

Population Increase in Elderly and Social Transformations in India

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Abstract

The Elder Care market in India is driven by the increasing elder population in the country, growth in life expectancy, increase in nuclear families, increasing medical needs of the senior citizens, decrease in fertility, financial independence and NRIs returning to India after retirement.

India has a familial culture. The Joint family system was the norm for many but in recent times due to increased life expectancy and children settling into nuclear families away from their parents both in other towns and abroad, many elderly parents are now staying alone needing care. Since the children are away, they are unable to care for their aging parents and worry about their care and safety. This situation along with the growing number of seniors has been recognized by the Government of India and measures have been taken to ensure that these seniors are well taken care of. This Geriatric Care Industry has attracted providers from the Private Sector as well.

Introduction

The elderly population is defined as people aged 65 and over. The share of the dependent population is calculated as total elderly and youth population expressed as a ratio of the total population. The elderly dependency rate is defined as the ratio between the elderly population and the working age (15-64 years) population.

Population aging is a global phenomenon. The increasing share of senior persons is poised to become one of the most significant social transformations of the twenty first century with implications for nearly all sectors of society, including labour and financial markets, the demand for goods and services, such as housing, transportation and social protection as well as family structures and inter-generational ties.

As per the following the Ministry of Statistics and Programme Implementation's (MOSPI) "Elderly in India 2021" report it is indicated that there will be an increase by around 56 million elderly persons in 2031. (Table 3.1)

Population of the country is its most important demographic indicator. The population of elderly India had been increasing steadily since 1961. The growth in the elderly population became faster mainly due to decrease in the death rate because of various health interventions after the census 1981. The addition of the elderly population during 2001- 2011 was more than 27million. The projected population for future years are required for preparation of perspective plan in various socio-economic sectors.

According to the Report of the Technical Group on Population Projections for India and States 2011-2036, there are nearly 138 million elderly persons in India in 2021 comprising of 67 million males and 71 million females. (Table 3.1)

It is interesting to note that upto Population Census 1991, the number of elderly females exceeded the number of elderly males. However, in the last two decades, the trend has been reversed and the elderly males outnumbered the elderly females. Further, it is projected that the number of elderly females will exceed the number of males in 2031. As per the Report of the Technical Group on Population Projections for India and States 2011-2036, an increase of nearly 34 million elderly persons was seen in 2021 over the Population Census 2011 and is further expected to increase by around 56 million elderly persons in 2031. (Table 3.1)

Table 3.1: Elderly Population (aged 60 years and above) in India (In millions)

Source	Total			Rural	Urban
	Person	Male	Female		
Census 1961	24.7	12.4	12.4	21.0	3.7
Census 1971	32.7	15.8	16.9	27.3	5.4
Census 1981*	43.2	21.1	22.0	34.7	8.5
Census 1991**	56.7	27.3	29.4	44.3	12.4
Census 2001***	76.6	38.9	37.8	57.4	19.2
Census 2011***	103.8	52.8	51.1	73.3	30.6
Census 2021(Projections)	137.9	66.8	71.1	NA	NA
Census 2031(Projections)	193.8	92.9	100.9	NA	NA

Source: Population Census Data and Report of the Technical Group on Population Projections November 2019, Population Projections for India and States 2011-2036, Census of India 2011

* The 1981 Census could not be held in Assam owing to disturbed conditions. The population figures for 1981 of Assam were worked out by 'interpolation'.

** The 1991 Census was not held in Jammu & Kashmir. The population figures for 1991 of Jammu & Kashmir were worked out by 'interpolation'.

*** The figures include the estimated population of MAO Maram, Paomata and Purul sub-divisions of Senapati district of Manipur.

