements in their household financial stability, while 15% noted broader well-being benefits. These gains were particularly pronounced for women, who highlighted how BISP funds helped them cover food, health, and education expenses (FAID, 2025).

However, long queues, distant distribution centres, and payment delays remain persistent challenges. Older beneficiaries, in particular, described these as significant barriers to equitable access. Moreover, 25% of respondents noted negative impacts—ranging from stress to additional transport costs—when accessing BISP assistance.

Beyond these immediate household-level benefits and challenges, the during the period 2013-16, poverty rates fell by 7 percentage points (FEI line) and the multidimensional poverty index (MPI) dropped from 31% to 23% (Oxford Policy Management, 2016). Households also reported improved nutrition—particularly for girls—and better housing conditions. While these figures reflect household-level improvements, they indirectly supported the well-being of older women by easing financial pressures and enhancing household resilience.

4.1.1.4 Women's Empowerment and Social Change

The 2019 BISP Impact Evaluation confirms that the programme has generated substantial positive effects on women's agency and empowerment, particularly benefiting older women in beneficiary households. Older female beneficiaries, who often face compounded barriers due to age and gender, have experienced significant increases in household decision-making power—3 to 6 percentage points nationally, with the strongest improvements in Punjab and Khyber Pakhtunkhwa.

BISP helped many older women start saving money, make household decisions, and gain more respect at home, especially in Punjab and Sindh, enabling them to plan for medical and personal needs independently. Moreover, the evaluation highlights that BISP has contributed to reducing controlling behavior by husbands, a particularly important change for older women who often face heightened vulnerability and dependency in later life. Qualitative findings suggest that these shifts stem from men's increased respect for older women's financial contributions, translating into enhanced dignity and social standing both within families and in communities.

The report conducted by ILO notes that BISP's unconditional cash transfers use the family as the unit of intervention, which can have implications for older women's access to these funds. Older women, who may not be direct recipients, depend heavily on household-level allocations that can be diverted or controlled by male family members (ILO, 2019). Feedback and Complaint Mechanisms

A striking 89% of older respondents were unaware of any complaint or grievance redress system under BISP of the 4% who registered complaints, issues included payment delays, management problems, and poor staff communication—indicating a need for more robust accountability and outreach measures.

4.1.1.5 Feedback and Complaint Mechanisms

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4.1.1.6 Recommendations from the FAID Study

FAID's analysis calls for a more age- and gender-sensitive approach within BISP including:

- Targeted digital literacy support for older women and rural beneficiaries.
- Dedicated counters and seating arrangements at distribution centres for older people.

- Expanding transport allowances to reduce travel barriers for the older people.
- Strengthening feedback and grievance systems to ensure older people can voice concerns safely and effectively.

By integrating these measures, BISP can become a more inclusive pillar of Pakistan’s federal social protection framework—recognizing the specific vulnerabilities and rights of older people within beneficiary households.

4.1.2 Sehat Sahulat Programme (SSP)

The 2020 WHO report underscores the importance of integrating essential health services, including those for older people, within Pakistan’s broader Universal Health Coverage (UHC) framework through the Essential Package of Health Services (World Health Organization, 2020). The Sehat Sahulat Programme (SSP) is a Pakistan’s flagship federal health protection scheme. Designed to achieve Universal Health Coverage (UHC), the programme provides free, cashless inpatient healthcare services to low-income households, older people, and persons with disabilities.

It was initially administered by the State Life Insurance Corporation (SLIC) since its inception at the end of 2015 and in 2018 handover to the Ministry of National Health Services, Regulations and Coordination (NHSRC). The program is entirely government-subsidized, with 90% of any unspent net premium refunded to the government at the end of the three-year contract period, ensuring the efficient use of resources. This package emphasizes equitable and age-sensitive service delivery at the district level, providing a foundation for expanding older people’s access to critical healthcare interventions across the country. As of 2021, the SSP had expanded to cover over 8 million families in Khyber Pakhtunkhwa, AJK, and Tharparker, reaching 43 million lives, and 6 million families in Punjab, GB, and ICT, reflecting its national reach and comprehensive coverage (The News International, 2021), as it was initially covered 3.2 million families across 38 districts of Khyber Pakhtunkhwa in 2018 (ILO, 2019).

Older people, particularly those living below or just above the poverty line, are significant beneficiaries of SSP’s fully subsidized inpatient care coverage, which includes medical treatment and hospital-based services. The SSP thus plays a pivotal role in protecting older people and other vulnerable groups from catastrophic health expenditures, aligning with global efforts towards Universal Health Coverage (ILO, 2019). The Sehat Sahulat Programme (SSP), while not formally contributory, complements these schemes by providing fully subsidized inpatient care for vulnerable populations, including older people (Khyber Pakhtunkhwa Social Protection Policy, 2022).

4.1.2.1 Coverage and Access

The 2019–2021 SSP Benefit Package demonstrates the programme’s comprehensive financial coverage, offering Rs 720,000 per family per year for priority and secondary disease treatments (Government of Pakistan, 2019). Covered services include inpatient and day-care hospitalization, dialysis, cancer management, burns, trauma care, cardiac procedures, and maternity services—critical areas for older people facing chronic health challenges. The package also provides Rs. 1,000 transport cost per discharge (up to three times annually) and Rs 10,000 burial support for deaths in empaneled hospitals. Importantly, nationwide portability of benefits ensures older people can access services in any empaneled hospital across Pakistan, reducing geographic barriers to care.

For example, in Khyber Pakhtunkhwa, the 2021 Sehat Card Plus performance audit documented 209,177 patients benefiting under SSP, including 85,021 tertiary care and 123,913 secondary care treatments. The programme’s flexibility to cover expenses above the Rs. 1 million limit underscores its potential to protect older people from catastrophic health costs (Baker et al., 2021).

FAID's study confirms that SSP has enrolled over nine million families nationwide, including significant outreach in rural and urban areas of Islamabad and Lahore. Older respondents, particularly those aged 60 and above, highlighted the programme's role in reducing out-of-pocket medical expenses and ensuring financial protection during health crises (FAID, 2025). Dar-ul-Kifalat (old-age homes), a Senior Citizens Welfare Fund, legal aid, and priority services across public institutions. It was intended to create a rights-based and service-oriented framework for older people's welfare in the province.

4.1.2.2 Immediate Needs and Transparency

Among older respondents in FAID's survey, 89% reported an immediate need for health support—a need that SSP addresses effectively through its cashless services. Notably, 90% of these respondents described the programme's implementation as transparent and fair, underscoring its perceived legitimacy among marginalized populations.

4.1.2.3 Barriers and Gaps

- Despite these successes, several challenges limit the programme's impact for older people:
- Travel barriers: Long distances to empaneled hospitals and transportation costs create difficulties for older people and persons with disabilities, especially in rural areas.
- Low digital literacy: Many older beneficiaries struggle to navigate digital eligibility verification and referral systems.
- Service gaps: While inpatient services are covered, there is limited support for outpatient care, chronic disease management, and geriatric care—all essential for older people well-being.
- Inclusion of mental health services: FAID's focus group participants consistently emphasized the need for mental health and psychosocial support (MHPSS), particularly for older people dealing with isolation and stress.

4.1.2.4 Physical Accessibility and Gendered Barriers

Older women in particular face compounded barriers to accessing SSP services. Focus group discussions highlighted cultural norms and gender-based restrictions, with older women less likely to travel to distant hospitals without a male companion (FAID, 2025). Moreover, FAID's study highlighted those hospitals have some ramps and lifts for wheelchair access, these facilities are not consistently available, limiting access for older people with mobility impairments.

4.1.2.5 Key Recommendations

FAID's study calls for a more inclusive, older-person-focused approach within SSP, including:

- Establishing additional counters at health facilities to reduce waiting times and ensure dignified access for older patients.
- Expanding outpatient and geriatric services to address older people's ongoing medical needs, including management of chronic conditions like diabetes and hypertension.
- Incorporating mental health and psychosocial support within the SSP service package.
- Providing transportation subsidies for older people, especially in remote areas.
- Improving physical accessibility by ensuring ramps and lifts are installed at all empaneled hospitals.
- Linking SSP to other social protection programmes like Bait-ul-Mal.

Box B: Access to BISP and SSP for Older Persons Barriers and Recommendations

Top Barriers	Key Recommendations
Digital illiteracy limits access to cash transfers and health services.	Provide digital literacy support and on-site assistance at cash centers and hospitals.
Long travel distances and poor transport infrastructure hinder access.	Introduce transport subsidies and mobile service units in remote/rural areas.
Low awareness of entitlements and grievance mechanisms.	Launch targeted awareness campaigns using radio, TV, and community platforms.
Gendered barriers, especially for older women (mobility, decision power).	Establish dedicated counters, seating, and women-sensitive staff at facilities; encourage home-based services.
Inadequate physical accessibility (e.g., lack of ramps/lifts).	Mandate universal design standards in empaneled hospitals and BISP centers.
Lack of outpatient, mental health, and chronic care services.	Expand SSP to include outpatient, geriatric, and mental health services tailored to older persons.
No disaggregated data on older people access and outcomes.	Collect and report age- and gender-disaggregated data for all federal social protection schemes.

Although the Sehat Sahulat Program prioritizes coverage for vulnerable and marginalized groups, including PWDs and transgender persons, the analysis does not provide disaggregated data for older people—highlighting a gap in evaluating the programme’s impact on the older people (Masood, 2021). While the Sehat Sahulat Programme (SSP) is designed to provide cashless inpatient health services to low-income households, including older people, the 2024 PIDE analysis does not disaggregate utilization and access data by age. Consequently, although older peoples are implicitly covered within the SSP’s broader target group, there remains a critical need for explicit data and analysis to assess whether the programme adequately meets the specific needs of older people (Nayab et al., 2024). By embedding these reforms, SSP can move closer to fulfilling its vision of UHC while responding to the unique vulnerabilities of Pakistan’s older population.

4.2 Provinces Level

In addition to federal efforts, provincial governments in Pakistan have introduced their own social protection initiatives targeting older people. These programs differ in scope, design, and effectiveness, depending on each province’s fiscal capacity, political will, and administrative structures. Punjab’s approach to social protection for older people reflects a commitment to reducing poverty and promoting dignity. The following section outlines the key initiatives across Pakistan’s four provinces:

4.2.1 Punjab

Punjab’s social protection landscape for older people is anchored by several initiative managed by the Punjab Social Protection Authority (PSPA). The Punjab Social Protection Authority (PSPA), established under the Punjab Social Protection Authority Act of 2015, serves as the central coordinating body for social protection in the province (Punjab Social Protection Authority, 2015).

It was created following recommendations by the World Bank's 2013 review, which identified duplication and fragmentation in existing programmes and called for an integrated authority.

The PSPA now leads the harmonization of design, scope, and delivery of social protection initiatives, with a particular focus on marginalized and vulnerable populations—including older people. Key initiatives of PSPA include the Silla-e-Funn Programme—an early effort to address the economic vulnerability of elderly artists—and the later Ba Himmat Buzurg Programme and Humqadam Programme (Government of Punjab, 2020), fall under its oversight, highlighting the province's efforts to institutionalize lifecycle-based protections for ageing populations. These provincial initiative aims to address the poverty and social exclusion faced by older people who are not covered by contributory pension schemes.

The Punjab Social Protection Policy 2022 acknowledges that older people in Punjab face high poverty rates and limited access to social protection, especially those in informal work who lack pensions and savings (Government of Punjab, 2022). It calls for a lifecycle-based, inclusive framework to provide non-contributory pensions for older people in poverty, complemented by voluntary savings schemes for working-age populations and mandatory contributory pensions for formal workers. The policy also emphasizes the need for a three-pillar approach to ensure dignified old-age security, drawing from international best practices. These policy commitments underscore the rationale for programmes like Silla-e-Funn, Humqadam, and Ba Himmat Buzurg—highlighting Punjab's broader strategic shift towards rights-based, sustainable social protection for its ageing population.

This report will reflect on some programmes for older people in detail, followed by a critical analysis of the broader challenges and opportunities within Punjab's social protection framework.

4.2.1.1 Silla-e-Funn Programme

The Silla-e-Funn Programme, implemented by the Punjab Social Protection Authority (PSPA), is an unconditional cash transfer initiative targeting the unique economic vulnerabilities of elderly artists, writers, poets, and media professionals in Punjab. Recognizing that Pakistan lags behind regional counterparts like Bangladesh and India—which have long established social pension schemes—the programme aims to bridge this gap by offering a dignified social pension to older cultural contributors (Punjab Social Protection Authority, 2024).

Launched in all 36 districts of Punjab, the programme provides Rs. 5,000 per month to artists above 50 years old with monthly incomes below Rs. 35,000 and at least 25 years of professional experience in fields such as Film, TV, Literature, Poetry, Journalism, Theatre, Music, and Painting. Its key objectives include:

- Improving social inclusion for financially vulnerable elderly artists.
- Supporting subsistence and economic independence of older cultural contributors.
- Reducing their dependence on social networks or informal sources for financial needs.

This focused intervention highlights Punjab's efforts to extend non-contributory social protection to older people who have made notable contributions to the province's cultural life—filling a critical gap for artists typically outside formal pension systems (Punjab Social Protection Authority, 2024)

4.2.1.2 Humqadam Programme

The Humqadam Programme, implemented by PSPA, addresses the financial and social vulnerabilities of persons with disabilities (PWDs) in Punjab, including older PWDs who often face compounded barriers. The programme provides unconditional cash transfers of Rs. 2,000 per month for PWDs unable to work and Rs. 1,500 for those assessed as able to work. Additionally, a revolving fund of Rs. 300 million supports microcredit and asset transfer opportunities to promote financial independence (Punjab Social Protection Authority, 2020).

While primarily targeted at PWDs regardless of age, Humqadam indirectly benefits older people living with disabilities by promoting income security and reducing dependence on family networks.

4.2.1.3 Ba Himmat Buzurg Programme

In Punjab, while the Ba Himmat Buzurg Programme is a promising step, the ILO (2021) suggests that better integration with healthcare and social services is necessary to meet the comprehensive needs of older people. Additionally, establishing interoperable social protection registries could further strengthen coverage for Punjab's ageing population (ILO, 2021). Launched by the PSPA, the Ba Himmat Buzurg Programme (BHB) aims to provide a monthly stipend of PKR 2,000 to eligible older people aged 65 and above (Punjab Social Protection Authority, 2017).

The core objective is to reduce poverty, promote dignity, and strengthen social inclusion among older people who lack formal pension coverage. FAID's study found that the programme has had a positive impact on older people's emotional well-being, with respondents highlighting how it enabled them to participate in family and community life with greater dignity and self-esteem.

4.2.1.3.1 Demographic Profile of Beneficiaries

FAID's detailed data highlight that 73% of BHB households are male-headed, yet 69% of respondents in the programme were older women. Most of these women were illiterate and primarily housewives, with 88% not contributing to household income. Only 12% reported some form of employment: 3% in skilled roles, and 9% in unskilled labor.

Household incomes among BHB beneficiaries remain low, with 89% earning below PKR 25,000 monthly. Family structures are predominantly nuclear (65%), with 35% living in joint families. Most households (64%) consist of 6–10 members, while 25% have 1–5 members and 11% include 11–15 members. Financial vulnerability is evident: none of the respondents reported maintaining a bank account, and 98% had no savings from the previous month (FAID, 2025).

4.2.1.3.2 Impact and Challenges

BHB has had a meaningful impact on older people's ability to meet basic needs and reduce financial dependency on family members. Focus group discussions highlighted the programme's role in enhancing social status and fostering self-esteem (FAID, 2025). Older women, in particular, expressed how even modest cash transfers empowered them to contribute to household expenses.

However, FAID's findings also reveal persistent challenges:

- Payment inconsistencies, with only 29% of respondents confirming they received all 12 payments in the past year.
- Absence of community self-help groups: 52% of respondents noted no such groups were in place, while 37% were unsure about their existence—highlighting missed opportunities for peer support and sustainability.

4.2.1.3.3 Gendered and Rural Disparities

FAID's study highlighted that older women and rural residents face particular challenges in accessing BHB benefits:

- Limited awareness of programme eligibility criteria and application procedures in rural areas.
- Cultural norms and mobility restrictions that limit older women's ability to access mobile banking shops and payment disbursement points.
- Digital illiteracy that compounds exclusion for older people, especially in remote communities.

