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## Chapter 3:

# A review of progress

The Madrid Plan made provision not only for international and national implementation but also for its systematic review. The United Nations Commission for Social Development reviews and appraises the Madrid Plan every five years and encourages Member States and the Regional Commissions to evaluate both ageing-specific policies and ageing-mainstreaming efforts.

This chapter reviews progress in terms of national policies and legislation, data and research and institutional arrangements relating to older people that have been introduced since 2002. This review is followed by a summary from each United Nations Regional Commission of key data on ageing, key issues concerning older people, progress in implementing regional strategies and recommendations for further action.

## What is mainstreaming?

Paragraph 15 of the Madrid Plan states: “Mainstreaming ageing into global agendas is essential. A concerted effort is required to move towards a wide and equitable approach to policy integration. The task is to link ageing to other frameworks for social and economic development and human rights”. It is clear that successful adjustment to an ageing world will depend on both ageing-specific and ageing-mainstreaming approaches.

Ageing mainstreaming is the integration of older people’s issues into wider national policymaking. Mainstreaming should lead to the inclusion of the needs of people of all ages into the wider policymaking process. For example, for mainstreaming to be successful, it is critical that both policymakers and policy implementers view mainstream policy questions such as basic services, poverty eradication, provision of health services, or housing through the lens of the Madrid Plan priority directions and recommended actions. This will ensure that policymaking is inclusive of older people and builds “a society for all ages”.

# Global review of national action

A global review of national policies and legislation, data and research and institutional arrangements relating to older persons was carried out by UNFPA and HelpAge International in 2010/11 in preparation for this report. This review was based on information obtained from 133 countries on age-specific policy changes and detailed case studies of 32 countries focusing on ageing-mainstreaming activities.<sup>1</sup> A review of reports from the United Nations Department of Economic and Social Affairs (UNDESA) was also undertaken to provide further information for this section.

The following findings focus on the information provided by these global reviews. They show that there has been important progress in various areas. The review also points to significant differences in responses to ageing between developed and developing countries. Developed countries have concerns about rising costs of health care, provision of long-term care

and the sustainability of existing pension systems. Developing countries are more concerned about ensuring that there is fiscal space for putting in place social policies relating to health and income security, and the impact of demographic changes on poverty reduction.

## Policies, plans, programmes and strategies on ageing

Since 2002, at least 57 countries have approved and published national policies, plans, programmes or strategies on ageing and/or older people. Ten have pending drafts or proposals for such policies which are awaiting approval. In those countries where no evidence for a policy, plan, programme or strategy was found, evidence for the inclusion of specific articles on older people, old age or ageing within their national constitution was found for 11 countries.

**Table 1: Examples of age-specific legislation approved since 2002**

Austria	Federal Law on the Promotion of Affairs of the Older Generation (latest amendment 2009)
Brazil	Law for the Rights of Older Persons (Law 10741 of 2003)
El Salvador	Law on Comprehensive Care for Older Adults Act (717 of 2002)
Honduras	Comprehensive Protection Law for Older Persons (Decree 199 of 2006)
India	Senior Citizens Act 2007
Madagascar	Protection of Older People's Rights (Law 2008/030 of 2008)
Mexico	Older Adults Rights Act 2002
Nepal	Senior Citizens Act 2007 and Senior Citizens Regulation 2009
Nicaragua	Law for Older Persons 2010
Paraguay	Law for Older Persons (Law 1885 of 2002)
Peru	Law of Older Persons (Law 28803 of 2006)
Philippines	Expanded Senior Citizens Act 2010
South Africa	Older Persons Act 2006
Thailand	Older Persons Act 2003
United Kingdom	Age Discrimination Act 2006
Uruguay	Law on the Integrated Promotion of Older Persons (Law 17796 of 2004)
Viet Nam	Law on Elderly 2010 Law to Eliminate all Forms of Discrimination and Violence to Older People

At least 17 countries have approved age-specific legislation since 2002 (see Table 1). Eight of these countries are in Latin America and the Caribbean, five in Asia, and two each in Africa and Europe. In addition, there are age-related laws such as, in Germany, the Act on Occupations in Geriatric Nursing, which was approved in 2003, and laws on caregiver allowances. In some countries, such as the Dominican Republic, legislation of this type was approved before 2002, although regulations for this law were only spelled out in 2004 as result of advocacy activities generated by the Madrid Plan.

Other countries are working on similar legislation. In Bolivia, for example, a draft bill on the rights of older persons is under consideration, and in Pakistan, a Senior Citizens' Bill is pending. This list of age-specific legislation excludes any legislation on social security, health or social care into which ageing is mainstreamed. In many countries, ageing and older people are mainstreamed into pension legislation, long-term care laws and other legislation.

Despite observing progress in policy development, the review points out that there is still scant evidence of resource allocation to support implementation of policies on ageing. A better way of reviewing implementation would be to check directly with the "user", as the bottom-up approach to review and appraisal of the Madrid Plan recommends. One clear recommendation for the future is for reporting on the provisions of the Madrid Plan to be focused more specifically on older people.

## Voices of older persons

Many participants in the consultations for this report said that government initiatives to improve their lives had brought discernible changes for the better. However, others felt that there had been no change, or, indeed, a worsening of their situation.

Older people's comments underscore the findings of the global review, which concludes that changes in policy provisions alone are not sufficient to successfully implement commitments on ageing.

"The State is establishing social institutions addressing our needs. There is a geriatrician in every clinic. Pensions are paid regularly and have been indexed in line with inflation." *Belarus*

"There has been an increase in the pension for veterans of the Chaco War, free health care, and food security programmes for indigenous and peasant families." *Paraguay*

"The Government has tried to improve facilities for older people in the last 10 years, such as providing concessions on train fares and additional tax benefits." *India*

"The Government promised to provide free medical care for all older people but there are several challenges including long queues and the non-availability of drugs." *Tanzania*

"Yes, of course, more priority is given by the Government to our views and needs. They are thinking about how to employ older people for longer and there are also sponsored seniors' clubs." *Austria*

"What has improved a lot legislation-wise has been the establishment of the Law for Older Persons. This is a big advancement." *Brazil*

"We are now much more assured that the Government is listening to older people, especially through the Age Demands Action campaign." *Ghana*

"Before, there were nurses for the village who used to come to ask about our health but now they have stopped. We do not have discounts on medicines, we buy everything ourselves in very expensive drugstores." *Kyrgyzstan*

"Even though older people have benefited directly or indirectly from other development works undertaken by local government in the past 10 years, we haven't seen efforts made by the Government to assist older people." *Ethiopia*

"The Government has distributed free mosquito nets and health services ... and there is also a water source, two boreholes and a dam." *Tanzania*

"As far as transportation is concerned, we have an improved road now, constructed by the Government, which has made transportation much easier. We are able to go anywhere, to the town and the cities." *Tanzania*

"Life was so difficult 10 years ago. We did not have a school or a health centre nearby, and it was difficult to get to the main road ... now we can get to the main road in less than an hour and it is easier to access health care." *Cambodia*

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"In the last 10 years, the Government has provided clean water sources ... and also public toilets to ensure good hygiene." *Uganda*



Meeting of an older people's association in Pakistan.

HelpAge International

## Institutional arrangements

A variety of institutional arrangements – units, departments and processes – serve as instruments for mainstreaming ageing into government action. These bodies usually reside in ministries of labour, health, social affairs, work and pensions or the like. Their objective is to ensure that governments develop a coherent response to ageing. Institutional arrangements can also include inter-departmental, inter-agency and inter-ministerial bodies, and national focal points on ageing. The Madrid Plan recommends both national focal points and coordinated inter-ministerial arrangements to ensure that ageing is mainstreamed across a range of sectoral departments.

In some countries, responsibilities for ageing issues are not clearly ascribed to a coordinating body and there is no consistent or coordinated approach to ageing. In at least 58 countries there are specialized bodies within ministries or departments. In many other countries, responsibilities lie with more than one ministry, although often they do not seem to be clearly assigned.

In addition to governmental institutions, many countries have set up councils, committees or commissions that often serve as advisory bodies to governmental institutions. These bodies are considered to be a first step towards ensuring that older persons' views will be taken into account in policymaking.

## Availability of data and research

Data are essential for evidence-based policy formulation. While censuses and household surveys collect information on individuals' sex and age, data disaggregated by these variables are not always made available for further analysis and research.

In at least 70 countries, there is evidence of institutions being led or financed (at least in part) by governments to conduct research on ageing or older people. Most of these are universities, although some countries have national centres on ageing research.

The review also showed that in at least 52 countries, special reports, longitudinal studies and surveys on the older population have been produced and published by government institutions.

## The Elderly Fund, Thailand

The Elderly Fund, following the Older Persons Act, was established in Thailand in 2004. It provides financial support, in particular, for activities of older people's groups, clubs or networks as well as for occupational promotion and development activities. Specific objectives of the fund include supporting programmes that aim to promote education, health, social living, participation and volunteering of older people; providing financial assistance to abandoned or abused older people; providing loans to older people; and supporting organizations involved in counselling or legal support to older people.

Source: Ministry of Social Development and Human Security Thailand, Thailand Implementation of the Madrid International Plan of Action on Ageing 2010, Bureau of Empowerment for Older Persons.