The growth in elderly population may be due to the longevity of life achieved because of economic well-being, better healthcare and medical facilities and reduction in fertility rates. The general population has grown up by 12.4% during 2011-2021 in comparison to around 18% in earlier decade while the elderly population grew by 36% each in the last two decades (2001-2011 and 2011-2021). High growth rate in elderly population vis-à-vis of general population was observed earlier also in the two decades between 1961 and 1981. (Table 3.2)

Table 3.2: Decadal growth in elderly population vis-a-vis that of general population (% change)

Period	in general population	in elderly population
1951-61	21.6	23.9
1961-71	24.8	33.7
1971-81*	24.7	33.0
1981*-91**	23.9	29.7
1991**-2001***	21.5	25.2
2001***-2011***	17.7	35.5
2011***-2021	12.4	35.8
2021-2031(Projections)	8.4	40.5

Source: Population Census Data and Report of the Technical Group on Population Projections November 2019, Population Projections for India and States 2011-2036, Census of India 2011

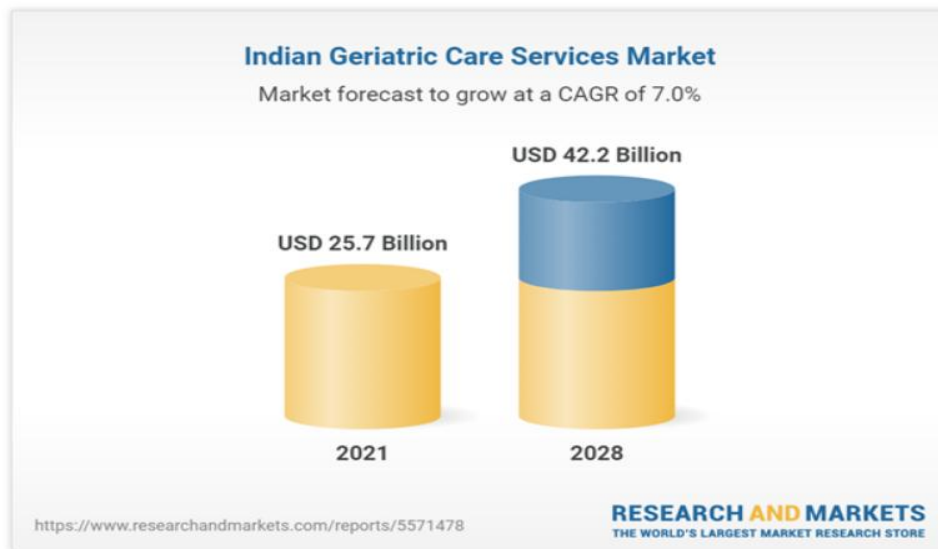
* The 1981 Census could not be held in Assam owing to disturbed conditions. The population figures for 1981 of Assam were worked out by 'interpolation'.

** The 1991 Census was not held in Jammu & Kashmir. The population figures for 1991 of Jammu & Kashmir were worked out by 'interpolation'.

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Indian Geriatric Care Services Market

The India geriatric care services market is estimated to be valued at US\$ 25.7 Bn in 2021, and is expected to exhibit a CAGR of 7.0 % over the forecast period (2021-2028). Increasing geriatric population in India is expected to drive the market growth of India geriatric care services market over the forecast period.



The Indian Geriatric Care Services Market Segment

- In-Home Care
- Hourly Adult Care
- Hospice Care
- Palliative Care
- Assisted Living
- Nursing Home

India Geriatric Care Services Market Segmented by Service Provider

- Public
- Private

Key Players:

Key players active in the India Geriatric care services market are Jeevan Suraksha, Ashiana Housing Ltd, Nema Care, Emoha Elder Care, Age Ventures India, Tata Trust, Piramal Swasthya, ASLI (Association of Senior Living India), Nisarg Care, Heritage Eldercare Services Pvt. Ltd and Antara Senior Care.

Market Dynamics

Rise in the number of public campaigns regarding geriatric care is anticipated to boost the growth of the India geriatric care services market.

