Overview of Available Policies and Legislation, Data and Research, and Institutional Arrangements Relating To Older Persons - Progress Since Madrid

Report compiled in preparation for
The State of the World's Older Persons 2012

United Nations Population Fund

and

HelpAge International

Note:

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The term 'country' as used in the text of this report refers, as appropriate, to territories or areas.

The designations of 'developed' and 'developing' countries are intended for convenience and do not necessarily express a judgment about the stage reached by a particular country or area in the development process.

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Foreword

The United Nations Population Fund (UNFPA) and HelpAge International are pleased to present *Overview of Available Policies and Legislation, Data and Research, and Institutional Arrangements Relating To Older Persons - Progress Since Madrid.* This report is part of a much larger process of assessing progress towards implementation of the Madrid International Plan of Action on Ageing that will culminate in the publication next year of the *State of the World's Older Persons 2012* report. UNFPA is spearheading the preparation of this report in collaboration with HelpAge International, ten United Nations organizations and agencies, and other partners to inform on progress towards implementation of the Madrid Plan. A special feature of the report will be the voices of older persons themselves based on consultations with them around the world to inform about their quality of life and highlight their experience and views.

The much-larger process also includes a legal assessment of the human rights of older persons that will inform the current debate at the United Nations on a possible Convention on the Human Rights of Older Persons and will provide examples of good practices in this area. It also includes the development of a minimum set of indicators to assist countries in monitoring and reporting for the 2012 Madrid+10 review.

The current report, which is a mapping of the existing policies, legislation, data, research and institutional arrangements to show progress since the Second World Assembly on Ageing in 2002, is the first step in this process. It provides information on the implementation of the provisions of the Madrid Plan in 133 countries. More detailed information is presented for a sample of 32 case study countries. The research was undertaken by a global team of experts and consultants who compiled the information by country and by region and produced regional reports. The study was made possible by the generous support of the John D. and Catherine T. MacArthur Foundation.

The overall objective of the report is to assess and evaluate the implementation of the Madrid International Plan of Action on Ageing at national, regional and global levels, highlight good practices, identify gaps, and provide recommendations for further action by governments to mainstream ageing issues into national development frameworks, including laws, policies and programmes; poverty reduction strategies; and budgets to meet the needs of older persons.

The information presented in this report is intended to provide the international community with an in-depth understanding of the progressive realization of the objectives and recommendations of the Madrid Plan. The challenges in obtaining accurate and easily available information necessary to build this understanding and inform policy making on ageing suggest that data analysis and reporting on ageing is an area for considerable improvement. We hope that this report serves to promote progress in this field, especially relevant to the upcoming ten-year review and appraisal of the Madrid Plan. We invite all stakeholders to come forward with additional information as it becomes available to make this a living document that can be shared by all in our mutual quest to fulfil the goal of the Madrid Plan, that of achieving a "Society for All Ages".

UNFPA and HelpAge International would like to thank all members of the study team for their tireless efforts to collect as much information as possible. We would also like to thank the regional, sub-regional and country offices of UNFPA, the network of partners and Affiliates of HelpAge International, and all the colleagues around the world who generously gave of their time to collect and share crucial information.

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Executive Summary

Introduction

The Madrid International Plan of Action on Ageing and its Political Declaration (Madrid Plan) were adopted in April 2002 by the 159 governments which attended the Second World Assembly on Ageing in Madrid.

The Madrid Plan emphasizes the crucial role of governments in "promoting, providing and ensuring access to basic social services, bearing in mind specific needs of older persons"[1]; fully recognises the rights and contributions of older persons themselves; and draws attention to the urgent need for action on ageing worldwide, in line with the central concept of "A Society for All Ages"[2]. Its three Priority Directions are: 1. Older persons and development; 2. Advancing health and well-being into old age; and 3. Ensuring enabling and supportive environments.

At the Second World Assembly on Ageing in Madrid, countries committed themselves to eliminating all forms of discrimination, in particular age discrimination, to ensure that "persons, as they age, […] enjoy a life of fulfilment, health, security and active participation in the economic, social, cultural and political life of their societies"[3]. This wide-ranging goal links the recommendations made under each Priority Direction to the agreements which emerged from United Nations conferences and summits before the Second World Assembly, such as the International Conference on Population and Development (Cairo, 1994), the World Summit on Social Development (Copenhagen, 1995), the Fourth World Conference on Women (Beijing, 1995) and the Millennium Development Summit in 2000.

This report is based on an assessment of government action in the three domains of policy and legislation, data and research, and institutional arrangements adopted and/or modified since 2002. "Government action" is defined as any deliberate decision or action made by a government, in terms of legislation, policy or implementation.

The report is based on two major review exercises to collect information on:

1) Policies and legislation, data and research, and institutional arrangements on ageing/older persons in general for as many countries as possible;

2) Policies and legislation and data on ageing according to recommendations made in the Madrid International Plan of Action on Ageing for a sample of 32 countries.

The findings of this report can therefore be viewed as a preparation for countries to review their own national actions. It is important to note that this report does not claim to present an exhaustive picture of progress to date. It is based on information supplied by 133 Member States[4]. It is 'work in progress' towards a more complete picture of government action on ageing since the Second World Assembly on Ageing in 2002.

The report includes examples from developed and developing countries[5] from all regions. There are clearly very significant differences with regard to ageing between countries: while developed countries are concerned about rising costs of health care or the sustainability of existing pension systems, developing countries have to consider, for example, the fiscal space available for social policies relating to health and income security, and the impact of demographic changes on their current and future poverty reduction policies. Notwithstanding these differences, one of the underlying premises of this report is that policy lessons and exchanges of good practice should occur globally, within and across regions. In a context of

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[1] United Nations, Political Declaration and Madrid International Plan of Action on Ageing. New York, 2003, article 13

[2] This concept was adopted for the International Year of Older Persons in 1999 and developed from a concept that has been formulated at the World Summit of Social Development in Copenhagen in 1995 – the concept of A Society for All. Source: Sidorenko A and Walker A, The Madrid International Plan of Action on Ageing: from conception to implementation, Ageing and Society, 2004, 24, pp. 147-165

[3] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 4, article 5

[4] See Annex I for a list of countries. Please note that the information gathering exercise for this report was completed on October 31, 2010. The report therefore does not include any changes in government action that occurred after this date.

[5] Please see listings compiled in the Human Development Report, pp. 226-227, UNDP New York

increasing globalisation, and in some cases growing convergence between developed and developing countries, it is possible and desirable that the examples from developing countries influence policy and practice in more developed countries, complementing the traditional North-South flow of knowledge and resources.

The report also helps to draw general lessons and give impetus to the global research and policy agenda while acknowledging the importance of contextual differences between and within countries. By highlighting examples from countries across the world, the report argues for a culturally sensitive understanding of issues affecting older persons and similarly culturally sensitive application of government action on ageing.

Key Findings

Policy and Legislation, Data and Research, and Institutional Arrangements

- Overall substantial progress has been made in adopting new policies, strategies and plans on ageing. 48 countries have approved and published national policies on ageing since 2002 and 10 have passed overarching legislation on ageing. Other countries, such as Australia, report specific laws dealing with an issue or issues affecting older persons, such as the Aged Care Act (1997), the Age Discrimination Act (2004) and the Home and Community Care Act (revised 2007). Japan has also passed a number of very specific laws addressing issues of ageing, both before and after 2002.

- Regarding data, 83 per cent of the assessed countries appear to have census data publicly available which is disaggregated by age and sex though no information on this was provided for 19 countries. In three countries – Bosnia and Herzegovina, Myanmar and Somalia – no census has been undertaken recently.[6]

- The research revealed that, particularly since 2005, there has been a trend to publish reports and surveys on ageing.

- Reports show that in about half of the assessed countries, official bodies and institutions have been set up with the objective of ensuring that governments respond appropriately and coherently to the challenges of ageing. For the remaining countries, at least one ministry deals with ageing and/or older persons.

Priority Directions of the Madrid Plan (assessed via 32 case study countries)

The general observation is that in particular developing countries have made progress in mainstreaming ageing and older persons' rights and needs into sectoral policy, but evidence on clear and transparent resource allocation to support implementation of these policies is lacking.

Priority Direction One – Older Persons and Development

- While countries with larger proportions of older persons and established social security systems – mostly developed countries – are focusing on older persons' participation in society and in the labour force as well as on intergenerational solidarity, countries which are still in the early stages of the demographic transition and with high numbers of older persons who are poor are not yet systematically including issues of ageing in the design and implementation of their poverty reduction policies.

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[6] Information on age disaggregation from the United Nations Demographic Yearbook database reveals that most population census counts start with an open-ended age group beyond the age of 75 or over. Furthermore, it shows that the number of countries disaggregating older age groups increased over the last decades. Source: Open-ended Working Group on Ageing, Background note on the availability of basic demographic data on the older population prepared by the Population Division of the Department of Economic and Social Affairs, 2011, paragraph 5

- Neither developed nor developing countries give systematic attention to issues of ageing in their programmes and policies on emergencies, nutrition and migration. Data in these areas are not readily available.

Priority Direction Two – Advancing Health and Well-being into Old Age

- Mental health problems and disability – both not only more commonly occurring in older age but also having severe implications for ageing individuals with mental health problems or disabilities - seem to receive relatively little attention from governments across regions.

- HIV/AIDS and older persons is another issue which is barely addressed by policy makers with the exception of Africa.

- Evidence from the case studies further shows that successful policy implementation also depends on attention to public attitude towards ageing.

- There is low priority within health policy to the challenge of the demographic transition, including age-sensitive policy to tackle the rise of non-communicable diseases (NCDs) in populations as they age.

- There are low levels of training in geriatrics and gerontology within the health professions, despite increasing numbers of older persons and their need for reliable health care.

Priority Direction Three – Ensuring Enabling and Supportive Environments

- Action to secure age-friendly environments, the tackling of elder abuse and programmes to promote positive images of ageing in particular remain to be addressed in both developed and developing countries.

- Care and support for caregivers, especially in countries affected by HIV is not a priority focus of government action on ageing.

- It seems that developed countries have implemented more progressive measures in this Priority Direction.

Recommendations

In accordance with the above mentioned gaps and in addition to the detailed recommendations made in the Madrid Plan, it is recommended that governments:

- Develop and put into effect coordinated responses to ageing across all government ministries and agencies and invest in capacity building to respond to the demands of the demographic transition.

- Improve and build on existing data sets and surveys at national level to inform sectoral policies in the light of the Madrid Plan Priority Directions

- Provide the resources needed to implement policy and put in place monitoring mechanisms which are transparent and accessible.

- Ensure that existing sectoral policies in, for example, health and social protection, are age- adjusted and reflected in national budget priorities.

- Strengthen the old-age dimension of action on non-communicable diseases (NCDs) given the rising life expectancy in developing countries in particular.

- Further strengthen ageing mainstreaming into all sectors of public policy and ensure that resources are available for the bottom-up evaluation of policies and programmes.

- Share and communicate good practices in policy implementation, legislative action, data collection and analysis, and the establishment of institutional arrangements on the three Priority Directions of the Madrid Plan.

Concluding Remarks

The Madrid International Plan of Action on Ageing is a comprehensive, detailed and aspirational document. The objective of this research was to portray government action, as the key duty bearer towards older persons, since the 2002 Second World Assembly on Ageing. Despite this focus on government action, this exercise clearly shows how important it is to take coordinated action on all of the three Priority Directions and that other stakeholders should play their part alongside governments in achieving the Madrid Plan objectives.

Examples from across the regions and the case studies illustrate that changes in policies and practices alone are not sufficient to successfully implement any commitments made to adjust our societies to an ageing world. Attitudes must change too – as the Political Declaration recognises, with its call for "changes in attitudes, policies and practices"[7].

Kofi Annan, Secretary General of the United Nations in 2002, emphasised that the "real test" of the Madrid Plan is its implementation.[8] Assessment of implementation by governments should be based on a 'bottom up', participatory review process. The ten-year review and appraisal process of the Madrid Plan is a key opportunity to ensure that the policy and budgetary action needed to adjust to an ageing society will be undertaken in the light of older persons' concerns articulated by older persons themselves.

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[7] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 11, paragraph 10
[8] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. v, Foreword

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Introduction

The world is experiencing far-reaching demographic change. Some countries are still experiencing rapid population growth while others are now below replacement level. In all countries, however, ageing, that is, the rate of growth of the population aged 60 years or over is increasing very rapidly. Currently, 11 per cent of the global population is aged 60 or above but this proportion is expected to almost double, to 20 per cent by 2050 – with the consequence that in 2047, the number of older persons is expected to exceed the number of children under 14.[9]

In some countries, the phenomenon of predictable demographic transition has not been prioritised in terms of policy making and budget setting, while in others, including higher and middle income countries, responses to ageing are key government concerns linked to consequences for labour markets and established expectations and policies governing pensions, health care, livelihoods and welfare models that impact on older persons.

The Madrid International Plan of Action on Ageing

The Madrid International Plan of Action on Ageing and its Political Declaration (Madrid Plan) were adopted in April 2002 by the 159 governments which attended the Second World Assembly on Ageing in Madrid. The Madrid Plan is a comprehensive, detailed and aspirational document which sets out a full range of issues connected with ageing and recommends priority directions and actions to address them. The Madrid Plan is not a convention and is not binding on its signatories, though a 'bottom up review and appraisal' process has been agreed by the Member States of the United Nations (UN) to assess progress in implementation. Since it is comprehensive, it does not assign priorities to its objectives.

Key to its implementation, however, is the building of policies to deal with discrimination on the basis of age. In the words of Kofi Annan, Secretary General of the United Nations at the time of its endorsement, "[…] its real test will be implementation. Each and every one of us, young and old, has a role to play in promoting solidarity between generations, in combating discrimination against older persons, and in building a future of security, opportunity and dignity for people of all ages."[10]

Thus the aim of the Madrid Plan is to "build a society for all ages" across all regions of the world. It looks at issues of ageing in developing countries as well as in developed countries where far reaching demographic changes and ageing populations are already an issue of great concern. The Madrid Plan is significant also in that for the first time agreements made in Madrid by governments linked questions of ageing to existing frameworks for social and economic development and human rights, including the poverty reduction target of "reduc(ing) the proportion of persons living in extreme poverty by one half by 2015".[11]

Developing countries are both grappling with the problems of poverty reduction and issues posed by younger generations, and the consequences of the rapid growth of their older populations. The Madrid Plan put ageing and the contribution and needs of older persons on the development agenda for the first time with some very clear ideas on how to include issues of ageing in the development policy making process. At the same time, it was an incentive to policy makers to embark on the process of adjusting to the challenges of ageing with the ultimate goal of creating a society for all ages.

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[9] World Population Prospects: The 2008 Revision,
http://www.un.org/esa/population/publications/wpp2008/wpp2008_text_tables.pdf, (accessed 24/01/2011)

[10] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, page v, Foreword

[11] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 23, paragraph 48, Objective 1, action (a)

Since 2002, the United Nations has produced a number of additional guidance documents for Member States to add impetus to the implementation of the Madrid Plan. For the five-year review, in 2007, a major assessment was undertaken with regional meetings looking at progress according to the Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing.[12] The modalities for review and appraisal[13] agreed in 2010 provide for major reviews in 2012/13, the Plan's 10th anniversary. The theme for this second review and appraisal exercise – Member States will report formally to the United Nations on progress in February 2013 at the 51st session of the Commission for Social Development - is the "Full implementation of the Madrid Plan of Action on Ageing: Social Situation, Well-being and Dignity, Development and the Full Realization of All Human Rights for Older Persons"[14].

Organisation of the Plan of Action

The Madrid Plan's three Priority Directions and central themes are linked to existing agreements of UN conferences and summits on economic and social issues. The themes of special relevance include the full realisation of all human rights and fundamental freedoms of all older persons, including the right to development, elimination of all forms of violence and discrimination in old age, including gender-based discrimination; the achievement of secure ageing, including the goal of eradicating poverty in old age; empowerment of, and participation by, older persons in economic, social and political spheres of their societies. The objectives of the Madrid Plan relate to core concerns of policy makers and citizens, young and old, in areas of employment, health care, social protection, facilitation of harmonious intergenerational relations, specific understanding of the challenges associated with the ageing process, and vulnerabilities associated with age in, for example, indigenous and specifically vulnerable communities.