4.2.1.3.4 Perceived Benefits and Programme Acceptance

Despite these challenges, 83% of older respondents expressed satisfaction with BHB's overall approach, noting how it restores dignity and reduces financial anxiety for older people in Punjab. Focus group discussions revealed that beneficiaries often used the stipend for food, health expenses, and modest contributions to household expenditures—thereby strengthening their social status within the family.

4.2.1.3.5 Recommendations for Strengthening BHB

FAID’s study underscores the need for a more equitable and reliable BHB programme, including:

- Expand outreach and awareness in rural communities through community health workers and older people’ networks.
- Establishing a robust complaint and feedback mechanism to ensure timely redress of payment and eligibility concerns.
- Explore tax-exempt disbursement models and accessible cash-out mechanisms to support older women who lack bank accounts.
- Promote integration with healthcare and nutrition services to provide holistic support that aligns with the UN Principles for Older people (United Nations, 1991).
- Facilitate the formation of community self-help groups to foster peer support and local-level accountability, drawing inspiration from the National Rural Support Programme (NRSP) model

The PSPA has recognized these gaps in its Punjab Social Protection Policy (2022), which calls for institutionalizing non-contributory pensions and developing savings-based retirement incentives for informal workers. However, FAID’s findings stress that these policy ambitions must be matched with adequate fiscal allocations and strong implementation frameworks to ensure older people in Punjab are not left behind.

Box C: “Snapshot: Punjab’s Key Social Protection Programmes”

Programme	Target Group	Monthly Support	Key Feature
Ba Himmat Buzurg (BHB)	Poor older persons (65+)	PKR 2,000	Focus on dignity and social inclusion
Silla-e-Funn	Elderly cultural contributors	PKR 5,000	Artists with over 25 years of contribution
Humqadam	Persons with Disabilities	PKR 1,500–2,000	Also benefits older PWDs

Support Programme (NRSP) model.

4.2.2 Sindh

The Sindh Social Protection Authority Act (2022) establishes a comprehensive legal framework for social protection in Sindh, mandating the formulation and coordination of inclusive policies and programmes for vulnerable populations (Government of Sindh, 2022). Although older people are not explicitly mentioned in the Act, the definition of “vulnerable” and the emphasis on lifecycle-based, rights-oriented protections implicitly cover older populations, especially those without contributory pension coverage. The Act further mandates the creation of social protection registries and grievance redress systems, providing an institutional foundation to extend targeted support to older people as part of broader poverty alleviation and social inclusion efforts.

Sindh’s social protection framework for older people is anchored by the Sindh Senior Citizens Welfare Act (2016), which provides a legislative foundation for addressing the rights and needs of older people (Sindh Assembly, 2016). Under this Act, the Sindh Senior Citizen Card was launched to promote social inclusion and financial security for older citizens (Sindh Social Protection Strategy Unit, 2023).

4.2.2.1 Sindh Senior Citizen Card

As of 2024, the Sindh Senior Citizen Card aims to benefit approximately 3.7 million older people (Sindh Social Protection Strategy Unit, 2023). Cardholders are entitled to:

- Free or subsidized medical treatment at government hospitals and selected private hospitals.
- Travel discounts on public transportation systems across Sindh.
- Access to recreational facilities and priority lanes in government and civic services.

4.2.2.1.1 Awareness and Outreach

Despite these entitlements, awareness of the card remains limited, particularly in rural areas. Older people in urban centres like Karachi and Hyderabad reported better access to information about the programme, while rural older peoples often remain unaware of its benefits and registration processes.

4.2.2.1.2 Physical Accessibility and Gendered Barriers

The Sindh Senior Citizen Card's impact is also constrained by physical accessibility challenges:

- Many rural health facilities lack age-friendly infrastructure, such as ramps, handrails, and accessible toilets.
- Cultural norms and gender roles often prevent older women from travelling to urban registration centres or hospitals without male relatives.
- Digital illiteracy is widespread among older people, complicating the card registration process and access to benefits.

4.2.2.1.3 Service Gaps

The Senior Citizen Card focuses primarily on inpatient healthcare at empaneled facilities. However, older people frequently report unmet needs in outpatient care, particularly for chronic disease management and mental health services—areas that are critical for older populations (WHO, 2002).

4.2.2.1.4 Integration with Other Services

Although the Senior Citizen Card addresses some healthcare and transport needs, there is a lack of formal linkages with broader social protection programmes, such as Zakat disbursements or targeted cash transfer schemes like the Benazir Income Support Programme (BISP). This fragmented approach means that older people may still face financial strain and social exclusion.

4.2.2.1.5 Recommendations for Sindh

- Expand outreach efforts to rural areas, including community-based campaigns and leveraging older people's networks for information dissemination.
- Integrate outpatient and mental health services into the Senior Citizen Card's benefits package, reflecting the reality of ageing populations' needs (ILO, 2019).
- Promote age-friendly infrastructure in hospitals and public service facilities, ensuring full physical accessibility (WHO, 2002).
- Develop gender-sensitive registration and delivery systems that acknowledge and address the specific barriers faced by older women (Zaidi et al., 2019).
- Foster linkages between the Senior Citizen Card and other social protection schemes to create a holistic support system for older people.
- By addressing these gaps and implementing these reforms, Sindh can create a more inclusive, rights-based social protection framework that recognizes the diverse needs of its ageing population.

4.2.3 Khyber Pakhtunkhwa

In Khyber Pakhtunkhwa, the government has undertaken targeted initiatives to support older people, guided by the Khyber Pakhtunkhwa Senior Citizens Act, 2014 (Khyber Pakhtunkhwa Government, 2014). This Act lays the foundation for ensuring social and economic rights of older people, including access to healthcare, financial support, and dignity in later life.

The province has also established a Senior Citizens Council under the Khyber Pakhtunkhwa Senior Citizens Act (2014), chaired by the Minister of Social Welfare. The Council is tasked with formulating policy, coordinating health services for seniors, and proposing initiatives that uphold the dignity of older people, including separate medical counters, financial support, and recreational privileges.

4.2.3.1 Guzara Allowance (Zakat & Ushr Programmes)

The Guzara Allowance is a monthly cash grant provided under the Zakat and Ushr Programmes in Khyber Pakhtunkhwa to support the most vulnerable groups—including older people—who live below the poverty line. As of the 2021–2022 budget, a total of Rs 758.517 million (68% of the entire Zakat budget) was allocated for this allowance, highlighting its centrality in the province's social safety net (Social Welfare Department Khyber Pakhtunkhwa, 2020).

Eligible beneficiaries include widows, older disabled persons, unemployed individuals, and other extremely poor groups. Payment is made via cross or order cheque by the Local Zakat Committee (LZC) of the beneficiary's area of residence. The monthly amount of Rs 1,000 is meant to provide minimal financial relief and reduce the burden of basic expenses for these households.

Although not specifically targeted at older people, the Guzara Allowance indirectly reaches many older individuals who are excluded from formal pension schemes or have limited family support. This highlights the importance of the programme as a lifeline for vulnerable older populations in Khyber Pakhtunkhwa's rural and urban communities.

4.2.3.2 Khyber Pakhtunkhwa Social Protection Policy 2022

The Khyber Pakhtunkhwa Social Protection Policy 2022 sets out a vision for an inclusive and equitable social protection system that addresses the needs of marginalized and vulnerable groups, including older people (Public Policy & Social Protection Reforms Unit [PP&SPRU], 2022). The policy classifies social protection into four major components—social assistance, social insurance, essential services, and labour market policies—and commits to a rights-based, lifecycle approach that ensures dignity and equality for all, including the older population. Specifically, the policy outlines various social insurance instruments—such as old-age pensions (civil servants and national schemes), survivor pensions at 50%, gratuity (one-time lump sums), and medical benefits for retired civil servants—while acknowledging that these remain largely inaccessible to older informal workers. The Employees' Old-Age Benefits Institution (EOBI) also plays a role for eligible private sector workers, offering pensions, survivor pensions, and invalidity benefits (PP&SPRU, 2022).

Importantly, the policy documents the budgetary allocations for the Khyber Pakhtunkhwa Employees Social Security Institution (ESSI), which spent over PKR 262 million on medical care, PKR 180 million on medicines and medical supplies, and PKR 80 million on pension and gratuity payments in 2018–2019 alone. These figures underscore the significant public spending required to support older people's health and income security—yet also reveal the limits of these schemes in reaching those outside formal employment (PP&SPRU, 2022).

The policy also highlights home-based and community-based social care services, including Dar-ul-Amaan (residential care for vulnerable women, many of whom are older), and Panagah shelters. These are critical for older people who lack family support or housing security. The policy calls for strengthening these services while adopting a lifecycle-based approach to address older people's unique vulnerabilities—such as chronic illness, disability, widowhood, and exclusion from contributory pensions (PP&SPRU, 2022).

Importantly, the policy highlights the need for accessible data systems, improved grievance redressal, and integrated referral mechanisms to strengthen service delivery and link older people to relevant support (PP&SPRU, 2022). This comprehensive framework reinforces Khyber Pakhtunkhwa's provincial efforts to expand social protection coverage, reduce exclusion, and foster social cohesion. The province's social protection initiatives prioritize older people as a vulnerable group. These frameworks emphasize:

- Institutional care and provision of assistive devices.
- Community-based support and non-contributory pensions.
- Integration of geriatric services in public health delivery systems.

4.2.3.2.1 Barriers and Challenges

Despite these promising frameworks and budgetary commitments, the majority of older people in Khyber Pakhtunkhwa—and across Pakistan—remain outside formal contributory pensions, especially those in informal work. The Khyber Pakhtunkhwa Social Protection Policy (2022) acknowledges this persistent gap and calls for universal or lifecycle-based interventions to guarantee income security and essential health services for all older people.

Despite these policy commitments, older people in Khyber Pakhtunkhwa face persistent barriers:

- Limited outreach to remote and mountainous communities, where physical access and social exclusion are heightened.
- Gendered barriers that disproportionately affect older women, who often face cultural restrictions in accessing health and social services (Zaidi et al., 2019).
- Absence of integrated data systems that would enable efficient delivery of benefits and tracking of older people's needs.
- Inadequate availability of assistive devices and home-based care for older people with disabilities.

4.2.3.2.2 Linkages with Health Programmes

The Sehat Sahulat Programme (SSP), implemented in Khyber Pakhtunkhwa as part of Pakistan's broader health coverage goals, offers critical inpatient health protection. According to the 2021 Performance Audit of Sehat Card Plus, 209,177 patients benefited under this programme, with 85,021 receiving tertiary care and 123,913 secondary care (Baker et al., 2021). Additionally, the programme provides coverage for expenses exceeding the Rs. 1 million limits through a reserve fund, addressing catastrophic health costs that disproportionately impact older people. However, barriers to accessing SSP in Khyber Pakhtunkhwa remain significant: travel distance, long waiting times, and gender-based obstacles—particularly acute for older people and persons with disabilities (Khan et al. 2023, Khan, Cresswell, & Sheikh, 2023).

4.2.3.2.3 Recommendations for Strengthening Khyber Pakhtunkhwa's Social Protection for Older people

- Develop robust social registries that capture the needs of older people, especially in remote areas.
- Expand community-based care systems, leveraging existing community health worker networks to deliver services directly to older people.
- Ensure gender-sensitive approaches that account for older women's specific challenges in accessing services (Zaidi et al., 2019).
- Integrate geriatric care and long-term care planning within the Khyber Pakhtunkhwa Social Protection Policy framework (ILO, 2019).
- Enhance physical accessibility in public service facilities and health centres to accommodate older people with mobility limitations.

By addressing these gaps, Khyber Pakhtunkhwa can build on its policy foundations to create a comprehensive, rights-based social protection framework that meets the diverse needs of its older citizens.

4.2.4 Balochistan

Balochistan's efforts to support older people remain in the early stages, shaped by the Balochistan Senior Citizens Act, 2017 (Balochistan Government, 2017). This legislative framework establishes the right of older people to social protection, healthcare, and respect within the community. However, implementation of these rights and entitlements has been limited and inconsistent, reflecting broader challenges in governance and resource allocation.

4.2.4.1 Current Landscape

At present, there is no dedicated non-contributory pension or targeted cash assistance scheme in Balochistan for older people who lack contributory pension coverage. Older people in the province primarily rely on general poverty alleviation measures such as Zakat and Ushr distributions, which are not specifically designed to meet the needs of older populations.

4.2.4.2 Institutional Gaps

The Social Welfare Department in Balochistan does operate facilities like Darul Aman, but these largely cater to women and children and do not provide specialized care for older people. There is a lack of community-based support systems and no comprehensive strategy for meeting the needs of older people living in rural, often hard-to-reach communities.

The ILO (2021) also notes that in Balochistan, there is an urgent need to move beyond fragmented cash transfers and adopt lifecycle-based frameworks. These should include social registries that ensure older informal workers and marginalized older peoples are not left out of essential support systems (ILO, 2021).

4.2.4.3 Challenges

- Geographic and social isolation: Many older people in Balochistan live in remote areas with limited access to health facilities and basic services.
- Poverty and insecurity: High rates of poverty and unemployment intensify the vulnerability of older people, particularly those without family support or informal social safety nets.
- Gendered exclusion: Older women face heightened barriers due to patriarchal norms, lower literacy rates, and limited control over resources (Zaidi et al., 2019).
- Absence of data and monitoring systems: Without accurate data on older people's needs, policymakers lack the evidence needed to design targeted interventions (ILO, 2019).

4.2.4.4 Recommendations for Strengthening Balochistan's Social Protection Framework

- Operationalize the Balochistan Senior Citizens Act (2017) with a clear action plan, including budgetary allocations and accountability mechanisms.
- Develop a provincial social protection strategy that explicitly includes older people, drawing on best practices from other provinces and global guidelines (ILO, 2019; United Nations, 1991).
- Create community-based care systems, working with local leaders and community health workers to deliver basic services to older people in rural areas.
- Integrate older people's needs into public health strategies, ensuring geriatric care and long-term care services are accessible and culturally appropriate (WHO, 2002).
- Establish monitoring and data systems to map the needs and vulnerabilities of older people, enabling targeted interventions.

By embedding these recommendations into policy and practice, Balochistan can begin to bridge the gap between legislative commitments and real improvements in the lives of its older citizens.

4.3 Challenges and Cross-Cutting Issues

While individual programmes—like Sehat Sahulat, BISP, and provincial-level cash assistance—address critical needs of older people, common challenges persist across all regions and schemes in Pakistan.

4.3.1 Economic vulnerability and gaps

The ILO mapping also highlights that Pakistan’s current system lacks a universal social pension scheme for older people, leaving informal sector older people particularly exposed to economic shocks and social exclusion (ILO, 2019). Without rights-based, universal pensions and expanded social protection floors, older people—especially older women—remain at high risk of poverty and exclusion in old age.

The 2024 WMS Annual Report highlights the Wafaqi Mohtasib Secretariat’s efforts to address maladministration and improve public service delivery. While it does not specifically discuss social protection for older people, it includes initiatives such as the Facilitation Centres at the WMS headquarters in Islamabad. These centres are equipped with dedicated staff to provide special assistance to the older people and aged complainants, ensuring dignified and accessible grievance redress for vulnerable older populations. Additionally, the Outreach Complaint Resolution programme and new regional offices aim to enhance service accessibility for all marginalized groups, potentially including older people facing bureaucratic hurdles.

4.3.2 Transport and Mobility Barriers

Older people, particularly in rural areas, face severe transport difficulties that limit access to health and social services (ILO, 2019). Many reports reliance on informal or home-based self-employment to maintain financial autonomy due to restricted mobility. Discontinuation of transport subsidies in some programmes has exacerbated these issues, underscoring the need for reinstating travel allowances and enhancing accessible transport options.

4.3.3 Digital and Technological Challenges

Digital illiteracy is a widespread barrier, especially for older women. Many older beneficiaries lack smartphones or the skills to navigate digital platforms for cash transfers or registration processes (Zaidi et al., 2019). Strengthening digital literacy initiatives and providing user-friendly, alternative access points is essential.

4.3.4 Gendered and Disability-Specific Exclusion

Cultural norms and gender roles amplify the exclusion of older women, limiting their mobility and decision-making power over social protection resources. Similarly, older people with disabilities face inaccessible cash-out sites, discriminatory attitudes, and limited seating or transport accommodations at service points.

