

Chapter 1:

Setting the scene

In 1950, there were 205 million persons aged 60 or over in the world.¹ By 2012, the number of older persons had increased to almost 810 million. It is projected to more than double by 2050, reaching 2 billion.

Global population ageing

Currently there are 15 countries with more than 10 million older persons, seven of these being developing countries. By 2050, 33 countries are expected to have 10 million people aged 60 or over, including five countries with more than 50 million older people. Out of these 33 countries, 22 are currently classified as developing countries.

The population aged 60 or over is growing at a faster rate than the total population in almost all world regions. Globally, the population aged 80 years or over is growing faster than any younger age group within the older population. The population of centenarians, those aged 100 years or over, is growing fastest.

Table 1 provides some of the available data on population ageing which are discussed in this chapter. It shows that life expectancy at any age is expected to increase and indicates the rapid pace of population ageing.

Table 1: Global ageing indicators

| Life expectancy | 2011/12 | 2050 projection |
|---|-------------|-----------------|
| Life expectancy at birth by sex (men/women) | 67.1 / 71.6 | 73.2 / 78.0 |
| Life expectancy at 60 by sex (men/women) | 18.5 / 21.6 | 20.9 / 24.2 |
| Life expectancy at 80 by sex (men/women) | 7.1 / 8.5 | 8.3 / 9.8 |

Population

| | | |
|--|-------------|---------------|
| Number of people aged 60+ | 809,742,889 | 2,031,337,100 |
| Number of people aged 80+ | 114,479,616 | 402,467,303 |
| Number of people aged 100+ | 316,600 | 3,224,400 |
| Percentage of people aged 60+ | 11.5 | 21.8 |
| Percentage of people aged 80+ | 1.6 | 4.3 |
| Sex ratio: Number of men aged 60+ per 100 women aged 60+ | 83.7 | 86.4 |

Source: UNDESA, Population Division (2012). Prepared by the Population and Development Section on the basis of data from UNDESA, *World Population Prospects: The 2010 Revision* (New York, 2011), and UNDESA, *World Population Ageing and Development 2012, Wall Chart* (2012; forthcoming) www.unpopulation.org, and UNDESA, Population Division, *World Population Ageing: Profiles of Ageing 2011* (New York, 2011), CD-ROM.

Our ageing world

The ageing of the world population is progressive and rapid. It is an unprecedented phenomenon that is affecting nearly all countries of the world. As long as fertility continues to fall or remains low and old-age mortality keeps on declining, the proportion of older people will continue to increase.

The numbers are staggering. In the past ten years alone, the number of people aged 60 or over has risen by 178 million – equivalent to nearly the entire population of Pakistan, the sixth most populous country in the world. And in China alone, the estimated number of older people in 2012 is 180 million.

The number of people who turn 60 each year worldwide is nearly 58 million, equivalent to almost two persons every second. In 2012, people aged 60 or over represent almost 11.5 per cent of our total global population of 7 billion. By 2050, the proportion is projected to nearly double to 22 per cent. By 2050, for the first time there will be more older people than children under 15 (Figure 1).² In 2000, there were already more people aged 60 or over than children under 5.³

What is ageing?

When talking about ageing, it is essential to distinguish between population or demographic ageing as “the process whereby older individuals become a proportionately larger share of the total population”⁴ and individual ageing, the process of individuals

growing older. This individual process of ageing is multidimensional and involves physical, psychological and social changes. While this report refers to individual ageing in terms of health and well-being and experiences of later life, the main focus is on population ageing.

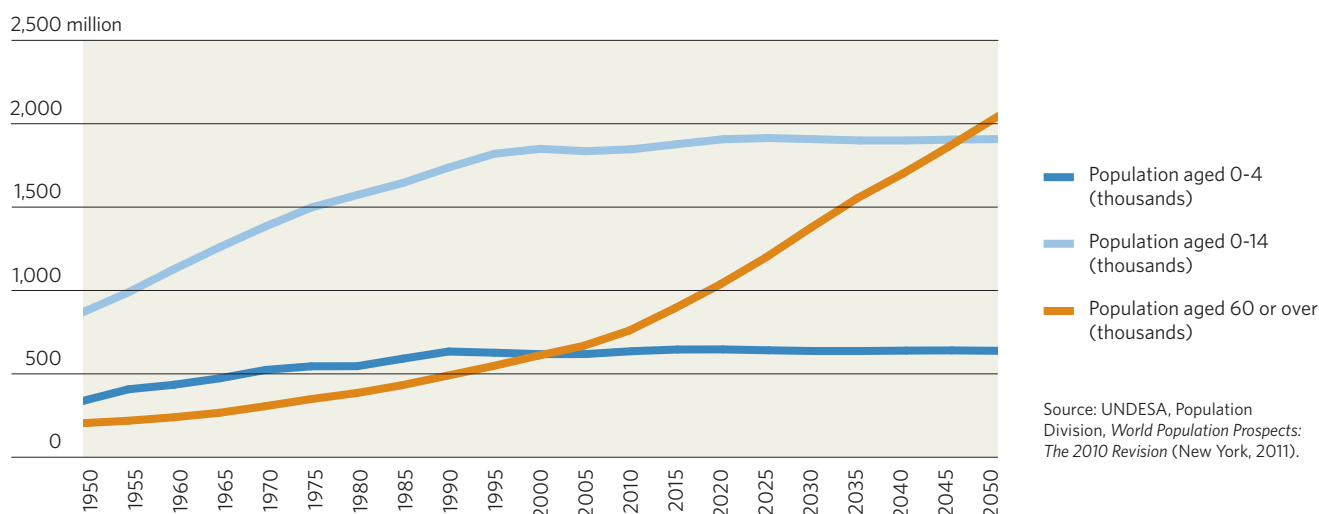
Who is old?

The United Nations uses 60 years to refer to older people. This line, which divides younger and older cohorts of a population, is also used by demographers. However, in many developed countries, the age of 65 is used as a reference point for older persons as this is often the age at which persons become eligible for old-age social security benefits. So, there is no exact definition of “old” as this concept has different meanings in different societies.

Defining “old” is further challenged by the changing average lifespan of human beings. Around 1900, average life expectancy was between 45 and 50 years in the developed countries of that time. Now, life expectancy in developed countries reaches 80 years.

There are other definitions of “old” that go beyond chronological age. Old age as a social construct is often associated with a change of social roles and activities, for example, becoming a grandparent or a pensioner. Older persons often define old age as a stage at which functional, mental and physical capacity is declining and people are more prone to disease or disabilities.

Figure 1: Population aged 0-4, 0-14 and aged 60 or over, 1950-2050



Discussions with older people in South Africa, for example, showed that they associated old age both with experience gained in life and increasing dependence on others. Chronological definitions of old age were not viewed as so important in signifying old age as changes in physical and mental capacity.⁵

Older persons are a highly diverse population group, in terms of, for example, age, sex, ethnicity, education, income and health. It is important to recognize this in order to adequately address the needs of all older persons, especially the most vulnerable.