The Priority Directions are organised around a number of issues (see Box 1). These priority issues are also pertinent to other population groups. Thus, the additional thrust of the Madrid Plan is that of mainstreaming. In the words of the Plan "the task is to link ageing to other frameworks for social and economic development and human rights"[15]. The specificity of the Priority Directions are to guide policy making and implementation to support national and global policy to embrace the potential and contributions of the ageing population and formulate policy which will be supportive of an age-adjusted future.

Box 1: The Structure of the Madrid International Plan of Action on Ageing

The Madrid International Plan of Action

The Priority Directions are:
1. Older Persons and Development
2. Advancing Health and Well-being into Old Age
3. Ensuring Enabling and Supportive Environments

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

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[12] United Nations, Guidelines for review and appraisal of the Madrid International Plan of Action on Ageing, Bottom-up Participatory Approach, New York, 2006

[13] United Nations, Commission for Social Development, E/CN.5/2011/7, 2010

[14] United Nations, Commission for Social Development, 48th session, Resolution, E/CN.5/2010/L.6, 2010, paragraph 17

[15] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 12-13, paragraph 15

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

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

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

This adds up to 239 recommendations for action.

Structure of Report

The report describes government action on ageing since 2002. **Section A** reports on *Mainstreaming ageing*, that is, on including ageing in other policy areas, with a specific focus on institutional arrangements and holistic policy solutions such as national plans on ageing. It also includes a paragraph on data and research on ageing. This section draws on information collected through overview questionnaires that were obtained for 133 out of 192 Member States. **Section B** follows the Madrid Plan's Priority Directions and is divided into three main chapters:
      1.   Older Persons and Development
      2.   Advancing Health and Well-being into Old Age
      3.   Ensuring Enabling and Supportive Environments

Each chapter is further divided according to the priority issues and focuses on policy responses as well as the availability of data in these specific areas. Given that this section corresponds point by point with the format of the Madrid Plan, it provides both illustrations of good practices and identifies gaps.

The sections on data focus specifically on the availability of disaggregated population data and statistics by age and gender. Section B is informed by 32 country case studies – Argentina, Australia, Belize, Bolivia, Cambodia, Cameroon, Canada, China, Egypt, Finland, Hungary, Indonesia, Japan, Kenya, Kyrgyzstan, Lebanon, Mozambique, New Zealand, Nicaragua, Nigeria, Occupied Palestinian Territories, Qatar, Russian Federation, Saudi Arabia, Senegal, Serbia, Singapore, South Africa, Thailand, United States, Uruguay and Viet Nam.

Section C provides an initial summary while outlining gaps and recommendations derived from the previous chapters. It specifically focuses on drawing comparisons between the different world regions.

Methodology

The objective of this study was to gather information on the status and availability of policies and legislation, data and research, as well as institutional arrangements (see Box 2) pertaining to older persons across the world and in accordance with the priorities outlined by the Madrid Plan.

Box 2: Terminology

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General Terminology for Various Government Actions

- Policy: a course or principle of action adopted or proposed by an organisation
- Legislation: laws, considered collectively
- Programme: a planned series of future events or performances
- Data: facts and statistics collected together for reference or analysis
- Research: systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions
- Institutional arrangements: (institutions) established official organisations having an important role in a society

Source: Derived from Oxford Dictionaries,
http://oxforddictionaries.com/definition/policy?rskey=OROWEU&result=1#m_en_gb0644490
(accessed 31/01/2011)

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The specific objectives of the study were to map government action in these areas implemented since 2002, to identify and document gaps and to provide recommendations for further actions. The consultants on the project conducted extensive primary and secondary research. All countries were asked to respond to overview questionnaires and detailed information was sought for a selected number of 'case study' countries. (See Appendices III and IV)

The project team developed two questionnaires – a general questionnaire for each Member State and a detailed questionnaire for the case study countries. The overview questionnaire sought basic information on policy, legislation, data, research and institutional arrangements, while the detailed case study questionnaire included a number of indicators for each provision made in the Madrid Plan. It looked for detail on policies and programmes as well as on data evidence. All indicators referred to government action only and were developed according to the Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing[16].

Methods of evidence gathering included analysis of government responses to questionnaires; publications and other materials issued by governments; information provided by international organisations; additional materials from non-government sources, including articles in academic journals, reports and presentations prepared by research institutes; web searches; personal communication and correspondence with experts.

The data from countries and case studies in each major world region were compiled into regional reports by consultants; these findings were then compiled into this global report. For the global

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[16] United Nations, Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing New York, 2006

report, the data were analysed qualitatively as well as quantitatively. Information on each indicator was collected for each country before the information from all case studies was compiled into a grid.

Limitations

The data in this report depend for the most part on the quality and completeness of the information that the consultants who prepared the country and regional reports were able to obtain. Where appropriate, we comment on the quality of this information but, for ease of reading, we have chosen not to begin every statement with phrases like "The available information shows […]" or "Researchers could find no evidence that […]".

This report uses information provided through various consultancies which were themselves reliant upon third party information. For this reason, we welcome further evidence or clarification of any of the reported information. In addition, the information presented may vary due to different interpretations of some terms used. Every effort has been made to reduce ambiguity and provide as clear a picture as possible based on the information available.

It is important to note that this report does not claim to present an exhaustive picture of progress to date of policy, institutions and actions with regard to older persons. It should not substitute for efforts of governments, civil society organisations and other stakeholders to undertake further reviews of the provisions made by Member States since 2002. Furthermore, despite our collective best efforts, the information sought was not always easily accessible for some countries. A possible reason for information gaps is that such policies, programmes or statistics simply do not exist in some countries. A complete picture of countries' progress on the provisions of the Madrid Plan depends on further progress in transparency of government action on ageing.

Another limitation of this report arises from its aim to assess government action implemented between 2002 and 2010. Policies implemented before 2002 have been included only if they are highly significant at national level and have been shown to have a clear and positive impact on the lives of older persons. Sometimes, however, it was not clear whether an action predates 2002 and information was, therefore, included in this report. While every effort has been made to be clear about the quality of the evidence about action since 2002, readers of this report must be careful in drawing conclusions with respect to the extent of the Madrid Plan-specific action by individual governments.

Sometimes it proved difficult to provide information about budgets or even programmes because policies and programmes aimed at older persons' rights and needs may be integrated into wider social policies. The questions derived from the indicators that were developed to guide this exercise were framed in such a way that a simple "yes" or "no" could be given. An additional field in the questionnaire was, however, available to add further information on the question to allow for qualitative analysis.

This report represents the first step in the compilation of progress since the Second World Assembly on Ageing in the availability of policies, legislation, data, research and institutional arrangements relating to older persons. We hope that this project contributes to building the understanding and necessary analytical base to achieve the goals of the Madrid Plan and that it will encourage further research in this area.

Section A: Mainstreaming Ageing

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"[17]. It is clear that successful adjustment to an ageing world will depend on both ageing-specific and ageing-mainstreaming approaches.

Ageing-mainstreaming according to the provisions of the Madrid Plan should show how older persons' issues are integrated and included into wider national policy making. Mainstreaming should lead to the integration of the needs of persons of all ages into the wider policy making process. For example, for mainstreaming to be successful, it is critical that both policy makers 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 policy making is inclusive of older persons and builds a 'society for all ages'.

Ageing-specific mechanisms due to the ageing process may also be required; that is affirmative action to directly address the rights and needs of older persons.

Throughout the report, examples of ageing-specific and ageing-mainstreaming techniques are given. Generic policies or programmes that do not target specific population groups, but are valid for the general population, are not mentioned, unless they explicitly refer to older persons and/or ageing or have been shown to have a significant impact on older persons' lives.

For the purposes of clarity, in the following section, general policies, strategies and plans as well as institutional arrangements are included given that they usually refer to more than one of the Priority Directions. These age-specific policy tools generally call for mainstreaming ageing and the provisions made in these national plans on ageing into sectoral policy, such as health or social security policy. Therefore, even though classified as age-specific, the purpose of these policies is to achieve ageing-mainstreaming.

The section that follows relies on information gathered from 133 countries through the overview questionnaire (see Appendix I) consisting of three areas, namely policy and legislation, data and research, as well as institutional arrangements. The plan was to have all UN Member States complete the questionnaire. However, it was not possible to gather evidence from government sources for 59 Member States – 17 of which did not participate in the Second World Assembly on Ageing (see Box 3).

Box 3: List of Countries Without Evidence

Countries for Which Information Remains to be Collected

- Africa (31): Algeria, Angola, Benin, Burkina Faso, Cape Verde, Central African Republic*, Comoros*, Republic of the Congo*, Cote d'Ivoire, Democratic Republic of the Congo, Djibouti*, Equatorial Guinea, Gabon, Gambia, Guinea, Guinea Bissau, Lesotho*, Liberia*, Libyan Arab Jamahiriya, Mali, Mauritania, Mauritius, Morocco, Namibia, Niger*, Sao Tome and Principe*, Seychelles*, Swaziland*, Togo, Zambia and Zimbabwe;

- Asia and the Pacific (9): Bhutan, Islamic Republic of Iran, Kazakhstan, Maldives, Federated States of Micronesia, Nauru*, Samoa*, Timor-Leste* and Turkmenistan*;

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[17] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 12-13, paragraph 15

- Europe (15): Andorra, Belgium, Croatia, Estonia, France, Iceland, Ireland, Israel, Latvia, Monaco, Montenegro*, Norway, San Marino*, Slovenia, and Switzerland;

- Latin America and the Caribbean (1): Grenada*;

- Western Asia (3): Iraq, Kuwait and Oman.

Countries marked with * were not represented at the Second World Assembly on Ageing in 2002.

1. Policies, Strategies and Plans

Since 2002, it appears that a number of countries now have holistic policies or strategies that allow for ageing concerns to be translated into existing and new laws, policies and programmes. Even though these policies, plans or strategies on ageing and/or older persons are age-specific, their main objective is to mainstream ageing into other policy areas.

One of the Madrid Plan's recommendations specifically relates to age-mainstreaming. For this reason, it is important to mainstream older persons and/or ageing into existing legislation which may not be age-specific but will take forward the Madrid Plan's provisions.

Nevertheless, despite the clear recommendation of the Madrid Plan on mainstreaming that there be action to develop a national plan of action on ageing to harmonise the inclusion of ageing into priority policies, in 57 of the 133 countries from where information was collected, there was no evidence of the existence of a policy, plan or strategy on ageing or older persons. In 10 cases it was reported that there are proposals to introduce a policy on ageing or that they have already been drafted but not yet adopted.[18] Out of 133 Member States surveyed, 48 have adopted a national policy, strategy or plan on ageing and/or older persons since 2002 (see Table 1).

However, 21 governments had plans, strategies or policies in place before 2002[19]. Many of the government actions mentioned in the remainder of this report originated from these national plans, policies or strategies on ageing.

Table 1: National Policies on Ageing Adopted Since 2002

AFRICA (7)	Ghana	National Ageing Policy "Ageing with Security and Dignity" and Implementation Action Plan 2010
	Kenya (budget)*	National Policy on Older Persons and Ageing 2009
	Mozambique	National Policy on Older Persons 2002 National Plan for Older People 2006-2010
	South Africa (budget)	South Africa Older Persons' Policy 2006
	Uganda	National Policy for Older Persons 2009
	Tanzania (budget)	National Ageing Policy 2003
	Tunisia	Decennial Plan to care about the Elderly 2003
ARAB STATES (8)	Bahrain	National strategy and document for elderly rights
	Egypt	National strategy and plan of action 2007

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[18] Argentina, Bolivia, Brunei Darussalam, Cameroon, Chile, Fiji, Lebanon, Malawi, Nigeria and Rwanda

[19] Australia (pre- and post-2002), Bahamas, Barbados, Brazil, Canada (pre- and post-2002), China, Costa Rica, Cuba, El Salvador, India, Jamaica, Japan, Madagascar, Malaysia, Malta, New Zealand, Papua New Guinea, Slovakia, Sri Lanka, Thailand (pre- and post-2002), and the United States of America

	Jordan	Strategy for the Older Population "Active, healthy ageing and old age care in Jordan" 2008
	Occupied Palestinian Territory	National Strategic Plan to care for the elderly and working plan of the Madrid Plan
	Oman	National Strategy and Plan of Action 2007-2008
	Qatar	National Strategy on Ageing 2007
	Saudi Arabia	National Strategic Plan for Healthy Ageing 2010-2015
	Syrian Arab Republic	National Strategic Plan 2003-2015 and National plan of social and health care for the aged
ASIA AND THE PACIFIC (10)	Australia (budget)	Australian Local Government Population Ageing Action Plan 2004-2009
	Bangladesh	National Policy on Ageing 2007
	Cambodia	Policy for the Elderly 2003
	India	National Policy on Senior Citizens 2011 (formerly National Policy on Older Persons 1999)
	Indonesia	National Plan of Action for Older Persons 2008
	Leo People's Democratic Republic	National Policy on the Elderly 2005
	Nepal (budget/implementation)	National Action Plan for Senior Citizens 2005
	Philippines (budget)	Philippines Plan of Action for Older Persons 2005
	Thailand (budget)	2nd National Plan for Older Persons 2009
	Viet Nam (budget/implementation)	Law on Elderly 2010 and Action Plans 2005-2010
EUROPE (15)	Albania	The document of cross sector policies on aging 2008
	Austria (budget)	Federal Law on the promotion of affairs of the older generation 2009 (last amendment)
	Cyprus (budget)	Action Plan for Older Persons 2005-2015
	Czech Republic	National Programme of Preparation for Ageing for the period 2003 - 2007 and 2008-2012
	Finland (budget)	Finland for all ages 2004
	Germany	Old Age Creates Something New 2008
	Hungary (budget)	National Strategy on Elder Affairs 2009
	Liechtenstein (budget)	National Policy on Ageing "Future Ageing" 2006
	Lithuania (budget)	National Strategy of Overcoming the Consequences of Ageing
	Russian Federation	Federal Programme Older Generation 2002-2010
	Serbia	National Strategy on Ageing 2006
	Sweden	National Policy on Elderly Care
	The former Yugoslav Republic of Macedonia	National Strategy for the Elderly 2010-2020
	Turkey	The Situation of Elderly People in Turkey and National Plan of Action on Ageing 2007

	United Kingdom (budget)	Cross-government strategy Opportunity Age 2005
LATIN AMERICA AND THE CARIBBEAN (8)	Belize	National Policy of Older Persons 2002, National Plan of Action for Older Persons 2003-2008
	Colombia	National Policy on Ageing 2007
	Guatemala	National Programme for Older Persons 2005
	Panama	National Policy in Favour of Older Persons 2004
	Paraguay (budget)	Proposal for a National Plan of Public Policies for Older Persons 2010
	Peru (implementation)	National Plan for Older Persons 2006-2010
	Trinidad and Tobago (implementation)	National Policy on Ageing 2007
	Uruguay (implementation)	National Policy on Ageing 2004

*Budget allocated for implementation or evidence of implementation of policy

Following the Madrid International Plan of Action on Ageing, these policies, plans and strategies cover a wide range of issues relevant to older persons and population ageing. While this is positive indication of action under the three Priority Directions, more evidence is needed to demonstrate that provisions are translated into mainstream policy making.

In addition to policies, strategies and plans, evidence for the inclusion of age and/or older persons in national constitutions and legislation was collected. Legal instruments are essential to enable the assigning of resources to issues of ageing as laid out in the Madrid Plan. Resources from the national budget are required for a national plan to be implemented.

The responses given in the overview questionnaires rarely specify if budgets are allocated for the implementation of the policies mentioned. Evidence for the allocation of a budget or implementation of such policies, plans and strategies was reported for about 19 of the 43 listed in Table 1. In 10 countries, however, there are examples of legislation specifically referring to older persons (see Table 2).