4.3.5 Lack of Awareness and Outreach

Across programmes, awareness of eligibility and benefits is strikingly low—especially in rural and marginalized communities. Over half of respondents in some areas (Lahore and Islamabad) reported no knowledge of SSP registration processes or health coverage packages (FAID, 2025). Older people consistently called for intensified community-level awareness campaigns.

4.3.6 Weak Grievance Redress Systems

Older respondents reported near-total absence of knowledge about complaint and grievance redress mechanisms. Of the few who tried to lodge complaints, most found them unresolved—highlighting a critical need to strengthen these systems and ensure older people have accessible, safe channels to report issues.

4.3.7 Community Self-Help and Solidarity

There is also a lack of community self-help groups (CSHG) to provide local support and collective voice for older people. Drawing from models like the National Rural Support Programme (NRSP), such groups could promote peer solidarity, service accountability, and collective empowerment.

4.3.8 Mental Health and Psychosocial Support (MHPSS)

The need for MHPSS is especially acute among older people dealing with social isolation, chronic disease, and caregiving burdens. Respondents called for integration of MHPSS into existing programmes to ensure holistic, dignified support (FAID, 2025).

Box D: What’s holding back Inclusive Protection for Older Persons?

Barriers	Recommended Action
No universal old-age pension	Develop a national ageing protection strategy with universal non-contributory pensions for all older persons.
Limited outreach in rural and remote areas	Expand outreach through community health workers and older persons’ networks; develop social registries and mobile service delivery mechanisms.
Poor coordination between federal and provincial schemes	Create an integrated national framework aligned with Pakistan Vision 2035 and the National Social Protection Strategy.
Digital illiteracy among older people	Launch digital literacy programs and offer alternative, user-friendly access options such as assisted registration and paper-based systems.
Weak grievance redress and complaint systems	Establish accessible, well-publicized feedback and complaint channels tailored for older persons.
No support for long-term or home-based care	Invest in home-based and community-based care systems that align with cultural norms and respect older persons’ dignity.
Exclusion of older women and persons with disabilities	Prioritize gender-sensitive approaches and accessible services, particularly targeting mobility, caregiving roles, and intersectional vulnerabilities.
Inadequate transport and travel facilities	Reinstate travel subsidies and improve accessible transport options for older persons, especially for health and payment services.
Fragmented service delivery	Ensure lifecycle-oriented, individual-focused services instead of household-based approaches that limit direct benefit access for older persons.
Absence of community self-help groups	Promote formation of older persons’ community self-help groups (CSHG) based on NRSP and similar participatory development models.
Lack of outpatient, mental health, and geriatric services	Integrate outpatient, mental health, and long-term care services into existing health and social protection programmes.
No reliable data on older persons’ needs	Establish comprehensive data systems and monitoring tools to assess needs, inform planning, and improve accountability.

4.4 Conclusions

Pakistan's social protection system for older people has made important strides—but serious gaps remain. While federal programmes like Sehat Sahulat and BISP have begun to acknowledge the specific needs of older populations, their design and implementation still fall short of fully addressing the challenges older people face, especially older women and rural residents. At the provincial level, targeted initiatives such as the Ba Himmat Buzurg Programme and Senior Citizen Cards are promising, yet coverage is uneven and institutional care services remain underdeveloped.

Across all regions, the key challenge is fragmentation—between programmes, levels of government, and types of support. Older people are often excluded from pensions, long-term care, and direct support due to a system still focused on poverty-targeting and household-based benefits, not individual entitlements. For many older women, this means no direct control over resources, no say in how support is used, and limited mobility or access due to cultural and gendered barriers.

This review makes one thing clear: Pakistan needs a unified, national ageing strategy—one that integrates income, health, care, and dignity for all older people. Such a strategy should move away from piecemeal fixes and toward rights-based, lifecycle-focused protections, aligned with international standards like the UN Principles for Older people (1991) and ILO Recommendation No. 202.

Policymakers have a clear opportunity to act now. By addressing the systemic challenges—economic vulnerability, poor outreach, weak coordination, digital exclusion, and lack of long-term care—Pakistan can ensure that its older citizens are not left behind. This shift is critical not only for ageing with dignity but also for achieving Pakistan Vision 2035 and the SDG targets related to poverty, health, gender, and inequality.

By prioritizing these actions, Pakistan can build an inclusive, resilient, and dignified social protection system for its growing older population—transforming ageing from a challenge into a cornerstone of equitable development.

Box B: Policy Implications and Recommended Actions

- **Develop a national ageing protection strategy:** Introduce universal non-contributory pensions and integrate income security, health coverage, and social care services into a comprehensive national framework.
- **Ensure effective provincial implementation:** Move beyond policy intent—enforce ageing-related legislation across all provinces with clear roles, timelines, and accountability mechanisms.
- **Design age- and gender-sensitive interventions:** Address the specific needs of older women, including barriers related to digital access, mobility, caregiving burdens, and decision-making power.
- **Invest in long-term care systems:** Expand institutional, community-based, and home-based care infrastructure that respects cultural norms and supports ageing in place.
- **Strengthen data and accountability:** Improve age-disaggregated data collection, programme monitoring, and grievance redress systems to ensure equitable service delivery.



5. DEMOGRAPHIC PROFILE OF OLDER PEOPLE IN PAKISTAN

5.1 Profile Based Pakistan Bureau of Statistics (PBS 2023) Data

Pakistan's demographic landscape is undergoing a significant transformation. As life expectancy increases, the country is witnessing a steady rise in its older population — those aged 60 years and above. This demographic shift presents both opportunities and challenges, particularly in the areas of healthcare provision, legal and social protection, pension systems, and older person care services.

The analysis based on the Census carried out by the PBS during 2023 data will provide a comprehensive assessment of the ageing population in Pakistan to support evidence-based policymaking and program design. The chapter outlines the key characteristics of the older population, including size, growth trends, age-sex distribution, rural–urban differentials, and regional variations. The analysis offers critical insights at national and provincial level related gender or region wise older people distribution, educational and employment status and disability status among older people in Pakistan.

Box A: What the Data tells us about Ageing in Pakistan (PBS 2023)?

- Pakistan is ageing, 5.6% of the population — around 13.5 million people — is aged 60 or above.
- Women outlive men, especially in the 75+ group, creating higher needs for widowhood support, healthcare, and social protection.
- Urban areas host more older persons (8.2 million vs. 5.2 million in rural), but rural areas have more unmet needs due to weaker services.
- Widowhood increases with age: 40.2% of people aged 75+ are widowed, with women disproportionately affected.
- Family is the main source of care, but rising dependency in older age groups — especially post-75 — shows the need for external older care and support

This section provides a comprehensive analysis of Pakistan's older population using the PBS 2023 Census. Data is drawn from population counts and shares across different age brackets, sexes, and rural-urban localities. The analysis is structured into three sub-sections: national totals, sex-wise trends, and rural-urban differences.

5.1.1 Age-Specific and Sex-Wise Distribution

According to the PBS Census 2023, individuals aged 60 years and above constitute 5.62% of Pakistan's total population. The largest share is concentrated in the 60–64 age group (2.07%), followed by 65–69 (1.49%), 70–74 (1.02%), and 75+ (1.04%). Males represent a higher share in the younger older groups, particularly in the 60–64 cohort (1.13% male vs. 0.95% female), though this gender gap narrows in the 75+ category.

This stratification provides a clearer picture of ageing across gender identities. While the "young-old" (60–69) dominate numerically, calls for inclusive ageing policies that provide access to pensions, healthcare, and protective legal frameworks. Furthermore, the near parity of male and female shares in the 75+ group aligns with global trends of increased female survival, suggesting a need for gender-responsive long-term care and widowhood support mechanisms.

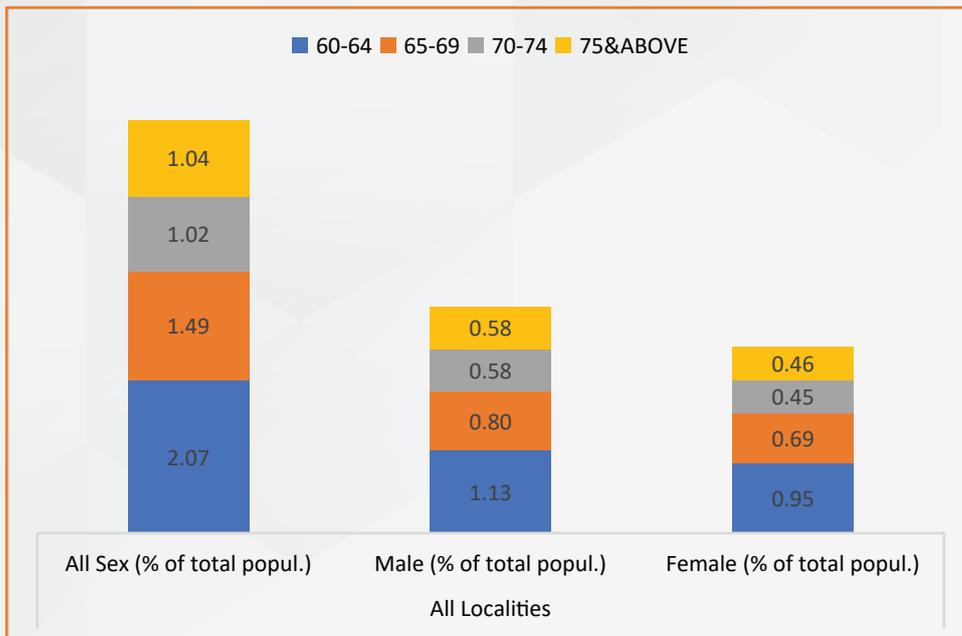


Figure 3. Older Population by Age Group and Sex

Source: PBS Census 2023

5.1.2 Rural–Urban Distribution by Age and Sex (60+)

The 2023 PBS Census shows that ageing in Pakistan is becoming increasingly urban. Out of 13.5 million people aged 60 and above, 8.2 million live in urban areas, while 5.2 million live in rural settings. Men make up a larger share than women in both areas: 4.47 million urban men vs. 2.93 million rural men; and 3.77 million urban women vs. 2.35 million rural women. This pattern holds true for the 65+ group as well.

These numbers reflect urban advantages such as longer life expectancy, access to healthcare, and better infrastructure. Older individuals or families may also migrate to cities to live with children or receive better care. However, the rural older population—though smaller in number—faces more severe barriers. Rural older people are more likely to lack access to health services, pensions, transport, and information. Older women in rural areas face a triple disadvantage: due to their age, gender, and location. They are also more likely to be widowed, illiterate, and dependent on unpaid caregiving structures.

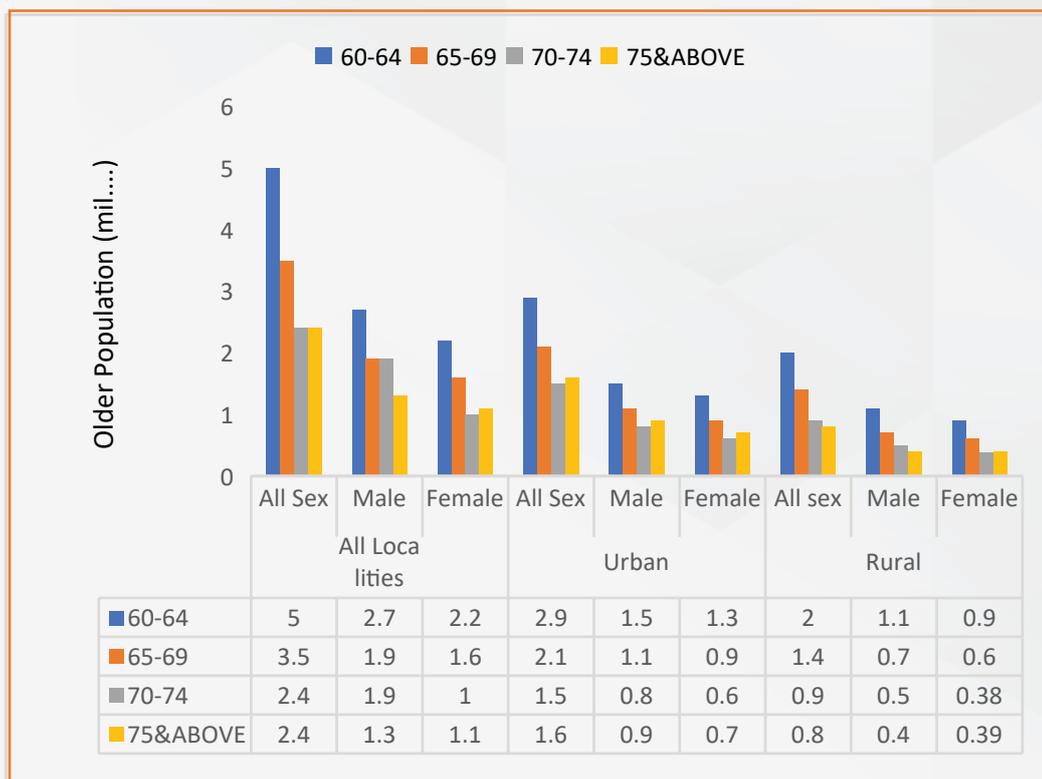


Figure 4. Older Population by Region

Source: PBS Census 2023

These patterns suggest that ageing in Pakistan is becoming increasingly urban-centric, driven by better health infrastructure, longer life expectancy in cities, and possible urban migration of older family units. However, the rural older population remains substantial and demands targeted service delivery. Policymakers must acknowledge this duality—urban dominance in numbers and rural concentration in need—and structure interventions accordingly to avoid deepening regional disparities in ageing outcomes.

5.1.3 Marital Status of Older people

Marital status has a strong influence on the emotional, financial, and caregiving circumstances of older people. The PBS 2023 Census reveals that as people age, widowhood becomes increasingly common—especially for women.

Table 3. Older Population by Marital Status

All Localities (% of Total Older Population)					
Sex/Age Group (In Years)	Never Married	Never Married	Widowed	Divorced	Seperation
65-69	1.39	77.3	20.78	0.33	0.2
70-74	1.19	70.13	28.24	0.26	0.18
75 & Above	1.09	58.3	40.24	0.21	0.16

Source: PBS Census 2023

Among people aged 65–69, nearly 77.3% are married, while 20.78% are widowed. In the 70–74 age group, the share of married individuals declines to 70.13%, and widowhood rises to 28.24%. This trend becomes most pronounced in the 75+ group, where only 58.3% are married and 40.24% are widowed. Less than 1.5% of individuals in any age group are divorced, separated, or never married.

These trends have clear policy implications. Widowhood is often linked with social isolation, emotional distress, loss of household income, and increased dependency—especially among older women who may not have their own source of income or legal entitlements. Social protection programs must account for this growing demographic of widows by offering targeted pensions, housing assistance, and mental health services.

5.1.4 Living Arrangements of Older people

Living arrangements provide valuable insight into the caregiving dynamics of ageing households. According to the PBS 2023 Census, a large share of older people continues to live in extended or multi-generational households.

More than half of individuals aged 60–74 are heads of their households. However, this drops to 43.08% for those aged 75 and older, suggesting increased dependence in advanced age. At the same time, the proportion of older people living as the parent of the household head increases with age—from 15.59% in the 60–64 age group to nearly 40% among those aged 75 and above. This shift shows that many older people rely on their adult children for day-to-day care and household leadership as they age.