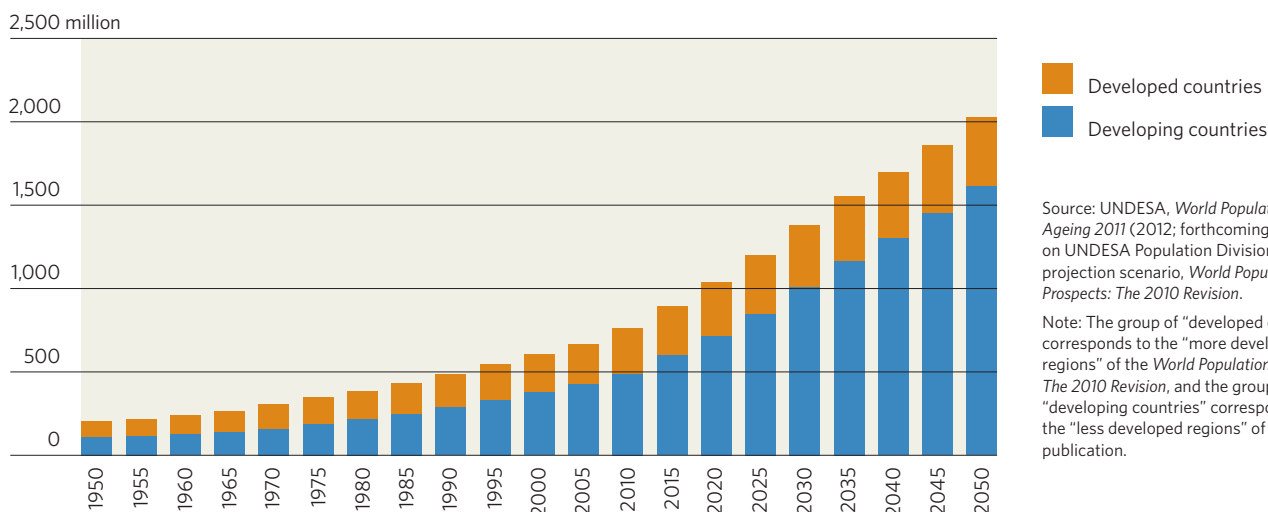
Why is the world ageing?

Population ageing is occurring because of declining fertility rates, lower infant mortality and increasing survival at older ages. Total fertility dropped by half from five children per woman in 1950-1955 to 2.5 children in 2010-2015, and it is expected to continue to decline. Life expectancy at birth has risen substantially across the world; it is not just a developed world phenomenon. In 2010-2015, life expectancy is 78 years in developed countries and 68 years in developing regions. By 2045-2050, newborns can expect to live to 83 years in developed regions and 74 years in developing regions.

While overall the world is ageing, there are differences in the speed of population ageing. It is happening fastest in the developing world (Figure 2). Today, almost two in three people aged 60 or over live in developing countries, and by 2050, nearly four in five will live in the developing world.

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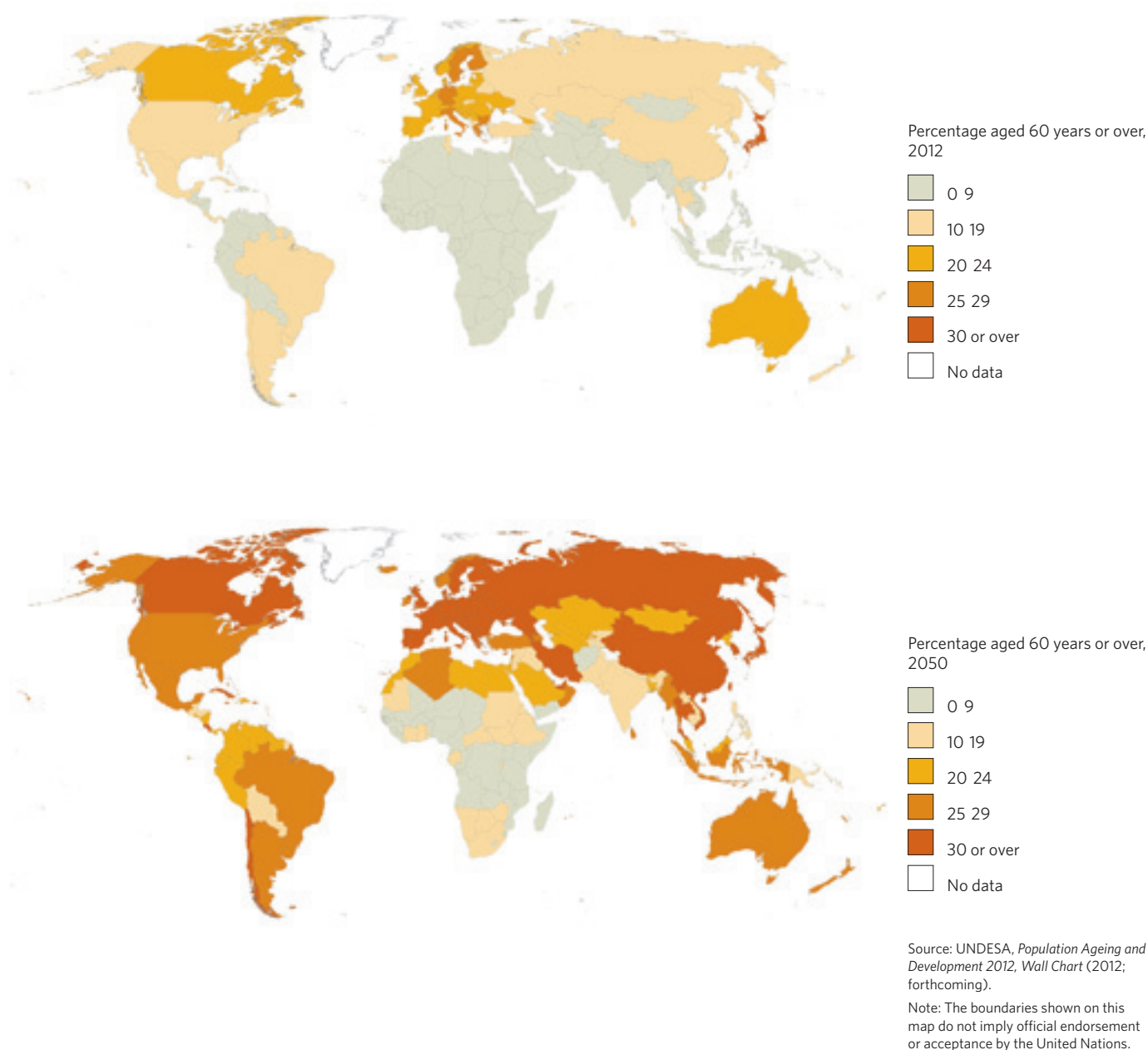
Figure 2: Number of people aged 60 or over: World, developed and developing countries, 1950-2050



There are marked differences between the percentages of older people in different regions. In 2012, 6 per cent of the population in Africa was 60 years and over, compared with 10 per cent in Latin America and the Caribbean, 11 per cent in Asia, 15 per cent in Oceania, 19 per cent in Northern America, and 22 per cent in Europe.