**Table 2: Examples of surveys and reports on ageing or older persons**

Country	Survey on ageing or special reports
Armenia	Survey on Ageing, Ministry of Labour and Social Issues, 2008
Austria	Transition from Working Life to Old-Age Pension, 2006
Botswana	An Assessment of the Needs and Care of the Elderly in Botswana, 2006
Chile	Analysis of Pensioners and Their Home Carers, SENAMA, 2007
China	Survey of the Aged Population in Urban and Rural China, 2010
Costa Rica	Longevity and Sustainable Aging Study, CRELES, 2007
Czech Republic	Ageing Report, 2009
Dominican Republic	The Effect of Ageing on the Population Structure and the Impact of Migration on these Changes, National Statistics Office
Ecuador	Study on the Social Protection of Older Persons, National Bureau of Statistics
Egypt	Profile of the Old in Egypt, Prime Minister's Office, 2008
Finland	The Welfare and Services of the Finns, Prime Minister's Office, 2009
Germany	German Ageing Survey, 2008
Indonesia	Profile of the Older Population in Indonesia, National Commission, 2010
Ireland	Report of the Working Group on Elder Abuse, 2010
Jordan	Older People in Jordan, 2007
Lebanon	National Report on Services Available to Older People in Lebanon, Ministry of Social Affairs and UNFPA, 2010
Mexico	Older People in Mexico; the Social Demographic Profile, INEGI, 2005
Myanmar	The Elderly Population in Myanmar: Trends, Living Conditions, Characteristics and Prospects, 2005
Oman	Report on the Situation of the Older Population in Oman, Ministry of Social Development
Saudi Arabia	National Study on Elderly Health in Saudi Arabia, 2009
Spain	The White Book of Active Ageing, 2011
Sweden	National Survey of the Elderly Population's Living Conditions, 2005
Thailand	Situation of the Elderly in Thailand, Annual Report
Turkey	State of the Elderly People in Turkey and National Plan of Action on Ageing, 2007
Ukraine	Survey of Ukrainian Pensioners, 2010

# Regional issues and responses

The United Nations Regional Commissions are playing a lead role in providing technical support to governments in implementing and monitoring the Madrid Plan.

As a first step, most have developed regional implementation strategies (except for the Economic Commission for Africa, where this was undertaken by the African Union). The Regional Commissions have also supported governments to develop national implementation strategies and conduct the bottom-up review and appraisal. However, financial and human resources to undertake this work are limited and these activities demand far more resources.

The regional implementation strategies are as follows:

- ECA region: 2002 African Union Policy Framework and Plan of Action on Ageing
- ECE region: Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002
- ECLAC region: 2003 Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing
- ESCAP region: 2002 Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 for Asia and the Pacific
- ESCWA region: Arab Plan of Action on Ageing to the Year 2012

As called for by the Madrid Plan, all the regional implementation strategies make recommendations to mainstream gender into ageing policies and programmes. Each of the plans emphasizes the importance of using sex-disaggregated data to analyse the needs of older women and to understand the differential impact of policies on older men and women.

## Economic Commission for Africa (ECA)<sup>2</sup>

### Key facts<sup>3</sup>

- Currently, there are 59.7 million people aged 60 or over representing 6 per cent of the population in Africa.
- By 2050, there will be 215 million older people representing 10 per cent of the regional population.
- In 2012, 5 million people in Africa were aged 80 or over. This will increase to 22.5 million (1 per cent) by 2050.
- On average, a man aged 60 can expect to live another 16 years, while a woman aged 60 can expect to live another 18 years.
- Among those aged 80 or over, there are seven men per 10 women.
- The number and proportion of older people is increasing in all countries despite the impact of the HIV epidemic.
- The life expectancy gap between women and men is three years, with women having a life expectancy at birth of 59 and men of 56 years.
- Out of the top 40 countries with the lowest average life expectancy at birth, 39 are found in Africa.
- Worldwide, more than 35.8 million people aged 60 and above live in countries with an average life expectancy at birth of lower than 60. Of the 36 countries in which they live, all except Afghanistan are in Africa.
- While the majority (82 per cent) of older men are married, only about half of older women have a spouse alive.

### Key issues in the region

Ageing in Africa is occurring against a background of immense economic and social hardship. The economic situation of many older persons is precarious. The majority of older people in Africa live in rural areas where there is often very little access to services and markets. A significant proportion are subsistence farmers who rely on human power.

While family ties remain strong, traditional support systems have changed. Migration of younger adults and the impact of HIV and AIDS have led to a rise in the number of “skipped-generation” households consisting of older people and children. Much of the responsibility for caring for family members living with HIV and for orphaned children falls on older women, most of whom receive little or no formal support.



In a few countries, including the Democratic Republic of Congo, Kenya, Somalia and South Sudan, land disputes and displacement have taken place as a result of instability, insecurity or climatic factors such as drought and flooding. Disasters can have a lasting effect on the older population. The loss of crops resulting from recurrent drought has forced some older people to become engaged in daily labour, often physically demanding work such as carrying goods. In some parts of Africa, seasonal food shortages are common and affect everyone. In many cases, distribution of food within the household disadvantages older people.

Given the low proportion of formal sector employment in many countries, very few older persons have access to a pension. Only a minority of countries provide non-contributory pensions. Older women are particularly at risk of poverty and exclusion because of the discriminatory nature of statutory and customary laws that restrict their access to land and property in most countries, and the cumulative effect of lifelong sex discrimination.

Access to health services and medicines are key concerns for older people. There is a shortage of care providers and health professionals with specialist training in older people's issues. HIV infection is increasing in older persons as anti-retroviral drugs have enabled people to live longer with the virus. There are now an estimated 3 million people aged 50 or older living with HIV in sub-Saharan Africa alone.<sup>4</sup>

While in sub-Saharan Africa older people are traditionally regarded as bearers of wisdom and knowledge, urban society is weakening these cultural ideas, and respect for older persons is being eroded.<sup>5</sup> There is a tendency to portray ageing as a negative experience and older people as weak and uneducated. In some countries such as Burkina Faso, Kenya, Malawi and Tanzania, older persons, especially older women, have been subject to extreme forms of violence and abuse including attacks and killings related to witchcraft allegations.<sup>6</sup>

## The African Union Policy Framework and Plan of Action on Ageing

The 2002 African Union Policy Framework and Plan of Action on Ageing provides a guide for Member States to develop national policies and programmes. It identifies 13 key areas of concern to older people, including: rights; information and co-ordination; poverty; health; food and nutrition; housing and living environments; family; social welfare; employment and income security; crises, emergencies and epidemics; ageing and migration; education and training; and gender.

The Plan makes 29 recommendations and 184 specific recommendations to address these issues. Most importantly, it calls for the recognition of the rights of older people and their active participation in society and development.

## Regional preparations for the second review and appraisal

In 2011, a strategy for the preparation of the second review and appraisal of the Plan was approved at a workshop for policymakers organized by ECA and UNDESA to support national and regional capacities for the implementation of the Madrid Plan.

The meeting showed that although there have been many country-level activities such as seminars, workshops and surveys related to ageing and older people, there is a shortage of documentation, research, policies and national action plans by governments.

As well as supporting debate on ageing and development in Africa, ECA will continue to help countries formulate and implement policies and programmes on ageing, identify areas where progress has been made, and document and share best practice. ECA is also helping to establish networks on ageing and development, identify national focal points, undertake regional training programmes and organize expert group meetings.

A family in Tanzania, which is one of seven countries in the region that have adopted national policies on ageing.

Jeff Williams/HelpAge International



## Progress on specific policy issues: National responses

Seven countries have adopted national policies on ageing since 2002 – Ghana, Kenya, Mozambique, South Africa, Tanzania, Tunisia and Uganda – although only Kenya, South Africa and Tanzania have evidence of allocating budgets.

Eight countries – Cameroon, Ethiopia, Malawi, Mozambique, Senegal, South Africa, Tunisia and Uganda – have established specialised bodies or included ageing issues within a ministry.

The Kenya Hunger Safety Net Programme was started in 2008 with funding from the United Kingdom Government to deliver long-term, guaranteed cash transfers to the poorest and most vulnerable 10 per cent of the population. Tanzania specifically includes older people in its 2005 poverty reduction strategy, the National Strategy for Growth and Reduction of Poverty, known as the MKUKUTA.

A number of countries in southern Africa have started social protection schemes to tackle vulnerability and poverty including social pensions, agricultural subsidies and emergency relief. Lesotho introduced a government-sponsored old-age social pension in 2004, as did Swaziland in 2005. Mozambique has piloted an extension of a government food subsidy and cash transfer scheme which started in 2008.

In Kenya, Mozambique and South Africa, older people's health care has been mainstreamed into general health policy. In Kenya, both the National Reproductive Health Strategy (2009-2015) and the National Health Sector Strategic Plan (2005-2012) show evidence of mainstreaming. In Mozambique, the National Health Policy of 2007 and in South Africa, the National Health Charter of 2005 and the National Health Act of 2003 include older people as a vulnerable group that may, "subject to resources", be eligible for free health care. South Africa made additional provisions through the Older Persons Policy of 2006, which contains measures to make cataract surgery affordable for all older persons and offers free transport for older people to state-health facilities.

In Mozambique, older people are included in the National Strategic Plan for HIV/AIDS 2005-2009. In South Africa, HIV and AIDS are addressed in the South Africa Older Persons Policy of 2006. The Kenya AIDS Strategic Plan (2009/10-2012/13) also refers to older people, although this category is limited to people aged 50 to 64.

Besides extending its wide-ranging social grant scheme, the South African Government has introduced a number of programmes promoting active ageing and the prevention and management of age-related chronic diseases. In addition, the Older Persons Act of 2006

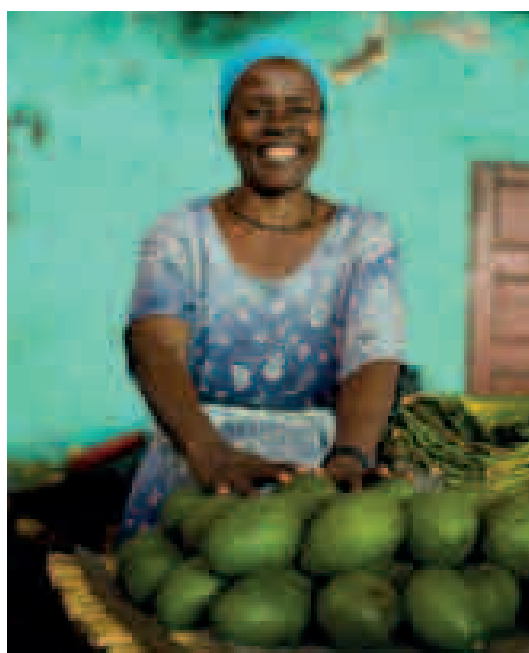
contains provisions to maintain and promote the status, well-being, safety and security of older persons, recognize the skills and wisdom of older people and encourage their participation in community activities. The South Africa Social Housing Act of 2008 addresses the issue of housing for older people in rural areas, providing subsidies to recipients of the old-age grant. The South African Charter on the Rights of Older Persons was launched in 2011, complementing the goals of the 2006 Older Persons Act.