Private Sector

Key market players are focusing on acquisitions which are estimated to fuel the growth of the India geriatric care services market. For instance, Age Care Labs which focusses on buying, building and investing in senior care businesses has acquired Epoch Elder Care, a service provider especially for dementia care and assisted living homes for elders. This collaboration will help in providing in-home settings services and also provide assisted living facilities.

Key players on the market are focusing on launching new care facilities for elderly population and new investments which are estimated to propel the growth of the India geriatric care services market as well. For instance, a subsidiary of the Max Group, Antara, in July 2020 declared the launch of two new business lines Care Homes, 'Care at Home and 'Assisted Care Services' space. Antara is intending to invest more than US\$ 40 million in these new and existing business lines.

Government of India

The Government is drawing up a regulatory framework for providing healthcare to the elderly in the country. It plans to outline standards and operational guidelines for service providers as the country braces to provide care to its ageing population, which is expected to double over the next 30 years. This would include accreditation standards, licensing requirements, policy support to providers and clinical guidelines for private operators in the sector to ensure healthcare services are provided to the elderly at affordable rates.

Increasing funding and investments by the Government of India is expected to drive the growth of India geriatric care services market. For instance, on 22 December 2021, the Ministry of Social Justice & Empowerment, India, announced that financial assistance in the form of Grant-in-Aids is provided to state government bodies or non-profit organization under the scheme of Integrated Programme for Senior Citizens (IPSr.C) for the operation and maintenance of Senior Citizens Homes. Under this scheme, aid and funding have been given to 119 new Senior Citizen homes with 4945 beneficiaries across the country over the last few years. Financial assistance is also provided under the IPSrC for the upkeep of Continuous Care Homes, which are the facilities that provide senior citizens with a lifetime continuum of care, suffering from Alzheimer's/Dementia.

There are multiple schemes the Government of India has currently to facilitate the care of the Elderly. These are listed below:

Schemes for The Welfare of Senior Citizens

The Government of India is implementing various schemes and programmes to provide healthy, happy empowered dignified and self-reliant life to senior citizens, along with strong social and inter-generational bonding. Government is aware about the need of love, care, medical, housing, etc. of the senior citizens. For this purpose, various schemes/ programmes are being implemented by the Government for welfare of senior citizens. The details of these Schemes/ Programmes are given below:

Details of Schemes and Programmes being implemented by Government of India in Care of Senior Citizens Sector:

Department of Social Justice and Empowerment: Atal Vayo Abhyudaya Yojana (AVYAY): AVYAY brings together articulation of each of the current schemes, future plans, strategies and targets

and maps it with schemes/programmes, accountabilities, financials and clear outcomes. This Plan takes care of the top four needs of the senior citizens i.e. financial security, food, health care and human interaction /life of dignity. It also includes the facets of safety/protection and general wellbeing of the elderly beginning from awareness generation and sensitization of the society. AVYAY is an umbrella scheme, effective since 1st April 2021, has following schemes under it, namely:

- I. **Scheme of Integrated Programme for Senior Citizens (IPSrC):** Setting up of Homes to improve the quality of life of the Senior Citizens, especially indigent senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing.
- II. **State Action Plan for Senior Citizens (SAPSrC):** The Government of India perceives a major and critical role of all State Governments in partnering and implementing this Action Plan for welfare of senior citizens. Each State/UT is expected to plan and strategize taking into account their local considerations and frame their own State Action Plans for the welfare of their senior citizens.
- III. **RashtriyaVayoshri Yojana' (RVY):** A scheme for providing physical Aids and Assisted living devices to Senior Citizens.
- IV. **Livelihood and Skilling Initiatives for Senior Citizens - Senior Able Citizens for Re-Employment in Dignity (SACRED); Action Groups Aimed at Social Reconstruction (AGRASR Groups):**Elderly Self Help groups.
- V. **Promoting silver economy**
- VI. **Channelizing CSR funds for Elderly care**
- VII. **Scheme for Awareness Generation and Capacity Building for welfare of Senior Citizens – Training, Awareness, Sensitization, Setting up of National Helpline for Senior Citizens.**