Table 2: National Legislation on Ageing

Brazil	Statute of the Older Person 2003
India	Senior Citizens Act 2007
Madagascar	Law no 2008/030 Protection of Older People's Rights 2008
Nepal	Senior Citizens Act 2007 Senior Citizens Regulation 2009
Nicaragua	Law for Older Persons 2010
Peru	Law of Older Persons 2006
Philippines	Expanded Senior Citizens Act 2010
South Africa	Older Persons Act 2006
Thailand	Older Persons Act 2003
Viet Nam	Law on Elderly 2010

In Pakistan (the Senior Citizens Bill) and Sudan (the Older Persons Law), legislation is under discussion but has not yet been approved.

In a number of countries where there is no law referring specifically to older persons in general, there may be legislation on age-discrimination and long-term care. In developed countries, this includes the following post-2002 legislation:

- Austria: Federal Long-term Care Act 2009 (last amendment)
- Finland: Law on Health Insurance 2004; Law on Carer's Allowances 2005; Law on National Pensions 2007
- Italy: Anti-age Discrimination Legislation 2003
- New Zealand: Retirement Villages Act 2003; Long Term Residential Care Amendment Act 2004
- Spain: Equal Opportunities Law, Non-Discrimination and Universal Accessibility Law 2003, Law on Promotion of Personal Autonomy and Care for Dependent Persons 2007
- United Kingdom: Age Discrimination Act 2006, Pensions Bill 2007, Health and Social Care Bill 2010, Personal Care at Home Act 2010, Equality Bill 2010

National constitutions often play an important role in the adoption of further policy instruments. Inclusion of older age in the constitutions provides a framework for legislation and resourced policy instruments. Evidence for the inclusion of older persons or age into national constitutions was provided for 24 countries[20].

To sum up, it appears that there has been significant progress in developing policies, plans and strategies on ageing and/or older persons since 2002. The evidence of translation of these policies into practice or legislation is rather thin (for specific regional and national examples see Box 4). To further assess implementation of policies and strategies, it is necessary to analyse programmes and projects; this is addressed in Section B of the report which is based on findings from detailed case studies in 32 countries.

Box 4: Budget Allocation and Implementation

Policies and Laws Need Resources and Implementation

While governments may have hastened to respond to the Madrid Plan, the case studies comment that in specific countries there has been little evidence of new policies on ageing being put into effect.

Cameroon is one example: "In addition to the sparse formulation of relevant active policy thus far, there has been minimal implementation of the few policy provisions that do exist. […] The lack of action is attributed by relevant ministerial sources to chronic budgetary constraints. These are unlikely to change significantly in the short to medium term, thus providing little prospect of expanded policy implementation in the near future."

Kenya is similar; there has been "[…] only minimal implementation of the spectrum of existing policy provisions contained within National Policy on Older Persons and Ageing or sectoral policies. […] only a handful of limited programmes – on social protection/income security and control of non-communicable diseases have been realized thus far since 2002.

Resources must follow policy formulation. In **Mozambique**, "no overall budget for the plan has been allocated [for the National Plan for Older People]. Rather, implementation of its action points is to be pursued through individual sector action and budgets as well as civil

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[20] Cambodia, Cameroon, Egypt, Ethiopia, Finland, Ghana, Haiti, Honduras, Hungary, Iran, Italy, Kenya, Kyrgyzstan, Mozambique, Paraguay, Qatar, Senegal, South Africa, Syrian Republic, Thailand, Uganda, United Arab Emirates, Viet Nam, and Yemen.

society initiatives. However, there is no evidence of budgeted/implemented activities for older persons in most sectoral action plans – even where sector policies make explicit reference to older persons."

Senegal has perhaps adopted a more realistic approach by deciding to make progress on a narrow range of issues: "[…] virtually all of the narrow spectrum of existing policy provisions on older persons have been translated into concrete budgeted programmes. […] shows, activities have focused on areas on social protection/poverty reduction, participation and access to health care, leaving most Madrid Plan priority issues unsupported by concrete action." The good news is that implementation has been effective.

The **Latin America and Caribbean** overview also comments on the gap between policy and implementation: "There is a long delay between the passing of the law and the time when the institution given responsibility for ageing acquires the capacity to apply it in practice – that is, the trained human resources, management capacity and budget needed to make it effective. The time lag between the intention, reflected in a law or regulation, and its effective implementation needs to be shortened by measures to build solid and effective institutions."

In other countries, especially large, federal countries like **Nigeria** and the **Russian Federation**, policy implementation is devolved to regional governments with wide differences in the quality of service in different areas. Almost all the examples of initiatives in the case study of the Russian Federation come from regional governments and it is reported that the government of the Russian Federation turned down a request to re-open the Department of Elder Affairs within the Ministry of Health and Social Development. In Nigeria, "[…] the activities that have been implemented – in areas of livelihood support, skills acquisition, capacity building, medical care, emergencies and images of ageing – have not been sustained, nation-wide programmes but rather one-off, annual events implemented in a small number of selected communities in various of Nigeria's 36 Federal States."

Good policy implementation happens at the local level – and this is a problem in **Viet Nam**, where "[…] the implementation of laws and policies is generally problematic due to a lack of coordination between central, provincial, and local level governance and constitutes the weakest link in the current administrative system. Like other laws and national policies, the Law on Residence has not been implemented appropriately and uniformly across the provinces. This reflects the gaps between policy and practice, as well as the limited understanding of policy makers on laws and national policies." People are not familiar with residential requirements and officials do not take steps to inform them. The result is that this "lack of understanding about the existing procedures and regulations, especially amongst migrants, has provided opportunities for authorities and agencies to manipulate and misuse these legal documents and take advantages of the people."

2. Institutional Arrangements

A variety of institutional arrangements – units, departments, processes – serve as instruments for mainstreaming ageing into government action. These bodies usually reside within the ministries of labour, health, social affairs, work and pensions or the like. Their objective is to ensure that governments articulate a coherent response to ageing. These arrangements can also include inter-departmental, inter-agency and inter-ministerial bodies, national focal points on ageing, councils and commissions. The Madrid Plan recommended both national focal point and coordinated inter-ministerial arrangements to ensure that ageing was 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 some cases, it seems that ministries themselves must formulate their own responses to ageing and older persons' concerns but this is far from the ideal.

Of the 133 countries for which information was obtained, 64 have established such a specific institutional arrangement within a Ministry, Department or Agency (see Table 3). In three of these countries, namely Germany, Malawi and Tunisia, "older persons" are part of the Ministry's title. These bodies are tasked with developing an inter-departmental strategy to address national issues surrounding ageing and older persons.

Other positive examples include the Minister for Senior Citizens in New Zealand or a Secretary of State for Seniors in Canada, established in 2007. Japan has an Aging Society Policy Council made up of all Cabinet ministers and chaired by the Prime Minister. In the United States, there are state agencies on ageing in addition to the federal institutional arrangements.

For 63 countries it was reported that, even though there is no specific body on ageing and/or older persons within a ministry, at least one ministry usually deals with ageing. For another five States, no evidence of any institutional arrangement on ageing was found.

In addition to these governmental institutions, a number of countries have set up councils, committees or commissions that often serve as advisory bodies to the governmental institutions. These bodies could be seen as a first step towards ensuring that older persons will be taken into account in policy making. The Madrid Plan encourages "the establishment of organizations of older persons at all levels to, *inter alia*, represent older persons in decision-making".[21]

The Madrid Plan emphasises the significance of older persons participating in the decision making process.[22] This not only ensures that policies and programmes address the most important issues and challenges which this population group faces, but also contributes to the personal well-being of those older persons that actually participate in these processes. They also enable younger people to see older persons engaged in the development of life course programmes benefiting local communities as well as their country at large. Seeing older persons as facilitators is very important for life-long learning at the same time as it helps to foster intergenerational relations.

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[21] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p.15, paragraph 22, action (b)
[22] Ibid

Table 3: National Institutional Arrangements on Ageing

AFRICA	Cameroon	Specialised body within the Ministry of Social Affairs, Directorate for Social Protection of Handicapped People and Older People
	Ethiopia	Specialised body within the Ministry of Labour and Social Affairs, Elderly Affairs Body
	Malawi	Ministry of Persons with Disabilities and the Elderly
	Mozambique	Specialised body within the Ministry of Women Affairs and Social Action, Department of Older Persons
	Senegal	Specialised body within the Ministry of Social Actions and National Solidarity, Division of Older Persons
	South Africa	Specialised body within the Department of Social Development, Directorate of Care and Services to Older Persons
	Tunisia	Ministry of Women's Affairs, Family, Children and the Elderly
	Uganda	Specialised body within the Ministry of Gender, Labour and Social Development, Department for Persons with Disabilities and Older People
WESTERN ASIA	Bahrain	Specialised body within several Ministries (Ministry of Health and the Ministry of Social Affairs)
	Jordan	Specialised body within the Ministry of Social Development and Department of Elderly Health Promotion within Ministry of Health
	Lebanon	Specialised body within the Ministry of Social Affairs
	Occupied Palestinian Territories	Specialised body within Ministry of Social Affairs, National Commission for Elderly Care
	Syrian Arab Republic	Specialised body within the Ministry of Health, Elderly Health Programme
ASIA AND THE PACIFIC	Indonesia	Specialised body, National Commission on Ageing
	Kiribati	Specialised bodies within the Ministry of Internal and Social Affairs, Elderly Office and Community Development Services Division
	Palau	Specialised body within the Ministry of Community and Cultural Affairs, Bureau of Ageing and Gender
	Papua New Guinea	Specialised body within Department of Social Welfare and Development, National Coordinating Committee on Elderly
	Singapore	Specialised body, Ministerial Committee on Ageing (2007) headed by a Senior Minister of State from the Prime Minister's office; also Tripartite Committee on the Employability of Older Workers
	Sri Lanka	Specialised body, National Secretariat for Elders; Ministry of Health also responsible
	Thailand	Specialised body within the Ministry of Social Development and Human Security, Bureau of Empowerment for Older Persons and within Ministry of Public Health, Bureau of Health Promotion, Elderly Health Group
	Viet Nam	Specialised body in the Government, National Committee on Ageing (NCA)
EUROPE	Armenia	Specialised body within the Ministry of Labour and Social Affairs, Department of Persons with Disabilities and Older Persons

	Austria	Specialised body within Ministry of Work, Social Affairs and Consumer Protection, Department for Basic Policy on Senior Citizens and Volunteer Affairs
	Belarus	Specialised body within the Ministry of Labour and Social Protection, Department of pension system development
	Denmark	Specialised body within the Ministry of Interior and Social Affairs, Office for Elder Affairs
	Germany	Ministry of Family Affairs, Seniors, Women and Youth
	Greece	Specialised body within the Ministry of Health and Social Solidarity, Protection of the Elderly
	Hungary	Specialised body within Ministry of Social Affairs and Labour, Equal Opportunity Department / Elder Affairs Secretariat
	Malta	Specialised body within the Ministry of Health, the Elderly and Community Care, Parliamentary Secretary for the Care of the Elderly
	Moldova	Specialised body within the Ministry of Labour, Social Protection and Family, Demographic Policy Division
	Serbia	Specialised body, Council for Ageing and Old Age and National Advisory Body on Ageing
	Slovakia	Specialised body, Governmental Council of the Slovak republic for Seniors
	Spain	Specialised body, Institute for Older Persons and Social Services
	The former Yugoslav Republic of Macedonia	Specialised body within the Ministry of Labour and Social Policy, Department of Social Welfare
	Ukraine	Specialised body within the Ministry of Labour and Social Policy, Department for Veterans and Older Persons
	United Kingdom	Specialised body within Ministry, Department of Work and Pensions (leads the government's response to ageing, specialised department within Ministry/Department of Work and Pensions, Older People and Ageing Society Division)
LATIN AMERICA AND THE CARIBBEAN	Argentina	Specialised body within the Ministry of Social Development, National Directorate of Policies for Older persons, depends on National Secretariat for Adolescence, Childhood and Family
	Barbados	Specialised body within the Ministry of Social Transformation, National Assistance Board
	Belize	Specialised body within the Ministry of Human Development and Social Transformation, National Council on Ageing
	Bolivia	Specialised body within the Ministry of Justice, General Directorate for Children, Youth and Older Persons
	Brazil	Specialised body within the Presidency of the Republic, General Coordination for the Rights of Older Persons, Secretariat of Human Rights
	Chile	Specialised body within the Ministry General Secretariat of the Presidency, National Service of the Older Person (SENAMA)
	Costa Rica	Specialised body, National Council of Older Persons
	Cuba	Specialised body within the Ministry of Public Health, National Directorate of Policies for Older Persons' Care and Social Assistance

	Dominican Republic	Specialised body, National Council for Older Persons
	Ecuador	Specialised body within the Ministry of Economic and Social Inclusion, National Directorate of Gerontology
	El Salvador	Specialised body, Directorate of the Older Persons
	Guatemala	Specialised body within the Ministry of Work and Social Provision, National Programme of the Older Person
	Guyana	Specialised body within the Ministry of Labour, Human Services and Social Security, Social Security and Senior Citizens Welfare Department
	Haiti	Specialised body within the Ministry, National Office of Older Age Insurance; also Ministry of Social and Work Affairs
	Honduras	Specialised body within the Secretariat of Governance and Justice, General Directorate of Older Persons
	Jamaica	Specialised body within the Ministry of Labour and Social Security, National Council for Senior Citizens
	Mexico	Specialised body within the Secretariat of Social Development, National Institute for Older Persons
	Nicaragua	Specialised body within the Ministry of the Family, Adolescents and Children, National Directorate for Older Persons
	Paraguay	Specialised body within the Ministry of Health, Social Welfare Institute 2002, National Directorate for Older Persons
	Peru	Specialised body within the Ministry of Women and Social Development, Department for Older Persons, General Directorate of the Family and Community,
	Saint Lucia	Specialised body, National Council of and for Older Persons dependent on Ministry of Health, Human Services, Family Affairs and Gender Relations
	Trinidad and Tobago	Specialised body within the Ministry of Social Development, Division of Ageing of the Ministry
	Uruguay	Specialised body within the Ministry of Social Development, National Social Policy Directorate - Area of Older Persons
OECD country sample	Australia	Specialised body, Department of Health and Ageing; Minister of Health and Ageing, Minister of Mental Health and Ageing, Parliamentary Secretary for Health and Ageing, Office of the Aged Care Commissioner, Ambassador of Ageing
	Canada	Specialised body within Ministries, Public Health Agency of Canada, Division of Ageing and Seniors and a Secretary of State for Seniors
	Japan	Specialised bodies within several Ministries; Ministry of Health, Labour and Welfare, Employment Measures for the Elderly and Persons with Disability Department; Health and Welfare Bureau for the Elderly; Pension Bureau; in Cabinet Office Ageing Society Policy Council; and in Ministry of Education, Culture, Sports, Science and Technology Lifelong Learning Policy Bureau
	New Zealand	Specialised body within the Ministry of Social Development, Office for Senior Citizens; also Minister for Senior Citizens
	United States of America	Specialised body within the Department of Health and Human Services, US Administration on Aging; also state agencies on ageing; and many other federal agencies that focus on older persons

3. Data and Research

Availability of Data

The Madrid Plan states: "research, including age- and gender-sensitive data collection and analysis, provides essential evidence for effective policies".[23] This underscores that age and gender-specific data and research are essential to inform policy makers. Policy as well as institutional arrangements both rely on and enhance further data collection and analysis. Policy makers generally require evidence based on statistics and qualitative research to make informed policy decisions. An examination of countries' statistics is a good starting point towards assessing their approach and achievements on population ageing.