By 2050, 10 per cent of the population in Africa will be 60 years and over, compared with 24 per cent in Asia, 24 per cent in Oceania, 25 per cent in Latin America and the Caribbean, 27 per cent in Northern America, and 34 per cent in Europe.

Map 1: Proportion of population aged 60 or over in 2012 and 2050



There are also marked sub-regional and national differences in population ageing that are associated with different stages of the demographic transition, above all, the speed with which fertility and mortality decline is ageing populations. Japan is currently the only country in the world with more than 30 per cent of its population aged 60 or over. By 2050, there will be 64 countries where older people make up more than 30 per cent of their population.

Even though at global and regional level, migration is a minor factor in population ageing, at national level it often has an impact on age structure. As younger generations leave in search of work, the proportion of older people in rural areas becomes higher in both developing and developed regions. As most of the developed world is urbanized and most of the developing world still has a high proportion of the population living in rural areas, the proportion of older people by area at the global level is higher in urban than in rural areas (Figure 3).

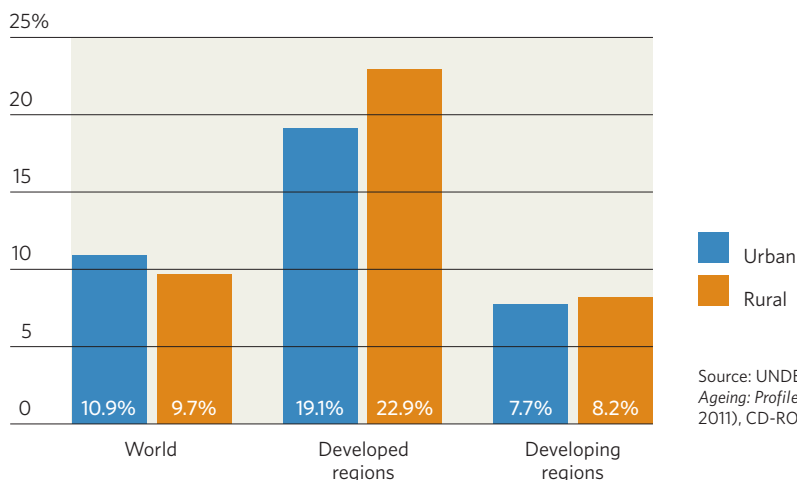
What is longevity versus life expectancy?

Although the terms “longevity” and “life expectancy” are often used interchangeably, their meaning is not strictly the same. Life expectancy refers to the average number of years that a population or a sub-population with certain characteristics is expected to live, usually under the assumption that age-specific death rates will continue the same in the future. Longevity usually refers to individual survival. But demographers also use it to refer to some other characteristics of survival in populations, such as the maximum lifespan.

The maximum (recorded) lifespan refers to the largest number of years lived by any individual that has been confirmed on the basis of actual data. This number increased from 103 in 1798 to 110 years in 1898, 115 years in 1990, and 122.45 years since the French woman who held the record died in 1997. Because these are extreme values, it is to be expected that, as time goes on and more cases become available for study, the record will eventually be broken. But there is also a more structural effect. It has been clear for some time now that the probabilities of death, rather than increasing indefinitely with age, approach a limit at the very highest ages. In addition, the survival chances of the very oldest persons have been improving in recent decades. This means that, theoretically, the extension of the human lifespan can continue.⁶

While the maximum lifespan refers to exceptionally long-lived individuals, another longevity concept has to do with the modal age at death. Under this concept, life expectancy can be seen as consisting of two components: one is the typical age up to which individuals can survive under ideal circumstances, if they are protected from all preventable causes of death. Of course, this age will still vary between individuals because of their genetic predisposition and not everybody will reach the maximum lifespan. The other component has to do with all the factors that can cause individuals to die before this theoretical limit, including infant and child deaths which have a large negative effect. In the ideal case, where everybody survives up to their maximum lifespan, the life table of the population would be almost rectangular, that is, almost no deaths up to age 80 or 90, and then a sudden and very steep decrease as individuals reach their individual longevity limit.

Figure 3: Percentage of the population aged 60 or over in rural and urban areas in 2005