Details of the Schemes Are Provided Below:

- I. **Under the Scheme of Integrated Programme for Senior Citizens (IPSrC),** grants upto 100% of project cost are given for running and maintenance the following projects:-
 - a. Senior Citizens' Homes for 25 destitute Senior Citizens to provide food, care and shelter.
 - b. Senior Citizens' Homes for 50 Elderly Women including those under Sansad Adarsh Gram Yojana (SAGY) to provide food, care and shelter.
 - c. Continuous Care Homes and Homes for senior citizens afflicted with Alzheimer's disease/ Dementia for a minimum of 20 Senior Citizens who are seriously ill requiring continuous nursing care and respite or those who are afflicted with Alzheimer's disease/ Dementia.
 - d. Mobile Medicare Units to provide medical care to the Senior Citizens living in rural, isolated and backward areas.
 - e. Physiotherapy Clinics for Senior Citizens for a minimum of 50 Senior Citizens per month.

- f. Regional Resource and Training Centres (RRTCs) monitors and provides technical support, advocacy, networking, training and capacity building for effective delivery of service by the Centres for Senior Citizens, funded by the Ministry.

II. Under the Scheme, assistance is sanctioned to the following agencies subject to the terms and conditions laid down by this Ministry

- a) Priority to be given to the State Governments / UT Administrations for supporting the projects under the Scheme of IPSrC through Registered Societies/ Panchayati Raj Institutions (PRIs) / Local bodies, in the vicinity of Hospitals, as far as possible;
- b) Non-Governmental/Voluntary Organizations;
- c) Institutions or Organizations set up by Government as autonomous/ subordinate bodies;
- d) Government Recognized Educational Institutions, Charitable Hospitals/ Nursing Homes, and recognized youth organizations such as Nehru Yuva Kendra Sangathan (NYKS)

III. Under State Action Plan for Senior Citizens (SAPSrC), the Government of India perceives a major and critical role of all State Governments in partnering and implementing the Action Plan for welfare of senior citizens. Appreciating the critical and significant role of States/UTs, each State/UT is expected to plan and strategize taking into account their local considerations and frame their own State Action Plans for the welfare of their senior citizens. This State Action Plan may comprise a long-term strategy for five years as well as Annual Action Plans and this Department shall release funds to the States/UTs for formulation and implementation of their State Action Plans.

IV. Livelihood and Skilling Initiatives for Senior Citizens- A new scheme with following two components:-

- a) Senior Able Citizens for Re-Employment in Dignity (SACRED)- Many senior citizens have experience, time and energy which can be used by the business enterprises looking for stable employees with experience. The Human resources cells of many private enterprises seek experienced but stable persons in certain positions. The portal allows bringing these people together by virtual matching of preferences. The portal has been launched by the Vice President of India on International Day on Older Persons (IDOP), 2021 i.e. on 01/10/2021.
- b) Action Groups Aimed at Social Reconstruction (AGRASR Groups): Elderly Self Help groups - The Senior Citizens are encouraged to form Self-Help Groups (SHGs), which will provide them with a platform to share the time constructively with each other. To attain financial assistance under the scheme SHGs will function as ‘Action Groups Aimed at Social Reconstruction (AGRASR Groups)’. Assistance under this Scheme to any SHG will be independent of assistance under any other scheme of the Ministry and an SHG can choose to avail assistance under any one or more Scheme(s).

V. Promoting Silver Economy – This is also a new scheme launched with an objective to encourage the entrepreneurs for to think about the problems of the elderly and come out with innovative solutions The Government aims to achieve the objective by providing upto Rs. 1 crore

as financial assistance through equity participation, through an open invitation on a portal namely Seniorcare Ageing Growth Engine (SAGE).