Definitions of old age, older persons and the older population vary widely. It is generally agreed that 60 years of age is used to define old age within the key UN agencies.[24] Nevertheless, in many countries, government-generated data appear not to be disaggregated beyond the age of 49, 55 or 60 years of age. Disaggregation beyond 60 and by gender is urgently needed to inform policy making since the over-sixties are not a homogenous group, with the needs of those at the older end of the group differing significantly from those at the younger end. This is particularly relevant in countries with high life expectancy, where it has been predicted that most babies born since 2000 can expect to live beyond the age of 100[25]; and in a world where the majority of older persons are women[26].

The information collected for this review sought to look at countries' statistics on old age and the age intervals thereafter used by the respective national institutions. In most regions, there are examples of countries where the age intervals used appeared to be suitable to allow a detailed analysis of the older population; this includes Austria, Fiji, Germany, Uruguay and Venezuela where 5-year intervals are used up to 94 years of age. Generally, countries in Latin America and the Caribbean provide good examples of age-disaggregated data, often using 5-year intervals up to 85, 90 or even 95 years of age.

Census information is available in 113 of the assessed countries.[27] No information on this was provided for 19 countries.[28] In three countries – Bosnia and Herzegovina, Myanmar and Somalia – no census has been undertaken recently.

Further age-disaggregation is therefore a priority for countries. Ideally, data should be broken down into more than just one age group, e.g. 50-59, 60-69, 70-79 and 80-89, 90-99 and 100+, and preferably by five-year age groups. Such intervals are recommended, in particular, for countries with very high life expectancy. This would provide better evidence to inform policy decisions with respect to care for the oldest old, those aged 80 years and over, the fastest growing population group.

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[23] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 49, paragraph 129

[24] World Health Organization, Health statistics and health information systems, Definition of an older or elderly person, Proposed Working Definition of an Older Person in Africa for the MDS Project, 2010 http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html (accessed 10/01/11)

[25] Christensen K, Doblhammer G, Rau R, Vaupel JW, Ageing populations: the challenges ahead, In: Lancet, 2009, 374: pp. 1196-1208

[26] World Population Prospects: The 2008 Revision, http://www.un.org/esa/population/publications/wpp2008/wpp2008_text_tables.pdf, (accessed 24/01/2011)

[27] Information from the United Nations Demographic Yearbook database however shows that most population census counts start with an open-ended age group beyond the age of 75 or over. It also reveals that the number of countries disaggregating older age groups increased over the last decades. Source: Open-ended Working Group on Ageing, Background note on the availability of basic demographic data on the older population prepared by the Population Division of the Department of Economic and Social Affairs, 2011, paragraph 5

[28] Afghanistan, Bangladesh, Barbados, Belarus, Cambodia, Eritrea, Honduras, Indonesia, Japan, Oman, Pakistan, Papua New Guinea, Rwanda, Saudi Arabia, Syrian Arab Republic, Tonga, United Arab Emirates, Vanuatu, and Yemen

Use of Data

The availability of statistical data in and of itself is significant. It is, however, crucial that once data are analysed, they be made available to policy makers, to the media and to the general public. While civil society can also play its part in collecting and making data available, since this research is based on inquiries with governments, this report makes mention of only those institutions that are either led or (partly) financed by governments.

In 71 cases, there was evidence of a research institute that conducts research on ageing and/or older persons. These examples include institutions that do not solely undertake research on gerontological topics. Mostly these institutes are in universities, but in some countries there are specific national centres on ageing research. Examples can be found in Japan, Korea, Germany and the United States. In addition to these, there are examples in China, i.e. the China Research Centre on Ageing and in Pakistan, such as the Pakistan National Centre on Ageing.

In general, there seems to be a correlation between a country's level of development and the existence of research institutes on ageing. In developed countries, such as Australia, Japan, the United Kingdom and the United States, there are a number of government-funded institutions undertaking gerontological research, while in developing countries, this is not the case. In the African region, for example, evidence of research institutions conducting research on ageing was found in Senegal, South Africa and Tunisia. There is, of course, a close link between a country's level of development and its demographic profile. In countries already in the third stage of the demographic transition, that is, a stage of declining proportions of children and adults of working age and increasing proportions of older persons, such as Germany or Italy with large populations of older persons, there is greater investment in focused research on ageing or older persons than in countries that still have relatively young populations. There are, however, a few exceptions, such as Brazil, a middle-income country, where research on ageing seems to be in advanced stages. Despite the fact that Brazil has a large percentage of young people, the over-60 population is growing at a much faster pace than in many developed countries.

A review of surveys, longitudinal studies and special reports on ageing and/or older persons found that in 51 out of the 133 countries surveyed, reports and surveys on the older population are produced and published by government institutions (see Table 4 for examples). An innovative tool was produced in 2009 by the National Seniors Australia's Productive Ageing Centre – the statistical Atlas of Productive Ageing.[29] This tool provides statistics on population, health, finance, housing and activity for Australians over 50 in the form of Excel spreadsheets and an interactive map.

A few examples, however, predate 2002, such as the 1997 Population Survey on the Older Population of the Syrian Ministry of Health. It would be helpful to build on this type of survey data in order to construct a longitudinal study which allows for comparisons over time.   In addition to national studies, there are also regional and international research projects such the Study on Global Ageing and Adult Health (SAGE) as part of a Longitudinal Survey Programme of the World Health Organization (WHO) or the Survey of Health, Ageing and Retirement in Europe (SHARE).

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[29] National Seniors Australia's Productive Ageing Centre, Atlas of Productive Ageing, 2009, http://www.productiveageing.com.au/site/atlas.php (accessed 24/01/2011)

Table 4: Examples of Reports and Surveys on Ageing

Australia	National Seniors Australia's Atlas of Productive Ageing 2009 Older Adults at a Glance 2004
Austria	Transition from working life to retirement 2006
Botswana	An assessment of the needs and care of the elderly in Botswana 2006
Cambodia	Older Persons in Cambodia: A Profile from the 2004 Survey of Elderly
Chile	Situation analysis of pensioners and their home carers (SENAMA) 2007
China	Survey of the Aged Population of Urban/Rural China 2000, 2006 and 2010
Costa Rica	Costa Rica: Study on Longevity and Sustainable Ageing 2007
Czech Republic	The 2009 Ageing Report
Egypt	Profile of the old in Egypt 2008
Germany	German Ageing Survey 1996, 2002, 2008 National Ageing Reports
Hungary	SilverAge - The Elderly in Hungary 2004
Indonesia	Profile of the Older Population in Indonesia 2010
Japan	Annual Report on the Ageing Society since 2002 National Survey on Elder Abuse 2003
Jordan	The old in Jordan 2007
Lebanon	National Report on Services available to Older People in Lebanon 2010
Mexico	Older persons in Mexico: Socio-demographic profile in the beginning of the 21st century 2005
Myanmar	The Elderly Population in Myanmar: Trends, living conditions, characteristics and prospects 2005
Saudi Arabia	National Study on Elderly Health in Saudi Arabia 2009
Thailand	National Survey every 5 years Annual Report on Situation of the Thai Elderly
Viet Nam	Results on Survey of Elderly, 2007 (by National Committee on Ageing)

Section B: Government Action by Priority Direction

While the previous section focused on ageing and older persons in general, the following chapters review national and regional developments and trends since 2002 in more detail.

Each chapter addresses one of the three Priority Directions of the Madrid Plan. Examples from across the world are given – mainly drawing on the information collected in detailed questionnaires (see Appendix II) from the following 32 countries – Argentina, Australia, Belize, Bolivia, Cambodia, Cameroon, Canada, China, Egypt, Finland, Hungary, Indonesia, Japan, Kenya, Kyrgyzstan, Lebanon, Mozambique, New Zealand, Nicaragua, Nigeria, Occupied Palestinian Territories, Qatar, Russian Federation, Saudi Arabia, Senegal, Serbia, Singapore, South Africa, Thailand, United States, Uruguay, and Viet Nam[30].

Each section of these three chapters briefly explains the challenges and implications of each issue mentioned in the Madrid Plan and discusses the policy responses of Member States. Where possible, a distinction is made between mainstreaming-ageing and age-specific policies. Policies which do not refer to older persons are only mentioned if they are considered as having had a demonstrated impact on older persons' lives. This section also provides detailed information on data collection and analysis that was either generated or at least funded by governments.

Data are covered in some detail as effective policy approaches are dependent on sufficient and reliable age-disaggregated data on older persons and ageing. The Madrid Plan's provisions support the view that age- and sex-disaggregation of all data and research is essential to provide policy makers with a realistic and authentic picture of population ageing and the living conditions of older persons. In most cases, data which are age-disaggregated are collected through censuses, household surveys and/or civil registration.

In sum, the following three chapters highlight examples of policies and data in the three Priority Directions of the Madrid Plan. The conclusion in each chapter highlights gaps and makes recommendations for future government action.

1. Older Persons and Development

Through the first Priority Direction of the Madrid, Plan Member States committed themselves to "integrate the evolving process of global ageing within the larger process of development"[31]. The Madrid Plan makes direct reference to principles and mandates established by the United Nations system, where the importance of integrating older persons into the development process is highlighted.

Mechanisms to measure economic activity rarely take into account the contributions of older persons. Older persons are frequently active through voluntary activities, care work, household or subsistence work or informal labour - activities that are not measured in economic terms despite the fact that these activities contribute to wider economic and social development. In the case of HIV/AID-affected families in a number of developing countries, for example, grandparents often play a crucial role by ensuring that affected children receive the most basic care. In all countries, even in those where childcare is widely institutionalised, grandparents take on unpaid care responsibilities for their grandchildren, often enabling the parents to work.

In a world with evolving family structures (smaller households resulting from decreasing fertility rates, increasing divorce rates), care relations are increasingly important. However, older

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[30] According to the 2010 Human Development Report the following countries of this sample are considered as "developed countries": Australia, Canada, Finland, Hungary, Japan, New Zealand, United States (all part of the OECD) plus Qatar and Singapore.

[31] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 10, paragraph 9

persons' participation in economic and social development is not restricted to the family sphere. Older persons, especially in those countries where the State does not provide financial protection for old age, often work in the informal labour market or participate voluntarily in civil society. Hence, older persons contribute in many invisible ways to economic and social development and in particular to the achievement of the Millennium Development Goals.

1.1 Active Participation in Society and Development

Issue One specifically refers to the inclusion of all forms of contributions by older persons into development and calls for changes in attitudes, policies and practices so that "a society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society"[32]. To achieve this, the Madrid Plan calls for the recognition of the social, cultural, economic and political contribution of older persons. The Madrid Plan further calls for the promotion and realisation of the rights of older persons through addressing their rights within existing human rights conventions and other human rights instruments. In fact, as early as in 1948, the Government of Argentina adopted a Declaration on the Rights of Older Persons. This Declaration recognizes that older persons have specific rights and highlights the right to assistance, shelter, nutrition and clothes, the right to adequate health care, to work, to rest, to enjoy tranquillity and respect[33]. It was also in this year that the Argentinean Government addressed the issue of ageing and the needs of older persons on an international level. [34] This was a crucial step to putting ageing onto the agenda of the United Nations.[35]

During the last eight years, some countries have also implemented new legislation to promote the inclusion and participation of older persons in development. Laws and statutes that address age discrimination and older persons' rights through the provision of services include the Law for Older Persons that came into force in Nicaragua in 2009 and the Older Persons Act of South Africa of 2006.

Another action under this direction is to "provide opportunities, programmes and support to encourage older persons to participate or continue to participate in cultural, economic, political and social life and lifelong learning"[36].

When there is often neither a specific law on ageing nor a policy to promote older persons' participation, countries may have either a national plan on ageing (see previous Chapter) or another mechanism to provide for older persons' participation in society. Only three countries (Cameroon, the Occupied Palestinian Territories and the United States) of the 32 case study countries appeared to lack such a policy instrument. Argentina established its National Plan on Ageing in 1997 and many laws address older persons' needs – for example, Decree 1345 from 2005 which introduces pension benefits for housewives. In a wider sense, all age-specific policies support older persons' participation. Researchers, however, were asked to look for policies and programmes directly addressing older persons' participation in cultural, economic, political and social life. Such participation is also influenced by the older person's socio-economic status and this, in turn, is highly dependent on income security and social security systems.

Civic and cultural programmes which help to combat social isolation and support empowerment include South Africa Older People's Forum in 2009/10 and the Golden Games Programme organised in 2006 by the South African Government. In Hungary, since 2006 the Award for the Elderly has honoured older persons with exceptional achievements. In the People's Republic of

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[32] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p.13, paragraph 19

[33] Reunión de Seguimiento de la Declaración de Brasilia, paragraph 23, http://www.apdh-argentina.org.ar/adultos_mayores/varios/Reuni%C3%B3n.de.seguimiento.de.la.declaraci%C3%B3n.de.Brasilia.2008.pdf (accessed 11/01/2011)

[34] http://www.globalaging.org/agingwatch/events/IDOP/zelenev.htm (accessed 31/01/2011)

[35] Ibid

[36] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 14, paragraph 21, action (c)

China, older persons are active through the Chinese Older Persons' Chorus Festival and national associations of senior citizens. In 2009, China also organised the First National Sports Meeting for the Elderly and in 2008, three ministries sponsored Olympic Games for older persons.

Many of these activities support the participation of older persons in various ways, short- as well as long-term. Often they contribute to older persons' well-being and health, for example, by encouraging them to be physically active but also through social interactions at the event and in preparation of the event. The Annual International Day of Older Persons is celebrated by many countries and embraces older persons' participation and visibility.

In addition to these one-off or annual programmes, some governments provide for the establishment of senior citizens' centres or clubs. Japan, for example, provides government subsidies for senior citizens clubs. In Thailand, where health promotion and participation have been the main national policies for decades and implemented through senior citizen clubs all over the country, over 25 per cent of the Thai older population (approximately 1.8 million older persons) were members of senior citizen clubs in 2007. The Thailand case study points out that "Local politicians pay more attention to the voice of older persons and effects of ageing communities". The Elderly Fund in Thailand supports such activities financially (see Box 5). Some countries organise, mostly in collaboration with civil society organisations, national meetings of such groups. An example of this is the 3rd National Encounter of Older Persons Organisations in Uruguay in 2010.

Box 5: The Elderly Fund - Thailand

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The Elderly Fund

The Elderly Fund, following the Act on Older Persons, was established in 2004. It provides financial support in particular for activities of older persons' groups, clubs or networks as well as for occupational promotion and development activities. Specific objectives of the fund include:

1) to support programmes that aim to promote education, health, social living, participation and volunteering of older persons
2) to provide financial assistance to abandoned or abused older persons
3) to provide loans to older persons
4) to support organizations involved in counselling or legal support to older persons.

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

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To enhance intergenerational solidarity and a positive image of ageing, programmes to promote older persons' participation often focus on intergenerational activities and the exchange of knowledge and expertise. In Argentina, for example, since 2008, the National Directorate on Policies for Older Persons provides for activities such as *Experiencia Cuenta* (Experience Counts), which primarily focuses on facilitating the passing on of experiences and skills of older persons to younger members of the community. In Indonesia, the National Commission for Older Persons routinely conducts workshops and seminars that bring together activists of both younger and older generations. In New Zealand, the Ministry of Youth Development and Ministry of Social Development in partnership with the Office of Senior Citizens held a successful Connecting Young and Old Forum with ten older persons and ten younger people to discuss intergenerational issues. The forum participants continue to meet regularly. Even though older persons are not explicitly mentioned, the Serbian Law for Voluntary Work 2010 provides for an enabling environment for volunteering at all ages and hence, encourages older persons' participation through voluntary work.

A very practical way of providing opportunities and support to encourage older persons' participation at all levels is to offer free public transport, free admission to museums, parks and tourist attractions as supported by the Chinese Government. And, even though not directly addressing older persons' participation, an annual initiative undertaken by the Nigerian Ministry of Woman Affairs and Social Development provides, since 2008, for capacity building of desk officers on ageing, personnel of NGOs and care homes.

In some countries, ageing and older persons' participation in particular, have been mainstreamed into sectoral policy. Bolivia's National Development Plan To Live Well 2006-2011, for example, includes provision for older persons' participation in development. In Finland, actions to support older persons' functional capacity, independent living and active involvement in society are mainstreamed in the Strategy for Social Development 2012 Towards a Socially and Economically Sustainable Society. The Medium Term Strategic Framework for 2010-2014 of the South Africa Department of Arts and Culture makes reference to older persons.