South Africa also provides an example of how governments can promote intergenerational solidarity. In 2009, the Department of Arts and Culture launched the National Archives Oral History Project to document women's stories and strengthen the relationship between the youth and older people. Organizations such as the World Youth Alliance Africa are also helping people to acknowledge the important role that older persons have in the development of younger generations and to realize that we are all members of an ageing society.

Some advances have been made in strengthening protection of older women. For example, the Tanzanian Government's 2003 National Policy on Ageing includes a specific objective to challenge customs that are harmful to older women and the 2005 National Strategy for Growth and Reduction of Poverty, MKUKUTA, has a target to eradicate all forms of abuse and discrimination against women.

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A widow running a market stall in Uganda.



Antonio Olmos/HelpAge International



## South Africa's National Archives Oral History Project

"The year 2006 marked the national celebration of the 50th anniversary of the 1956 Women's Anti-pass March to the Union Building here in Pretoria. On 8 August last year we were here to launch the Gamohle/National Archives Oral History project which has as one of its objectives the documenting of the stories related to that historic march. We are here again today to conclude this project and to assess the information gathered during this period." In designing the Oral History Project, Northern Flagship Institution (NFI), Gamohle and the National Archives focused on gathering the stories of women who participated in the 1956 march, skills development, and strengthening the relationship between the youth and older people.

Source: Gamohle National Archives Oral History Project. [www.polity.org.za/article/sa-botha-gamohle-national-archives-oral-history-project-14092007-2007-09-14](http://www.polity.org.za/article/sa-botha-gamohle-national-archives-oral-history-project-14092007-2007-09-14) (accessed 18 January 2011).

## Regional responses

In 2008, in Namibia, the first-ever Social Policy Framework for Africa was adopted at the first African Union Conference of Ministers in charge of Social Development. The Framework recommends fully implementing the 2002 Africa Policy Framework and Plan of Action on Ageing, which includes promoting the rights of older persons through national legislation, supporting older people through social protection, and developing intergenerational programmes. The chapter on social protection highlights the emerging consensus that a "minimum package" should include essential health care and benefits for older people, children and people with disabilities.

In 2006, 13 countries of the African Union adopted the Livingstone Call for Action, which called on governments to put together costed social cash transfer plans within two to three years.<sup>7</sup> Social protection strategies and pilot projects have since been developed in, for example, Ghana, Malawi, Uganda and Zambia. The challenge now is to allocate sustainable resources to scale up these programmes.

Some advances have also been made in recognizing older people's human rights. In April 2012, a Protocol on the Rights of Older Persons to the African Charter on Human and Peoples' Rights was considered by the 51st session of the African Commission on Human and Peoples' Rights and deferred for reconsideration in the 52nd session. This follows the 2005 Protocol on the Rights of Women, which specifically recognizes the rights of widows and special protection for older women.

During the last 10 years, there has been limited research on ageing in Africa, which makes comparative analysis

with the rest of the world difficult. Registration of births and deaths and reliable censuses still challenge some countries.<sup>8</sup> Organizations such as the African Research on Ageing Network (AFRAN) and the Albertina and Walter Sisulu Institute of Ageing in Africa at the University of Cape Town, as well as the Africa Region of the International Association of Gerontology and Geriatrics (IAGG), formed in 2009, are improving data collection to inform decision-making, enhance planning and promote a better understanding of ageing issues.

## Economic Commission for Africa recommendations

To accelerate progress in implementing the Madrid Plan, national policies need to be financed and implemented and ageing issues mainstreamed into national development frameworks and poverty reduction strategies.

More research is urgently needed to support policy formulation, particularly on demographics, the effectiveness of current policies and programmes, the socioeconomic situation of older women and men, health issues and coverage of existing services, impact of HIV, and the effectiveness of formal and informal social protection systems.

International cooperation is needed to support research, strengthen institutional capacity and deliver interventions. Mechanisms are also needed for older persons, civil society and the private sector to engage with the public sector to inform decision-making.

Priority areas for action include the following:

- Support community-based programmes to improve food security, shelter and access to basic services in households headed by older persons, especially for older people who are no longer able to engage in productive activities.
- Design and implement universal pensions to tackle poverty of older people and their dependants. These will also stimulate productivity in rural areas where the majority of older persons live.
- Improve health services for older people, including training more health workers in age-related health issues.
- Provide households affected by HIV with dedicated support and encourage collection of HIV data on persons over the age of 49.
- Address violence and abuse of older people, particularly older women's protection and right to inheritance.
- Support awareness-raising and advocacy campaigns and involve the media to promote positive attitudes towards ageing and older persons.

## Economic Commission for Europe (ECE)<sup>9</sup>

### Key facts<sup>10</sup>

- In 2012, 166 million people were aged 60 years and over, representing 22 per cent of the total population in the region.
- 242 million people (34 per cent of the total population) are expected to be aged 60 years and over in 2050.
- In 2012, 4.4 per cent (32.5 million) of the population were aged over 80. This will increase to 9.3 per cent (67 million) by 2050.
- Older women are more likely to live in poverty (22 per cent in 2008, compared with 16 per cent of older men).<sup>11</sup>
- In 2009, 37.8 per cent of women aged 55-64 were employed compared with 54.8 per cent of men in this age group.<sup>12</sup>
- Out of the four age groups surveyed in six countries – Kazakhstan, the former Yugoslav Republic of Macedonia, Moldova, Serbia, Tajikistan, Ukraine – older people (age 65 and older) experience the highest levels of social exclusion, at 45 per cent compared with a 31 per cent average for all age groups, with the highest levels in Moldova and Tajikistan.<sup>13</sup>

### Key issues in the region

The UNECE region, which covers 56 countries in Europe, North America and Asia, as well as Israel, is particularly diverse in terms of political and socioeconomic contexts and demographics. Overall, it faces rapid ageing as a result of low (and in some cases further declining) levels of fertility and decreasing mortality.

Over the last five years, life expectancy at birth and at age 65 has increased notably across the region, by an average of one year and half a year respectively. However, life expectancy at age 65 varies considerably across the region. For men, it ranges from nearly 11 years in Kazakhstan to 18 years in Iceland, and for women, from 14 years in Moldova to 22 years in France.<sup>14</sup>

The recent global economic crisis has raised questions about the sustainability of social security systems throughout the region, from Canada to Serbia. This has led to an increase in poverty, unemployment and social exclusion, making it more important to provide sustainable old-age social security, health care and long-term care systems.

High migration flows have been characteristic of emerging economies. In some of these countries, remittances make up a substantial part of GDP. Migrants are mostly working-age people migrating to Western Europe or the Russian Federation, resulting in large numbers of older persons and children staying behind, often without family members to support them. The narrowing contributors' base is putting additional stress on the social security systems of these economies, while remittances are mainly used for private consumption and only to a very limited extent feed into their budgets.

Across the region, public pension systems are under increasing pressure because of the growth in the number of older people and the longer time spent in retirement due to increasing life expectancy. The economic crisis has put further pressure on pension systems. Lack of economic growth, budget deficits and debt crises, as well as financial instability and low employment, have made traditional pension systems increasingly unsustainable. As a consequence, many governments in the region have reformed, or are considering reforming, their pension systems. Some countries have moved from defined benefit to defined contribution systems or established mandatory funded schemes.

Extending working life is seen as another answer to the pressures on public pension systems. Many countries have taken measures to increase participation of older workers, for example, by raising the official retirement age, restricting the possibility of taking early retirement or introducing measures to encourage later retirement. Public opinion polls in Europe, however, show little support for extending working lives by increasing the retirement age.

Older people in the region often retire early, not through choice but because of external factors including negative attitudes towards older workers, age discrimination in the workplace or discriminatory hiring practices, insufficient training and retraining opportunities, and unhealthy and unsafe work places. Several countries now have legislation prohibiting discrimination based on age in general or specifically in the labour market.

Given rapid population ageing and the increasing number and proportion of the "oldest old", there is a growing demand for long-term care in the region. Particularly in the 27 Member States of the European Union, there is a shift away from residential care towards ambulatory, home-based and community-based care. However, frail and dependent older persons and their relatives often face problems such as difficulties in paying for services, inadequate quality of services or a lack of support for family caregivers. A continuum of care is often not provided and end-of-life care is seen as unsatisfactory.<sup>15</sup>



Residents and staff of a care home in Austria.

Sabine Degen

## Regional Implementation Strategy

In 2002, following the adoption of the Madrid International Plan of Action on Ageing, governments gathered in Berlin to discuss and adopt the UNECE Regional Implementation Strategy. This strategy contains ten commitments to:

- mainstream ageing into all policy fields
- ensure full integration and participation of older persons in society
- promote equitable and sustainable economic growth in response to population ageing
- adjust social protection systems in response to demographic changes and their social and economic consequences
- enable labour markets to respond to the economic and social consequences of population ageing
- promote life-long learning and adapted educational systems
- strive to ensure quality of life at all ages and maintain independent living including health and well-being
- mainstream a gender approach in an ageing society
- support families that provide care for older persons and promote intergenerational and intragenerational solidarity among their members
- promote regional exchange and cooperation to achieve these commitments.<sup>16</sup>

The UNECE Population Unit serves as the secretariat to the regional implementation process, working through a network of nationally-appointed focal points on ageing. The Population Unit organized the first review and appraisal of the Regional Implementation Strategy in 2007.

At the ministerial conference, the culminating event of this first review in León, Spain in November 2007, Member States expressed the need to establish a more formalized intergovernmental body to guide activities around the Madrid Plan and its Regional Implementation Strategy. Consequently, the UNECE Executive Committee established the Working Group on Ageing. UNECE is currently the only region that has an established intergovernmental body on ageing.

The Working Group on Ageing is focusing on four main areas: preparation of policy briefs with good practice examples; monitoring implementation of the Regional Implementation Strategy, including developing indicators to measure progress; supporting capacity development; and analysing intergenerational relationships. At its 4th meeting in March 2011, the UNECE Executive Committee agreed to renew the Working Group on Ageing's mandate for a further three years.