- VI. **Channelizing CSR Funds For Elderly Care-** This is also a new scheme with an objective to channelize the CSR funds in an appropriate manner for elderly care projects. Under Schedule VII of Section 135 of the Companies Act, setting up old age homes, day care centres and such facilities for Senior Citizens is an approved item for CSR funding.
- VII. **Scheme For Awareness Generation AndCapacity Building For Welfare Of Senior Citizens-** Components like the National Helpline for Senior Citizens, Research, awareness, sensitization etc. for the welfare of senior citizens, spreading awareness and sensitizing the youth and other sections of the society towards the issues related to the elderly. The National Helpline – Elderline with toll free number 14567 has been dedicated to the country by the Vice President of India on International Day on Older Persons (IDOP), 2021 i.e. on 01/10/2021.
- VIII. **Rashtriya Vayoshri Yojana (RVY): Scheme for Providing Physical Aids AndAssisted-Living Devices For Senior Citizens**
- a) The Scheme of RashtriyaVayoshri Yojana (RVY) has been formulated by Ministry of Social Justice and Empowerment with an objective to provide aids and assisted living devices viz. walking sticks, elbow crutches, walkers/crutches, tripods/quadpods, hearing aids, wheelchairs, artificial dentures and spectacles, free of cost to senior citizens belonging to BPL category who suffer from age related disabilities/infirmities such as low vision, hearing impairment, loss of teeth and loco-motor disabilities. The Scheme has been revised w.e.f. F.Y. 2020-21. Under the revised Scheme, the criteria of selection of beneficiaries have been extended to include not only those senior citizens belonging to BPL category but also senior citizens with monthly income not more than Rs. 15000/- and who suffer from age related disabilities/infirmities as mentioned above.
- b) Under the revised Scheme of RVY, the number of devices hitherto provided has been increased. At present, following are the items that have been included for distribution:
- (a) **Generic Items:** (1)Walking sticks (2) Elbow crutches (3) Walkers/Crutches, (4) Tripods/Quadpods (5) Hearing Aids (6) Artificial Dentures, and (7) Spectacles.
- (b) **Special Items:** (1) Wheelchairs, (2) Wheel Chairs with Commode, (3) Chair/Stool with Commode, (4) Silicon Foam Cushion, (5) Knee Brace, (6) Spinal Support, (7) Cervical Collar, (8) Lumbosacral Belt (LS), (9) Walker/Roalator with Brakes, (10) Walking Stick with Seat, (11) Foot Care Kit:- (i) Flexi Gel Socks, (ii) Socks Cusion Sandal, (iii) Silicon Insole (Complete Foot/Ankle) and (iv) Insole with Pressure Point Relief.

Schemes, Programmes, Concession AndBenefits Provided By Other Ministries/Department In Care Of Senior Citizens:

1. Ministry of Rural Development:

National Social Assistance Programme (NSAP): Under National Social Assistance Program (NSAP) scheme, the elderly, widows, and disabled persons belonging to Below Poverty Line (BPL) and fulfilling eligibility criteria prescribed in the NSAP guidelines, are provided financial assistance ranging from

Rs.200/- to Rs.500/- p.m. and in the case of death of the breadwinner, a lumpsum assistance of Rs.20,000/- is given to the bereaved family. The schemes under NSAP for elderly and divyangs are detailed below:

- a) **Indira Gandhi National Old Age Pension Scheme (IGNOAPS):** A monthly pension of Rs.200/- is given to elderly aged 60-79 years belonging to BPL category. The pension increases to Rs.500/-per month upon attaining the age of 80 years. The total beneficiaries under the scheme are 221 lakh.
- b) **Indira Gandhi National Disability Pension Scheme (IGNDPS):** A monthly pension of Rs.300/- is given to BPL persons aged 18-79 years with severe and multiple disabilities (80% disability level). The pension increases to Rs.500/- per month upon attaining the age of 80 years. The total beneficiaries under the scheme are 10.58 lakh.