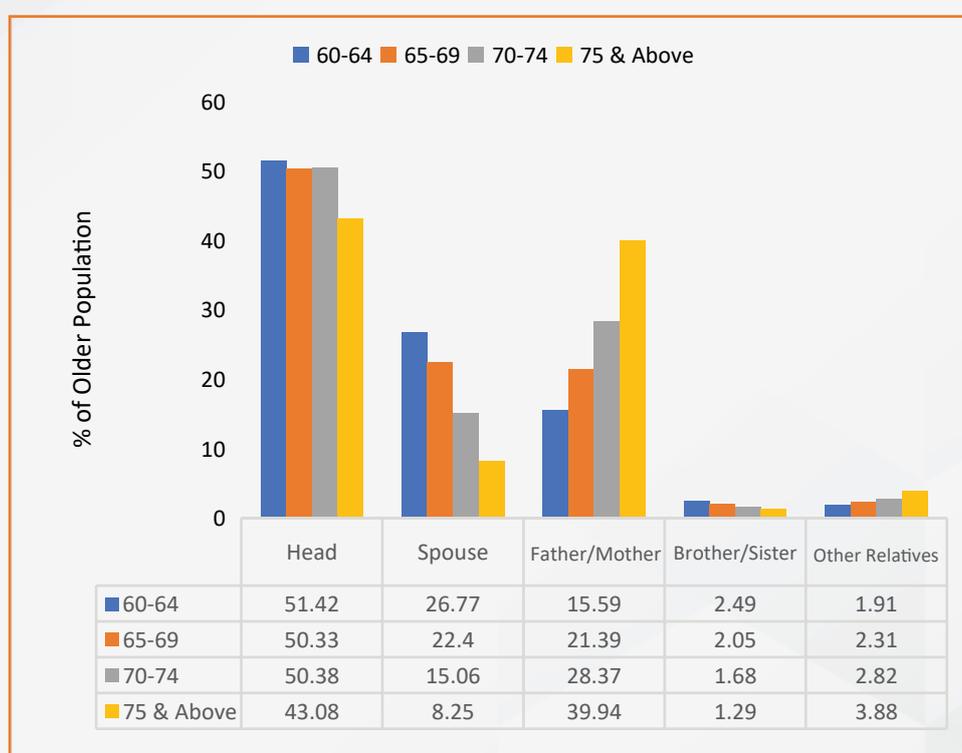


Figure 5. Older population by Relationship to HH

Source: PBS Census 2023

The number of older people reported as spouses also declines with age, reflecting the increase in widowhood. Other household roles—like in-laws, siblings, or grandparents—show only minor changes but highlight the variety of extended family structures in Pakistan. Living with non-relatives remains extremely rare. This data highlights the cultural importance of family-based older person care. However, it also points to the growing need for caregiver support, age-friendly housing, and legal safeguards for older dependents in family settings.

Box B: Who cares for Older Persons in Pakistan?

- Over 50% of persons aged 60–74 are listed as household heads, indicating early-stage independence and autonomy.
- In the 75+ group, only 43% are household heads; most are listed as parents of the household head, showing rising frailty and care dependency.
- Multigenerational living is dominant, but public policy often assumes that families — especially women — can provide care without support.
- Urgent need for caregiver support policies, including respite services, training, and financial incentives for informal caregivers (often daughters/daughters-in-law).

5.1.5 Disability and Functional Limitations Among Older people

As people age, they are more likely to experience health-related issues that affect how they move, communicate, or care for themselves. This section focuses on disability and other functional limitations that older people in Pakistan face. According to the 2023 Census by the Pakistan Bureau of Statistics, around 3.19 million people aged 60 and above reported having a disability. This means about one in four older people—nearly 26%—is living with some form of disability. The situation is more severe in rural areas, where 1.9 million older individuals face disabilities compared to 1.2 million in urban regions. These differences reflect challenges such as weaker health systems and limited early care and rehabilitation services in rural Pakistan.

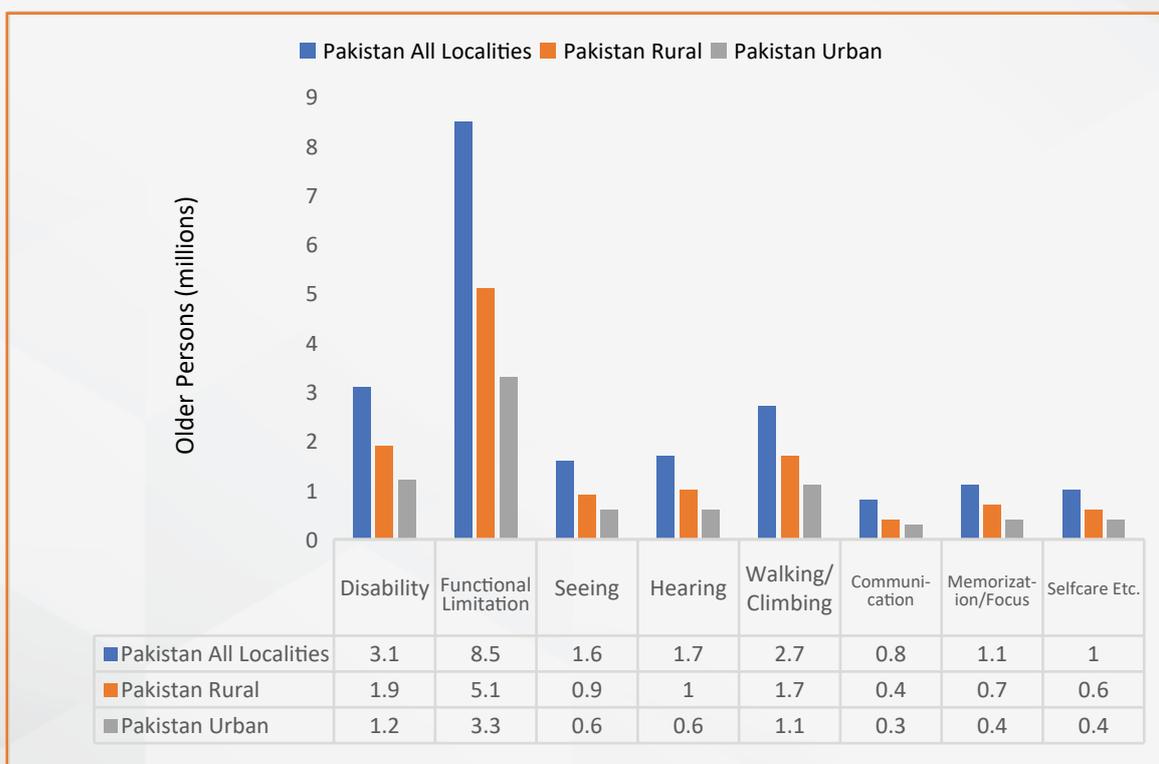


Figure 6. Older Population Having Disability by Region

Source: PBS Census 2023

In addition to formal disabilities, many older people experience functional limitations that affect their ability to perform daily activities. These include walking, seeing, hearing, or remembering things clearly. Overall, about 8.5 million older individuals in Pakistan—nearly two-thirds of the senior population—report at least one such limitation. Once again, rural areas bear a heavier burden, with 5.1 million people affected compared to 3.3 million in urban settings.

Box C: Disability and Ageing — A Hidden Crisis

- 3.1 million older persons (26% of the 60+ population) reported at least one disability in 2023.
- 1.9 million of these live in rural areas, compared to 1.2 million in urban areas.
- Walking difficulties affect 2.7 million older persons — 1.7 million rural, 1.1 million urban.
- 1.6 million report vision impairments; 1.7 million have hearing loss.
- 1.1 million experience memory or concentration issues; 0.8 million face communication problems.
- 1 million have self-care challenges (bathing/dressing), with 0.6 million in rural areas.
- Urgent need for community-based geriatric services, mobility support, and disability-inclusive care models.

Among the most common functional issues is difficulty in walking or climbing, which affects 2.7 million older people. This includes 1.7 million in rural areas and 1.1 million in urban areas. Hearing problems impact 1.7 million people, mostly in rural settings (1 million rural vs. 0.6 million urban). Visual impairments are reported by 1.6 million older people, while memory-related issues are experienced by 1.1 million. Communication difficulties and challenges with daily self-care tasks such as bathing or dressing affect 0.8 million and 1 million people respectively, again with higher numbers in rural Pakistan.

These findings point to a critical need for investments in geriatric health services, especially in rural Pakistan, where older people not only outnumber their urban counterparts but also face disproportionately higher levels of functional decline and disability. Addressing these issues through targeted policies, community health programs, and improved access to assistive services is essential for ensuring that older Pakistanis can live with dignity and independence

5.1.6 Economic Activity and Employment Status of Older people

Even after reaching the traditional retirement age, many older Pakistanis remain economically active—particularly in rural areas where pensions and retirement benefits are limited. Of the 13.5 million people aged 60 and above, around 3.7 million are still working, giving a labour force participation rate of 27%. Rural areas account for 2.2 million of these working seniors, reflecting continued economic pressure in households with limited formal support.

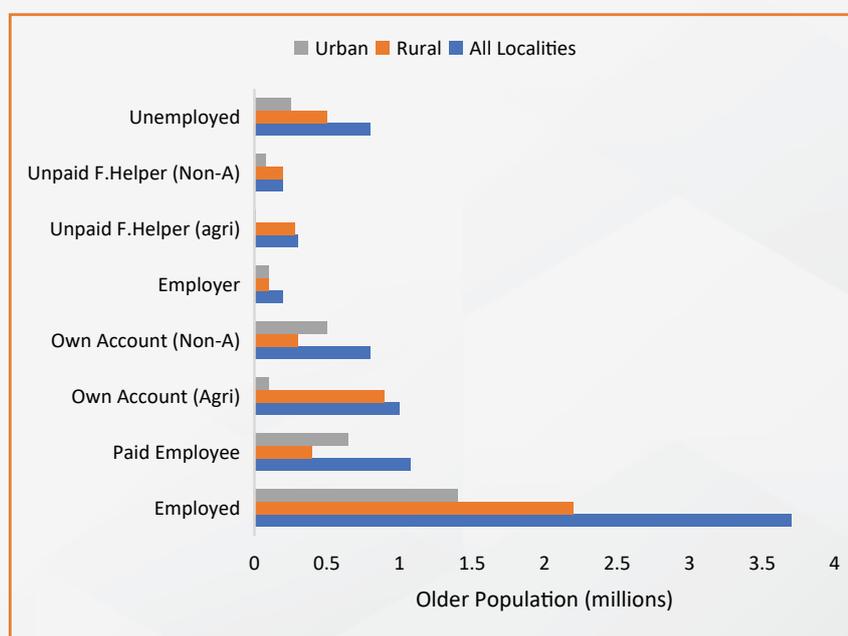


Figure 7. Older Population Employment Status by Region
Source: PBS Census 2023

Among employed older people, 1.08 million are paid employees. Urban seniors dominate this category (0.65 million), compared to 0.4 million in rural areas, likely working in shops, services, or small enterprises. In contrast, self-employed or own-account work—especially in agriculture—is more common in rural areas, where 0.9 million seniors continue farming. Urban areas show higher engagement in non-agricultural self-employment.

Unpaid family help is also a significant form of economic participation, particularly in rural farming households. About 0.3 million older people assist with agricultural work without pay, while 0.28 million contribute to non-agricultural family businesses. Only a small number identify as employers, evenly split between urban and rural areas (0.1 million each).

Meanwhile, around 0.8 million older individuals are unemployed—0.5 million in rural areas and 0.25 million in urban—signalling both unmet need and the lack of secure retirement options. This mix of low-wage work, unpaid roles, and unemployment highlights the economic vulnerability of older people and underscores the need for inclusive employment policies and stronger social protection systems.

Box D: Work after Retirement Age — Economic Reality for Older Pakistanis

- Out of 13.5 million older persons, 3.7 million (27%) are employed.
- 2.2 million older workers are in rural areas; 1.4 million in urban areas.
- 1.08 million have paid jobs — 0.65 million urban, 0.4 million rural.
- 0.9 million rural older persons are self-employed in agriculture; 0.5 million urban seniors work in non-agricultural own-account roles.
- 0.56 million older persons are unpaid family helpers, mostly in rural areas.
- 0.8 million older adults are unemployed — 0.5 million rural, 0.25 million urban.
- Policies should support age-friendly jobs, income replacement, and pension inclusion.

5.1.7 Literacy and Educational Attainment of Older people

The PBS 2023 Census reveals major disparities in literacy among older people (aged 60 and above) across gender and region. Nationally, the literacy rate among older individuals stands at 36.5%, but this average masks sharp differences: 47.5% of older men are literate, compared to just 23.1% of older women. These figures reflect long-standing gender gaps in access to education and continue to shape older women's ability to access services, manage finances, or navigate health systems.

Rural–urban differences are also significant. In rural areas, the literacy rate drops to 25.3%, with only 12.3% of older women literate—less than one-third of the rate seen in urban women (40.7%). Male literacy in rural areas is 36.2%, versus 64.9% in urban areas. Transgender older people report low literacy rates overall, with 12.2% in rural and 32.5% in urban areas, though these figures are likely under-reported.

These disparities have serious implications. Older people with low literacy are more likely to struggle with digital systems, health information, and public services. Bridging this gap will require dedicated adult learning programs and gender-sensitive outreach—particularly in rural communities where educational disadvantage is most severe.

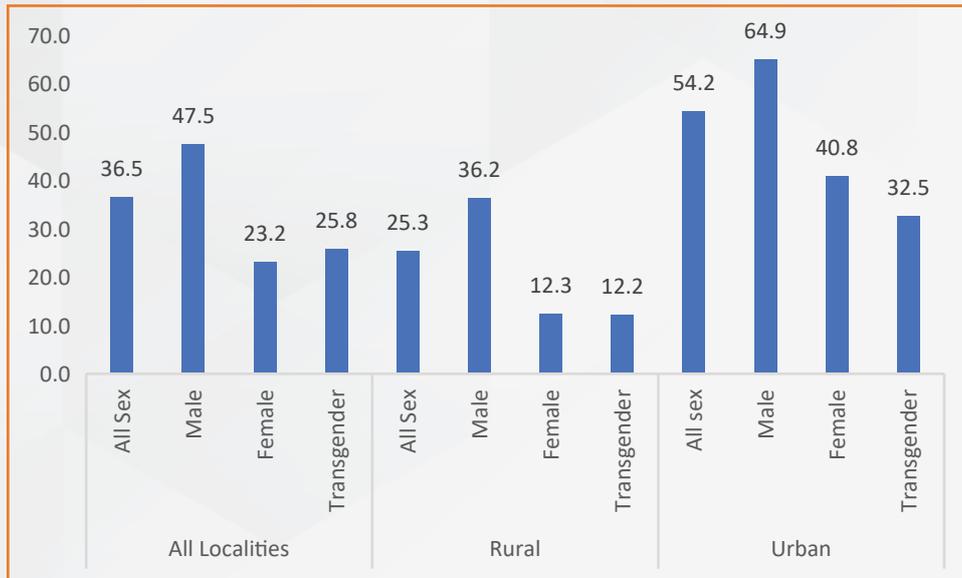


Figure 8. Older Population Literacy Rate by Region & Sex
Source: PBS Census 2023

5.1.8 Conclusion

This chapter presents a comprehensive demographic profile of older people in Pakistan, drawing on the latest PBS 2023 Census data. Pakistan is undergoing a demographic shift, with a steadily growing older population, rising life expectancy, and improving literacy—particularly in urban areas. However, deep and persistent inequalities remain. Older women, rural residents, and persons with disabilities face significant disadvantages in education, healthcare access, and economic security.

Clear urban–rural gaps in literacy, employment, disability, and healthcare highlight the need for locally tailored responses. Many older people, especially women, live longer lives but with fewer resources, limited income support, and restricted access to services. These gendered and spatial disparities make a strong case for urgent, inclusive, and gender-sensitive policies.

Overall, the findings point to the need for a comprehensive, multisectoral approach that integrates public health, social protection, older care, and lifelong education. Expanding universal pension coverage, strengthening family and community-based care, and investing in digital inclusion and adult literacy can help ensure that older people live with dignity and autonomy. With a still youthful population, Pakistan has the opportunity to plan now for a more age-inclusive future—where no older person is left behind.

5.2 Profile Based UNESCAP 2023 Data

In addition to the national data collected through the PBS 2023 Census, this chapter integrates standardized and internationally comparable indicators sourced from the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP). These indicators provide a comparative broader temporal and regional perspective, enabling the analysis of long-term ageing trends and cross-country comparisons. UNESCAP’s demographic datasets incorporate historical estimates, current indicators, and future projections (1950–2050) of older people in Pakistan. Together with PBS data, these indicators form the basis for identifying structural vulnerabilities and planning future responses to an ageing society.

5.2.1 UNESCAP Demographic Indicators for Pakistan

The chart presents key demographic indicators from the UNESCAP dataset for Pakistan in 2023. The dataset includes the total population aged 60+ (16.48 million, or 6.9% of the population), a majority female share (53%), a median age of 20.6 years, a total fertility rate of 3.3, and life expectancy of 67.3 years. The female share of the 80+ population is 56.9%, illustrating the feminization of longevity.