Enjoying an active older age in Serbia.



Amity

## Support to national governments

UNECE has supported national governments to implement the Madrid Plan in a number of ways. Since 2002, the UNECE Population Unit has been collaborating with the European Centre for Social Welfare Policy and Research in Vienna, Austria, to assess the availability of data, research, policies and institutional arrangements on ageing and to develop a set of indicators for measuring progress in implementing the Regional Implementation Strategy. These cover demography, income and wealth, social protection and the labour market, as well as long-term care issues.

The Generations and Gender Programme,<sup>17</sup> administered by the UNECE secretariat, is an important source of data on demographic trends and processes in the region, providing evidence for policymaking. Currently 19 countries across the region are taking part in a three-yearly survey of 18-79 year-olds to collect data on issues such as the distribution of care responsibilities and household tasks within families, and on loneliness. The programme supports a database containing national and regional data on health, pensions, education, tax systems, unemployment and other factors that influence demographic trends, and also helps to monitor progress in implementing the Madrid Plan.

UNECE has published a series of policy briefs on issues such as mainstreaming ageing, promoting participation of older people in society, developing age-friendly employment policies, strengthening health promotion and disease prevention, and images of older people.<sup>18</sup>

More specifically, the UNECE Working Group on Ageing has worked with Armenia and the Republic of Moldova to prepare road maps on mainstreaming ageing. Drawing on reviews of existing policies and programmes and consultations with a broad range of stakeholders, including older people and their representatives as well as governments, these recommend specific actions for individual countries, and provide models for other countries.

In both countries, active civil society groups have played an important role in addressing the needs of older people at grassroots level and in feeding their experiences into policy-making processes. The road maps recommend ways to coordinate stakeholder inputs into more established policy forums and mainstream ageing-related issues in different ministries. The road maps also suggest training for health and social service staff who are in direct contact with older persons, encouraging the media to acknowledge the contributions of older people, and investing in monitoring and evaluation systems to track progress in implementing ageing policies.

## Regional preparations for the second review and appraisal

The Working Group on Ageing has been coordinating the second review and appraisal of the Regional Implementation Strategy. For this, 34 of the 56 UNECE countries have reported on progress. The national reports fed into a synthesis report prepared by UNECE. The process culminated in a Ministerial Conference on Ageing in Vienna in September 2012 with the theme “Ensuring a society for all ages: Promoting quality of life and active ageing”.

## Progress on specific policy issues: National responses

Most countries in the region have recognized the need to address ageing as an opportunity as well as a challenge. Fifteen countries have established national policies on ageing since 2002, although only seven have allocated budgets. Fifteen governments have established ministries or commissions.

More specifically:

- Eighteen countries have begun to equalize the retirement ages of men and women, many of which were prompted by the European Court of Justice ruling that differential retirement ages are illegal and unconstitutional.
- Finland has developed a number of research projects focused on older women, including an elder abuse prevalence study and a project that empowers health and social-service professionals to tackle family violence against older women.
- In 2006, Albania developed a National Strategy on Gender Equality and Domestic Violence, which emphasizes a commitment to gender equality across all generations.
- As part of its pension reform process, the Government of the United Kingdom conducted a comprehensive Gender Impact Assessment to analyse the differential impact of the proposed reforms on men and women saving for retirement. This resulted in a decision to reward unpaid caregiving responsibilities through the state pension system.
- In 2008, Canada launched a three-year Federal Elder Abuse Initiative to raise awareness of elder abuse and available support, including a media campaign, resources for frontline workers, and elder abuse prevention projects.

On a regional level, the 2012 European Year for Active Ageing and Solidarity between Generations has been organized under the auspices of the European Commission to raise awareness of how older people can be better included as active members of society and to tackle negative perceptions. It has also provided a framework to address issues such as pressures on the stability of pension systems and the need to provide adequate health care and social services.<sup>19</sup>

## Economic Commission for Europe recommendations

Many challenges remain to mainstream ageing into all policy processes. Particular efforts are needed in the following areas:

- Promote longer working lives and older workers’ ability to work. This includes making the transition from work to retirement more flexible, for example, by allowing older workers to work fewer or more flexible hours, as well as promoting lifelong learning and healthy living.
- Promote participation, non-discrimination and social inclusion of older people by supporting opportunities for them to engage in social networks and by putting in place more measures to combat discrimination and abuse. Ensure that the special needs of certain groups of older people, for example, those with a migrant background, are taken into account.
- Create an enabling environment for health, independence and ageing with dignity. This requires more effort to be put into preventative health care throughout life, combined with appropriate care and support for older people. Promote “age-friendly” environments and home-care services to enable older people to go on living independently as long as possible.
- Stimulate solidarity between generations by encouraging positive aspects of ageing to be highlighted in the media and the capacities of people of different ages to be better recognized.



## Economic Commission for Latin America and the Caribbean (ECLAC)<sup>20</sup>

### Key facts<sup>21</sup>

- In 2012, 63.1 million people were aged 60 years or over, representing 10 per cent of the total population in the region.
- 187 million people (25 per cent of the total population) are expected to be aged 60 years and over in 2050.
- In 2012, 2 per cent (9.3 million) of the population were aged 80 or over. Between 1950 and 2050, the proportion of the “oldest old” will increase from 0.4 per cent to 6 per cent (41.4 million) of the total population. By 2075, one in 10 people will be 80 years or over, outnumbering even those under 10 years.
- The population of Latin America and the Caribbean is ageing more quickly than in the developed world. By 2050, the region is expected to have aged to the same degree as developed regions have aged today.
- Prospects show that the number of older people will exceed – for the first time – that of children by the year 2036. Nevertheless, the region is strikingly heterogeneous. For example:
  - Cuba, Martinique and the United States Virgin Islands are among the countries and territories that are farthest along the population ageing process: in 2010 the number of older persons was almost the same as the number of children under 15.
  - In Belize, Bolivia, French Guiana, Guatemala, Haiti, Honduras, Nicaragua and Paraguay, the ageing index (the number of persons 60 years old or over per 100 children under age 15) is forecast to be below 70 in 2040; this is substantially lower than the projected sub-regional averages.
- In Latin America and the Caribbean, already approximately one in eight men aged 60 years and over is aged 80 years or over. The estimate for women is one in six.

### Key issues in the region

A common element that runs through the region is inequality. Inequalities in old age can be deepened if there are no appropriate interventions to reverse them. The challenge lies in breaking away from the traditional view that ageing is a problem, and to turn it into an opportunity. This requires concerted and effective action from public authorities and citizens.

In most of the countries in the region, the majority of older persons have no old-age pensions to protect them against the risk of income loss as they age. Furthermore, employment-based social security coverage is unequal, increasing the likelihood that future generations will lack economic protection. One way to avoid an old age without economic protection is to join the labour market and look for income-generating alternatives. Nevertheless, this tends to offer few economic advantages and little security. Consequently, families tend to be one of the main mechanisms for absorbing economic risk during old age, not only by means of informal cash transfers but also by providing services that, if procured in the market, would be too costly for most older persons living in the region.

Health-care systems have been slow to adapt to the increased demand resulting from demographic, epidemiological and technological changes. This translates into escalating health-care costs and spending and the lack of universal access to timely and good-quality health services. Health-care coverage is uneven, and even if older people have health insurance they may be unable to go to a medical facility when they need to. As the current generation of older people becomes less self-sufficient, they worry about access to medicines at an affordable price, to effective health-care services that meet their needs, and to supervised long-term care that respects their fundamental rights and freedoms as they become more dependent.

The demographic transition is changing the structure of families. The percentage of households containing older persons is increasing as the population ages. Up to now, families have provided their older members with emotional, economic, social and health-care support, shouldering responsibility for care and social integration. However, families are shrinking, family structure has become more diverse and varied in recent decades, and families are overburdened by the need to take on new responsibilities as the State grows weaker. The institution of the family is overwhelmed and, without adequate support, will be hard-pressed to perform all the duties that have fallen to it.

## Regional Strategy for Implementation in Latin America and the Caribbean

In 2003, ECLAC and the Government of Chile organized the first Regional Intergovernmental Conference on Ageing, which took place in Santiago in November 2003. At the conference, the Member States of ECLAC adopted the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing.

In 2007, the second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, Towards a Society for All Ages and Rights-based Social Protection, was organized jointly by ECLAC and the Government of Brazil and held in Brasilia in December 2007. The outcome was the Brasilia Declaration, which was endorsed in June 2008.

## Regional preparations for the second review and appraisal

The first preparatory event of the Third Regional Intergovernmental Conference on Ageing (Costa Rica, 2012) was the Regional Meeting for the Follow-Up to the Brasilia Declaration and the Promotion of the Rights of Older People, organized jointly by the Latin American and Caribbean Demographic Centre (CELADE), the Population Division of ECLAC and the Government of Chile. It was held in Santiago in November 2011.

The second event was the International Forum on the Rights of Older People, held in Mexico City in March, 2012. It was organized by the Government of Mexico City, through the Institute for the Care of Older Persons in Mexico City, and CELADE.

The Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean was organized by ECLAC and the Government of Costa Rica in May 2012 in San José. The San José Charter on the Rights of Older Persons is the final outcome of the conference. In this document, government representatives also reaffirmed their commitment to spare no effort to promote and protect the human rights and fundamental freedoms of all older people, to work to eradicate all forms of discrimination and violence and to create networks for the protection of older people with a view to the effective exercise of their rights.

In addition to supporting the work of the Open-ended Working Group on Ageing and the Working Group of the Organization of American States, delegates urged considering the feasibility of both an international and an inter-American convention on the rights of older people and the possibility of appointing a special rapporteur responsible for the promotion and protection of the human rights of this age group.

A day centre user in Jamaica.



Neil Cooper/HelpAge International

Likewise, they committed to strengthen the protection of the rights of older people by means of differentiated and preferential treatment, as well as the endorsement of special protection laws, priority attention to older people in administrative and judicial procedures, and benefits provided by the State.