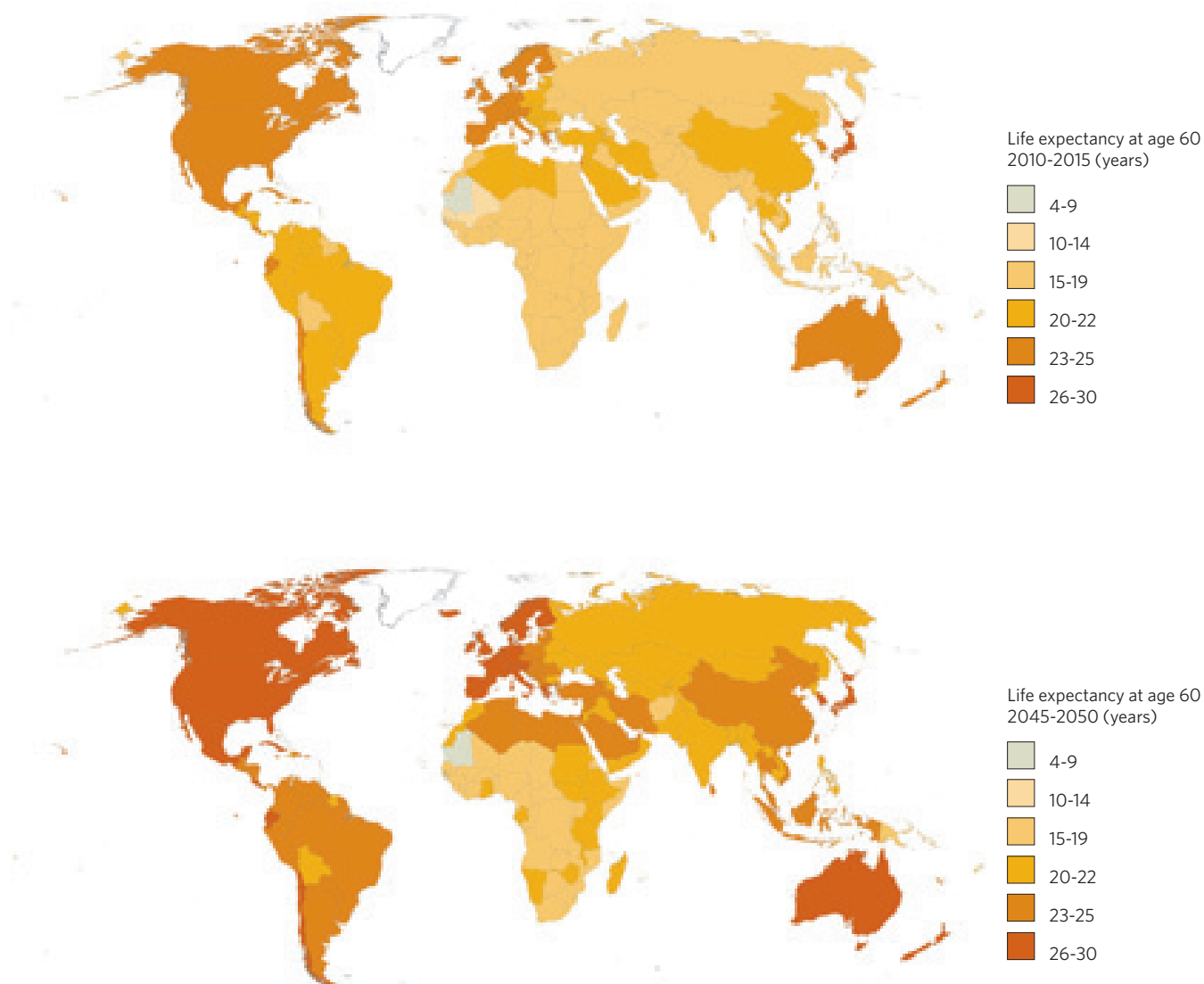


Source: UNDESA, *World Population Ageing: Profiles of Ageing 2011* (Geneva, 2011), CD-ROM.

Actual life tables do not exhibit this pattern but there has been a tendency towards greater “rectangularization” as more and more preventable causes of death have been eliminated. Longevity (operationally defined as the age at which the largest number of deaths occurs, that is, the modal age at death) also changes over time, but not as much as the life expectancy. In the case of

Switzerland, for example, the secular increase of life expectancy since the 1870s is explained by the increase in both longevity and rectangularity, each responsible for about 50 per cent of the increase.⁷

Map 2: Life expectancy at age 60 in 2010-2015 and 2045-2050



Source: UNDESA, *World Population Ageing: Profiles of Ageing 2011*, (New York, 2011), CD-ROM.

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

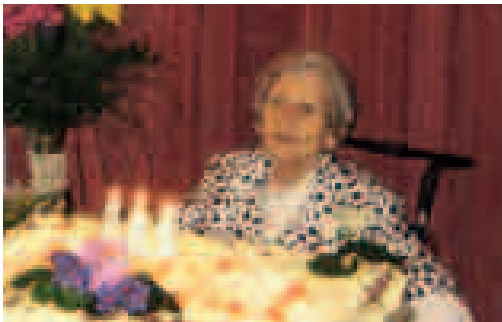
The difference between current life expectancies and longevity is currently about five to seven years in most industrialized countries, but as life tables become more rectangular, this difference will diminish. In developing countries, however, the difference can still be considerable. In Ethiopia, for example, the female life expectancy was estimated by the World Health Organization (WHO) at 56 years in 2009,⁸ but according to the same life table, the modal age at death was as high as 75 years.

The difference in life expectancy at birth between the regions with the highest and lowest life expectancy, is 31 years. There also are big variations in life expectancy at age 60 between developed and developing regions (Table 2). At age 60, a woman in Western Africa can expect to live for another 16 years. On the other hand, a 60-year-old woman in Northern America can expect to live another 25 years.

The phenomenon of the “oldest old”

The older population itself is ageing. The number of persons aged 80 or over (often referred to as the “oldest-old”) has been increasing more rapidly than the older population as a whole (Figure 4). The number and proportion of centenarians is growing even faster. Globally, 1.6 per cent of the population is now aged 80 or over and the proportion is projected to rise to 4.3 per cent by 2050, reaching 402 million.⁹

Celebrating a 100th birthday in Canada. The number of centenarians is increasingly rapidly.



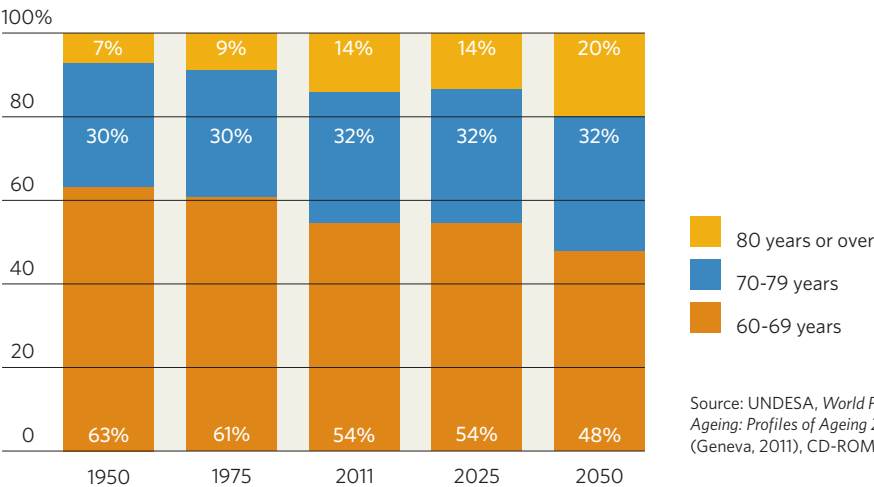
George Pawliczko

Table 2: Life expectancy at age 60 in developed and developing countries

| | Life expectancy at age 60 2010-2015 | |
|----------------------|--|-------|
| | Men | Women |
| Developed countries | 21 | 25 |
| Developing countries | 18 | 20 |

Source: UNDESA, Population Division (2012). Prepared by the Population and Development Section, on the basis of data from UNDESA, *World Population Prospects: The 2010 Revision* (2011), and UNDESA, *World Population Ageing and Development 2012*, Wall Chart (2012; forthcoming). Available from www.unpopulation.org

Figure 4: Distribution of population aged 60 years or over by broad age group: World, 1950-2050