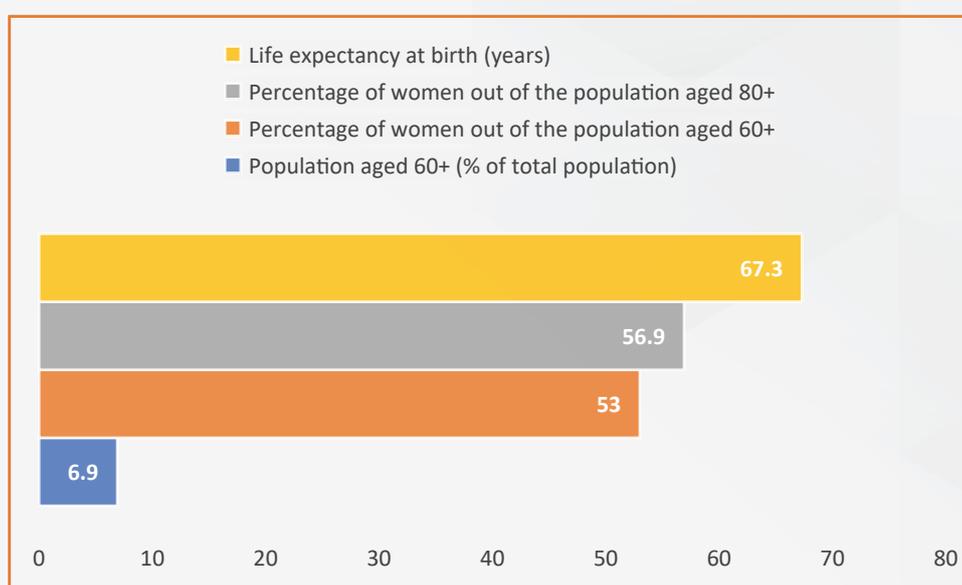


Figure 9. Pakistan Demographic Profile Indicators

Source: UNESCAP 2023

These figures underscore Pakistan’s ongoing demographic transition toward an ageing population and highlight the importance of integrating these international statistics with national data to inform inclusive and evidence-based policymaking.

5.2.2 Ageing Trends and Projections in Pakistan

The graph presents population projections for Pakistan by age group and sex, spanning from 1950 to 2050. These projections highlight significant demographic changes over time, particularly the expansion of the older population and the narrowing base of younger cohorts.

Key findings include:

- A steady increase in the number and share of older people (aged 60+, 65+, and 80+), with the 60+ group projected to grow from 7.7% of the population in 1950 to nearly 10% by 2050.
- Growth of the 80+ age group from less than 1% of the population in 1950 to 0.9% in 2050. Although the projected increase appears modest—rising from 0.5% in 2023 to 0.9% by 2050—this does not indicate stagnation. Rather, it reflects a delayed ageing pattern common in countries currently undergoing demographic transition. As life expectancy continues to rise and fertility rates decline, the proportion of the 80+ population is expected to grow more substantially beyond 2050. Moreover, in absolute numbers, the size of this cohort will increase significantly, placing greater pressure on long-term care systems, healthcare infrastructure, and the need for age-responsive policy planning.

These shifts mark a clear demographic transition for Pakistan, highlighting the need for policies that strengthen geriatric and long-term care services, expand pension coverage, and prepare for the fiscal and social implications of an ageing society.

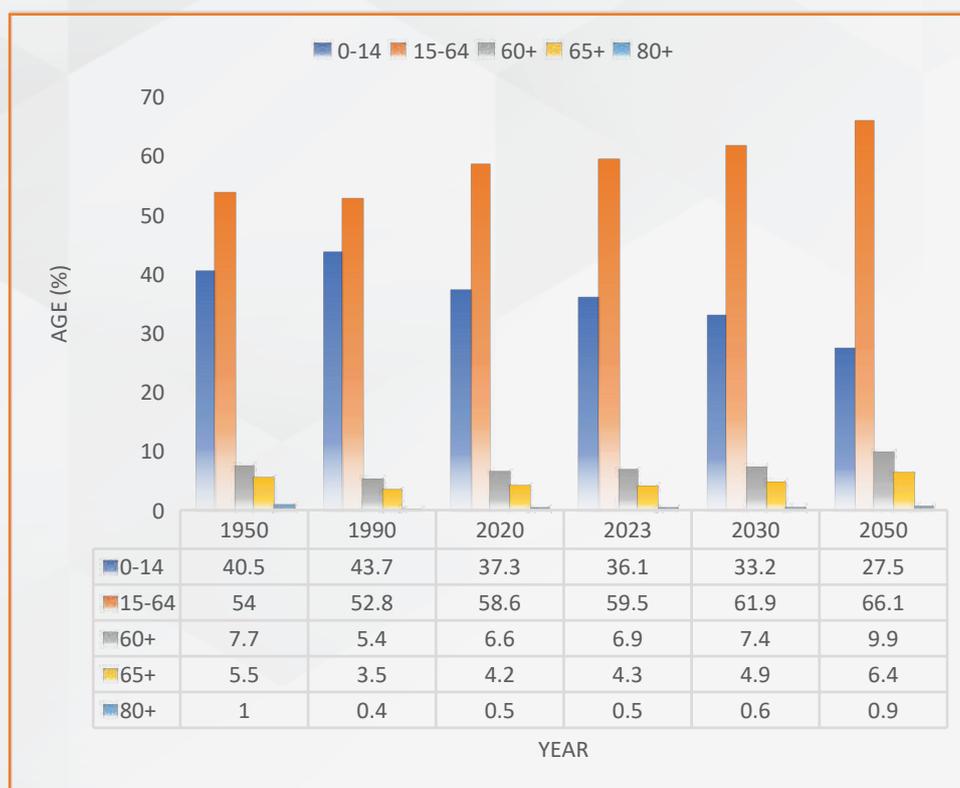


Figure 10. Population by Age Group

Source: UNESCAP 2023

Box E: The Long View of Demographic Transition in Pakistan

- UNESCAP 2023 reveals that 16.4 million Pakistanis are aged 60+, making up 6.9% of the population, with women forming the majority (53%).
- The 60+ share is projected to rise from 6.9% in 2023 to 9.9% (36 million) by 2050, while the 80+ group will nearly double (UNESCAP 2023).
- Women make up 56.9% of the 80+ group and nearly 60% of those 85+ by 2050, reflecting a feminization of old age (UNESCAP 2023).
- Median age has increased from 18.7 (1950) to 27.3 (2050)—a shift from a youthful to ageing society (UNESCAP 2023).
- This demographic shift implies greater demand for pensions, older care, and long-term health systems.

These figures underscore Pakistan’s ongoing demographic transition toward an ageing population and highlight the importance of integrating these international statistics with national data to inform inclusive and evidence-based policymaking.

5.2.3 Gendered Ageing Patterns in Pakistan

The chart provides a breakdown of the percentage of Pakistan’s total population by age group and sex for the years 1990, 2020, 2030, and 2050, covering age groups 60–64, 65–69, 70–74, 75–79, 80–84, and 85+. It shows that although men and women are nearly equally represented at younger old ages (60–69), the female share rises sharply in the 75+ groups due to longer female life expectancy and gender disparities in mortality.

For instance, in 2020, women comprised 56.9% of the 80+ population compared to 43.1% for men. By 2050, women are projected to account for nearly 60% of those aged 85 and older. These gendered patterns of longevity have profound implications for widowhood, caregiving needs, and social protection.

The rising female share in advanced age groups calls for targeted social and health interventions, such as widow pension programs, female-focused older people care services, and community-based support structures that address the unique vulnerabilities of older women.

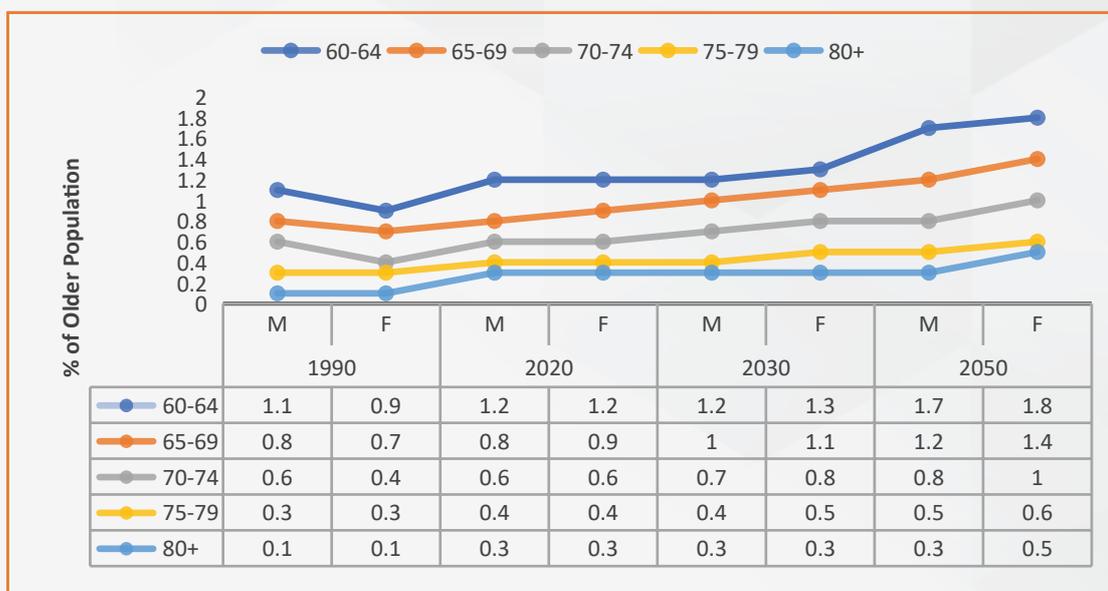


Figure 11. Older Population by Age and Sex
Source: UNESCAP 2023

5.2.4 Feminization of Ageing and Long-Term Trends

The chart is displaying the sex composition of older age groups in 2023, confirming higher female longevity in advanced ages. This analysis highlights the overwhelming female share in the very old age groups, the continued rise in the proportion of the population aged 60+ and 80+, and the implications for social pensions, widowhood, and long-term care.

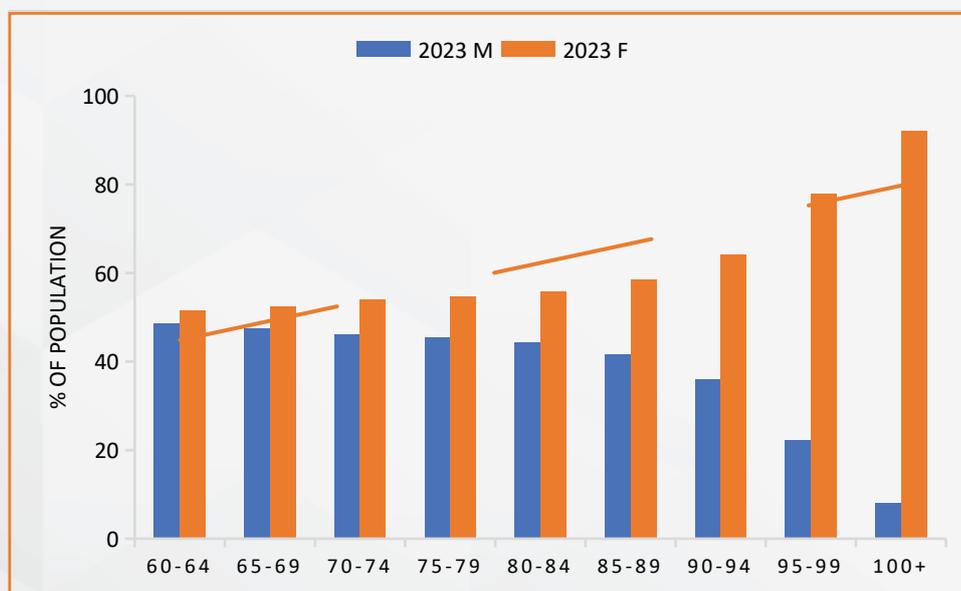


Figure 12. Older Population by Age and Sex
Source: UNESCAP 2023

5.2.5 Longevity, Median Age, and the Rise of the “Oldest Old”

The chart tracks two critical indicators that reflect deeper shifts in ageing: the median age of the total population and the proportion of the population aged 80+ among those aged 65 and older. Between 1950 and 2050, Pakistan’s median age has risen steadily from 18.7 years to a projected 27.3 years. This gradual increase reflects a maturing population due to declining fertility and increasing life expectancy. The lowest point was observed in 1995 at 16.7 years, after which the trend reverses. From 2020 onward, the median age increases more sharply, reaching over 21 by 2025 and continuing to rise to 27.3 by 2050. This demographic shift signals a transition away from a youthful population structure toward one that increasingly reflects ageing dynamics.

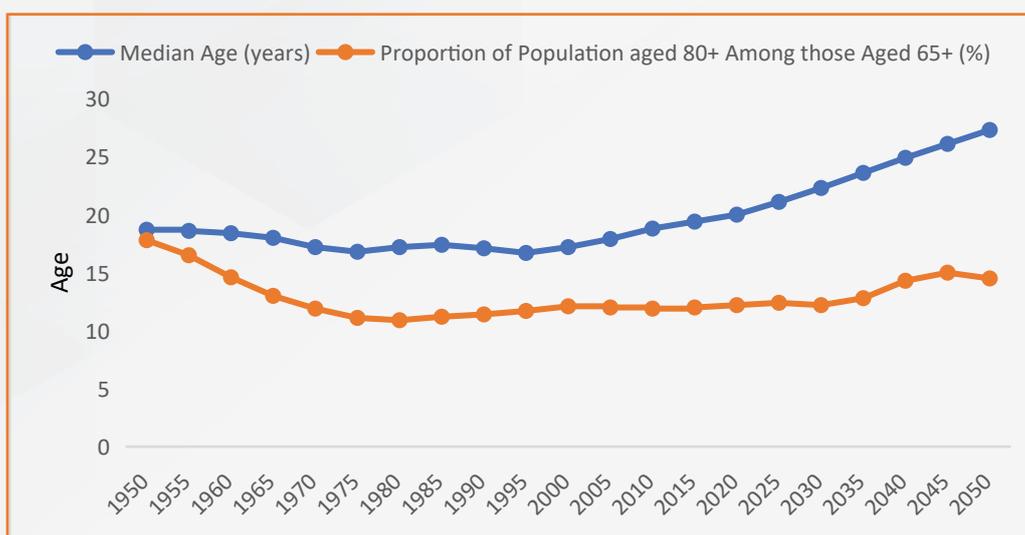


Figure 13. Median Age and Proportion of Population (80+) Among 60+

Source: UNESCAP 2023

Simultaneously, the proportion of the population aged 80 years or over among those aged 65+ began at 17.8% in 1950, declined steadily through the 1960s and 1970s, reaching a low of 10.9% in 1980, and then began to stabilize and rise again. By 2025, the share is projected at 12.4% and peaking near 15% by 2050. This resurgence underscores the growing presence of the “oldest old,” who typically require more intensive healthcare and long-term support.

Together, these trends underscore the importance of preparing for a population with not only more older people but also a rising number of very old persons, particularly women, who dominate the higher age brackets. The growing proportion of the 80+ group within the older population signals increasing demand for specialized care—including dementia support, geriatric nursing, and end-of-life services.

Policymakers must anticipate a future in which the oldest segment of the population becomes a prominent demographic group. To ensure a dignified and supported ageing experience, investments are needed in age-appropriate infrastructure, community-based caregiving systems, social protection policies, and workforce training tailored to older care.

5.2.6 Life Expectancy and the Shrinking Support Base for Older people

Life expectancy has improved significantly in Pakistan over the last century, driven by advances in healthcare, nutrition, and public health. According to chart, life expectancy at birth for males has increased from 36.2 years in 1950 to a projected 68.1 years by 2050. For females, the improvement is even more pronounced—from 33.4 years in 1950 to 73.7 years by 2050. These gains reflect reduced maternal and infant mortality and wider access to preventive care, though gaps remain when compared to global averages.