Governments will also seek to design public policies and programmes that raise awareness of the rights of older people and their participation in civil society organizations and councils.

Countries also agreed to improve social protection systems so that they effectively meet the needs of older persons and foster the universal right to social security and health, by creating services to provide older people with health care, while promoting their independence, autonomy and dignity.

In the San José Charter, delegates especially highlighted the obligations of States to eradicate the multiple forms of discrimination which affect older people, with particular emphasis on gender-based discrimination, and on delivering priority and preferential attention to older people in emergency situations and following natural disasters.

Country representatives decided to rename the conference, which will henceforth be called the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean.

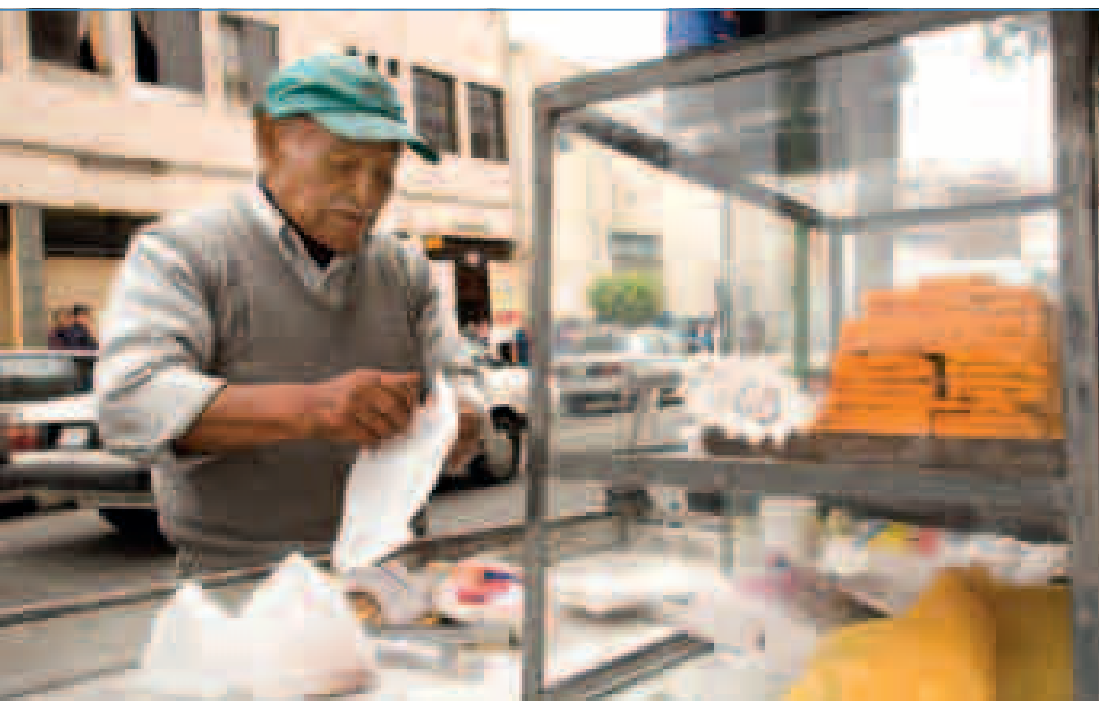
Finally, it was resolved that the San José Charter constitutes the contribution of Latin America and the Caribbean to the 51st session of the Commission for Social Development of the United Nations Economic and Social Council, which will be held in February 2013.

### Progress on specific policy issues

**Work and old age:** One of the most substantial steps forward since 2002 is the growing number of countries seeking to eradicate age-based discrimination in employment by means of affirmative action or a specific ban on discriminating against any worker on the grounds of age (Brazil, El Salvador, Mexico, Paraguay, Peru and Uruguay). In some cases, job training is available (Chile, Colombia, El Salvador, Honduras, Mexico, Panama, Puerto Rico and Uruguay). In other cases, there are databases and information on jobs for

older people (El Salvador, Mexico and Puerto Rico). Some countries have also promoted access to entrepreneurship loans (Brazil, Costa Rica, El Salvador, Honduras and Peru). Funding for productive initiatives can come from many sources, including direct subsidies (Belize) and competitive funding (Chile, Honduras, Mexico, Paraguay).

**Social security:** A number of countries, including Argentina, Brazil, Chile and Uruguay, have a long history and considerable experience of providing social security and coverage of formal pension systems is more extensive. One of the most significant advances since 2002 has been the decision to broaden access to social security by creating non-contributory pension programmes for older persons. Belize recently expanded its special non-contributory pension scheme to assist those most in need. In 2009, 65 per cent of the 4,297 beneficiaries were women. In Guatemala, the economic contribution programme has, since 2005, been providing pensions for older adults not covered by social security. In Bolivia, the *Renta Dignidad* (Decent Income) programme, created in 2007 to replace the old Solidarity Bonus (BONOSOL), provides all people aged 60 or over with a monthly income of 200 bolivianos (US\$29). In 2009, Panama began giving a bonus to people aged 70 or over with no retirement or other pension coverage. The same year, El Salvador established a basic pension for people aged 70 or over with no pension or remittance income.



A street vendor selling cakes and biscuits in Peru.

Antonio Olmos/HelpAge International

Since 2011, Peru's National Solidarity Assistance Programme, *Pensión 65*, has provided a monthly income of 125 nuevos soles (US\$47) to households with one older member and 250 nuevos soles (US\$94) to those with two older people. In 2012, Venezuela rolled out its Greater Love Mission programme, which is expected to cover more than 675,000 older people this year. Similar initiatives are under way in Anguilla and the Bahamas.

**Health-care plans and insurance:** Health-care institutions focused on older persons are becoming increasingly active players, as can be seen from the growing number of older people in health-care plans and programmes. New kinds of insurance have been created, or the way that existing insurance regimes work has been improved.

In October 2011, Ecuador's Ministry of Public Health announced its 2011-2013 Inter-Institutional Plan of Action for the Health of Older People, Including Active and Healthy Aging. Also in 2011, the Ministry of Public Health of Uruguay rolled out its National Health Promotion Strategy (ENPS) with a chapter devoted to older people. There are also initiatives in the English-speaking Caribbean (the Bahamas, for example, has implemented a national plan for healthy ageing), but they differ in the conditions covered and in how they are organized.

On the insurance front, Bolivia set up the Health Insurance for Older Adults system (SSPAM) in 2006 under law No. 3323, providing access for people aged 60 or over who are permanent residents and have no other health insurance. More recently, in 2012, Chile took a big step forward when it eliminated the 7 per cent health-care contribution for pensioners; this is expected to benefit nearly one million older persons.

**Access to and regulation of essential drugs:** Noteworthy drug access programmes for older people are in place in Antigua and Barbuda, Argentina, Belize, the British Virgin Islands, Costa Rica, Cuba, Dominica, the Dominican Republic, Mexico, Paraguay, Saint Vincent and the Grenadines, and Venezuela. Nicaragua's Ministry of Health recently committed to restore the health benefits that older persons had lost when the minimum pension from the Nicaraguan Social Security Institute was discontinued, and to implement a plan in the country's 153 municipalities to guarantee better care for older people and provide drugs and prostheses.

**Long-term care:** The English-speaking Caribbean has a longer tradition of home-care services (Anguilla, Antigua and Barbuda, Antilles, Aruba, the Bahamas, Barbados, Dominica, and Trinidad and Tobago, among others). Countries have been venturing into the residential-care policy area, but vast challenges remain

to be met in the coming years. Many countries have tended to focus on regulating long-term care facilities (including Antilles, Argentina, Aruba, Chile, Costa Rica, Cuba, the Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Panama, Trinidad and Tobago, and Uruguay). In most cases, though, regulation is weak and usually relegated to administrative measures. A detailed review shows that most regulations fail to fully guarantee the fundamental rights and freedoms of older people, leading to recurring complaints that the guaranteed rights of residents are violated.

**Human resources in health care:** Health systems face a shortage of specialized medical professionals, compounded by emigration of health-care workers from the English-speaking Caribbean. To address this shortage, some countries have university-level specialization in geriatrics (Chile, Costa Rica, Dominican Republic, Mexico and Venezuela). An interesting approach is taken at the Raúl Blanco Cervantes hospital in Costa Rica: in addition to training professionals, it coordinates an extension programme involving geriatric services throughout the country. Another fairly usual approach – and one that usually achieves broader coverage – is to provide health professionals with training in geriatrics and gerontology (Antilles, Argentina, Belize, Brazil, Chile, Cuba, and El Salvador).

**Training for caregivers:** This is more common in the English-speaking Caribbean countries. Most of the States examined have initiatives in this area, including Aruba, Belize, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago). Such training is less commonly available in Latin America, where existing programmes do not always have an institutional framework or are sporadic or small in scope. Other examples of training programmes are Argentina's National Home-Care Programme and Cuba's schools for caregivers in the community.

**Citizen participation:** Since 2007, there have been some outstanding examples of countries opening and/or enhancing opportunities for older people's participation. Costa Rica established a consultative forum made up of leaders from across the country who are consulted on actions taken by national institutions. Chile's Law No. 19.828, enacted in 2002, created regional committees for older adults in Chile, comprising government authorities and representatives from civil society organizations, among others. Nicaragua's process is more recent, beginning in January 2012 under law No. 720. Uruguay has developed its National Institute for Older Adults (*Inmayores*) and created a Consultative Council with representatives from organizations of older persons.



Some countries have encouraged older people to participate in designing national plans that concern them directly. In Brazil, the National Conference on the Rights of Older People has been bringing together more than 1,000 participants every two years since 2003 to define policy guidelines. Bolivia deployed a consultation strategy for its national plan on ageing to be drafted and validated jointly with organizations of older persons. Uruguay consulted older people when drafting its National Plan for Old Age and Ageing, as did the Dominican Republic with its 2010-2030 National Development Strategy and Peru with its 2006-2010 National Plan for Older Adults.