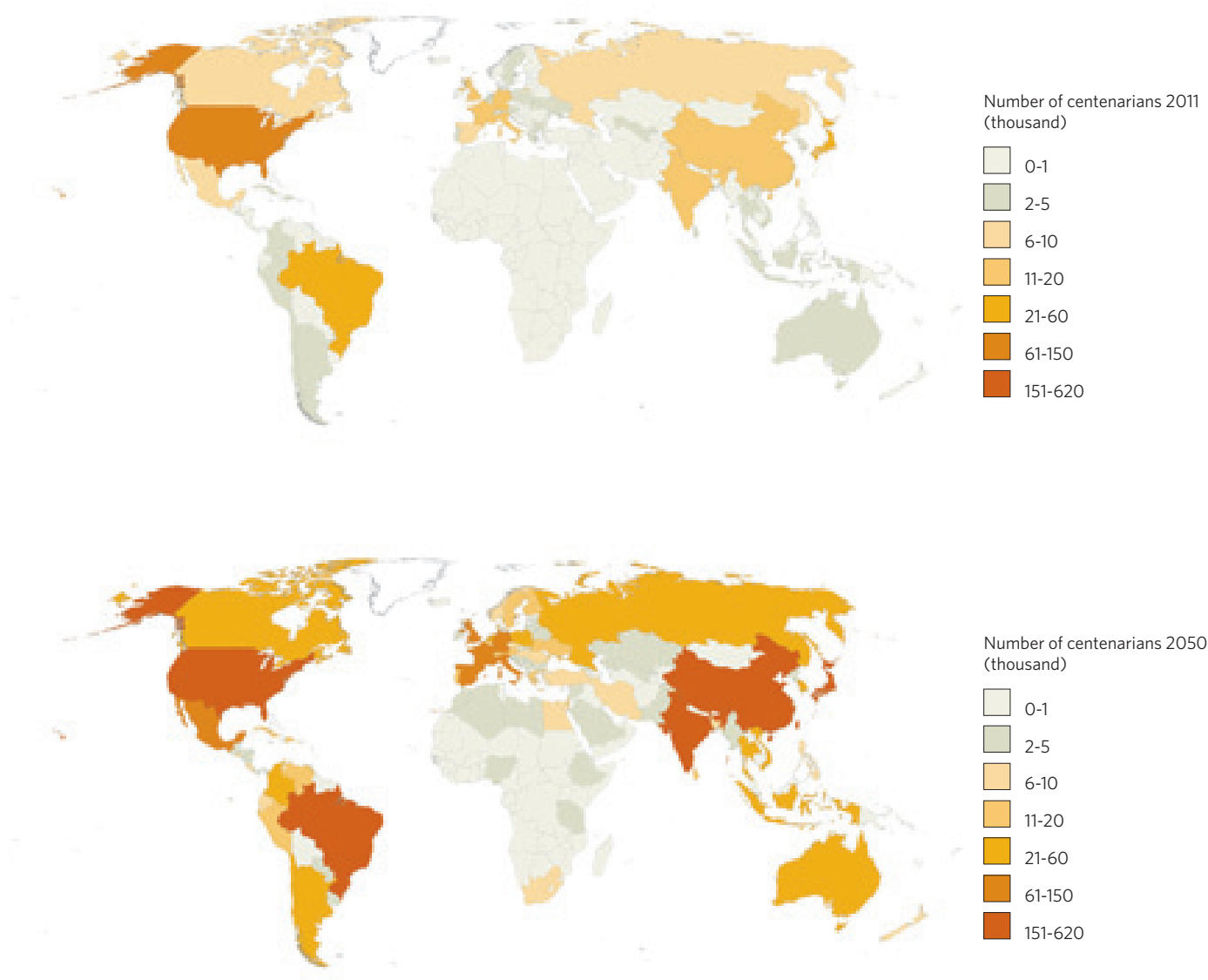


Source: UNDESA, *World Population Ageing: Profiles of Ageing 2011* (Geneva, 2011), CD-ROM.

The number of centenarians in the world is projected to increase from fewer than 316,600 in 2011 to 3.2 million in 2050. For example, in the United Kingdom, there are projected to be half a million centenarians by 2066¹⁰ and one third of babies born in 2012 can expect to celebrate their 100th birthday.¹¹ In China, there are currently 14,300 centenarians. This number is expected to increase

to 262,500 persons aged 100 or over by 2050. In Japan, there are already 49,500 centenarians and by 2050, this number is expected to increase to 617,000, of whom 500,000 will be women. This means that nearly 1 per cent of Japan's population will be aged 100 years or over by mid-century.¹²

Map 3: Number of centenarians by country in 2011 and 2050



Source: UNDESA, *World Population Ageing: Profiles of Ageing 2011*, (New York, 2011), CD-ROM.

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

The implications of increasing life expectancy in the age distribution of the population are being felt in developing regions too. Until now, there have been more people aged 80 years or over in developed countries. By 2025, the balance will have shifted. By 2050, it is projected that there will be more than twice as many people aged 80 years or over in developing regions, at 280 million, compared with 122 million in the developed regions.

Gender differences

Women tend to live longer than men, with the result that there are more older women worldwide than older men. In 2012, for every 100 women aged 60, there were 84 men. The proportion of women rises further with age. For every 100 women aged 80 or over worldwide, there are only 61 men. The so-called “feminization of ageing”, particularly the relatively large proportion of the “oldest old” who are women, has important implications for policy. Women and men differ on several issues that are relevant for ageing policies. They have different health and morbidity patterns and women usually have lower income but larger and better family support networks.

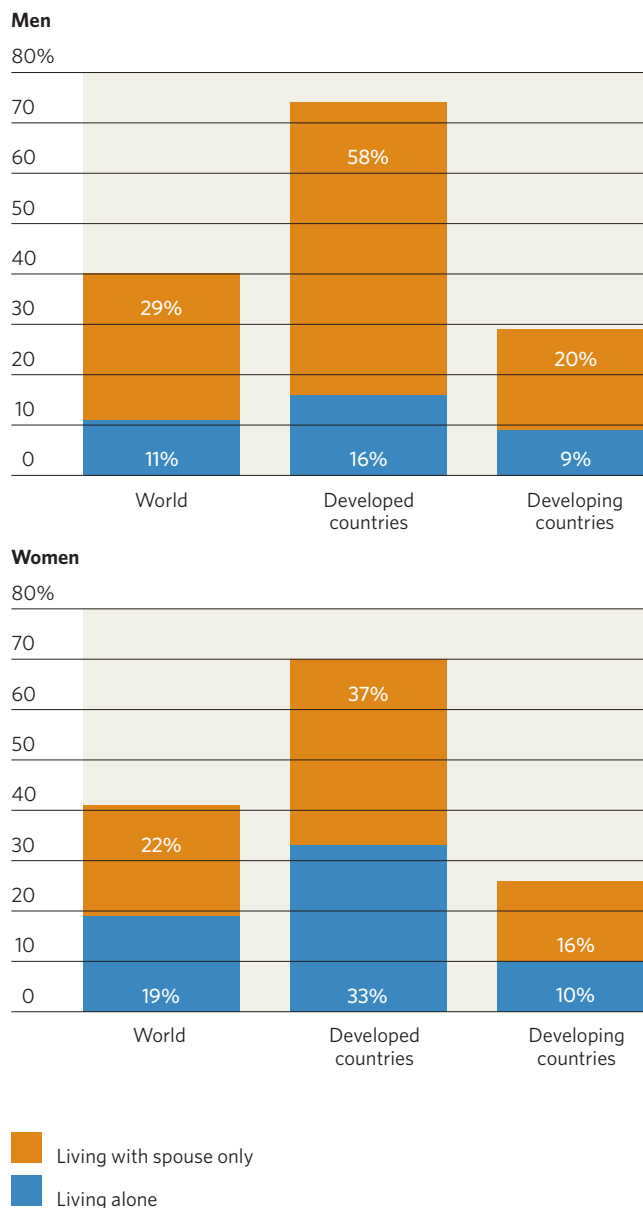
With whom do older persons live?