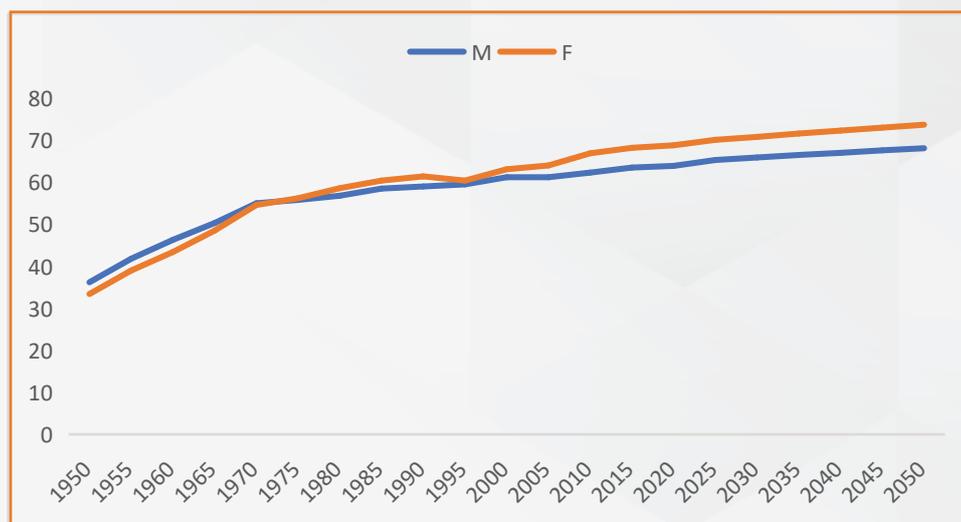


Figure 14. Life Expectancy at Birth by Sex
Source: UNESCAP 2023

The gender gap in life expectancy—projected at over five years by 2050—underlines the critical need to focus on female health in older age. As women continue to live longer, they are more likely to outlive their spouses, experience widowhood, and require long-term medical and social support.

5.2.7 Comparative Speed of Population Ageing: Global Context

UNESCAP data show that Pakistan is on a slower path of demographic ageing compared to many developed countries, but the pace is expected to accelerate. The metric used here is the number of years required for the percentage of the population aged 64 and over to rise from 7% to 14%—a widely accepted benchmark for identifying the transition to an aged society.

Table 4. Global Comparison of Population Ageing

Benefits	From	To
France	1865	1980
Sweden	1890	1975
United States of America	1944	2013
Canada	1944	2009
Spain	1947	1992
Republic of Korea	1998	2017
Pakistan	2051	2082

Source: UNESCAP 2023

In France, this transition took 115 years (from 1865 to 1980), while Sweden saw the same change over 85 years (1890 to 1975). In contrast, countries like the Republic of Korea experienced this shift in just 19 years (1998 to 2017), and Spain in 45 years (1947 to 1992).

Pakistan is projected to take 31 years—from 2051 to 2082—to double its share of older people from 7% to 14%. While this seems longer than the rapid transitions of East Asian nations, it is much shorter than the historical experience of many Western countries.

The relatively delayed onset of ageing provides Pakistan with a critical window for planning. However, the global trend suggests that once the transition begins, it will accelerate quickly. Therefore, Pakistan must avoid complacency and begin investing now in the policies, institutions, and care systems that will be essential for managing the implications of a rapidly ageing society

5.2.8 Recent Fertility Decline and Gains in Life Expectancy

The demographic shift in Pakistan is further evidenced by the simultaneous trends of declining fertility and increasing life expectancy by slow but with steady speed. According to UNESCAP data, the fertility rate in Pakistan fell steadily from 6.36 children per woman in 1990 to a projected 3.14 by 2027 and 2.4 in 2050. This transition signals a fundamental transformation in reproductive behavior, access to family planning, and social expectations about family size.

Concurrently, life expectancy at birth for both sexes increased from 60.1 years in 1990 to nearly 67.9 years by 2027 and 70.8 years in 2050. This rise reflects improvements in healthcare infrastructure, child survival, and disease control, though it remains below regional peers like Sri Lanka and Bangladesh.

This dual trend serves as clear demographic indicators of population ageing. As fertility rates steadily declining, the younger base of the population shrinks, while increased longevity expands the proportion of older adults, particularly those over 60.

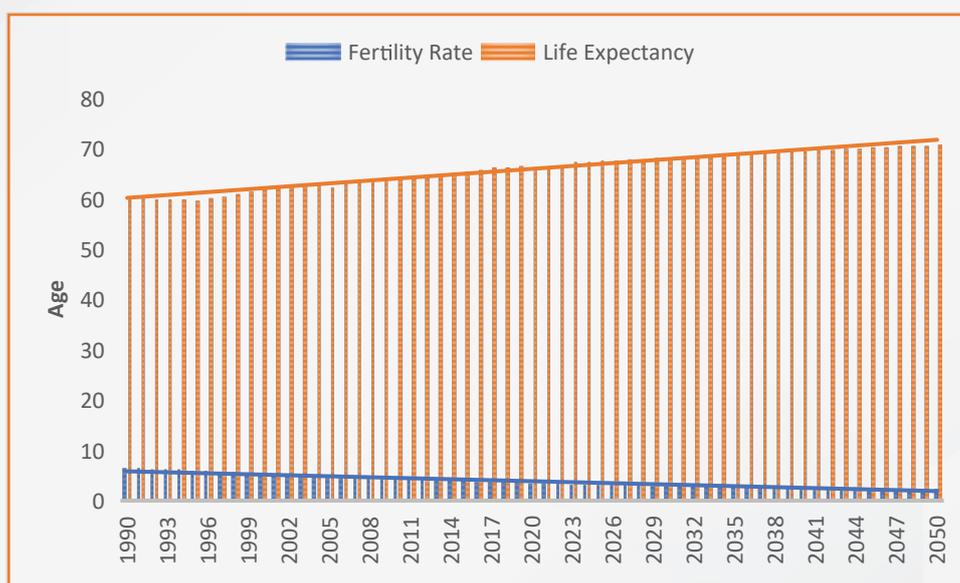


Figure 15. Fertility Rate and Life Expectancy at Birth
Source: UNESCAP 2023

The combination of extended life expectancy and declining fertility rate with slow but steady speed will fundamentally alter Pakistan’s population structure. This change demands rethinking of not just healthcare and pensions, but also education, labor markets, and intergenerational family roles. To harness the opportunities of this demographic transition, policymakers must support ageing-friendly economic policies, increase public health investments across the life course, and promote healthy ageing programs. The narrowing fertility-longevity gap must be seen not just as a signal of change, but as a critical planning horizon for a sustainable ageing future.

5.2.9. Labor Force Participation, Informality, and Pension Coverage

Labour market data from UNESCAP provide a sobering view of the limited social and financial security for older adults in Pakistan. For individuals aged 65 and above, the overall labour force

participation rate is just 20.6%, with significant gender disparity: 32.7% of men continue to work compared to only 4.5% of women. This reflects not only retirement trends but also entrenched gender roles and the informal nature of female work in older age.

The data also reveal that only 5.8% of older people in this age group are covered by any form of social protection, including pensions. This alarmingly low figure signals widespread vulnerability among older people—particularly women—who lack income security in their later years.

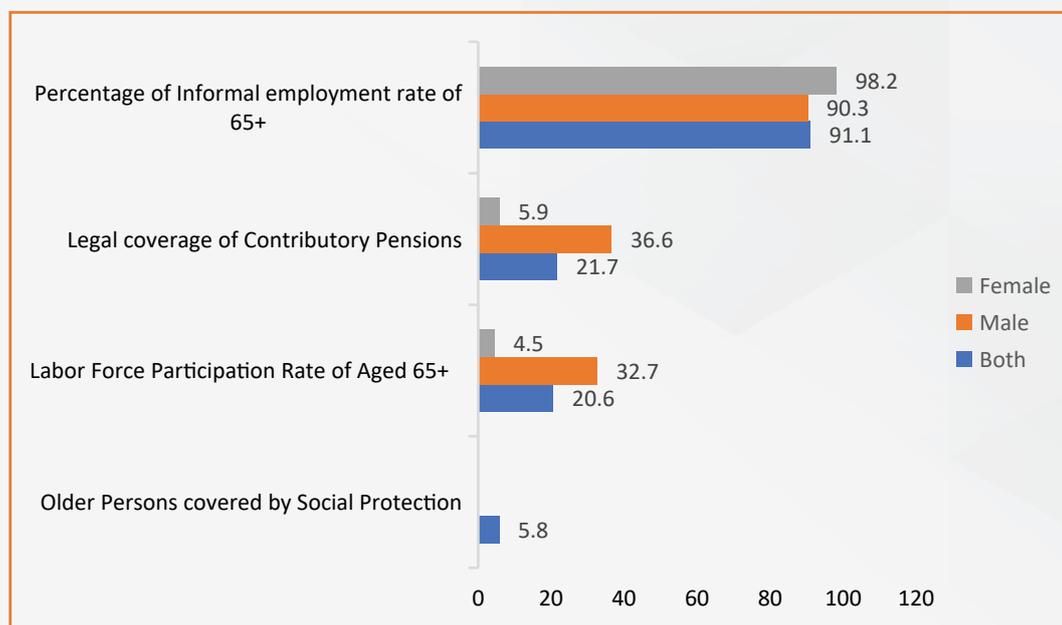


Figure 16. Older Population Employment and Social Protection Status
Source: UNESCAP 2023

Legal coverage under a contributory pension scheme is also dismally low, with just 21.7% of older adults covered by law. Among men, the coverage is 36.6%, while for women it plummets to 5.9%, reflecting the systemic exclusion of women from formal employment and registered pension systems throughout their lives.

Moreover, the informal employment rate among those aged 65+ is extremely high: 91.1% overall, 90.3% for men, and 98.2% for women. This shows that the vast majority of older population who remain economically active do so without access to contracts, health insurance, retirement benefits, or workplace protections.

These figures underscore the urgent need for universal old-age pensions and legal reforms to expand contributory coverage to informal workers. Gender equity in retirement systems must be prioritized, and public policies should acknowledge unpaid caregiving and other forms of lifetime labor by women that have traditionally gone unrecognized in formal social protection systems.

5.2.10 Healthy Life Expectancy (HALE) at Age 60

While overall life expectancy at age 60 in Pakistan has gradually increased, improvements in healthy life expectancy (HALE)—the number of years an older person is expected to live without major health limitations—have been more modest. According to UNESCAP data, HALE at age 60 rose from 16.5 years in 2000 to 17.2 years by 2019, suggesting only limited progress in extending the period of life lived in good health.

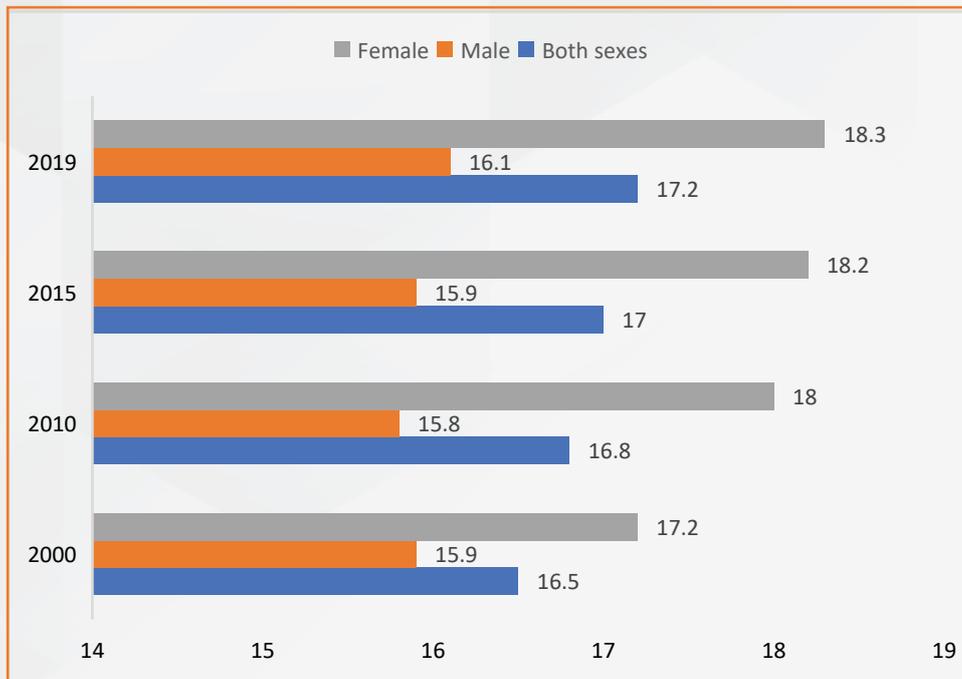


Figure 17. Healthy life Expectancy (HALE) at Age 60

Source: UNESCAP 2023

Disaggregated by gender, the 2019 data reveal persistent disparities. Women aged 60 had a healthy life expectancy of 18.3 years, while men had a lower HALE of 16.1 years. This 2.2-year gender gap highlights that although women live longer, they also spend more years with chronic conditions or functional limitations. Since 2000, both sexes have experienced slight gains—men increased from 15.9 to 16.1 years, and women from 17.2 to 18.3 years—but the gender differential has remained consistent.

These findings underscore the importance of focusing not only on how long people live, but also on how well they live in their later years. The growing burden of non-communicable diseases, musculoskeletal disorders, and age-related cognitive decline contributes to the gap between total life expectancy and HALE.

5.2.11 Financial Burden of Healthcare: Out-of-Pocket Expenditure

One of the most significant barriers to accessing healthcare in old age is the high level of out-of-pocket (OOP) expenditure. In Pakistan, OOP payments as a percentage of current health expenditure have historically been among the highest in the region. According to UNESCAP data, in the year 2000, 57.4% of total health spending was paid directly by households. This burden increased to a peak of 72.8% in 2006, before gradually declining to 54.3% by 2020.

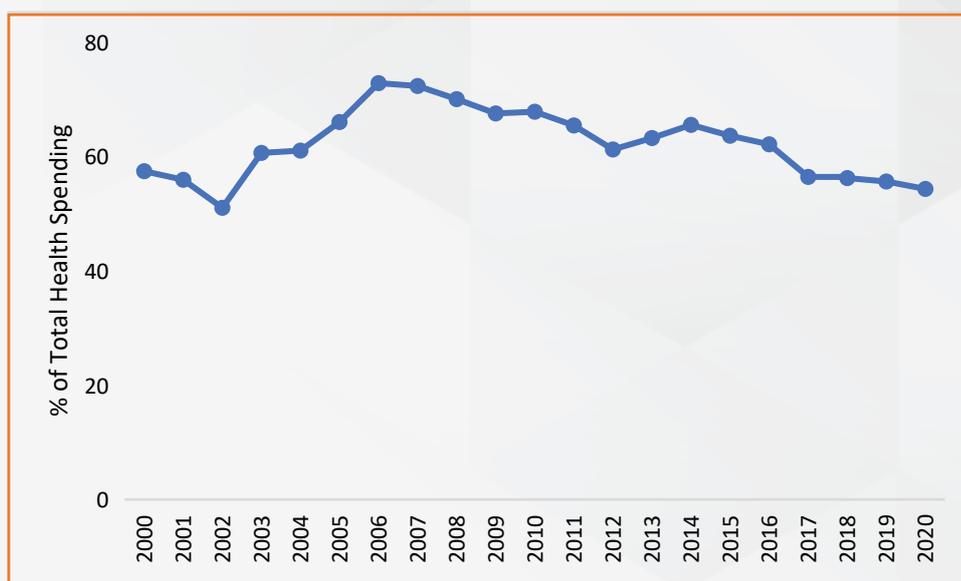


Figure 18. Out-of-Pocket Health Expenditure
Source: UNESCAP 2023

Despite the downward trend since 2006, the OOP burden remains substantial. More than half of all healthcare costs continue to be paid directly by individuals and families at the point of service. This poses a serious threat to the well-being of older people, who often live on fixed incomes or lack income entirely, especially those not covered by pensions or insurance schemes.

Older adults frequently face higher health expenditures due to chronic illness, disability, and the need for long-term care. Without financial risk protection, they are forced to choose between foregoing care or incurring debt, which can lead to worsening health outcomes and deepening poverty.