One new development is the creation of organizations of older adults to advocate for their own rights. Some examples are the National Association of Older Adults of Bolivia (ANAMBO), the National Association of Older Adults (ANAMH) in Honduras, the Association of Independent Retirees and Pensioners (AJUPIN) in Nicaragua, and the Older Adult Network (REDAM) in Uruguay. There are also strong older adult movements in Guatemala, Honduras, Paraguay, Peru, Puerto Rico and Venezuela that have won passage of targeted legislation in their favour or blocked regressive measures impacting on their rights.

**Elder abuse:** Prior to 2007, violence against older persons was dealt with mainly through prevention campaigns. The scope of action is far broader now and ranges from specific protocols (policy guidelines for preventing abuse and defending the rights of older people in Peru) and new institutions (a prosecutor for older people in the Dominican Republic) to special programmes (Argentina's programme for preventing discrimination, abuse and mistreatment of older persons). There are also a growing number of socio-legal services (Bolivia, Brazil and Peru). Unlike other spheres of action, these services are not as widespread in the English-speaking Caribbean countries, with the exception of Trinidad and Tobago, where there is a help desk for reporting cases of abuse and guidelines are in place for preventing mistreatment at long-term care facilities.

A notable development is the work being done by the Government of the Federal District of Mexico City, which has a network for preventing, detecting and addressing violence against older people that operates in close cooperation with social organizations. In 2005, it launched an inter-institutional group for preventing, detecting and addressing violence against older persons, comprising 10 institutions that are currently drafting a care protocol. An agency specialized in caring for older people who have been victims of violence was created in April 2010.

**Housing, transport and accessibility:** Most housing-related action in Latin America targets sectors of the population living in poverty. Uruguay is one of the countries that has made the most progress. Law No. 18.340, enacted in 2001, established the first housing benefits for retirees and pensioners. These benefits were expanded in 2006, when a rent subsidy was created; the subsidy was enhanced in September 2009 by executive order 397/009. There are many initiatives along these lines in the English-speaking Caribbean countries. Some provide direct transfers (subsidies) for home improvement (Saint Lucia, Saint Vincent and the Grenadines). Others lend government-owned housing free of charge or provide low-rent housing (Aruba, the Bahamas). Others provide services to maintain housing in good repair, such as cleaning services, basic household items and discounted utility rates (the Bahamas and Barbados).

Only a few countries and territories offer free transport; others just offer discounts (Argentina, Aruba, Belize, Brazil, British Virgin Islands, Chile, Guatemala, Puerto Rico and Venezuela). But many of these programmes are facing management challenges or involve considerable red tape that sometimes discourages older people. The most noteworthy public accessibility interventions have to do with strategies for inclusion in cities, although they are limited to a few countries (Argentina, Aruba, Colombia, Honduras, Mexico, Paraguay, and Peru).

## Economic Commission for Latin America and the Caribbean recommendations

- Strengthen structures that manage pensions, which in some cases are outside the traditional scope of social security institutions. Design solid tools to select beneficiaries and provide transparency in the allocation of benefits. Move towards greater coverage and improve the quality of services.
- Expand coverage and access to health care. Concentrate efforts on promoting personal autonomy in old age, both for people with some level of dependence and for those at risk.
- Make urgent improvements in regulating long-term care institutions to protect the rights and freedoms of older people who use these services. Ensure that issues such as mental health, HIV and women's health are incorporated into the public health agenda.
- Expand efforts to promote the full inclusion of older people in society and remove the barrier of generational segregation.
- Pay special attention to designing care for older persons and integrating social services as a pillar of social protection, paying attention to promoting gender equality and respect for older people's decisions.



A great-grandmother in Viet Nam, which is one of 21 countries in the region that have adopted national policies on ageing.

Mayur Paul/HelpAge International



## Economic and Social Commission for Asia and the Pacific (ESCAP)<sup>22</sup>

### Key facts<sup>23</sup>

- The number of older people in the Asia-Pacific region is rising at an unprecedented rate. It will triple from 453 million in 2012 to 1.26 billion by 2050.
- By 2050, one in four people in the region will be over 60 years old.
- By 2050, in East and North-East Asia, more than one in three people will be older than 60 years.
- Women constitute the majority (53.5 per cent) of the population aged 60 or older in the region.
- Women represent an even greater majority (61 per cent) of the “oldest old” population (80 years and older).

### Key issues in the region

The Asia-Pacific region is at the forefront of the global phenomenon of population ageing. While increasing longevity is a positive outcome of social, economic and technological development, the rapid pace of ageing has profound and far-reaching social, economic and political implications.

A large number of older persons have to grapple with income insecurity due to a lack of social protection and accumulated assets. Only about 30 per cent of the older population in the region receives some form of pension. Older women are more vulnerable to poverty than older men due to a combination of relative disadvantage throughout their lives, including lower educational levels, limited participation in the formal sector and the continued reliance on women in many societies to provide unpaid caregiving and other work.

While there is still a strong tradition of family and community support for older persons, changing family structures combined with migration are resulting in the gradual weakening of informal support systems. Yet most countries' health-care and social support systems have limited capacity to meet the need for geriatric care services. Few have been adapted to address the range of chronic conditions facing older people. Such conditions require a multidisciplinary continuum of care, including specialized diagnostic and therapeutic care.

In addition, there is an increasing need for age-friendly environments, including housing, infrastructure and public facilities, to enable older persons to remain active members of society and the economy.

The demographic transition will present significant challenges to economic systems, which will have to adapt to a shrinking labour force, rising health care and pension costs and necessary economic restructuring. Reforming policies and institutions will be vital to sustain economic growth and prevent a decline in standards of living. While population ageing poses serious economic challenges, the adaptation of systems and practices to extend working lives, for example, through age-friendly employment policies and flexible retirement arrangements, will be critical.

Countries may benefit from a “second demographic dividend”, by creating opportunities for an extended economic life by investing in human capital, infrastructure and public services. Reviewing legislation that restricts longer working lives and perpetuates age discrimination in all spheres of society would be among key solutions to the challenges of population ageing.

Elder abuse and violence is an under-reported issue which has received limited attention. It is a sensitive issue, often considered a matter for families that should be dealt with without involving others, particularly formal agencies and institutions. This is compounded by the fact that in many societies, older people may tolerate abusive situations to avoid conflict with their families, often because of a lack of alternative support mechanisms.

Older people’s needs are often overlooked in the context of the HIV epidemic. While the size of the older population infected by HIV is relatively small, many older persons, who are parents of adults living with HIV and grandparents of young orphans, are adversely affected emotionally, economically, or socially.

Older people are particularly vulnerable in emergency situations, including natural disasters. Yet their needs, as well as their knowledge and capacity to contribute, have been largely overlooked by programmes on disaster-risk reduction and humanitarian assistance.

### Shanghai Implementation Strategy

ESCAP serves as the intergovernmental platform in Asia and the Pacific to strengthen regional cooperation and enhance government capacity to design and implement policies that empower and protect older people.

In its efforts to develop a regional response to the demographic transition, ESCAP convened a regional meeting in Macau that led to the endorsement in 1999

of the Macau Declaration and Plan of Action on Ageing for Asia and the Pacific.

ESCAP has actively promoted the Madrid International Plan of Action on Ageing and supported governments in their efforts to review and appraise its implementation. In 2002, the Shanghai Implementation Strategy was developed as an outcome of the Asia-Pacific Seminar on Regional Follow-up to the Second World Assembly on Ageing.

The Strategy provided governments with guidelines on the implementation of the Madrid Plan. Five years after the adoption of the Madrid Plan, ESCAP convened a High-level Meeting on the Regional Review of the Madrid International Plan of Action on Ageing in Macao, China in 2007. Member States shared their experiences and adopted recommendations for action to address key challenges in the Asia-Pacific region.

In supporting country efforts to implement the Madrid Plan, ESCAP has provided a significant regional platform for governments, non-government organizations, research institutions and the private sector to share knowledge and identify good practices and solutions to address the concerns of older persons and the challenges of population ageing. This has included a strong focus on the health dimension of the demographic transition. A regional seminar on health promotion and active ageing was jointly convened by ESCAP and HelpAge International in Bangkok in 2010, and a Regional Forum on Elderly Care Services in Asia and the Pacific was convened by ESCAP and Zhongshan College, Nanjing, China in 2011.

### Regional preparations for the second review and appraisal

ESCAP is supporting Member States to prepare for the second review and appraisal of the Madrid Plan, providing regional analysis, a regional platform for sharing national experience and good practices, and direct technical assistance to governments upon request.

In recognition of the unprecedented pace of the demographic transition in the Asia-Pacific region, Member States of ESCAP adopted resolution 67/5 in May 2011 on full and effective implementation of the Madrid International Plan of Action on Ageing in the Asia-Pacific region. The resolution called on ESCAP Member States to conduct national reviews and appraisals using a bottom-up participatory approach, incorporate a gender perspective into all policy actions on ageing, and strengthen the empowerment and legal protection of older people, in particular of older women. Following this resolution, ESCAP decided to convene an Asia-Pacific intergovernmental meeting to review the implementation of the Madrid Plan and provide a regional input into the global review.

In preparation for an analysis of progress in implementing the Madrid Plan in the region, ESCAP conducted a survey of governments in 2011 on the development of policies and programmes concerning older people over the past decade. ESCAP also encouraged the participation of all key stakeholders, including civil society organizations, in the preparatory process. In 16 countries, civil society organizations, with support from the HelpAge network, arranged consultations with older women and men to reflect the voices of older people in the process, as shown in Chapter 4 of this report. The consultations will feed into the national review and appraisal processes through a variety of means, such as engagement of government officials in the consultations and sharing of the findings with the government.

To further support governments in identifying priorities related to population ageing, ESCAP conducted a Preparatory Meeting for the Asia-Pacific Intergovernmental Meeting on the Second Regional Review and Appraisal of the Madrid International Plan of Action on Ageing in Beijing in November 2011. The meeting, attended by experts from governments, research institutions, civil society and international organizations, facilitated the exchange of national experiences and identified policy gaps in the implementation of the Madrid Plan.