Living arrangements of older people are changing with modernization of societies.¹³ Family sizes are decreasing and intergenerational support systems are changing. Living in a multigenerational household is still the norm in developing countries. However, there are significant numbers of “skipped-generation” households consisting of children and older people, especially in rural areas, as a result of rural to urban migration of “middle-generation” adults. In some countries this trend is exacerbated by international migration. There is also a large number of “skipped-generation” households in areas with a high incidence of HIV.¹⁴

Living independently, that is either alone or with a spouse only, is rare among older people in developing countries, but is the dominant living arrangement in developed countries. Globally, 40 per cent of the world’s older population live independently, with no discernible difference by sex. Almost half of women living independently live alone. By contrast, only a minority of older men live alone (Figure 5).

The difference in the proportion living independently between developed and developing regions is remarkable. Older persons who live independently represent almost three-quarters of all older persons in developed regions, compared to a quarter of all older persons in the developing regions. It is important to stress that living alone or just with a spouse in developed countries could be an indicator of economic independence, while in developing countries it could also be a source of insecurity and vulnerability.

Figure 5: Percentage of people aged 60 or over living independently (alone or with spouse only), latest available data



Source: UNDESA, *World Population Ageing 2011* (2012; forthcoming), based on UNDESA Population Division medium projection scenario, *World Population Prospects: The 2010 Revision*.

Note: The group of “developed countries” corresponds to the “more developed regions” of the *World Population Prospects: The 2010 Revision*, and the group “developing countries” corresponds to the “less developed regions” of the same publication.

Older women

Men and women experience old age differently.

Older women tend to have stronger social networks than men and there is evidence that mothers are more likely than fathers to receive material and emotional support from their adult children.¹⁵ Older women are also more likely than older men to be caregivers of children or sick relatives, particularly in families affected by migration or illness. Men's greater economic role means that loss of earning power can have negative consequences for their roles in society after they have retired. Traditional roles in the household can result in older men becoming more isolated once they retire from their jobs.

Both older men and older women may face age discrimination. However, older women also face the cumulative effects of gender discrimination throughout their lives, including less access to education and health services, lower earning capacity and limited access to rights to land ownership, contributing to their vulnerability in older age.

A combination of age and sex discrimination also puts older women at increased risk of violence and abuse. Despite significant progress in the development of international legal norms, standards and policies, data on elder abuse of women are very limited. In general, a lack of key indicators and data disaggregated by age and sex is a barrier to improving programmes and designing laws and policies that respond effectively to the different situations of older women and men.

Older women are more likely to be widowed than older men and less likely to remarry.

Kate Holt/HelpAge International



Currently, in many countries, older women have lower levels of education than older men because as girls they were denied the opportunity to go to school or dropped out before completing their education. In developing countries, an average of 58 per cent of women aged 65 or over are illiterate, compared with 34 per cent of men in the same age group.¹⁶ Lower educational levels, particularly in older women, seriously limit the ability of older persons to obtain information, access services or take part in social, economic or political activities. For example, one study in Latin America and the Caribbean found that low literacy was associated with low levels of participation in cancer screening.¹⁷

Given the fact that the level of education of the current generation is higher than the previous ones, future generations of older persons are expected to be increasingly better educated, a very positive trend that will counterbalance the challenges created by a rapid increase in the aged populations. However, most developing countries, today and in the near future, will have to deal with a high proportion of illiterate older persons, particularly women. Improving literacy in the current generation of older women is an essential policy component, not only for their own well-being but also to enable them to better support the education of younger generations.

There is an urgent need to incorporate older women's and men's health issues into health policies. Although, on average, women live longer than men, they are also likely to live more years in ill health.¹⁸ Multiple pregnancies and inadequate support in childbirth, as well as inequalities earlier in life, such as poor access to health care, and lower educational and income levels, contribute to health problems in older age. Older women also face specific age-related health issues. Increases in life expectancy have led to more women living beyond the menopause, increasing the risk of hormone-related conditions such as osteoporosis which is associated with higher risk of fractures in older women.

The loss of a spouse can also make women more vulnerable. Older women are more likely to be widowed than older men and are less likely to remarry than men who are widowed. As the status of women in many societies is linked to the status of their husbands, widows and unmarried older women can become particularly vulnerable to poverty and social exclusion.

While the emphasis in incorporating gender concerns into policies and programmes related to ageing is typically on the vulnerabilities of older women, a more balanced perspective that recognizes gender as a potential marker of vulnerability for various aspects of well-being is needed to address both male and female disadvantages.¹⁹

The challenges of population ageing

Population ageing has significant social and economic implications at the individual, family, and societal levels. It also has important consequences and opportunities for a country's development. Although the percentage of older persons is currently much higher in developed countries, the pace of population ageing is much more rapid in developing countries and their transition from a young to an old age structure will occur over a shorter period. Not only do developing countries have less time to adjust to a growing

The rationale for investing public resources in older people

There is a range of powerful social justifications for devoting public resources to the challenges that ageing brings:

- Older people are a valuable and productive economic resource that should not be stifled by outmoded public policies such as mandatory retirement or other disincentives to work beyond certain ages.
- Inherent in the challenge of population ageing are huge opportunities, because older people who live healthy lives can continue to be productive for longer than in the past.
- On ethical and humanitarian grounds, devoting resources to older people is arguably the right thing to do, the fair thing to do and a just thing to do.
- Older people have a fundamental human right to make claims on social resources, such as health care. These claims are grounded in and justified by international law, for example, in the 1948 Universal Declaration of Human Rights.
- The formation of social capital and societies that are cohesive, peaceful, equitable, and secure requires that we attend to the needs of all groups, especially the most vulnerable, such as older people. Doing so will strengthen societal and cross-generational cohesion.
- Governments have a natural and fundamental role to play in the health sector, for everyone, including older people, because unregulated markets do a poor job of achieving socially desirable and economically efficient levels of health provision. Infectious disease puts communities at risk, health providers can use their informational advantages to exploit health consumers, and problems of moral hazard and adverse selection exist.

population of older persons, they are at much lower levels of economic development and will experience greater challenges in meeting the needs of the increasing numbers of older people.

Financial security is one of the major concerns as people age. It is an issue for both older persons and a growing challenge for families and societies. Population ageing is raising concerns about the ability of countries to provide adequate social protection and social security for the growing numbers of older persons. In many countries, the expectation is that the family will take care of its economically dependent older members. While some families support their older relatives, others are not in a financial position to do so in a way that does not affect their own economic situation. Older persons who do not have family to support them are especially vulnerable.