The participation of older persons in decision making is needed to ensure that the provisions made in both age-specific (such as National Strategic Plan for Healthy Ageing 2010-2015 of the Saudi Arabia Ministry of Health, providing for the participation of older persons in the development process) and mainstreamed policies (the Serbia National Strategy for Sustainable Development – 2008) are in fact implemented. This is the subject of Objective two of the Madrid Plan: "Participation of older persons in decision-making processes at all levels"[37].

In many countries, such provisions were in force before 2002 with the establishment of Senior Citizens Councils in Thailand in 1989 or in Argentina in 1997. The Argentinean Federal Council of Older People (Act 457) not only ensures that the needs and concerns of older persons are taken into account in decision-making but also that older persons are represented at similar organisations and on an international level. There are also provincial and local councils, of which most were established before 2002. More recently, Nicaragua introduced the Law for Older Persons, which, *inter alia*, sets up the National Council for Older Persons. Other examples come from Belize, Paraguay and Viet Nam which set up similar institutions after 2002.

Data evidence related to the participation of older persons in society and development is still relatively weakly developed. Even though some data evidence should be easily accessible since in principle it is in the public domain, it is rarely made available to academia or the public.

1.2 Work and the Ageing Labour Force

Issue Two highlights the importance of tackling the challenges of an ageing labour force: "Older persons should be enabled to continue with income-generating work for as long as they want and for as long as they are able to do so productively"[38].

The case studies reveal the extent of work in old age, especially in the informal sector. This issue is of concern given the rapidly ageing labour force and both the overall paucity of, and the concerns about the sustainability of, contributory and non-contributory pension systems. The ageing labour force including within the informal sector has positive aspects which are frequently ignored by policy makers and employers. Older persons may want to continue to work until very old age, with the work contributing to family and personal survival. In this case, governments as well as the private sector need to establish age-friendly work environments which provide flexibility for older employees' needs. Nevertheless, older persons should not, in principle, be forced to work in conditions which are degrading and compromising to health and well-being.

Governments are called on by the Madrid Plan to implement policies that increase the participation in the labour market of the working age population and reduce the risk of exclusion

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[37] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 15, paragraph 22

[38] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 15, paragraph 23

or dependency in later life. This can be achieved, for example, by increasing older women's participation, introducing sustainable work-related health-care services with emphasis on prevention, promoting occupational health and safety, granting access to technology, lifelong learning, continuing education, on-the-job training and vocational rehabilitation, and allowing for flexible retirement arrangements. Furthermore, efforts to reintegrate the unemployed and persons with disabilities into the labour market are especially relevant to older persons.

Many countries still have a statutory retirement age, even though this means that older persons are often pushed out of work despite their desire to continue being economically active. Of the 164 countries having a statutory retirement age, 41 countries increased the age between 2002 and 2006[39]. In most countries, women and men have different retirement ages with women retiring earlier than men. The remaining countries either do not have a statutory retirement age, because there is no regulation of any kind governing retirement or because they have abolished it. The Abolition of Compulsory Age Retirement Act of 2001 in Australia and the Age Discrimination in Employment Act of 1967 and 1986 in the United States abolished statutory retirement age. In 2007, Uruguay introduced its Monotributo Law allowing retirees and pensioners on low incomes to continue to work. Such policy mechanisms not only permit more flexible work lives but also, and more importantly, can help to eradicate old age poverty. In Viet Nam, Article 124 of the Labour Law 2002 provides for older workers' rights; older persons are granted the right to work while receiving pension benefits as well as ensuring 'decent work'. Employers are prohibited from employing older persons in hard or dangerous work and placing them in work which exposes them to toxic substances. In Indonesia, the Ministry of Manpower has established Work Centers in almost all of its 34 provinces that provide training in practical capability to workers in the informal sector, including older workers who still have desire to work and earn income.

Policies and programmes specifically relating to older persons and employment or job training are in place in about two thirds of the case study countries. Often these policies predate 2002 or are general policies regulating pensions or older persons' welfare. National policies, strategies or plans on ageing also usually dedicate a section to this issue. To enable older persons to continue working as long as they want to work and are able to do so, a number of governments introduced innovative programmes, such as senior talent markets or databases. The Silver Hair Action Programme in China is an example. Often such programmes are aimed at improving older persons IT skills, as provided by the Hungarian National Institute for Adult Education, which offers IT training for older persons. In the Russian Federation, the Regional Offices of the Pension Fund also provide training in computer skills for older persons, e.g. through the programme in the Tomsk region called Academy of Knowledge operating since 2010. In Singapore, the Advantage and Flexi-Works Policy grants financial assistance to employers who recruit, retrain or re-employ older workers.

Similarly, some countries also use incentives for employers in order to increase older persons' labour market participation:

- In 2004, **Hungary** introduced an exemption from paying a lump sum in health-care contributions for employers who employ long-term unemployed people aged 50 years and above. Also in Hungary, the Premium Years Programme introduced in the same year promotes gradual retirement.

- Similarly, **Serbia** mainstreamed employment of older persons into its New Employment Strategy for 2011-2020 in order to conform with the EU Strategy 2020 and also offers an exemption from insurance contributions through the National Action Plan for Employment and the Law of Social Insurance Contributions of 2006.

Self-employment initiatives are also promoted. This can be achieved by offering loan programmes that grant older persons access to credit, as is done by the National Life Finance Corporation and

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[39] United Nations, World Population Policies 2007, New York, 2008, p. 11

the Japan Finance Corporation for Small and Medium Enterprises. In Belize, such loans for the rural older population were introduced through the Belize Rural Development Plan 2005.

Another strategy to promote older persons' employment is to eliminate age barriers through age discrimination legislation. Australia, Bolivia, Japan and Serbia, among others, have all recently approved laws prohibiting age discrimination in employment.

Often older persons, and particularly older women, are not able to participate in the labour market owing to the difficulty of reconciling work and care giving responsibilities. They often lack skills and basic education. Family-friendly and gender-sensitive policies are thus needed. The One Step Forward Programme of the Hungarian Government, for example, includes a section on low-skilled adults and carers and how they can be integrated into the labour market. The South Africa Older Persons Policy adopted in the year 2006 provides for the establishment of day care centres to assist working carers. Other strategies to promote older carers' labour force participation are separately addressed in Priority Direction III.

Such policies and programmes require adequate resources to put into practice. However, it is very difficult to locate information on government spending on programmes specifically targeted on or benefiting older persons. Greater transparency and detailed records on budget allocations are needed to build a clearer picture on how much public spending actually goes for the benefit of the older population.

Nevertheless, statistics on the labour participation of older persons are available for the formal sector only. Employment rates for older persons were found for all but three case study countries, namely Cameroon, Saudi Arabia and Uruguay. Official statistics on older persons' employment often end at 60 or 65 years of age; this is the case for Australia, Hungary and Nigeria. This is a consequence of the assumption that persons aged 60 or above are usually no longer participating in the formal labour force. The evidence is that, for the most part, both older persons that do not have a regular income through a contributory and non-contributory pension, and those that do, need to work as such income is insufficient for their own needs and those of their dependents. Mechanisms for monitoring numbers of older persons working within the informal sector would help to create a more realistic picture of older persons' economic activities. There are, however, no such mechanisms reported in any of the case study countries.

1.3 Rural Development, Migration and Urbanisation

Issue Three emphasises the challenges which societies face as a consequence of migration, urbanisation and population ageing. When younger generations migrate in search of work opportunities, older persons are often left behind in rural areas in deprived living conditions and with poor infrastructure. The number of older persons, however, is increasing most rapidly in urban areas of developing countries. [40]

While both urban and rural areas are experiencing population ageing, rural areas face the challenge of a "double demographic burden".[41] Higher fertility rates in rural areas and high rates of out-migration of the working-age population from rural to urban areas result in decreasing numbers of persons of working age. There are many children and older persons in extreme circumstances who need the support of working-age adults. This demographic imbalance is further exacerbated by the absence of government (or civil society) support to households comprising older persons and young children. In countries with a high HIV/AIDS prevalence and related high mortality rates, older persons may not receive regular remittances, and yet they are the main carers of the younger generation.

Other issues addressed in the Madrid Plan include responses to ageing migrants and attention to changes in family networks due to increasing urbanisation. The numbers of older persons are

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[40] United Nations, World Population Ageing 2009, p. 36,
http://www.un.org/esa/population/publications/WPA2009/WPA2009-report.pdf (accessed 24/01/2011)
[41] Ibid

increasing most rapidly in the urban areas of developing countries.[42] Urban settings are in general characterised by weakening traditional family support systems. Older persons often find themselves without an extensive social network in urban settings lacking supportive structures which could compensate for the missing family support.

Very few case study countries have put in place in the last eight years policies and programmes intended to improve living conditions and infrastructure in rural areas, to alleviate the marginalisation of older persons in rural areas, to integrate older migrants in their new communities or facilitate their return to their communities of origin, and to support older urban dwellers to prevent isolation and marginalisation. Good examples regarding older migrants come from Kyrgyzstan and the Russian Federation where national legislation guarantees that older migrants have the right to pensions and social protection and that temporary residence permits cannot be taken away from migrants who are either retired or disabled. But this legislation does not target older persons and their needs; it is directed at the general population with specific sections on older persons. It is an example of mainstreaming ageing into wider sectoral policy. In Viet Nam, when older persons migrate, they have the right to transfer their pension benefits derived from mandatory or voluntary schemes.

With respect to rural areas, a number of countries recently implemented policies and programmes to strengthen the capacity of ageing farmers by providing continued access to financial and infrastructure services and training in improved faming techniques and technologies; to develop local financial services and adult education in rural areas; and to encourage appropriate social protection or social security measures for older persons in rural and remote areas.

In addition, migration programmes that could benefit older persons should exist in many countries. Age mainstreaming in such programmes is essential to encourage supportive social networks for older migrants, assist older migrants to sustain economic and health security, and to remove linguistic and cultural barriers when providing public services to older migrants.[43]

Box 6: Examples of Action on Priority Direction One, Issue 3

Ageing and Rural Legislation

- The 2005 **Belize** Rural Development Plan grants older persons in rural areas access to credit.

- In **Bolivia**, the least urbanised country in Latin America, most policies have a special section focusing on the needs of rural areas, e.g. the Renta Dignidad, a social pension benefit, or the health insurance for older persons.

- In 2006 **Canada**'s federal, provincial and territorial ministers endorsed the age-friendly Rural and Remote Community Initiative. This project aims to engage older persons and their communities in improving their communities so that they are healthier and safer places.

- In **Indonesia,** the Law on the Protection of Sustainable Food Agricultural Areas of 2009 mainstreams older persons' needs.

- The **Japanese** Government revised its Basic Law on Food, Agriculture and Rural Areas to include an emphasis on developing a younger agricultural workforce in 2010. It remains to be seen whether this revision has been implemented and whether older farmers are positively addressed in another section of this recent revision of the law.

- In **New Zealand**, older persons in rural areas have access to subsidised bus services

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[42] Ibid, p. 35
[43] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 18-20

> and research studies on the rural older population are underway.
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> - In the **Russian Federation**, Federal Law No 192-FZ provides for the availability of medical supplies in rural areas, and therein especially to older persons.

The introduction of new policies and programmes and the continuation of existing ones require good data. In many countries, data on rural and urban populations as well as on migration issues are not disaggregated by age and this creates difficulties for any research on rural older populations or older migrants. Data on migration disaggregated by age and sex are available for Australia, Finland, Hungary, Senegal, Serbia, South Africa, and Thailand. For Indonesia and Japan, such data are available for internal migration.

1.4 Access to Knowledge, Education and Training

The full utilisation of the potential and expertise of persons of all ages and continuing education, training and retraining as well as vocational guidance and placement services are the focus of Issue four: "Education is a crucial basis for an active and fulfilling life"[44]. Governments are called on to implement policies and programmes that ensure lifelong access to education and training.

Even though many cultures associate old age with wisdom and expertise, older persons often do not have, and never have had, access to education. Many of today's older persons still lack basic literacy skills. Older women are especially at a disadvantage as they usually both live longer than men and have had limited access to education and training. Overall, in many countries, the level of education among persons aged 60 years and above is much lower than among younger generations.[45] Policy makers need to take this into account when addressing the needs of older persons; programmes should be devised which both fully utilise older persons' potential and expertise and, secondly, provide education and training regardless of age.[46]

While some countries already have such policies and programmes in place and are recording their successes, about 50 per cent of the case study countries appear not to have made any progress. Even though older persons' access to education and literacy programmes is mostly addressed in national plans, policies or strategies on ageing or older persons, there is little evidence of implementation of these provisions into programmes.

Box 7: Examples of Action on Priority Direction One, Issue 4

> ### Education and Older Persons – Some Examples
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> - In **Bolivia, Nicaragua and Uruguay**, programmes called Yes I Can particularly benefit older persons even though they are not mentioned as a target group.
> - Adult literacy programmes run jointly by the **Cambodian** Ministry of Health and UNESCO target only the age groups between 15 and 45 years of age.
> - In **Hungary** the recently implemented programmes aimed at improving technology skills, namely the Net Ready Programme (2007) and the eHungary Programme

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[44] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 20, paragraph 35

[45] United Nations, World Population Ageing 2009, http://www.un.org/esa/population/publications/WPA2009/WPA2009-report.pdf (accessed 24/01/2011), p. 38

[46] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 20-21, paragraph 41

> (2004), are not specifically geared at the older population, but seem to be particularly relevant for this age group.
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> - Third age programmes are promoted in several campuses in **Indonesia.**
> - Bilingual classes for Chinese-speaking people in **New Zealand** also do not directly target older persons, but nonetheless participants are often from older age groups.
> - **Thailand's** Ministry of Education explicitly provides for older persons' education.

In addition to education and literacy programmes, governments are called upon to implement policies and programmes for older persons and ongoing education or training, that is, policies which promote access to training and retraining for older workers and encourage them to continue to use their acquired knowledge and skills after retirement.[47] Some of the programmes and policies mentioned in paragraph 1.2 are therefore also relevant for this issue. Other initiatives include Universities of the Third Age, as established in Canada, China, Indonesia, Hungary, some regions in the Russian Federation and Serbia. In Argentina, there is a specific programme, namely the Extensión Universitaria para Adultos Mayores (University Extension for Older Persons), which provides for courses for older persons at national universities. Many adult education programmes in Japan are private but subsidised by the government. In addition to these subsidies, the Ministry of Education, Culture, Sports, Science and Technology also established a Lifelong Learning Programme as well as the National Lifelong Learning Festival.

Additional programmes that also benefit older persons' knowledge, education and training are addressed in the following section as they are emphasised as being programmes to promote intergenerational solidarity.

While data on the level of education among older persons are often easy accessible, statistics on the use of education services disaggregated by age and sex are rarely available. This information was obtained only for developed countries as Australia, Canada, Japan, Finland and Hungary as well as for some developing countries, including Bolivia, Indonesia, Kenya, the Russian Federation, South Africa and Thailand.

In summary, in many countries, education is regarded as a priority for younger generations and, with a few exceptions, such as Cuba in the Caribbean and Japan and Singapore in Asia and Finland and Hungary in Europe, lifelong learning remains a distant aspiration.

1.5 Intergenerational Solidarity

Issue Five calls for the strengthening of solidarity through equity and reciprocity between generations: "Solidarity between generations at all levels – in families, communities and nations – is fundamental for the achievement of a society for all ages"[48]. Programmes promoting intergenerational solidarity can help to achieve this objective by, for instance, enabling older persons to act as mentors, mediators or advisers as well as carers or conversely encouraging younger people to help older persons to acquire new skills such as familiarity with computers and computing.