These forums provided valuable inputs for the second regional review and appraisal of the Madrid Plan. The regional process culminated in an Asia-Pacific Intergovernmental Meeting on the Second Review and Appraisal of the Madrid International Plan of Action on Ageing in Bangkok in September 2012. Member States reflected on challenges and opportunities of population ageing in the region, reviewed progress in implementing the Madrid Plan, and identified solutions to address the common challenges of population ageing, including policy options and strategies on empowerment and protection of older persons. The outcome of the Asia-Pacific Intergovernmental Meeting will feed into the global review of the Madrid Plan in 2013.

In July 2012, ESCAP's Subregional Office for East and North-East Asia organized a Symposium on Building Sustainable Ageing Societies. The objectives of this meeting were to build a platform for sharing experience and good practices in building sustainable ageing societies, promote communication and cooperation among policymakers in Asia and discuss the strategies for dealing with ageing in the context of ICPD+20 (International Conference on Population and Development+20), the Millennium Development Goals and the review of the Madrid Plan.

## Progress on specific policy issues

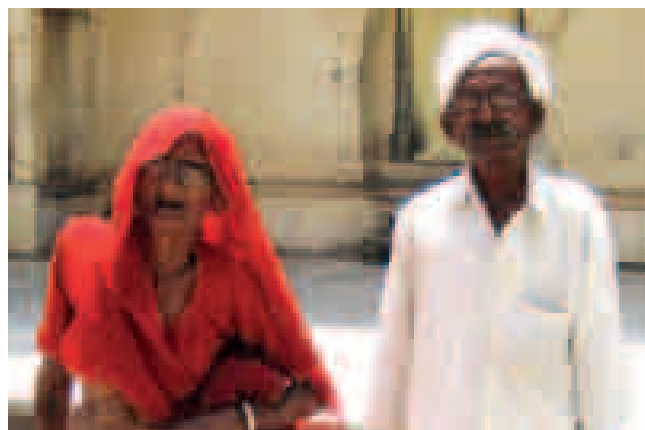
With the impact of population ageing already being felt in the region, governments are aware of the need to prepare for a society with an increasing proportion of older people. To date, 21 countries – Australia, Bangladesh, Cambodia, China, Fiji, India, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Maldives, Mongolia, New Zealand, Nepal, Republic of Korea, the Philippines, Samoa, Sri Lanka, Thailand, Turkey and Viet Nam – have introduced national policies on older persons.

Twelve countries – China, Democratic People's Republic of Korea, India, Indonesia, Japan, Mongolia, Nepal, the Philippines, Republic of Korea, Sri Lanka, Thailand and Viet Nam – have passed national laws on older persons. Eight countries – Indonesia, Kiribati, Palau, Papua New Guinea, Singapore, Sri Lanka, Thailand and Viet Nam – have established special bodies on ageing within ministries.

Several countries have made progress in improving social protection and care for older people. For example, from 2009, the Government of Thailand has made a basic universal social pension available for persons over 60 years of age. This has been modified over time. In 2011, the amount was raised from a flat 500 baht (US\$16) a month to a progressive rate according to a person's age. Further improvement is underway under the UN Social Protection Floor Initiative co-sponsored by the ministry concerned. Furthermore, an Elderly Fund was established to provide financial support for activities organized by older people's groups.

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A couple in India, one of 12 countries in the region to have passed national laws on older persons.



George Pawliczko

In Cambodia, the 2011 National Social Protection Strategy includes older people as a target group, with measures including old age pensions and promotion of older people's associations.

The Government of China initiated a new pension system for its rural population in 2009 and a new pension system for urban residents in 2011. China is also developing comprehensive policy measures to improve care of older people, including promotion of home-based and community-based care services. China's 12th Five-Year Plan (2011-2015) includes the establishment of a comprehensive care and social service system for older people as a national priority.

In addressing gender concerns of ageing, the Republic of Korea, in its Second Basic Plan on Low Fertility and Aging Society, pointed to the need to develop a policy on employment that can tap into the professional knowledge and skills of older women as well as on the expansion of pension rights for older women.

Australia's first National Male Health Policy, released in 2010, aims to improve health for all males and achieve equal health outcomes for population groups of males at risk of poor health. It recognizes that older men have much to offer their peers and younger generations through their friendship, skill-sharing, mentoring, and father and grandfather roles. The National Male Health Policy also supports initiatives with a focus on older men's health. Under the policy, "Men's Sheds"

(community meeting places for men) were promoted through the Australian Government Shed Development Programme to address social isolation of older men. A significant number of older Australian men participate in Shed activities which include manual skills training, presentations on male health issues and information sharing on employment, well-being and community activities.

At a sub-regional level, the ASEAN Strategic Framework for Social Welfare and Development (2011-2015) includes older people as one of its four priorities. It identifies five thematic areas: social pensions, promoting active and healthy ageing and community care approaches, self-care approach to health, older people's associations, and strengthening policy and programming.

## Economic and Social Commission for Asia and the Pacific recommendations

Overall, there is a need to strengthen implementation and monitoring of the Madrid Plan to ensure that the rights of older persons across the region are protected and enhanced. Many countries have identified coordination of policies and programmes on ageing as a major challenge. The establishment of a national mechanism to oversee work on ageing, if none exists, can address this issue. It is critical to allocate adequate budgetary support for the work of the national coordination body, as well as the implementation of national policies and action plans on ageing.

## From family to community: Providing long-term care in North-East Asia

North-East Asia is the fastest ageing sub-region in the world. In 2010, six countries alone – China, Democratic People's Republic of Korea, Japan, Mongolia, the Republic of Korea and the Russian Federation – accounted for 31 per cent of the world's population aged 65 years and above. Within the sub-region, one in 10 persons was 65 years old or above in 2010. The proportion is projected to become one in five persons by 2025, and one in three persons by 2050.

While the number of older persons is increasing, the number of multigenerational households is declining with the rise of nuclear families. As a result, the tradition of family members taking care of older relatives has waned and the question of how to provide long-term care for older persons has gained urgency. The challenge is how to create societies where older persons can age in security and dignity.

### Community holistic care

The concept of "community holistic care" has emerged and is continuing to evolve. The idea is that older people will be taken care of by others living in the vicinity, whether they are related to them or not. In Musashino City, a municipality of Tokyo, the local government and residents, including older people themselves, have created an environment where older persons have easy access to the short-term and long-term care that they need, even if they are living alone.

In the community, there are several day-care and activity centres, each set up and run by citizens with financial support from the local government. Older persons can visit these centres to interact with others, learn new skills or simply enjoy hobbies. There may also be short-stay houses and clinics in the vicinity to assist older persons needing medical care, as well as older persons' homes for those who choose to live in these. Older people living in their own homes can take advantage of community buses. There are stops at every block so that they do not have to walk far if they want to visit friends, shop for groceries or go to the

More specific recommendations are:

- Develop more comprehensive and universal social protection systems. This means introducing or expanding contributory pensions for informal sector workers and non-contributory pensions for those who may not be able to participate in any contributory pension plan, as well as other income support schemes to provide protection against poverty in old age.
- Promote productive and active ageing, recognizing the role of older people and supporting their full participation in the development process. Take advantage of the opportunities that population ageing presents to engage in the formal, informal and voluntary workforce and identify how best to benefit from older people's skills and experience.
- Support the development of older people's associations as an effective community mechanism for hearing the voices of older people, building livelihood security, improving health care, facilitating meaningful participation of older persons and supporting disaster responses.
- Enhance capacity to meet rising demands for health and social services for older people and for age-friendly environments, including housing, infrastructure and public facilities. Consider the development of a portable accreditation system. Also consider providing financial assistance for caregivers to ensure that they are sufficiently supported and that care and support for older persons is not compromised by financial pressures on caregivers.
- Give particular attention to older people living with and affected by HIV and AIDS, including those who are caregivers for children who are orphaned or living with HIV.
- Ensure that the needs of older persons are included in disaster risk reduction and emergency responses. More importantly, work towards building resilient societies and communities in which all age groups have roles.
- Give greater attention to the gender dimension of ageing. In particular, support older women in their role as primary caregivers, address the health conditions of older women, and reduce their vulnerability to poverty, social isolation and violence and abuse.
- Strengthen public and private partnerships in order to provide and coordinate the role of the private sector in the so-called "ageing industry" in several areas, particularly in long-term care insurance.
- Collect and analyse data disaggregated by sex, disability and socioeconomic status as well as age, as this is a key gap in monitoring the implementation of the Madrid Plan.

hospital. In addition, local residents can receive training as community volunteers to assist older persons who have dementia, so that there is a wider network of support and understanding of the disease and its symptoms.

Such an environment provides a choice of care and services for older persons that can meet their changing needs as they age and cater to their diverse abilities, needs and lifestyles. In some countries, for example, China, Japan and the Republic of Korea, networks of researchers are studying how to advance "community holistic care". This concept is being progressively implemented in some local municipalities and pilot communities.

#### **Older persons' initiatives for "ageing in place"**

Another emerging trend in North-East Asia is for older persons-to-be to plan their own "ageing in place" while they are still young. Some people prefer to design a future residence in which they live alone but in a community of like-minded people. Some people form a group, and share with the architect their preferences about the design of residences, communal gardens, and other common areas

and facilities. Then they move into the community, where they decorate their own rooms, collectively plant vegetables, herbs and flowers, engage in creative activities, or make arrangements for income-earning activities, working from home.

#### **Empowering older persons**

As the traditional system of family care for older persons wanes and other options for long-term care become available, the challenge shifts to that of enabling older people to make their own choices. For happy ageing, older men and women need to be able to make their own decisions about where, how and with whom to live, whether in an older persons' home, in institutional care, in a group home, or in their own home. Many older persons, who have depended on their spouses or other family members for decision-making for a long time, find it difficult to make choices. Therefore, persons need to be empowered from an earlier age to make their own decisions.

Source: Prepared by the ESCAP Subregional Office for West and North-East Asia, 2012.





A woman in a Gaza refugee camp with her physiotherapist.