Informal support systems for older persons are increasingly coming under stress, as a consequence, among others, of lower fertility, out-migration of the young,²⁰ and women working outside the home. There is an increasing consensus that countries must develop social protection systems that cover at least the basic needs of all older persons. Ensuring a secure income in old age is seen as a major challenge for governments facing fiscal problems and competing priorities. Some countries are increasingly worried whether they will be able to pay for pensions and whether they will ultimately be able to prevent a rise of poverty in old age, particularly in countries where the majority of older persons are employed in the informal sector.

While many developed countries and some emerging economies are challenged with an ageing workforce and ensuring the sustainability of pension systems, most developing countries have to establish their systems now when the challenge is less acute and when the fiscal space available for social policies is increasing as a consequence of the "demographic dividend".

Health is another major concern for older persons. The demographic transition to an ageing population, accompanied by an epidemiological transition from the predominance of infectious diseases to non-communicable diseases, is associated with an increasing demand for health care and long-term care. Although not an inevitable outcome of growing old, the numbers of older people affected by mental health problems are increasing due to population ageing. Their management has become an increasing concern for both developing and developed countries.

Maintaining good health and access to health care is a core concern of older people everywhere. In many developed countries quality of care and rising health-care costs are major issues related to population ageing.

The Madrid International Plan of Action on Ageing aims for people everywhere to be able to age with security and dignity.

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Many developing countries are challenged by a double cost burden: the costs related to infectious diseases may still be high while population ageing and the rising number of non-communicable diseases are putting additional pressure on resource-strained health-care systems.

Poor conditions earlier in life place older people at risk of serious health problems and adversely affect their health and vitality. The understanding that the living environment, working conditions, nutrition and lifestyle choices in younger years influence our health in older age should be a key ingredient for policies and programmes with an intergenerational focus. As populations age, it is critical that health systems and the training of health professionals at all levels are adjusted to meet the requirements of older people, and that ageing is recognized within diagnostic, curative and rehabilitative care programmes within the formal health system, especially at primary and community level.

Ensuring enabling and supportive environments as people grow older is a significant challenge, so that older persons can age actively and participate in the political, social, economic and cultural life of society. This means that living arrangements, including housing and transportation are age-friendly, to ensure older persons can “age in place” and remain independent for as long as possible.

Older persons who find themselves in conflict situations, natural disasters – including those resulting from climate change – and other humanitarian emergencies, are particularly vulnerable. When younger generations migrate to cities or abroad, older persons are often left behind without traditional family support. Older people are often the victims of neglect, violence and abuse because of increasing dependence.

The Madrid International Plan of Action

The priority directions are:

1. Older persons and development
2. Advancing health and well-being into old age
3. Ensuring enabling and supportive environments

Under each of the priority directions there are a number of issues, objectives and recommendations for action – as follows:

Older persons and development

- Issue 1:** Active participation in society and development (2 objectives, 13 actions)
- Issue 2:** Work and the ageing labour force (1 objective, 14 actions)
- Issue 3:** Rural development, migration and urbanization (3 objectives, 20 actions)
- Issue 4:** Access to knowledge, education and training (2 objectives, 14 actions)
- Issue 5:** Intergenerational solidarity (1 objective, 7 actions)
- Issue 6:** Eradication of poverty (1 objective, 8 actions)
- Issue 7:** Income security, social protection/social security and poverty prevention (2 objectives, 13 actions)
- Issue 8:** Emergency situations (2 objectives, 18 actions)

Advancing health and well-being into old age

- Issue 1:** Health promotion and well-being throughout life (3 objectives, 27 actions)
- Issue 2:** Universal and equal access to health-care services (4 objectives, 22 actions)
- Issue 3:** Older persons and HIV/AIDS (3 objectives, 9 actions)
- Issue 4:** Training of care providers and health professionals (1 objective, 3 actions)
- Issue 5:** Mental health needs of older persons (1 objective, 10 actions)
- Issue 6:** Older persons and disabilities (1 objective, 10 actions)

Ensuring enabling and supportive environments

- Issue 1:** Housing and the living environment (3 objectives, 17 actions)
- Issue 2:** Care and support for caregivers (2 objectives, 14 actions)
- Issue 3:** Neglect, abuse and violence (2 objectives, 12 actions)
- Issue 4:** Images of ageing (1 objective, 8 actions)

Source: United Nations, *Political Declaration and Madrid International Plan of Action on Ageing* (New York, 2002).

The response: The Madrid International Plan of Action on Ageing

The Second World Assembly on Ageing, held in Madrid, Spain in 2002 produced a bold, rights-based and policy-relevant Political Declaration and Plan of Action on Ageing to manage the challenges of population ageing in the 21st century. Both were adopted later in the same year by consensus by the General Assembly of the United Nations. The Political Declaration and Plan of Action address major issues that are most pertinent to the well-being of older people around the globe and suggest concrete policy actions in the three priority areas of older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments.

The Madrid Plan was preceded by two international documents on ageing: the Vienna International Plan of Action on Ageing and the United Nations Principles for Older Persons. The first international instrument on ageing, the Vienna Plan, was adopted by the first World Assembly on Ageing in 1982, convened in recognition of “the need to call worldwide attention to the serious problems besetting a growing portion of the populations of the world”.²¹ The focus of the Vienna Plan was on developed countries where the implications of population ageing were already recognized and well established.²²

In 1991, the United Nations General Assembly adopted the United Nations Principles for Older Persons and encouraged governments to incorporate them into their national programmes whenever possible. The 18 United Nations Principles, which seek to ensure that priority attention will be given to the situation of older persons, address the following five areas: independence, participation, care, self-fulfilment and dignity of older persons. These two documents were reaffirmed at the Second World Assembly on Ageing at which governments also recognized that population ageing is increasingly an issue in developing countries.

By adopting the Madrid Plan, governments agreed for the first time on the need to link ageing with human rights. This happened at a time when the human rights approach to development was gaining increasing importance on the international stage as, for example, during the International Conference on Population and Development held in Cairo in 1994 and the Fourth World Conference on Women held in Beijing in 1995. The Political Declaration affirms the commitment to the promotion and protection of all human rights and fundamental freedoms, including the right to development.

There is a shift away from viewing older persons as welfare beneficiaries to active participants in the development process, whose rights must be respected, protected and guaranteed. The Madrid Plan includes a specific recommendation to include older persons to be “full participants in the development process and also share in its benefits”.²³ The Plan covers 18 areas of concern to older people and makes 239 recommendations for action. Its overall objective is to enable a “society for all ages” with a broad aim “to ensure that people everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights”.²⁴

The Madrid Plan, like the Millennium Declaration, recommends to “reduce the proportion of persons living in extreme poverty by one half by 2015”.²⁵ Nevertheless, the Millennium Development Goals (MDGs) in their current form do not explicitly respond to the issues of ageing populations. A review of MDG reports since 2005 undertaken by the United Nations Development Programme (UNDP), revealed no mention of the situation of older people or any intervention geared towards them. The Madrid Plan, however, acknowledges that older persons have an important part to play in the achievement of the MDGs and should benefit from interventions designed to achieve them.