To ensure equitable access to healthcare for Pakistan’s ageing population, it is essential to reduce reliance on out-of-pocket payments. This can be achieved through universal health coverage (UHC), the expansion of public health insurance schemes tailored to older adults, and subsidies for essential medicines and services for the older population.

Box F: Healthy Ageing and Rising Health Costs

- Healthy life expectancy at age 60 rose from 16.5 years (2000) to just 17.2 years (2019)—showing limited progress.
- Women live longer but spend more years in ill health, with a 2.2-year gender gap in healthy life expectancy.
- Out-of-pocket health spending remains high—54.3% in 2020, down from a peak of 72.8% in 2006, but still burdensome.
- Older persons without insurance must choose between delaying care or incurring debt, increasing poverty and health risks.
- Lack of geriatric services, health coverage, and long-term care infrastructure makes healthy ageing a policy imperative.

Policies should prioritize older people in national health financing reforms and integrate geriatric services into primary care systems. Strengthening public health infrastructure and ensuring financial protection are key to enabling older people to age with health, dignity, and security.

5.2.12 Multigenerational Households and Long-Term Shifts in Living Arrangements

UNESCAP (2023) data reveals significant changes in household structures for older people in Pakistan over four decades. Between 1973 and 2013, there was a notable consolidation of multigenerational living arrangements, indicating strong cultural preferences for familial co-residence and collective caregiving.

In 1973, 58.3% of older people (aged 60+) lived in extended family settings. By 2013, this figure had risen to 82.5%, underscoring the dominance of multigenerational households as the primary mode of older person support. Meanwhile, average household size grew—from 5.9 members in 1973 to over 8.1 in 2013—further reinforcing the trend toward extended family structures.

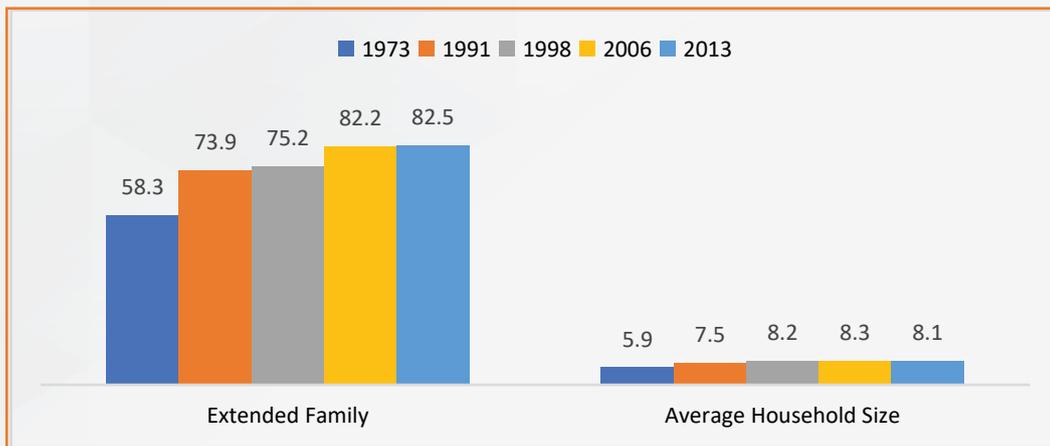


Figure 19. Household Living Arrangements
Source: UNESCAP 2023

5.2.13 Mental Health Risk and Suicide Rates in Later Life

According to UN data for the year 2019, suicide rates in Pakistan rise sharply with age, indicating a growing public health concern among the older population. Among individuals aged 55–64, the suicide rate stands at 9.3 per 100,000 population. This rate increases to 9.0 for those aged 65–74, 12.6 for the 75–84 group, and peaks at 28.9 among those aged 85 and older.

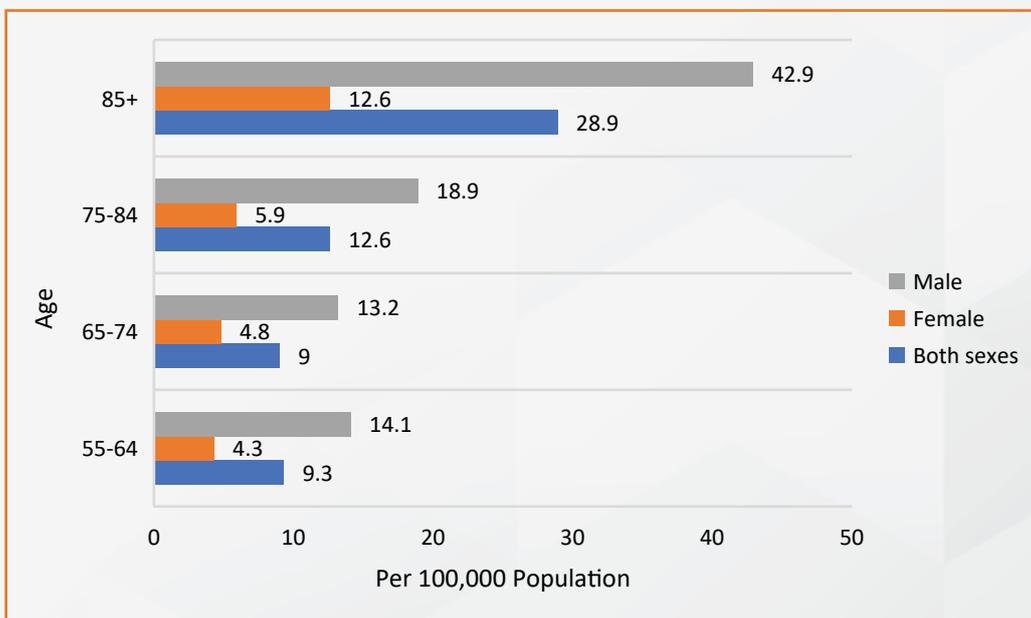


Figure 20. Older Population Suicide Rate by Sex
Source: UNESCAP 2023

Box G: Mental Health and Late-Life Vulnerability

- Suicide rates increase sharply with age—reaching 28.9 per 100,000 among people aged 85+.
- Men are disproportionately affected, with the suicide rate for males aged 85+ reaching 42.9, compared to 12.6 for women.
- The data highlight a silent mental health crisis in older men, driven by isolation, chronic illness, and care deficits.
- Mental health services for older persons remain limited and underfunded, despite rising needs in advanced age..

The gender disparity is striking. For men aged 85 and above, the suicide rate reaches 42.9 per 100,000, while for women in the same age group it is 12.6. In the 75–84 bracket, the male suicide rate is 18.9, over three times that of females (5.9). This pattern continues across all age bands, reflecting both higher suicide vulnerability among older men and gendered differences in coping mechanisms, help-seeking behaviors, and social connectedness.

5.2.14 Literacy and Digital Exclusion in Older Age

Recent data show that only 27.1% of Pakistanis aged 65 and above are literate. The gender gap is stark: 38.1% of older men are literate compared to just 10.7% of older women. This indicates that a significant portion of the ageing population—especially older women—face compounded disadvantages in accessing information, understanding written communication, and engaging in lifelong learning.

Literacy is a foundational enabler of autonomy and inclusion in older age. Without it, older individuals are more likely to be dependent on others for navigating healthcare, pensions, and social benefits. For older women in particular, illiteracy reinforces economic vulnerability, isolation, and the intergenerational transmission of disadvantage.

Compounding this exclusion is the near-complete digital marginalization of older people. Internet usage among people aged 65 and older is virtually non-existent. In 2016, only 2.7% of those aged 75+ and 12% of those aged 25–74 reported internet use (UNESCAP, 2023)). This digital gap poses serious barriers to accessing telemedicine, government e-services, and process of government social protection programmes. It also limits opportunities for virtual socialization and participation in civic life. To close these gaps, Pakistan must invest in targeted adult literacy programs, particularly for rural and female older populations. Bridging the literacy and digital divide is essential for enabling older people to live independently, engage with society, and access the services they need with dignity.

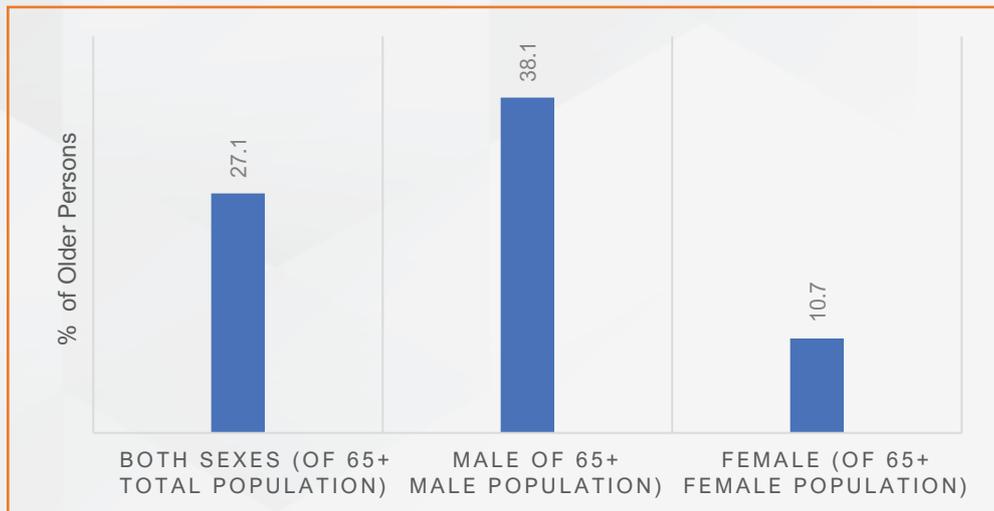


Figure 21. Older Population Literacy Rate by Sex

Source: UNESCAP 2023

5.2.15 Conclusion

The UNESCAP-based demographic analysis paints a vivid picture of Pakistan’s ageing population in its regional and global context. The data reveal a steady rise in the older population, growing gender disparities in longevity, and deepening challenges related to pension coverage, healthcare access, and social protection. Despite the slower pace of ageing compared to some countries, the window for proactive policy development is narrow. This chapter underscores the urgent need to invest in health infrastructure, social security, digital inclusion, and community-based older care to ensure that Pakistan’s older population can age with dignity and security.

5.3. Comparison of PBS 2023 and UNESCAP 2023 Data

The table below presents a synthesized comparison between Pakistan Bureau of Statistics (PBS) 2023 Census data and United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) 2023 estimates. While PBS provides granular and immediate national-level statistics, UNESCAP complements this with long-term projections, international benchmarks, and broader demographic context.

Table 5. Comparison of Demographic Profile

Dimension	PBS Census 2023	UNESCAP 2023
Total Older Population (60+)	12.27 million (5.62% of total population)	16.48 million (6.9% of total population)
Sex Composition	Higher male share in younger cohorts (60–69); female dominance in 75+ age group	Women comprise 53% of 60+ population; 56.9% of those aged 80+
Age Structure	Majority concentrated in 60–69; minimal in 85+	Projected rise in 80+ and 100+ groups through 2050
Median Age / Ageing Phase	Not explicitly reported	Median age: 20.6 years (2023); projected 27.3 years by 2050
Fertility Trends	Not included	Total Fertility Rate (TFR): 3.3 (declining trajectory)
Life Expectancy	Not reported	Life Expectancy (2050): Males – 68.1; Females – 73.7
Old-Age Support Ratio	Not covered	5.3 (2023); declining to 2.9 by 2050
Functional Limitations / Disability	Comprehensive data on vision, mobility, self-care, etc.	Indirectly assessed through Healthy Life Expectancy (HALE)
Healthy Life Expectancy (HALE)	Not available	Women at 14.9 years; Men at 13.4 years (age 60, 2019)
Marital / Living Arrangements	Marital status and household role by age and sex	Longitudinal trends (1973–2013) from IPUMS, PSLM and DHS
Labour Force Participation	30.7% of older persons active, largely informal; higher rural engagement	20.6% of persons aged 65+; 91% in informal sector; only 4.5% of women active
Education / Literacy	36.5% literacy among 60+; rural–urban and gender gaps stark	27.1% literacy for 65+; female literacy just 10.7%
Internet Usage	Not reported	<3% of older persons use internet; near-zero among 75+
Mental Health & Suicide	Not addressed	male suicide rate peaks at 42.9 per 100,000 (age 85+)

Source: PBS Census 2023; UNESCAP 2023

The PBS 2023 dataset provides highly disaggregated, present-day insights that are essential for immediate planning—especially regarding service delivery, accessibility, and rural–urban disparities. Meanwhile, the UNESCAP 2023 data highlights the trajectory Pakistan is on: rising median age, expanding “oldest old” cohort, and deepening gender and digital divides.

Policy design must blend near-term realities (PBS) with long-term foresight (UNESCAP). This dual lens enables Pakistan to respond both to immediate service delivery needs and to build resilient institutions for an ageing future. The synergy of these two sources is critical. PBS data speaks to current demographic and socioeconomic conditions; UNESCAP offers foresight into the structural shifts Pakistan must anticipate by mid-century. Together, they underscore the urgent need for a holistic, forward-looking ageing policy—one that is gender-responsive, digitally inclusive, and rooted in both present realities and future demographic momentum.

Investing now in universal pension coverage, integrated long-term care, older-friendly infrastructure, digital literacy for older peoples, and geriatric healthcare systems will ensure Pakistan’s ageing population is supported not only with dignity but also with resilience and equity in the decades to come.

5.4 Summary

Pakistan’s demographic landscape is undergoing a significant transformation, with population ageing emerging as a major social and economic challenge. This chapter provided a multidimensional overview of the status of older people using both national (PBS 2023) and international (UNESCAP 2023) datasets. Together, they confirm that ageing is not a distant concern but a present and expanding reality that demands urgent policy attention.

The population aged 60 and above is projected to reach nearly 10% of the total population by 2050. Women make up a growing share of the oldest age groups, especially among those aged 80 and above. This feminization of ageing brings distinct vulnerabilities, such as higher widowhood rates, lower literacy, limited access to pensions, and fewer employment opportunities for older women.

Functional limitations—including vision, mobility, and self-care issues—are widespread among older people and are more severe in rural areas, where health services and assistive technologies are less available. These physical challenges are compounded by digital exclusion. Older people, especially women, remain largely disconnected from the internet and digital services, restricting their ability to access information and government programs.

There are also deep disparities in living arrangements, economic activity, and education. Rural older people are more likely to continue working in informal and unpaid roles, while urban older people may rely more on family support or formal pensions. Literacy remains low overall, with older women particularly disadvantaged. Mental health concerns, including high suicide rates among the oldest men, highlight a neglected area of public health that requires targeted attention.

In summary, Pakistan is experiencing a layered demographic shift where age, gender, geography, and economic status intersect to shape the lives of older people. This complexity requires comprehensive planning across sectors—health, social protection, education, and employment—to ensure older people are protected, empowered, and included in the country’s development journey.

5.5 Policy Implications for an Ageing Pakistan: From Evidence to Action

Based on the data and trends presented above, the following policy areas emerge as priorities for addressing the challenges and opportunities of population ageing in Pakistan.

5.5.1 Expand Universal Pension Coverage

Only 5.8% of older people are currently covered by any form of social protection. Non-contributory universal pensions should be introduced to ensure basic income security for all older people, especially women, informal workers, and those without formal employment histories.

5.5.2 Invest in Geriatric and Community-Based Healthcare

As the number of persons aged 80 and above rises, and with fewer younger people available to provide care, Pakistan must expand access to affordable, age-friendly public healthcare. This includes long-term care, mental health support, and mobile health units in underserved areas.

5.5.3 Close the Gender Gap in Ageing

Older women live longer but face lower literacy, limited income, and less protection. Policies must provide widow pensions, recognize unpaid caregiving, and create services tailored for low-literate and socially isolated older women.

5.5.4 Strengthen Digital Inclusion and Literacy

Less than 3% of older people use the internet, excluding them from online health, banking, and government services. Older people need age-friendly digital training programs and easy-to-navigate platforms to access benefits and stay connected.

5.5.5 Support Family Caregivers and Multigenerational Households

Over 80% of older people live in extended families, often relying on relatives for care. Public programs should offer financial support, respite services, and training to caregivers, particularly women and adult children in rural areas.