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[47] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 21, paragraph 41

[48] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 22, paragraph 42

Box 8: Examples of Action on Priority Direction One, Issue 5

Older Persons as a Societal Resource

- In **Belize**, the National Council on Ageing (established in 2003) has developed three intergenerational programmes, a mentoring programme, the Life Histories programme and the Day of Older Persons.
- In **New Zealand**, the Ministries of Youth Development and Social Development in partnership with the Office of Senior Citizens organised the Connecting Young and Old Forum.
- **South Africa** provides an example of how intergenerational solidarity can be promoted through other means, e.g. the Draft National Policy on South African Living Heritage of 2009. South Africa established the National Archives Oral History Project since 2006 and the Intergenerational Dialogue Programme in 2010 (see Box 9).
- In the **United States,** funds are available through the Older Americans Act (OAA) to support intergenerational social and recreational programmes for older volunteers. The OAA also supports services that encourage and facilitate interaction between school-age children and older adults.

Some countries, such as Kenya, Mozambique and the Occupied Palestinian Territories have made provision for programmes of intergenerational solidarity within their national policies or action plans on ageing. About a third of all the case study countries, however, appear not to have taken any steps towards promoting intergenerational solidarity. Intergenerational relations are sometimes included in school curricula, as in Serbia. In other countries, intergenerational solidarity is addressed through programmes or policies which encourage either grandparenting or care giving to older persons. The Golden Sunshine Programme in China, for instance, encourages young people to take care of older persons in need. And in Thailand, there are tax reductions for working age adults who are carers of their older parents.

Box 9: Intergenerational Solidarity – An Example from South Africa

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 focussed on gathering the stories of women who participated in the 1956 March, skills development, and strengthening the relationship between the youth and elderly people.

Source: http://www.polity.org.za/article/sa-botha-gamohle-national-archives-oral-history-project-14092007-2007-09-14 (accessed 18/01/2011)

While intergenerational activities focusing on the exchange of experience and knowledge help to develop a positive yet realistic image of older persons, activities that primarily emphasise old age care might not have such a positive impact. Programmes aimed at older persons who are physically and/or mentally less able are no less important than those which involve mainly healthy and active older persons, but the two types of programmes will foster very different perceptions of older persons and ageing.

Data on older persons providing financial and instrumental support to younger people and vice versa are available for ten out of 32 case study countries. In Singapore, for example, there are three sources that provide information on intergenerational support: 1) the Informal Caregiver Survey 2010 of the Ministry of Community Development, Youth and Sports, 2) the Social Isolation, Health and Lifestyles Survey 2009 and 3) the General Household Survey as well as the National Population Census.

1.6 Eradication of Poverty

Issue Six forms a crucial part of the Madrid Plan, because "where poverty is endemic, persons who survive a lifetime of poverty often face an old age of deepening poverty"[49]. This section explicitly refers to reducing poverty among older persons – not only in terms of income poverty but including wider, multidimensional indicators. Poverty manifests itself through malnutrition and hunger, limited access to basic services including health, water and sanitation and education, a lack of participation in decision making and social exclusion.[50] Governments committed themselves to tackle the roots of poverty at the World Summit for Social Development in Copenhagen in 1995 and confirmed this commitment in the Millennium Development Goals, explicitly in the headline goal – Goal One – which is to halve the proportion of the world's population living in extreme poverty by 2015. The Millennium Development Goals focus primarily on children, young people and poor people of working age. There is no specific reference to older persons in this agenda, even though it has been suggested that about 600 million older persons lack income security.[51] The Madrid Plan recommends to "reduce the proportion of persons living in extreme poverty by one half by 2015"[52].

This section focuses on policies and programmes directly aiming to reduce poverty. Other indicators, addressing education, social security or health, are covered in previous and following sections. The Madrid Plan takes a people-centred approach to poverty reduction, emphasizing the empowerment of people living in poverty through full participation in social, political and economic life. For this reason, there are elements in the Madrid Plan which contribute directly to the achievement of the Millennium Development Goals and poverty eradication in general.

In more than half of the 32 case study countries, including seven of ten developed countries, older persons are not directly addressed in policies aiming to reduce poverty. Less than half of the 32 countries identify older persons as a particularly vulnerable group in poverty eradication strategies or policies.

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[49] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 23, paragraph 45

[50] United Nations, Poverty eradication, http://www.un.org/esa/socdev/social/poverty/ (accessed 19/01/2011)

[51] HelpAge International, Social transfers: a critical strategy to meet the MDGs, London, 2010

[52] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 23, paragraph 48, action (a)

Box 10: Examples of Action on Priority Direction One, Issue 6

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Older Persons and Poverty Reduction

- The National Plan of Action to Eliminate Poverty 2007-2011 in **Belize** shows evidence of mainstreaming older persons' needs.

- In **Cambodia**, the National Poverty Reduction Strategies of 2003 to 2005 acknowledge older persons as one of the most vulnerable groups.

- The **Kenyan** National Development Plan Vision 2030, first Medium-Term Plan 2008-2012, recognises older persons' vulnerabilities and provides for the establishment of a social protection fund and restructuring of pension schemes.

- In **Kyrgyzstan**, the National Strategy on Poverty Reduction of 2010 refers to old age as a period of particular vulnerability to poverty.

- The National Poverty Reduction Strategy - PARPA II - and the National 5-year Plans 2005-2009 and 2010-2014 in **Mozambique** provide for the mainstreaming of older persons' needs into the national Poverty Reduction Strategy Paper (PRSP).

- In **Nigeria**, the Draft National Economic Empowerment and Development Strategy II (2008-2011) provides for social protection of older persons through the establishment of a retirement benefit scheme for informal sector workers.

- The **Serbian** Poverty Reduction Strategy Paper (2003) provides for better positioning of pensioners and older persons in general.

- Older persons' needs are also included in the **South Africa** National Development Agency 2010-2013 Strategy Document adapted in 2009.

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Canada and Hungary are the only two developed countries where there was evidence of mainstreaming older persons into policies that address poverty reduction.[53] But it is not clear from the data whether or how developed countries with aid programmes are mainstreaming issues of older persons into their poverty-focussed aid programmes.

Support for older persons in Senegal comes through a variety of channels. In addition to the provisions made in national development or poverty reduction policies, the 3rd Programme of Priority Actions and Investments on Population and Strategic Plan of the Ministry of Social Action and National Solidarity, under the National Programme on Action for Older Persons (2005), provides for nutritional supplements for older persons in poverty, support for income-generating activities of older persons and payment of health fees for older persons not covered by Plan Sesame. Other examples which support the eradication of poverty, such as food subsidies though cash grants given to older persons in Argentina, Ecuador, El Salvador, Mozambique, Peru, Guatemala, are mentioned in Section 1.7.

Policies and programmes which promote equal access for older persons to employment and income-generation opportunities by facilitating older persons' access to credit, markets and assets, also reduce the risk and depth of poverty. The eradication of poverty is a challenge not only for developing countries, where there are very high rates of absolute poverty, but also for developed countries in which relative poverty is a major issue.

Alongside national government action, international cooperation has a key role in supporting national efforts to eradicate poverty. One of the recommendations made during an expert meeting organised by the United Nations Population Fund in 2007 was to include older persons and ageing into national and regional MDG reporting.[54] Out of the 32 case study countries for which

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[53] Bill C-545 An Act to Eliminate Poverty in Canada and the New Hungary Development Plan (2007-2013)

[54] UNFPA, Population Ageing and the Millennium Development Goals, New York, 2009, p. 4

this information was collected, only Hungary, Serbia, South Africa and Viet Nam seem to have included older persons in their national reporting process. In the remaining 28 case study countries, no evidence was found of the inclusion of older persons in national MDG targets and programmes.

The Madrid Plan specifically calls for developing poverty indicators that are age and gender-disaggregated to ensure that the needs of poor older women can be identified. Often, however, data on older persons' poverty rates are not available – for 12 out of 32 countries no evidence for such information was found. This includes all five Arab States of this sample as well as Cameroon, China, Kyrgyzstan, Mozambique, New Zealand, Nigeria and Uruguay.

Data on older persons' nutritional intake was found for not more than seven countries – Australia, Cambodia, Hungary, Japan, Kyrgyzstan, Lebanon and Thailand. For all but three case study countries (Nigeria, South Africa and Viet Nam), no data on older persons' access to sanitation facilities were found.

The reflection of ageing in annual budgets is essential to ensure that older persons and ageing are taken into consideration in the allocation of resources. Very little information was provided on budgets. For examples of budget allocations, see Box 4.

1.7 Income Security, Social Protection / Social Security and Poverty Prevention

Issue Seven aims to promote programmes to provide basic social protection and social security for all workers. These include, where applicable, pensions, disability insurance and health benefits as well as a minimum income for all older persons. These schemes are seen by the Madrid Plan as "part of a foundation of economic prosperity and social cohesion"[55].

Box 11: Social Pensions

Pension Watch – Social Pensions

"Governments in developing countries have recognised the impact social pensions can have on reducing old age and intergenerational poverty. Countries such as Bolivia, Brazil, Lesotho, Nepal and South Africa are among over 80 countries which have set up social pensions. 47 of these are low and middle income countries. Evidence shows that not only do social pensions reduce old age poverty, but they also reduce intergenerational poverty. For example, pension income is spent on children in the household, leading to significant improvements in their education and health."

Source: www.pension-watch.net (accessed 18/01/2011)

Pensions are crucial for providing income in old age. However, a majority of workers in developing countries work outside the formal economy and, in the absence of special efforts to develop social protection schemes for the informal sector, will enter old age without a pension. Important efforts are now being made to ensure that there is a 'social floor'[56] for everyone,

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[55] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 24, paragraph 49
[56] "The term Social Protection Floor is a global and coherent social policy concept that promotes nationally defined strategies that protect a minimum level of access to essential services and income security for all in the present economic and financial crisis and beyond. A national Social Protection Floor is a basic set of rights and transfers that enables and empowers all members of a society to access a minimum of goods and services and that should be defended by any decent society at any time."

ensuring a basic income whether or not a person has contributed to a scheme in his/her economically active years. Older persons themselves are likely to work outside the formal economy, indeed many continue to work past official retirement age because work is the only means of securing a minimal livelihood.

Programmes which provide social protection for older persons within the informal and formal sector can be a powerful instrument for reducing poverty.

Box 12: Examples of Action on Priority Direction One, Issue 7

Older Persons and Social Protection – Some Examples

- In **Argentina**, the old age pension, established in 1997 through decree 432, was universalised through decree 582 in 2003.
- In **Belize**, a non-contributory pension for the poorest older persons has been implemented by measures taken in 2003 and 2008.
- In 2008, the Renta Dignidad (Universal Old Age Pension) was introduced through Law 3791 in **Bolivia**.
- The **Kenya** Strategic Plan (2008-2012) of the Ministry of Gender, Children and Social Development provides for the establishment of cash transfers to orphans and vulnerable children (OVC), elderly and other persons facing vulnerabilities. The Kenyan Government also includes social pension programmes targeted at rural areas in its Draft National Social Protection Strategy (2009-2014). These social pension programmes are also targeted at households headed by older persons with children aged under 15. In addition to these yet to be adopted policy provisions there is a social protection cash transfer scheme for older persons who are not receiving any pension and are caring for orphans and vulnerable children, and/or children with disabilities or suffering from chronic illness.
- In **Lebanon**, the Social Action Plan (2007) provides for the expansion of safety nets for poor older persons as stated in the Proposed Social Safety Nets Action Plan 2006-2007.
- In **Mozambique,** ageing has recently been mainstreamed in a number of policy instruments: the Social Action Policy (2008), the PRSP (PARPA II) and its National 5-year Plans 2005-2009 and 2010-2014, the Constitution (2004) as well as the Labour Law (2007) and the Law of Social Protection (2007).
- The **Nigerian** Draft National Economic Empowerment and Development Strategy II (2008-2011) provides for social protection of older persons by means of a retirement benefit scheme for informal sector workers.
- In **South Africa**, in 2009/10 the age at which men become eligible for the old age grant was reduced to the age at which women qualify for the grant. At that time 2.55 million older persons were benefiting from this social safety net. The South Africa Older Persons Policy also provides social relief of distress for older persons who have applied for social assistance grants until their grant is paid.
- The **Serbian** Government has recently reformed its pension laws, the 2010 New Pension Insurance Law and the Law for Social Protection in 2009. Since 2009, there has also been a special effort to provide support for poor pensioners.

See ILO and WHO; Social Protection Floor Initiative – *The sixth initiative of the CEB on the global financial and economic crisis and its impact on the work of the UN system.* Manual and strategic framework for joint UN country operations. Geneva 2009. Available at www.ilo.org/gimi/gess/RessFileDownload.do?ressourceId=14484 (accessed 24/01/2011)

- In **Uruguay**, three new laws are now providing benefits for older persons:
  - Law 1241 introduced a grant from the Social Security Bank to persons in poverty between 65 and 70 years of age in 2007.
  - Law 18246, also approved in 2007, recognises the right of people in a free union to receive social security benefits and pensions after the death of the partner.
  - Law 18395, approved in 2009, facilitates access to retirement for working women and persons with disabilities, and provides retirement and old age allowance for unemployed persons aged 58 and over and who have worked for 28 years.
- Decree 13/2010/ND-CP in **Viet Nam** provides for a cash transfer programme aiming to reduce and/or remove vulnerabilities and poverty in old age.

Australia, Japan and New Zealand have all recently reformed their pension systems. In 2009, the Australian government approved its Secure and Sustainable Pension Reform (including an increase in maximum pension, a pension supplement that covers utilities and pharmaceuticals, a supplement for seniors which combines telephone and concession allowances and a work bonus). The 2009 Reform also raised the qualifying age. In 2008 Australia also increased pension payments and the allowances given to seniors' to pay for utilities and their telephones. In Japan, the Fundamental Plan for Urgent Management of Japan Pension Services was adopted in 2008. In New Zealand, the Superannuation and Retirement Income Amendment Act came into effect in 2005.

Measures taken before 2002 to provide or enhance social security are beyond the scope of this report. However, in most developed countries, and in some other countries, extensive social security systems were in place before this date. There was no evidence of policy changes since 2002 in a third of the case study countries. In some cases, significant change has come about, not as a result of legislation or policy decisions, but through constitutional reform. Thus, the constitutions of Bolivia, Kenya, Kyrgyzstan, Mozambique and Serbia now specifically mention old age as an indicator of vulnerability.

No evidence was found of the introduction by governments of advice and counselling services for older persons regarding social protection or social security. Such services, however, are often provided by non-governmental organisations. HelpAge International's older citizens monitoring project, for instance, provides training for older persons with regard to their rights to all aspects of social protection.[57]

For one third of the sample, no data on social security coverage levels of older persons are available. In the case of Argentina, Australia, Belize, Bolivia, Finland, Hungary, Indonesia, Japan, Kenya, Kyrgyzstan, Lebanon, Nicaragua, Occupied Palestinian Territories, the Russian Federation, Serbia, South Africa, Thailand, United States, Uruguay, and Viet Nam, this information was found – at least partially on the health insurance coverage levels of older persons.

Data disaggregated by age for government expenditures on all types of social security were found for only nine countries – Finland, Hungary, Japan, Mozambique, Nicaragua, the Russian Federation, Serbia, South Africa and Thailand. For the remaining countries, such information could not be located. Often it is claimed that government expenditures, and therein especially health-care expenditures, are higher among older age groups.[58] This may be partially a reason why population ageing and older persons are often seen as a burden. This information – if available at all – however, has to be analysed with caution; other studies revealed that not ageing per se determines health-care expenditure per person, but rather that the costs are highest in the last year of life, independent of a patient's age.[59]

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[57] HelpAge International, Ageways, issue 67, Older citizens monitoring, 2006

[58] United Nations, Ageing and Development, New York, 2008, p. 178

[59] Ibid, p. 181

1.8 Emergency Situations

Issue Eight calls for equal access for older persons to food, shelter, medical care and other services during and after natural disasters and other humanitarian emergencies. It also calls for the recognition of older persons' contributions to the reestablishment and reconstruction of communities and the rebuilding of the social fabric following emergencies. "In emergency situations, such as natural disasters and other humanitarian emergencies, older persons are especially vulnerable and should be identified as such because they may be isolated from family and friends and less able to find food and shelter"[60]. In humanitarian emergencies, older persons have specific needs which are less common in the general population: for example, they need assistance which takes into account reduced mobility or visual impairment. Moreover, older persons are often the poorest and most vulnerable in society and therefore live in areas that are more likely to be affected by crises and disasters.