The Madrid Plan also calls for the integration of a gender perspective into all policies, programmes and legislation and recognizes the differential impact of ageing on women and men. The Madrid Plan emphasizes the relationship between gender and ageing, positioning older women as both agents and beneficiaries of socio-economic progress. Following the recommendations of the Madrid Plan supports older women’s empowerment, for example, through adult literacy programmes, self-help groups, access to credit and help with accessing entitlements.

An important innovation relating to the implementation of the Madrid Plan is that governments, the United Nations system and civil society agreed to participate in a “bottom-up” participatory approach to its review and appraisal that uses qualitative methods of data collection, in addition to relying on the more traditional quantitative data describing the socio-economic living conditions of older people. This is the first time that this approach has been used at the United Nations to evaluate the implementation of a global plan of action.

The bottom-up review and appraisal promotes the inclusion of views from groups that may have been previously excluded from traditional sources of information. It has several key components: awareness raising and advocacy; assessment of needs and setting of targets; gathering of information; distillation of local findings into policy-relevant formats; and adjustment of policies and programmes in accordance with the conclusions and recommendations of the review and appraisal.

A comprehensive set of indicators for the review and appraisal of the Madrid Plan to assist the “bottom-up” approach was developed by the United Nations Programme on Ageing of the Department of Economic and Social Affairs. It includes both 1) instrumental indicators that focus on quantitative evaluation of the availability, scope and coverage of programmes and policies that have been adopted to address issues of population ageing and improve the well-being of older people and 2) outcome indicators that attempt to identify positive or negative changes in the quality of life as well as in socio-economic conditions and in the health of older people.²⁶

A minimum set of indicators that all countries could use in their reporting of progress for future review and appraisal cycles of the Madrid Plan was agreed during an expert meeting convened by the United Nations Population Fund, in cooperation with the United Nations Programme on Ageing and the World Health Organization, and with the participation of the International Labour Organization (ILO), the United Nations Population Division, the Regional Commissions and regional experts (see Appendix 2).

Human rights matter for older persons

From a human rights perspective, the large numbers and proportions of older persons are compelling. They point to a large sector of the population that is highly vulnerable to neglect, isolation and abuse. They strike a chord about age as a ground for discrimination in accessing social services, for example, or in combination with other grounds such as sex, disability or health status. They bring to light older persons’ plight and underscore the urgent need for comprehensive human rights-based legislation, as well as policies and services to guarantee their inherent dignity and ensure the enjoyment of all their rights. But most importantly, this demographic shift reminds legislators, policymakers and the global community at large that human rights do not end at age 60 or 65.

As the United Nations High Commissioner for Human Rights, Ms. Navanethem Pillay notes: “We must all accept the inevitability of ageing; what we do not have to, and must not, accept is that old age brings with it lesser access to, and enjoyment of, the full range of human rights.”²⁷

The Political Declaration and the Madrid Plan continue to be the sole international instrument on ageing. There is no binding international human rights instrument specifically devoted to older persons. Even though there are various obligations vis-à-vis older men and women implicit in most core human rights treaties, to date, the body of work done by international human rights mechanisms on ageing and their monitoring of the situation of older people is relatively limited and scattered.

Age as a prohibited ground for discrimination is only explicitly included in one international human rights treaty, that on migrant workers, and there is little understanding of how general human rights standards apply in the specific context of ageing. Critical issues for older persons such as elder abuse, long-term care and autonomy have yet to be fully understood from a human rights perspective. Older people’s enjoyment of rights such as equal recognition before the law, access to effective remedies and freedom from torture or other cruel, inhuman or degrading treatment have received little attention.

As a result, few governments include any information on how they guarantee the rights of older persons in their periodic reports monitoring compliance with human rights treaties. Data in these reports are rarely disaggregated by age and discrimination against older people remains hidden. Attention has been limited to a narrow range of economic and social rights, for example, the rights to health and to an adequate standard of living.

When the law was passed we started to live

"The situation has changed for older people in my country since the Law for the Rights of Older People (*Estatuto do Idoso*) was approved [in 2003]. Even after the Policy for Older People was adopted, older people abandoned their sandals and their rocking chairs and started having a life. Now we are supported by the law. We can demand our rights.

Overall, there has been a change in the way society sees older people. Now what we need are jobs and respect in the streets. Holes in the street are the biggest enemy of the older person. That is why falls prevention classes are so important. I used to have terrible falls, I even bruised my face. After going to classes I've never fallen again. Another thing is that the bus drivers are not prepared. The buses should always stop at the curb but they don't – the companies are not worried.

Now we are better respected. It is good to be able to buy half-price tickets for the theatre and concerts. Before, we couldn't go because it was too expensive. Now it is affordable and the bus pass is free too. Even buses between cities are free. I feel fortunate to have this life, I realize not everyone is so fortunate.

I used to avoid going to the bank. I kept my money at home. We older people did that because we couldn't face waiting at the bank for hours. Sometimes we just gave up and went home because the lines were too long, but now there are priority lanes for older people.

We need to end the separation between older and younger people. We can share experiences with each other, which is very exciting. Younger people are starting to better understand older people. They are learning that we also have the right to sing, to dance, to talk.

There are still many things left to do, but a lot has improved."

Maria Gabriela, 90, Brazil



InterAge Consulting in Gerontology

Some regional human rights instruments refer to older persons or old age as, for example, Article 17 of the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Culture and Social Rights (the "Protocol of San Salvador"), which entered into force in 1999. This article stated that "[e]veryone has the right to special protection in old age".²⁸ Other regional instruments referring to older persons are the African Charter on Human and Peoples' Rights (1981), the Arab Charter on Human Rights (1997) and the Charter of Fundamental Rights of the European Union (2000).

At regional level it has also been recognized that these standard human rights instruments are not sufficient. In three regions, namely the Inter-American region, Africa and at the level of the Council of Europe, regional instruments that articulate in more detail how human rights apply to older persons are being developed. At international level, an Open-ended Working Group on Ageing was established in 2011 to address the human

rights situation of older men and women and consider a stronger protection regime. In Latin America, both in the Brasilia Declaration of 2007 and in the San José Charter of 2012, there is recognition of the need for a convention on the human rights of older persons.²⁹

Age-related discrimination is one of the most frequent challenges faced by older persons in the exercise of their human rights, in developed and developing countries alike. Even though certain cases of reasonable and proportionate differences in treatment on the grounds of age are permitted, there are circumstances in which old age is the basis for denial of services, limitation on accessing benefits, performing activities or exercising rights. Many older people are acutely aware of discrimination due to age, while others are unaware of their rights and wrongly accept this treatment as part of being old. This is an area, as will be shown later, where important changes are taking place in many countries of the world.