Box H: Key Messages for Policymakers

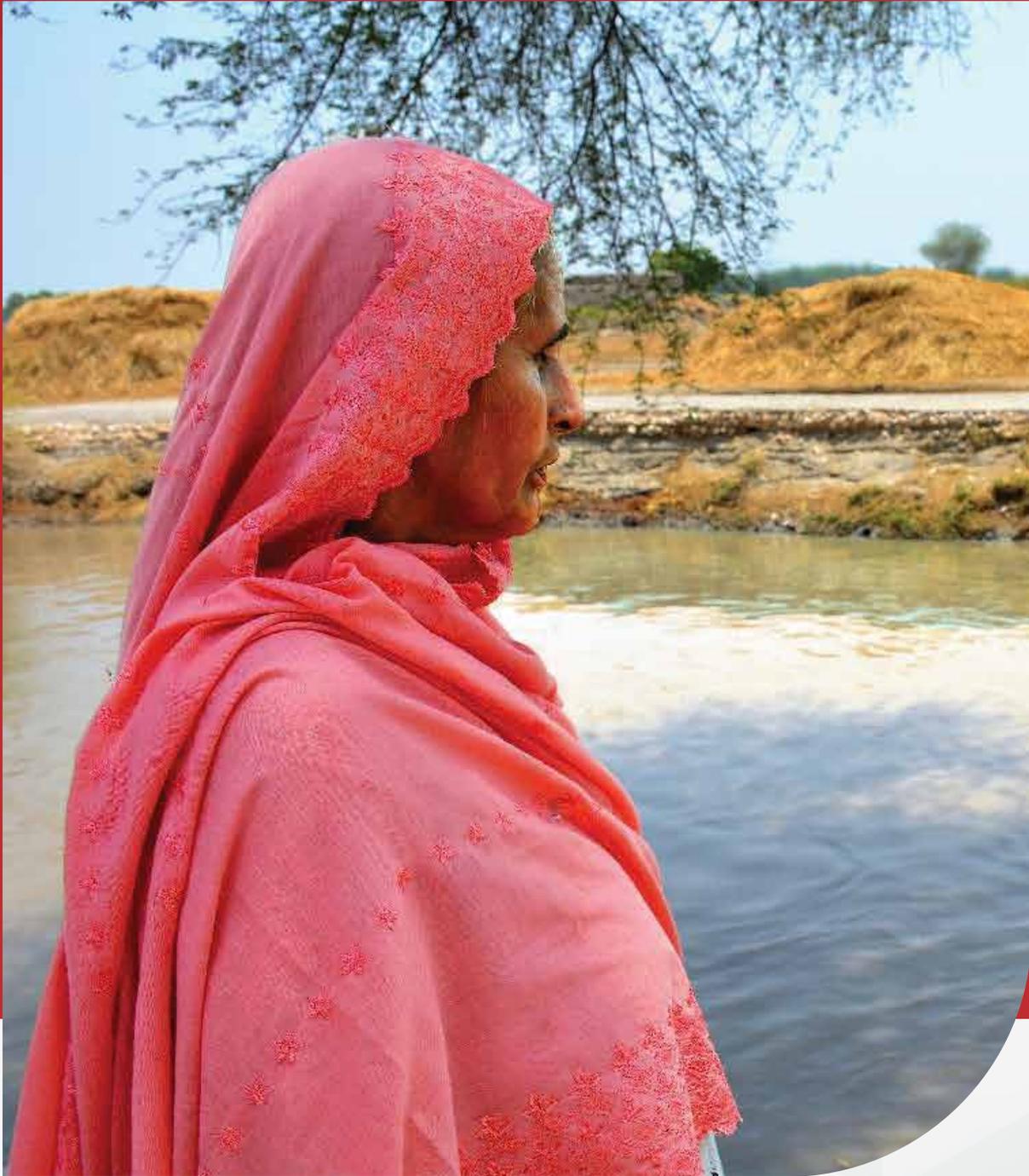
- Ageing is a cross-cutting issue requiring multi-sectoral action—health, pensions, gender, and rural development must work in coordination.
- Prioritize older women, rural populations, and the very old in social protection and care planning.
- Use data-driven, inclusive, and forward-looking approaches to design ageing policies.
- Pakistan's demographic window is closing—acting now will reduce future costs and improve lives.

5.5.6 Address Rural Disparities in Ageing

Rural older people often continue working out of necessity due to poor access to pensions and healthcare. Targeted rural programmes should include mobile pension delivery, better transport services, and expanded rural health outreach.

5.5.7 Monitor Ageing Trends through Integrated Data Systems

Ageing in Pakistan is under-researched and under-reported. A national ageing monitoring system should combine PBS census data with UNESCAP-style projections to track trends and guide timely, data-driven policymaking.



6. STRATEGIC RECOMMENDATIONS FOR AN AGEING-INCLUSIVE PAKISTAN

This final chapter presents a consolidated framework of strategic recommendations based on the evidence, gaps, and opportunities identified across Chapters 1 to 5 of this report. Drawing on Pakistan's demographic transition, legal obligations, fragmented institutional landscape, and emerging needs of older people, this chapter outlines a coherent set of actionable reforms to support healthy and dignified ageing.

The recommendations are grounded in a human rights-based approach and informed by Pakistan's commitments under the Madrid International Plan of Action on Ageing (MIPAA), Sustainable Development Goals (SDGs), and national constitutional obligations. They also reflect the Healthy Ageing framework of the World Health Organization (WHO) and the lessons drawn from international and regional experiences in social protection, healthcare, and elder rights.

The proposed strategy is thematically organized under four pillars:

- **Legal Frameworks:** Establishing enforceable protections for the rights, dignity, and inclusion of older people.
- **Social Protection:** Expanding access to income security, health coverage, and long-term care for vulnerable older populations.
- **Institutional Arrangements:** Improving coordination, planning, and data systems to ensure accountability and sustainability.
- **Programmatic Priorities:** Delivering inclusive, gender-sensitive, and community-based services that respond to the diverse needs of older people.

This chapter aims to provide a clear, actionable roadmap for federal and provincial governments, development partners, and civil society organizations to create an ageing-inclusive Pakistan. The recommendations are practical, evidence-based, and aligned with FAID's mission of advancing the rights and well-being of older people across the country.

6.1 Legal Frameworks: Towards Rights-Based Protection for Older people

While some provinces have introduced senior citizens' laws, Pakistan lacks a unified legal architecture that guarantees the rights of older people across the country. The current legal framework is fragmented, inconsistently implemented, and insufficiently aligned with international obligations. Without a federal umbrella law, older people face uneven protections, limited legal recourse, and systemic invisibility in public policy. A robust, enforceable, and inclusive legal framework is essential to uphold the dignity, security, and agency of all older people, regardless of gender, geography, or socio-economic status.

Recommendations

- Adopt a Federal Senior Citizens Act that codifies minimum legal entitlements for all older people and serves as a harmonizing framework to guide provincial laws. The Act should guarantee rights related to healthcare, income security, protection from abuse, access to justice, and participation in society.
- Align national and provincial legislation with international commitments, particularly the UN Principles for Older people (1991) and the Madrid International Plan of Action on Ageing (MIPAA, 2002). Explicitly prohibit age-based discrimination in all public and private institutions.
- Ensure legal protection for older women, persons with disabilities, and rural elders, by mandating gender-responsive and disability-inclusive provisions in both federal and provincial laws. Special emphasis should be placed on safeguarding widows and low-income older women from economic and social marginalization.
- Establish institutional mechanisms for legal redress, such as independent ombudspersons on ageing, age-friendly legal aid cells, toll-free helplines, and access points in local government offices.
- Operationalize existing provincial Senior Citizens Acts by ensuring:

- Timely notification of rules and implementation guidelines.
- Adequate budgetary allocations for services and welfare programs.
- Full activation of Senior Citizens Welfare Councils with representation from older people and civil society.

These legal reforms must be backed by political will, inter-provincial coordination, and active monitoring to ensure that ageing is not just a symbolic priority but a protected legal right in Pakistan.

Box A: Why Pakistan Needs a National Ageing Strategy

Key Message: Despite growing numbers of older persons, Pakistan lacks a national policy that addresses their rights, care needs, and economic security. Provincial acts are fragmented, and coordination is weak.

What's Needed:

- A unified Senior Citizens Act
- Rights-based legal protections against ageism and older person abuse
- Clear role-sharing between provinces and federal government
- Legal support for older women, rural residents, and persons with disabilities

6.2 Social Protection: Building Inclusive and Resilient Safety Nets

Pakistan's current social protection system for older people is fragmented, under-resourced, and leaves millions—especially informal workers, rural residents, and older women—without income or health security in later life. Contributory pensions like EOBI reach only a small formal-sector minority, while non-contributory schemes such as BISP and Ba-Himmat Buzurg remain limited in scope and sustainability. A comprehensive, life-course-oriented and ageing-sensitive approach is urgently needed to deliver equitable support for all older people.

Recommendations

- Establish a universal non-contributory old-age pension scheme, prioritizing those outside formal employment. Coverage should start with individuals aged 65+, with lower age thresholds considered for marginalized groups (e.g., older women, persons with disabilities).
- Reform and expand the Employees' Old-Age Benefits Institution (EOBI) by improving portability of benefits, raising pension adequacy, and enabling enrolment of informal workers through voluntary schemes.
- Ensure gender-responsive social protection by introducing widow pensions, indexing existing schemes to inflation, and streamlining access for older women with limited documentation.
- Integrate Sehat Sahulat Program and other healthcare initiatives into a comprehensive geriatric care strategy, ensuring that older people receive priority access to primary care, medicines, diagnostics, and long-term care support.
- Consolidate fragmented welfare programs under a single-ageing policy umbrella—merging Ba-Himmat Buzurg, Sehat Sahulat, and other schemes into a unified system with shared beneficiary registries and monitoring.
- Introduce minimum income guarantees and targeted subsidies for older people in poverty, particularly in rural and disaster-prone areas. These should cover essentials such as food, housing, assistive devices, and transport.
- Develop a dedicated financing mechanism for social pensions, potentially through budget earmarks, provincial matching grants, or a National Ageing Fund, to ensure financial sustainability.

Expanding inclusive social protection is central to ageing with dignity and essential for achieving Pakistan's commitments under SDGs 1 (No Poverty), 3 (Good Health), and 10 (Reduced Inequalities).

6.3 Institutional Arrangements: Strengthening Governance for Ageing

Pakistan's ageing response is weakened by fragmented institutional mandates, lack of coordination across federal and provincial levels, and insufficient budgetary commitment. Existing arrangements are reactive rather than strategic, often donor-dependent, and fail to embed ageing in the national development agenda. A coherent, accountable, and adequately resourced institutional structure is essential for delivering on the rights and needs of older people.

Recommendations

- Establish a National Commission on Ageing (NCA) as a permanent statutory body to guide policy, monitor implementation, and ensure inter-ministerial coordination on ageing issues. The NCA should include representation from older people, civil society, provinces, and relevant ministries, and it should develop Pakistan's National Strategy on Ageing.
- Designate ageing focal persons in all key ministries and departments (e.g., health, social welfare, planning, finance, and disaster management) to mainstream older people's needs in policy design and service delivery.
- Create Provincial Directorates for Ageing to lead coordination and implementation of senior citizens' laws, with dedicated staffing and budget lines.
- Institutionalize data systems for older people by ensuring all national surveys (e.g., PSLM, MICS, HIES) disaggregate data by age, gender, and functional ability, and by investing in longitudinal ageing studies.
- Mandate annual Ageing Budget Statements at federal and provincial levels to track allocations and expenditures specific to older people's services and rights.
- Integrate ageing into national and provincial development planning by including ageing indicators and targets in Vision 2035, sectoral strategies, and SDG reporting frameworks.
- Engage civil society and older people's associations in policy formulation, monitoring, and feedback processes to ensure accountability and relevance of ageing policies.

Effective institutional arrangements must move beyond symbolic welfare approaches and embed ageing as a cross-cutting governance priority—ensuring sustained leadership, coordination, and investment across all tiers of government.

6.4 Programmatic Priorities: Building Inclusive Systems for Ageing with Dignity

Older people in Pakistan face overlapping challenges—limited access to healthcare, weak pension coverage, digital and physical exclusion, gender-based vulnerabilities, and inadequate protection in emergencies. Programmatic reforms must respond holistically to these realities, grounded in the principles of inclusion, accessibility, and dignity.

Recommendations

- Expand age-friendly healthcare services, including dedicated geriatric units in district hospitals, mobile outreach in rural areas, and training programs for healthcare workers in geriatric care and elder-sensitive communication.
- Develop community-based long-term care models, such as day-care centres, home-based support programs, and respite services for caregivers. Integrate these into the Lady Health Workers (LHW) and Social Welfare Department networks.
- Scale up digital inclusion initiatives, including training programs, simplified interfaces, and community ICT hubs for older people to access health, financial, and welfare services.
- Prioritize gender-responsive programming by introducing widow pensions, targeting older women in healthcare and literacy programs, and addressing intra-household inequality in food, care, and resources.
- Implement awareness campaigns on elder abuse, rights, and entitlements, using accessible media formats and local languages to improve outreach and behavioural change..

- Develop emergency preparedness protocols that explicitly include older people in disaster risk management plans, evacuation drills, and climate adaptation programs, in line with the Sendai Framework.
- Incentivize intergenerational care models, including co-residence support, tax rebates, or subsidies for families caring for older relatives, while also supporting independent living options for those who prefer it.
- Embed patient-reported outcome measures (PROMs) in public health monitoring to track well-being, functional ability, and satisfaction among older adults, informing more person-centred service design.

Moving forward, ageing-responsive programming must move beyond welfare to actively promote autonomy, health, and participation of older people as full citizens. These interventions—if delivered with consistency, equity, and quality—can shape a society that honours ageing as a valuable phase of life.

Box B: From Fragmentation to Integration – The Policy Shift Pakistan Need

Key Message: Policies for older persons in Pakistan remain fragmented, underfunded, and reactive. This must shift to a proactive, rights-based, and integrated model rooted in dignity, equity, and care.

Priority Actions:

- Institutionalize ageing within national planning frameworks
- Mainstream ageing in all sectoral policies (health, transport, housing, ICT)
- Build a dedicated coordination body for ageing across ministries
- Ensure every province has functional, funded senior citizen welfare systems

6.5 Conclusion: Advancing a Holistic and Coordinated Agenda for Ageing in Pakistan

The demographic shift toward an ageing population is no longer a distant concern—it is a present and growing reality. As this report has demonstrated, the challenges facing older people in Pakistan are deeply interconnected, shaped by legal gaps, fragmented protection systems, weak institutional coherence, and limited programmatic outreach. Chapter 6 has brought together these strands into a unified strategic framework for action, grounded in rights, equity, and evidence.

Legal reform is the first necessary step to enshrine the dignity and entitlements of older people in a unified, enforceable framework. Social protection must move beyond fragmented schemes toward universal and inclusive coverage that reaches informal workers, rural populations, and older women. Institutional arrangements must shift from ad-hoc initiatives to whole-of-government coordination, with clarity of roles, sustained funding, and age-sensitive planning.

At the programmatic level, investments are needed in geriatric healthcare, long-term care models, digital literacy, disaster preparedness, and gender-sensitive interventions that enable older people to live with independence and respect.

The future of ageing in Pakistan will depend not only on policies and laws, but on the values embedded in governance—recognizing older people as active contributors, not passive dependents. A coordinated, multisectoral, and inclusive policy shift is both urgent and achievable. With the right institutional will and social investment, Pakistan can build an age-friendly society where every person, regardless of age, is protected, empowered, and included.

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ANNEX

Table 6. Literature Review Matrix

Author(s)	Year	Title / Focus of Study	Journal / Source
Abdullah, S.	2021	Ageing in Pakistan: A curse or blessing?	Pakistan Institute of Development Economics (PIDE)
Al-Rashid, M. A., Harumain, Y. A. S., Goh, H. C., Ali, Z., Nadeem, M., & Campisi, T.	2023	Perceived norms of public transport use as the determinants of older adults' social exclusion: Evidence from Pakistan	ScienceDirect, Elsevier
Anam, S., Hossain, M. G., Rahman, M. M., & Latif, A.	2022	Health and socioeconomic resource provision for older people in South Asian countries	BMC Geriatrics, 22(1), 1092
Anu, A., Greenstein, L. S., & Kalla, I.	2023	Effect of climate change on health in older persons	Wits Journal of Clinical Medicine, 5(2), 79–84
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