There is no evidence in almost two thirds of the case study countries of mainstreaming older persons into policies and programmes on humanitarian aid or disaster relief. This includes Indonesia and Thailand where natural disasters are a regular occurrence and the Occupied Palestinian Territories and Kyrgyzstan where conflict and civil unrest are an ongoing concern. National policies, plans or strategies on ageing which referred to emergency and disaster relief were found only in Belize, Cambodia, Egypt, Saudi Arabia and South Africa. Assistance specific to the needs of older persons is more likely to be provided, but is not guaranteed, if ageing is mainstreamed in national humanitarian aid and disaster relief plans and strategies. In Kenya, the 2009 draft of the National Policy for Disaster Management directly refers to older persons. In another six Member States there are a variety of provisions:

- The AusAID programme in **Australia** includes older persons as a vulnerable group.
- Guidelines for Evacuation Support of People Requiring Assistance During a Disaster have been set up in **Japan** in 2005/2006.
- In **Nigeria**, there are ad hoc budget allocations in cases of emergencies to provide immediate short-term emergency relief for vulnerable groups, including older persons.
- In **Serbia**, a budget of about $6 billion was allocated for humanitarian aid to poor pensioners and implementation of new law for social protection.
- In the **United States**, the Federal Emergency Management Agency directs some of its advice about emergencies at older persons through the Emergency Preparedness Initiative and the Preparing Makes Sense for Older Americans guide (see Box 13). Local emergency management offices also maintain registers of older persons.
- In **Viet Nam**, Decree 13/2010/ND-CP provides for humanitarian aid and disaster relief programmes targeted at older persons.

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[60] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 25, paragraph 54

Box 13: Preparing Makes Sense for Older Americans

In addition to meeting the needs for assistance of older persons in the immediate aftermath of a disaster, the Madrid Plan draws attention to the contribution older persons can make in reconstruction and rehabilitation.

The specific needs of older persons, however, are generally overlooked in emergencies. A study undertaken by HelpAge International in 2010 found that only 93 out of 1,912 humanitarian assistance projects surveyed explicitly address older persons as a vulnerable group.[61]

In addition to policies and plans dealing with conflict and disaster relief, there are a few examples of government action on small-scale emergencies, such as fires in private households or nursing homes. While in Canada and the United States these programmes or policies are situated at the provincial and state level respectively, the Russian Federation has adopted a federal law, Law 123-FZ on Technical Regulations on Fire Safety in 2008. This law sets standards for fire safety in homes for disabled and elderly people and was followed by a draft federal programme, Fire safety of residential homes for the disabled and elderly in 2009. Other facilities that support older persons in case of an emergency are emergency call systems which are often implemented at local levels as, for example, in China.

Despite these examples, in most of the countries assessed in detail, government action tailored to the needs of older persons in disaster and conflict relief assistance is very limited.

No records or useful information was found on government expenditures on older persons in emergencies, on support to older persons and on numbers of older persons affected by emergencies. Yet the keeping of proper records and age-disaggregated data on populations at risk of, and affected by, emergencies is a prerequisite for policies, planning and programmes tailored to the needs of older persons.

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[61] HelpAge International, A study of humanitarian financing for older people, London, 2010

1.9 Conclusion and Recommendations

Evidence from this review of the 32 case study countries shows that countries which are only beginning to face the challenges of population ageing are still engaged in drawing up and implementing poverty reduction policies while countries with larger proportions of older persons and established social protection systems are focusing on the ageing labour force, intergenerational solidarity and improving older persons' participation in society. In general, there seems to be a correlation between the level of development of a country and the level of progress made since 2002. In the European region, almost all issues were covered through some kind of policy or programme, while in the Arab States region, little evidence for almost all issues, except active participation in society and development, was found.

Box 14: Priority Direction One - Gaps

Summary of Country Case Studies – Priority Direction One Issues with Limited or No Policy Coverage*:

Africa:

- Emergency situations
- Employment and job training
- Rural development and urbanisation
- Migration
- Intergenerational solidarity

Asia and the Pacific:

- Rural development and urbanisation
- Migration
- Poverty reduction (only addressed through social protection mechanisms)

Arab States:

- All but issue 1 (Active participation)

Europe:

- Emergency situations

Latin American and the Caribbean:

- Migration
- Rural development and urbanisation
- Emergency situations

* Issues are only listed here if no evidence for the respective indicator was found for three or more out of five or more countries in each region.

However, there are important variations within regions. In Kenya, Nigeria and South Africa, important advances in the Madrid Plan's Priority Direction One have been made by adapting policies and by passing supporting legislation.

A clear focus on the issue of ageing and on older persons themselves is needed to help societies adapt to the phenomenon of ageing populations. This focus evidently benefits older persons themselves but its positive effects will be felt by younger generations which have yet to experience the impact of ageing. The current needs of older persons will be at the forefront of

policy making and advocacy but inevitably changes made today will affect future generations of older persons and it is important, therefore, as far as possible, to ensure their relevance to future generations and to undertake periodic reviews as the proportion of older persons within the population continues to grow.

The intergenerational dimension of population ageing is also significant. Programmes and actions targeted at older persons also affect their families, communities and economies. The enormous contribution made by older persons as carers is only one example of the way in which their welfare, health and livelihoods can affect others. Evidence from sub-Saharan Africa, in particular, has shown how cash transfers in the form of old age pensions have a beneficial multiplier effect which runs through households and the local economy. The South African experience has shown that these impacts can be measured by the better health, improved nutrition and good school attendance of children in households where an older person is receiving a pension.

In general, the issues that arise from emergency situations, migration, rural development and urbanisation require more attention from policy makers. The first step towards making progress is the collection of the age and sex-disaggregated data needed to build a realistic picture of the needs of older persons and potential contributions in all these areas. The second step is to include older persons in policy making processes, especially those which affect them directly. Older persons' participation and voice will be strengthened by encouraging and promoting their organisations and providing access to education, which, in turn, will enhance their contribution to policy making.

2. Advancing Health and Well-being into Old Age

The World Health Organization defined health as a "state of complete physical, mental and social well-being, not merely the absence of disease and infirmity".[62] A healthy lifestyle throughout life is crucial to reach old age in good health and well-being, but supportive environments that enable individuals to advance health and well-being into old age are likewise important.[63] This report focuses on governments' responsibility to create such an environment.

"Good health is a vital individual asset. Similarly, a high overall level of health of the population is vital for economic growth and the development of societies."[64]

Old age is often associated with poor health. Older persons are more likely than other age groups to report poor health[65], yet older persons' health varies widely between different groups of older persons[66]. Healthy life expectancy (the "average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury"[67]) is largely dependent on the level of development and wealth of a country, and even within countries huge inequalities lead to gaps in (healthy) life expectancy. While in Japan (HDI 0.888 – world rank 11) a woman aged 60 can expect to life another 27 years, a woman in Sierra Leone (HDI 0.317 – world rank 158) on average only has 14 more years of life expectancy.[68] While genetics play an important role in determining a person's health status, behavioural as well as environmental and social factors are also important. Ageing is influenced by a variety of factors: on the one hand through genetic inheritance, and on the other by poverty/income,

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[62] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

[63] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 27, paragraph 59

[64] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 27, paragraph 57

[65] World Health Organization, World Health Survey (WHS), 2006

[66] Lloyd-Sherlock P, Population ageing and international development, Bristol, The Policy Press, 2010, p. 91

[67] World Health Organization, WHOSIS, http://www.who.int/whosis/indicators/2007HALE0/en/ (accessed 26/01/2011)

[68] UN Data, http://data.un.org/Data.aspx?d=GenderStat&f=inID%3A36 (accessed 26/01/2011)

nutrition, social status, tobacco and alcohol consumption, healthcare, lifestyle, and illnesses.[69] Reflecting upon these factors, most of which can be influenced by individuals themselves, the World Health Organization developed a Framework for Active Ageing (see Box 15).

Box 15: World Health Organization, Active Ageing: A Policy Framework, 2002
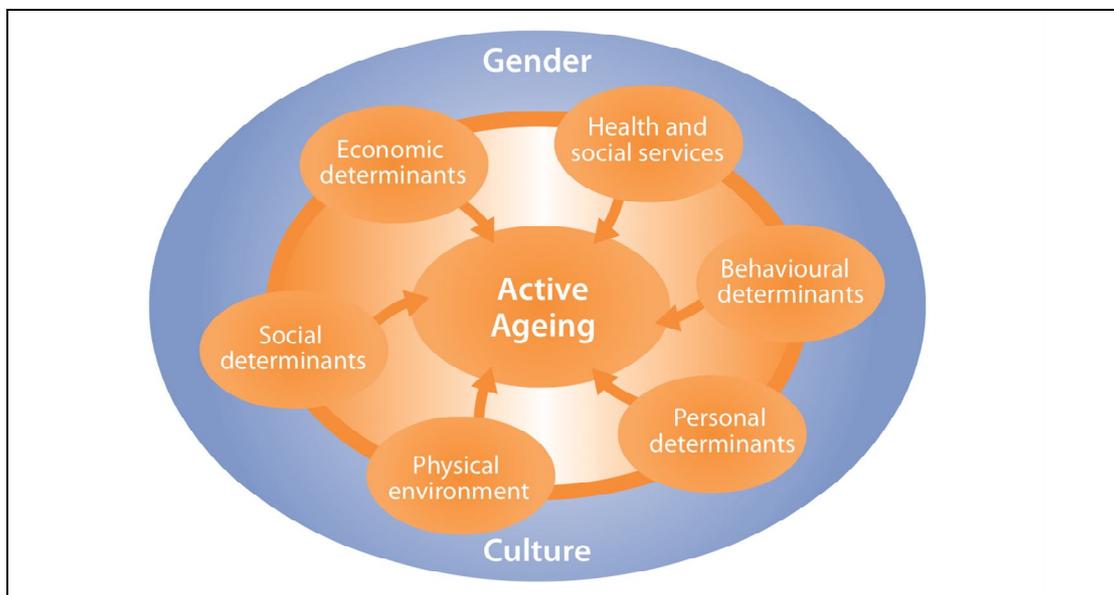
Given the rapid pace of population ageing and fast growth of the oldest old, those aged 80 years and above, not only does public policy in general need to address these factors, but also health care systems in particular must be responsive to older persons.[70] The Madrid Plan's Priority Direction Two therefore follows a holistic, public health approach by not only focusing on equal access of older persons to health care, but also on the need for a supportive environment for health, which to a large extent can be shaped by public policy. This report recognizes the importance of health promotion and intervention in early life, but does not highlight such policy interventions in particular. The report focuses on government actions which specifically target the health and well-being of older persons. The relevant policies and programmes include health promotion, disease prevention, assistive technology, rehabilitative care, mental health services, promotion of healthy lifestyles and supportive environments as well as programmes to introduce geriatric medicine in university curricula and health-care systems.

2.1 Health Promotion and Well-Being Throughout Life

Health promotion and well-being throughout life is "the cornerstone of healthy ageing"[71]. Shifting the focus of health-care systems to the promotion of lifelong good health would lead to a significant increase not only in life expectancy but also in disability-free life expectancy.[72] The Madrid Plan, therefore, calls upon countries first, to reduce "the cumulative effects of factors that increase the risk of disease and consequently potential dependence in older age", second, to develop "policies to prevent ill health among older persons" and third, to provide "access to food

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[69] Lloyd-Sherlock P, Population ageing and international development, Bristol, The Policy Press, 2010, p. 92

[70] Pelaez M, Population ageing and the health care system, in: UNFPA, Population ageing and the Millennium Development Goals, New York, 2009, pp. 94-96

[71] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 28, paragraph 63

[72] Lloyd-Sherlock P, Population ageing and international development, Bristol, The Policy Press, 2010, p. 91

and adequate nutrition for all older persons"[73]. The researchers therefore looked first at policies and programmes on healthy ageing and on the prevention of non-communicable diseases (NCDs) and second, at policies and programmes to promote adequate nutritional intake of older persons.

While for the majority of the 32 case study countries there was evidence of policies or programmes on healthy ageing or on the prevention of non-communicable diseases, no evidence was found for Qatar and in some States it appears that this topic is only addressed in the national plans on ageing – for example, the Egypt Strategy and Action Plan on Ageing 2007, which makes direct reference to the Madrid Plan, provides for the development of a strategy for control of non-communicable diseases especially for older persons. The Cambodian Policy on Ageing of 2003 as well as the National Strategic Plan on the Elderly of the Occupied Palestinian Territories refers to health promotion and non-communicable diseases. Only general policies and programmes that do not explicitly target older persons were found for China, and no recent actions were reported for New Zealand and the United States. In the Russian Federation, various districts and regions implemented programmes to promote older persons' health, despite the lack of a federal policy on healthy ageing. The only evidence for policy provisions towards older persons' health promotion in Nicaragua is through the 2009 Law for Older Persons.

Only four out of the ten developed countries of this sample – Australia, Canada, Finland and Japan – provide examples of age-specific activities, and only in the case of Hungary does ageing appear to be mainstreamed into health policy (see Box 16). All the remaining 19 countries have either mainstreamed ageing into wider health policies or adopted policies or programmes that specifically refer to older persons' health promotion and well-being.

Box 16: Examples of Action on Priority Direction Two, Issue 1 (a)

Healthy Ageing – Examples of Mainstreaming

- The National Development Plan "To live well" (2006-2010) of **Bolivia** refers to health promotion and healthy ageing.

- In **Cameroon**, the National Reproductive Health Strategy / Policy (2005-2012) shows evidence of the mainstreaming of ageing. (See age-specific examples as proof for implementation below)

- In **Hungary**, the National Public Health Programme (2003) explicitly includes older persons.

- Article 69 of the law on Health Care of the Citizens of the **Kyrgyz Republic** refers to the rights of older persons.

- In **Lebanon**, the Social Action Plan of 2007 "aims at expanding health coverage for elderly suffering from chronic diseases through improving and developing the current chronic disease programme". The estimated cost is $5 million a year.

- The 2007 **Mozambique** National Health Policy makes reference to older persons as a particular vulnerable group.

- Health ageing and the prevention of non-communicable diseases among older persons are included in the National Health Development Plan (2004-2008) of **Senegal**.

- In **Serbia**, there are programmes a) to promote primary health protection and b) to enhance health information. Both programmes – implemented in 2004 – are targeted at the general population but explicitly refer to healthy ageing and older persons.

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[73] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 29-30

Policies and programmes to promote adequate nutritional intake of older persons are often mentioned in national policies or strategies on ageing – in Kenya, Saudi Arabia, Senegal, and South Africa. There are, however, very few examples of mainstreaming older persons' nutritional needs or of programmes or policies specifically promoting adequate nutrition in later life. Evidence for mainstreaming was found in Argentina, Mozambique and Senegal, while more specific, recent examples come from Finland, Indonesia and New Zealand:

- "Meals on wheels" is a widely known service that is common in **Finland**, and across Europe and the **United States**
- In **Indonesia**, there is a manual for health workers at health centres on nutrition problems in old age.
- Similarly, in 2009 **New Zealand** introduced Food and Nutrition Guidelines for Healthy Older People.