2. Ministry of Health and Family Welfare:

“National Programme for the Health Care of Elderly” (NPHCE) launched during 2010-11 is State oriented program with the basic thrust to provide comprehensive and dedicated health care facilities to the elderly persons above 60 year of age at various level of primary, secondary and tertiary health care.

I. Primary & Secondary Geriatric Care Services_: The program commenced with 100 districts in the 11th plan period. In the 12th plan period 421 districts and in 2019-2020, 114 districts were additionally sanctioned to provide dedicated geriatric OPD, IPD, Physiotherapy and lab services. Presently all 713 Health districts have been sanctioned for geriatric primary & secondary care services of OPD, 10 bedded Geriatric Ward, Physiotherapy and laboratory services.

II. Tertiary level activities of NPHCE_: Renamed as ‘RashtriyaVaristh Jan Swasthya Yojana’ in 2016-17. As on date, 19 Regional Geriatric Centres (RGCs) in selected Medical Colleges of 18 States, are sanctioned for tertiary care service delivery under NPHCE in the form of specialized OPD’s, 30 bedded wards in RGC including earmarking beds in various specialties like urology, orthopedics, ophthalmology etc, manpower development & research activities. Presently OPD services are being provided through 18 RGCs, inpatient services in 16 RGC’s, Physiotherapy in 14 centers & laboratory services in 13 centers.

Two National Centre for Ageing (NCA) has also been developed as centre of Excellence for Geriatric Care services. 200 bedded NCA at Madras Medical College, Chennai has been developed and operational for Covid ward and another NCA at AIIMS, New Delhi is in advance state of Construction. A 250 Bedded Geriatric Care and Rehabilitation Centre is sanctioned at PGI Chandigarh.

Progress in Operationalization of the Programme activities 2020-21 - (As per Progress Report- April to December, 2020)

Daily Geriatric OPD services are being provided in 584 DH, 3111 CHCs and 10180 PHCs along with special OPDs in 18 RGCs. Inpatient services are being provided in 507 DH, along with 16 RGCs. Physiotherapy services are being provided in 445 DH, 1131 CHCs along with 14 RGCs. Laboratory services are being provided in 539 DHs, 2408 CHCs, along with 13 RGCs.

S. No	Institutions	Sanctioned	Operational			
			OPD	Indoor wards	Physiotherapy services	Laboratory services
1	RGCs	19	18	16	14	13
2	District hospitals	718	584	507	445	539
3	CHCs	4869	3111	-	1131	2408
4	PHCs	18407	10180	-	-	-
5	SCs providing home based care & supportive appliances	90719			14201	

Geriatric care service provision in 2019-20 - (As per Annual Progress Report- April 2019- March 2020)

Sr. No.	Services	RGCs	Distt.Hospitals	CHCs	PHCs	SCs	Total
1	OPD care services	133545	7567744	7016670	9032922	2843211	2,65,94,092
2	In-door admissions	9992	688966	269286			9,68,244
3	Physiotherapy care	34637	754186	744964			15,33,787
4	Lab Tests	230749	4215883	2348922	2275600		90,71,154
5	No of Elderly Screened & given Health card		599908	719021	526754	273850	21,19,533
6	No of Elderly Provided Home care services		11157	92657	68674	68783	2,41,271
7	No of Elderly provided supportive devices		4820	18006	7256	17502	47,584
8	Cases referred		32017	59202	65057	64119	2,20,395
9	Cases died in hospitals		17026	2156	384		19,566

Overall 265 lakhs elderly have been provided OPD, 9.68 lakhs Indoor admissions, 15.33 lakhs Rehabilitation and 90.71 lakhs Lab. services respectively by all the operational District Hospitals.