Sarah Marzouk/HelpAge International

## Economic and Social Commission for Western Asia (ESCWA)<sup>24</sup>

### Key facts<sup>25</sup>

- In 2012, people aged 60 and above represented 7 per cent of the population, numbering 17.6 million older persons.
- The number of older people is expected to increase in almost all countries. By 2050, 19 per cent of the population of Western Asia will be aged 60 or over.
- In almost all countries in the region (except Iraq, Jordan, Occupied Palestinian Territory, Syria and Yemen) older persons are projected to make up about one quarter (between 22 and 36 per cent) of the total population by 2050.
- Average life expectancy at birth was 71 years for men and 75 years for women in 2005-2010. It is expected to rise to approximately 77 years for men and 81 years for women in 2045-2050.
- Older women outnumber older men. In 2012, for every 100 women aged 60 years or above there are 85 older men.

### Key issues in the region

The Arab region is witnessing a range of demographic transitions which have given rise to the phenomenon of a “youth bulge”. However, with the exception of the six Gulf Cooperation Council countries, various economic challenges have diminished the window of opportunity created by a lower population dependency rate. As the demographic transition progresses, the higher incidence of poverty among older people is likely to continue, posing a critical challenge, given that older people already constitute a higher proportion of poor people in the region.

Life expectancy in the region has been increasing. However, this does not mean that older persons are living healthy lives. Most are living with poor health. Non-communicable diseases (NCDs) account for more than eight years in the longevity gap between Western Asia and populations with the highest average life expectancies at birth. At just under 73 years, life expectancy at birth in the region lags approximately 10 years behind that in the “longest-lived” populations.

For those working in the state sector, the statutory retirement age is 60 years, although there are exceptions in a few countries. For example, judges, academics, and researchers in Egypt can extend their working lives to 70 years of age. However, issues of retirement age, and early retirement options, are subject to varying civil

service policies across sectors and countries in the region, according to national priorities.

A lack of old-age pension schemes and social assistance programmes means that many men and women continue to work in old age, mainly in the informal sector and agriculture. Formal pension systems are restricted to the government sector, and, in some countries, to the private sector, leaving people who have worked in the agricultural and informal sectors without any pension rights.

There is still a strong tradition of family support for older persons in the region. However, increasing labour migration of younger family members and the fact that more women are working means that there are fewer people to care for their older relatives.

The provision of care for older people remains inadequate. In general, Arab countries still adopt a welfare-based approach based on an individual's needs, rather than a developmental approach that seeks to empower older people. Charities and religious organizations play a big role in providing care.

Policies that cover the care of older persons are fragmented and uncoordinated. They do not target older people directly but as part of a package of measures targeting vulnerable groups including poor people, people with disabilities and widows.

Home care and other home-based services for older people are not widely available. Where these are available, they are expensive and beyond the means of most families. Care homes for older people are not widespread, and in some cases they still carry a social stigma. At the same time, there are specific government programmes to provide care and support services that target families caring for older persons.

Governments across the region are upgrading health-care services and infrastructure to cover a wider segment of the population, including older people. More training is being provided for specialist personnel. Nevertheless, as demand grows, there is still a shortage of qualified care providers. Consequently, health care for older persons remains inadequate, with many older people having difficulty accessing services, especially in rural areas.

There is little training for health and social workers in health-care issues specific to older people and there are no specific centres providing specialized health care for older people. Health insurance schemes do not provide universal coverage for older people. Health-care resources in the region are mostly directed towards communicable diseases. On a more positive note, however, Bahrain, Oman and Saudi Arabia have started a system of mobile clinics for older people, which are also staffed by social workers.

Older women are especially vulnerable because of the male-dominated culture. Widows are not encouraged to remarry, although remarriage by widowers is encouraged. The financial situation of older widows is generally poor compared with that of other demographic groups. Many have to work to meet their basic needs, usually in the informal sector under poor conditions. Gender discrimination occurs in many respects, especially health care, where women are given lower priority throughout their lives.

Participation in public life and legislative activities is generally low in the older population. When it exists, it is usually based on individual political and economic power and relates to their respective capacity to engage in public life affairs.

In most countries, special facilities for older persons, including housing and transportation, are not available.

## Arab Plan of Action on Ageing to the Year 2012

The Madrid Plan was preceded by the Arab Plan of Action on Ageing to the Year 2012. This was adopted at a preparatory meeting for the Second World Assembly on Ageing in Lebanon in February 2002 and was based on national reports and programmes on ageing.

The Arab Plan calls on countries to implement significant issues raised by the Madrid Plan at the regional and country levels. It has the same three priority directions as the Madrid Plan, covering older people and development, advancing health and well-being, and ensuring enabling and supportive environments. It also includes other age-related issues of concern in the region. The Plan calls for a particular emphasis on health care and other support to improve the well-being of older women.

## Regional preparations for the second review and appraisal

ESCWA has carried out four activities to support the second review and appraisal of the Madrid Plan. It has prepared a policy brief describing the links between ageing and other trends in the region, the consequences of population ageing and the challenges facing older people. The brief advocates for mainstreaming ageing into development planning to reinforce social equity.

The Commission has also prepared a demographic profile of the Arab countries to serve as a reference for policymakers. This discusses the implications for development of the changing age structure in the region. It analyses the distribution of the population across various age groups, indicating changes in the support ratio, accompanied by a discussion of the window of economic opportunity and the anticipated percentage increase in GDP. The profile document also examines the gender dimension of ageing and the exclusion of older people in media coverage of the recent Arab uprisings.

The Commission has provided guidelines to governments for preparing national reports for the review of the Madrid Plan. In December 2011, the Commission organized a meeting in Lebanon for government representatives and members of academic and research institutions to discuss the national reports, identify obstacles faced by Member States in implementing the recommendations of the Madrid Plan and make recommendations for implementing it.

These activities give special focus to the gender dimension of ageing and its importance when formulating national strategies for older people. Based on the results of these activities, the Commission is preparing a regional report assessing countries' progress in developing, implementing, monitoring and evaluating national strategies for older persons, which will be presented at the 51st session of the Commission for Social Development in 2013.

## Progress on specific policy issues

Eight countries – Bahrain, Egypt, Jordan, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia and Syria – have adopted national policies on ageing since 2002. However, none of these has a budget attached. In general, little information can be found on any government action relating to older people and ageing.

Eight countries – Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Qatar and Saudi Arabia – have set up national committees on ageing, which include representatives of both the public and private sectors. These committees are all headed by the Minister of Social Affairs, except in Syria, where the committee is headed by the Minister of Health.

The main areas of policy development relate to income support and health care. Iraq, Jordan and Qatar, for example, have issued directives for the financial support of the poorest older people including free health insurance and monthly allowances. Egypt, Jordan, Oman, Qatar and Yemen have expanded health insurance to cover the poorest older persons. Other initiatives include tax exemptions or fee reductions for transport, cultural visits and entertainment in Egypt and Lebanon, issuing directives on mobility and accessibility to public premises in Egypt and Jordan, and issuing directives on establishing homes and clubs for older people in Jordan and Iraq.

Kuwait has expanded welfare provisions to cover disability and poor health. Social security schemes and pension funds have been upgraded in Iraq, Jordan, Lebanon, Oman and Qatar. A new pension law has been drafted in Lebanon designed to expand the social protection scheme favouring older persons.

Although the national policies on ageing of Egypt and Saudi Arabia refer to emergency and disaster relief, there is no evidence of mainstreaming older people's issues into policies and programmes on humanitarian aid or disaster relief in the Occupied Palestinian Territory, despite the ongoing conflict.

Civil society organizations are very influential in the region. In most countries, welfare institutions associated with the Ministry of Social Affairs have established agreements with hospitals to expand their facilities to include medical treatment of poor older people, while initiating ad-hoc welfare support programmes to cover associated expenses.

Some countries have introduced programmes promoting intergenerational solidarity, involving older persons in teaching students and vice versa through literacy programmes, promoting a spirit of volunteerism and strengthening social cohesion.

In some countries, programmes to support older women have been established. For example, Jordan has initiated programmes that seek to empower older women. The Saudi Arabian Government provides financial help for older widowed and divorced women as well as free health care in public hospitals. In Bahrain, these groups of women are offered financial help and those who need care are admitted to nursing homes or given appropriate home care within the social welfare scheme.

In Lebanon, the 2011 Social Pact Project of the Ministry of Social Affairs highlights the importance of giving priority to vulnerable population groups, including older women, in the formulation of development plans and programmes.

Several Arab countries are working to establish a solid dataset on the conditions of older people, disaggregated by sex, in order to identify the specific needs of older women and propose strategies to improve their situation, in the light of the increasing importance and the pressure to develop policy responses to the demographic transition in the region.

## Economic and Social Commission for Western Asia recommendations

The demographic “window of opportunity” carries a responsibility to various groups in society, particularly older people. Countries in the region are devising policies and programmes to respond to this responsibility, working towards the social well-being of the population across different age groups. Specific recommendations to address issues of older people include:

- Collect and analyse data on older persons disaggregated by age and sex, area of residence (rural and urban areas) and socioeconomic level.
- Strengthen coordination between governments, non-governmental organizations and the private sector in service delivery for older people.
- Ensure older people’s involvement in decision-making at all levels, in particular in developing policies relating to older persons.
- Coordinate across different sectors to integrate ageing issues into social, health and economic policies, incorporating a gender perspective.
- Provide support to families to care for older persons, for example, in the form of subsidies or tax reductions.
- Ensure health insurance for older people, including preventive and rehabilitative health care.

A grandmother in Lebanon, which is one of eight countries in the region to have set up national committees on ageing.



Jenny Matthews/Age UK

- Include geriatric medicine as a major component of the curriculum in medical schools.
- Improve the housing and living environments of older persons. Encourage age-friendly and accessible housing designs and ensure easy access for older people to public buildings and spaces. Improve transportation for older persons, for example, by providing special seats and lower fares.
- Develop employment policies that increase older people’s participation in the formal system and reduce the barriers that they may face in the workplace.
- Strengthen the institutional and legal infrastructure necessary for the implementation of the Madrid Plan through the establishment of national committees on ageing and focal points on ageing within ministries.
- Acknowledge the problem of rural ageing and its social, economic and human rights implications for the cohesion of Arab society. Expand and adapt health care, housing and social services to meet the needs of older persons in rural areas.