- III. **Training Modules:** Three sets of Training modules for Medical Officers, Nurses and Community based workers to deliver Comprehensive Geriatric care has been developed. State level Training of Trainers of Medical Officers for Comprehensive Geriatric Care has been conducted at Chhattisgarh, Meghalaya, Haryana, Punjab Tamil Nadu & Maharashtra generating approx 236 States level Master Trainers and 85 National Master Trainers: 27 for Medical Officer Module, 26 for Staff Nurses Module and 32 for module developed to train Community based workers.
- IV. **NPHCE Website:** - An interactive and dynamic website cum MIS of the NPHCE program has been initiated through Center for Health Informatics (CHI) to provide comprehensive information along with data regarding Geriatric facilities and services available through-out the country.
- V. **IEC:** Audio/Video spots on different topics of elder care, print material-folder, posters etc. have been developed. The regional language version of IEC material is being developed.

3. MINISTRY OF FINANCE

Atal Pension Yojana (APY)- The Atal Pension Yojana (APY) is a Government of India Scheme which was launched on 9th May, 2015, with the objective of creating a universal social security system for all Indians, especially the poor, the under-privileged and the workers in the unorganized sector. The scheme become operational w.e.f. 1st June, 2015, and is being administered by the Pension Fund Regulatory and Development Authority (PFRDA). It is open to all citizens of India between 18-40 years of age having bank account in a bank or post-office. There are five pension plan slabs available under the scheme namely, Rs. 1000, Rs. 2000, Rs. 3000, Rs. 4000, and Rs. 5000 guaranteed by Government of India to the subscriber at the age of 60 years. On death of subscriber, same pension to spouse is guaranteed by Government of India. Further, APY is a pan India scheme open to all citizen of the country and not catering to any specific group.

4. MINISTRY OF HOUSING AND URBAN AFFAIRS

Ministry of Housing and Urban Affairs, Department of Urban Development has issued the Model Building Bye Laws, 2016 (MBBL) prescribing standards for creation of elder friendly barrier free environment with reference to buildings, toilets etc. Urban Local Bodies shall implement the Policy by adopting the Model Building Bye Laws, 2016. Further, under Urban Bus Specification-II issued in 2013, the emphasis on buses financed by the Department of Urban Development is on procurement of **low floor buses** with proper ramps for easy access of the passengers and **proper space for wheelchair** to be placed in the bus for the benefit of disabled persons and senior citizens. All metro rail projects implemented/under implementation in the country are having disabled and elder friendly infrastructure such as **proper ramps/lifts to the stations**. There is a provision for reservation of seats in metro rail coaches for differently-abled persons and senior citizens. Further, Housing for All Mission/Pradhan Mantri Awas Yojana Guidelines have been circulated to State/UTs to meet the demand of housing in their States/UTs, which interalia incorporates that 'while making the allotment, families with senior citizens should be given **priority for allotment on ground floor or lower floors**'.

Ministry of Housing & Urban Affairs is implementing the Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM) with the aim to reduce poverty and vulnerability of urban poor households on sustainable basis. The Mission, inter-alia, aims at providing permanent shelter equipped with essential services to the urban homeless in a phased manner under the component of Shelters for Urban Homeless, irrespective of age.

Conclusion

- a) While the Elderly care Industry is steadily growing and the Government has launched several schemes, it is imperative that there is a robust regulatory framework with licensing and accreditation to assure the best quality of care for the aging Elders.
- b) Synergies with the Private and Public Sectors will ensure that it will boost private sector investments, efficiencies and care access to the Elders.
- c) Financing of care, which supports the idea of a mandatory health saving plan/scheme from early ages, private health insurance reforms to increase enrolment and comprehensive insurance cover for all the aspects of senior care.
- d) Tax subsidies may be introduced to providers and consumers of senior care services and products.
- e) Emerging Digital Innovation in this market are also to be considered and implemented.

In conclusion, a strong policy framework, including mechanisms for financing of care and a strategy to create an Elder welfare ecosystem, can help the elders live a healthy and enriching life in their silver years. As the elderly are set to form about 20 per cent of the country's population in the next 30 years, it is imperative we act now towards building and implementing such a robust policy framework.

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