Box 17: Examples of Action on Priority Direction Two, Issue 1 (b)

Healthy Ageing – Age-Specific Examples

- The **Argentinean** Government adopted a resolution (753/07) on active ageing and health for older adults, Resolution in 2007.
- In 2004, **Australia** adopted the National Falls Prevention for Older People Plan.
- The **Bolivian** Health Insurance for Older Persons of 2005 introduced free health care for persons aged 60 and above.
- In **Cameroon,** geriatric wards in Yaoundé Central Hospital and in Laquintini tertiary public hospital in Douala were opened in 2005. In the same year, an advisory body on reproductive health for older persons in the Ministry of Public Health was established.
- **Canada** budgeted $7.4 million to be invested in research on evaluating and testing a model of integrated care for frail older adults by 2013 and another $30 million for the Canadian Longitudinal Study on Ageing within the Institutes of Health Research budget.
- In **Finland**, a National Framework for High-Quality Services for Older People was introduced in 2008, and in 2009 provision was made for drafting an advice and service network for promoting the well-being and health of older persons.
- In addition to the Law on Older Persons' Welfare which predates 2002 and the National Plan of Action for Older Persons (2009-2014), which refer to healthy ageing, the **Indonesian** Government prepared:
    - o A media campaign on ageing and age-friendly primary health care centres,
    - o A manual for primary health care centre workers,
    - o Posters on ageing and geriatrics, and leaflets on disease prevention and age-friendly PHC services.
- In addition to substantial non-age specific government action on health promotion and non-communicable diseases, such as the Cancer Control Act of 2004 or smoking cessation programmes, the **Japanese** Government also recently provided for:
    - o A Nursing Care Prevention Strategy under the Revised Long Term Care Insurance Law of 2006,
    - o Establishment of stroke care centres,
    - o The 80/20 campaign (20 healthy teeth at age 80).
- In **Saudi Arabia**, Age-friendly Primary Health Care Centres were established in 2002.

- In **Serbia** the implementation of a programme on Health Care for Older People has been under discussion since 2010, but a decision is still pending.
- In addition to the provisions made through the Older Persons Act and the National Policy, the **South African** Government recently introduced a number of programmes:
    - The Healthy Lifestyles Day (2008), The Golden Games Programme (2006), The Active Ageing Programme (2009/10), and Service guidelines / programmes on prevention and management of old age-related chronic diseases and other health needs of older persons.
- In **Thailand**, Senior Citizen Clubs are mentioned as a means of promoting good health, for example, through Tai Chi lessons or lectures on nutrition. The Ministry of Tourism and Sports organises sports activities and there are mobile units which provide knowledge on practicing physical exercise and checking fitness.
- As in the **Russian Federation**, in **Viet Nam** there is provision for community-level activities, as for example:
    - Community-based learning centres to disseminate knowledge for the prevention and control of diseases related to old age,
    - Training of trainers in physical exercises and Tai Chi in particular,
    - Organisation of open-air physical exercise clubs.

Objective Three under this Priority Direction of the Madrid Plan is to promote access to improved water and sanitation facilities in a way which includes older persons. [74] This issue appears to be addressed only in the South Africa Older Persons Policy of 2006. This policy provides for the development of legislation to control environmental and external health hazards and promotion of government action on adequate provision of water and food.

In addition to the above mentioned policies, good health and well-being throughout life can also be achieved by:

1) Helping families and communities to provide care and protection to persons as they age
2) Preventing alcohol abuse and reducing the use of tobacco products and involuntary exposure to tobacco smoke and helping and encouraging people of all ages to stop smoking
3) Introducing adult immunization programmes
4) Training health, social service and care professionals to educate and guide persons reaching old age on healthy lifestyles and self-care
5) Encouraging older persons to maintain or adopt an active and healthy lifestyle, including physical activity and sport
6) Promoting affordable dental services to prevent and treat disorders that make eating difficult and cause malnutrition
7) Ensuring that the specific nutritional needs of older persons are included in training programmes for all health and relevant care workers and professionals

Even though there is plentiful evidence that older persons both report worse health than younger age groups[75] and tend to suffer from bad health more frequently than younger people[76], the research undertaken for this report shows that there are still huge gaps that need to be addressed. Age- and gender-disaggregated data on chronic disease morbidity was available in only 17 out of the 32 case study countries. Data on rates of malnutrition among older persons

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[74] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 30

[75] World Health Organization, World Health Survey (WHS), 2006

[76] United Nations, Ageing and Development, New York, 2008

appears to be available for less than a quarter of the case study countries – Australia, Indonesia, Japan, New Zealand, Nigeria, South Africa and the United States.

2.2 Universal and Equal Access to Health-Care Services

Issue Two calls for actions on "the elimination of social and economic inequalities based on age, gender or any other ground, including linguistic barriers" and for the development and strengthening of primary healthcare services".[77] It also highlights the importance of developing a continuum of health care and for older persons themselves to be involved in the development and strengthening of services.[78] Studies from across the world show that health inequalities are the product not only of unequal access to health-care services but also of social and economic inequality – there is a correlation between poor socio-economic status and high mortality and morbidity.[79] Universal and equal access to health-care services is, however, central to improving health and well-being throughout life. It has been shown that health-care that does not focus narrowly on medical care, but also health education and promotion has a greater positive impact on health status. The Madrid Plan accordingly calls for educating and empowering older persons in the choice and effective use of health and rehabilitation services, together with the development of their capacity to care for themselves and, in general, to maximize their strengths and abilities within health and social services.[80]

A review of policies and programmes on equal and affordable access to primary and secondary health care which explicitly include older persons and promote their access to health facilities found that in 13 countries (Australia, Cameroon, Canada, Egypt, Finland, Hungary, Lebanon, New Zealand, Nigeria, Qatar, Saudi Arabia, Singapore and the United States), there have been no new policies or government action on older persons' access to health care. Canada, New Zealand and the United States provided information on health-care provision introduced before 2002. This means that Japan is the only developed country in the sample that has put in place a new plan (2008) specifically on the health of older persons.

Nineteen countries have made changes in policies or provisions for the health of older persons, either by including them as one of a number of target groups or by making them a specific target group. In five countries – Indonesia with its 2009 law on health, Kenya, Mozambique, the Russian Federation and South Africa – older persons' health care has recently 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), which makes provision for the development of guidelines to identify poor older persons, 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 persons as a vulnerable group which 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 to all older persons and offers free transport for older persons to State-held health facilities. The Russian Federation's National Health Policy of 2006 refers to older persons only with reference to influenza vaccinations.

Cambodia's Policy on the Elderly (2003) is reported to address older persons' universal access to health care. In Nicaragua, Article 6 of the Law for Older Persons of 2009 guarantees that they will receive quality, dignified and preferential care in health services at hospitals, health centres and at home. And in the Russian Federation, the federal programme "Older Generation" (2002-2010) provides for ensuring older persons with adequate access to all forms of medical care, including

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[77] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 32-33, paragraphs 74 and 75
[78] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 33, paragraph 76
[79] Marmot M, Wilkinson RG, Social Determinants of Health, Oxford, Oxford University Press, 2006
[80] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 32-33, paragraphs 74-77

inpatient, outpatient and emergency care. There are also some regional programmes, reflecting the Russian Federation's principle of subsidiarity, e.g. "The older generation in Magadan region" of 2007 which guarantees preferential drug provision or the "Senior Generation" programme of 2010 in Nizhny Novgorod region that provides for the improvement of the quality and accessibility of social services for older persons.

In addition to these examples, Box 18 provides examples of age-specific policy in health.

Box 18: Examples of Action on Priority Direction Two, Issue 2

Older Persons and Universal Access to Health Care

- In addition to its universal health insurance system, dating from 1961, (Employee Health Insurance, National Health Insurance and Medical Health Insurance Plan for the Elderly), the **Japanese** government introduced the Medical Care System for the Elderly in the Later Stage of Life Plan in 2008.

- In **Senegal**, the National Programme of Actions on Older Persons provides for payment of health fees for older persons that are not covered by the Sesame Card, which since 2002 has provided free access for older persons to services, including health services.

- In 2005, the **Thai** Ministry of Public Health introduced the Green Channel or Fast Lane which provides out-patient care for older persons.

- In **Viet Nam**, Circular 02/2004/TT-BYT provides for free health insurance for people aged 90 years and over. The Law on Elderly 2009 regulates that older persons have discount payments for health services, even though they do not have health insurance.

Access to health care, especially free health care, is often limited to certain categories of people. In Viet Nam, for instance, Decree 13/2010/ND-CP stipulates that older persons who live alone, are poor or disabled should be given priority access to health care. Similar provisions are made in China, which target especially those aged 70 and above, and in Uruguay, where free access to health services is granted to poor people.

In some countries, such as Argentina and Japan, universal health care systems were in place before 2002. Other countries (Belize, Bolivia, the Occupied Palestinian Territories, Serbia and Singapore) provide for older persons' health care through health insurance schemes.

However, even in countries with health-care systems that are nominally universal and free, physical access to health care is a cause for concern. Older persons who took part in the HelpAge Network's "Age Demands Action" campaign 2010, for instance, said that health care should be made more easily accessible for older persons. Health systems must take into account the obstacles which older persons face when accessing or utilising health-care services and respond with age-friendly policies. One example is the difficulty or expense of travel to health facilities which can be reduced or eliminated by transport schemes.

Post-2002 policies or programmes to facilitate access to health-care services were found in only eight out of the 32 case study countries (Argentina, Cambodia, Finland, Hungary, Indonesia, Serbia, South Africa, and Thailand). Of these countries, only Argentina and Hungary have introduced free or subsidised travel on public transport for older persons. Elsewhere, Mozambique has provided free travel on public transport for older persons since 1989 while in Finland, Serbia and South Africa, older persons receive free travel when medically approved. In Asia, Indonesia's 2009 Health Law provides for the facilitation of older persons' access to health-

care services. In Thailand, there is a "Green Channel / Fast Lane" for older persons in the outpatient section of hospitals.

Further policies addressing the accessibility of public spaces are outlined under Priority Direction Three. Often as, for example, in the case of Japan, successful measures to improve older persons' mobility and access to services were in place before 2002[81].

The Madrid Plan furthermore calls to:

- "Educate and empower older persons in the effective use and selection of health and rehabilitation services; Utilize technology such as telemedicine, where available, and distance learning to reduce geographical and logistical limitations in access to health care in rural areas."[82]
- "Train primary health-care workers and social workers in basic gerontology and geriatrics."[83]
- "Improve the coordination of primary health care, long-term care and social services and other community services; […] Develop specialized gerontological services and improve their coordination with PHC and social care services."[84]
- "Promote self-care in older persons and maximize their strengths and abilities within health and social services."[85]

Good statistical data on the health of older persons and their use of health services is needed for policy making and the provision of appropriate services. Data indicators were developed and research was undertaken to see if such information is available in the 32 case study countries (see Table 5). To sum up,

- Data on the use of health-care facilities was disaggregated by age and sex in only half the case study countries. Only for two developed countries – New Zealand and Qatar – this information is not provided. In the African region, these data are available for Kenya, Nigeria and South Africa and they are available in every Asian country with the exception of China. Data are not available in the majority of the Arab States or in the Latin America and the Caribbean region. Data on older persons' health expenditures have been found for only nine out of the 32 case study countries – Australia, Finland, Hungary, the Russian Federation, Thailand, Singapore, South Africa, the United States and Viet Nam.
- Data on government expenditures on health services are disaggregated by age and sex in only six countries – Australia, Finland, Japan, Singapore and Thailand as well as for some regions in the Russian Federation.
- Data on the numbers of hospitals and health-care facilities which can handle geriatric patients appear to be available for almost half of the case study countries (14 out of 32): Australia, China, Finland, Hungary, Indonesia, Japan, Kenya, the Occupied Palestinian Territories, Qatar, the Russian Federation, Singapore, South Africa, Thailand and Viet Nam.
- In South Africa, these data are collected through the National Primary Health Care Facilities Survey 2003 which provides information on number of facilities offering "geriatric community outreach", and in Kenya, the Kenya National Service Performance Assessment Survey 2009/2010 provides data on the number of facilities with staff who are trained in geriatric care or care for older persons more generally.

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[81] For information on Japan's transportation policies for older persons and persons with disabilities, refer to http://www.internationaltransportforum.org/europe/ecmt/urban/Tokyo05/Akiyama.pdf (accessed 26/01/2011)
[82] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 32, paragraph 74
[83] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 33, paragraph 75
[84] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 34, paragraph 77
[85] Ibid

Table 5: Data on Priority Direction Two, Issue 2

Availability of Government Data on Health Care and Older Persons				
	Data on use of health-care facilities disaggregated by age and sex	Data on older persons' health expenditures	Data on government expenditures on health services disaggregated by age and sex	Data on numbers of health-care facilities with geriatric wards
Argentina	NO	NO	NO	NO
Australia	YES	YES	YES	YES
Belize	NO	NO	NO	NO
Bolivia	NO	NO	NO	NO
Cambodia	YES	NO	NO	NO
Cameroon	NO	NO	NO	NO
Canada	YES	NO	NO	NO
China	NO	NO	NO	YES
Egypt	NO	NO	NO	NO
Finland	YES	YES	YES	YES
Hungary	YES	YES	NO	YES
Indonesia	YES	NO	NO	YES
Japan	YES	NO	YES	YES
Kenya	YES	NO	NO	YES
Kyrgyzstan	NO	NO	NO	NO
Lebanon	NO	NO	NO	NO
Mozambique	NO	NO	NO	NO
New Zealand	NO	NO	NO	NO
Nicaragua	NO	NO	NO	NO
Nigeria	YES	NO	NO	NO
OPT	NO	NO	NO	YES
Qatar	NO	NO	NO	YES
Russian Fed.	YES	YES	YES	YES
Saudi Arabia	NO	NO	NO	NO
Senegal	NO	NO	NO	NO
Serbia	NO	NO	NO	NO
Singapore	YES	YES	YES	YES
South Africa	YES	YES	NO	YES
Thailand	YES	YES	YES	YES
United States	YES	YES	NO	NO
Uruguay	YES	NO	NO	NO
Viet Nam	YES	YES	NO	YES

2.3 HIV/AIDS and Older Persons

HIV/AIDS is a major social and health concern.[86] Often older persons are at increased risk of HIV infection simply because they are not included in public information campaigns and diagnosis can be difficult because the symptoms of HIV/AIDS are similar to those of other immunodeficiency symptoms that can occur in later life.[87] Moreover, older persons are frequently – and mistakenly – seen as a sexually inactive group and consequently not as a risk group for HIV/AIDS.[88] The main risk factor for older persons, as for other age groups, is heterosexual sex.[89] Older persons are at additional risk, because the progress of HIV to AIDS accelerates with age and the CD4 cell response to antiretroviral therapy blunts with increasing age.[90] In addition, severe complications may arise if the older person suffers from osteoporosis or other age-related conditions.[91] These are just some of the specific vulnerabilities of older persons regarding HIV/AIDS.

In addition to these risk factors for HIV infection, HIV/AIDS also has wider social impact on older persons. Older persons are frequently the carers for their infected children and infected or orphaned grandchildren. HelpAge International found that over 75 per cent of orphans and vulnerable children in some communities in Kenya and Tanzania were cared for by older persons.[92] These caring responsibilities often occur in countries where there is no social protection.

The Madrid Plan therefore designates a separate issue of Priority Direction Two to HIV/AIDS. It calls for improving the assessment of the impact of HIV/AIDS on the health of older infected people as well as older carers, providing them with adequate training and information, and enhancing and recognising older persons' caring contributions to development.[93]

In the 32 countries which were assessed in detail, only six countries had any policy or programme regarding older persons and HIV/AIDS. This includes not only general HIV/AIDS policies but also programmes on HIV/AIDS that provide support to older persons (for example, training to older carers to help them provide effective care while minimizing the possible negative impact on their own health and well-being) or the inclusion of older persons in prevention, treatment or care programmes. In Cambodia, this issue is addressed in the 2003 Policy for Elderly, while in Thailand, the 10th National AIDS Plan (2007-2011) includes older persons as a specific target group for interventions. Similarly, in Mozambique, ageing is mainstreamed into the National Strategic Plans for HIV/AIDS 2005-2009. In South Africa, HIV/AIDS is addressed in the South Africa Older Persons Policy of 2006. Although the National Policy on Older Persons and Ageing of 2009 in Kenya refers to this issue, the Kenya National AIDS Strategic Plan (2009/10-2012/13) includes only persons aged 50 to 64. In the United States, ageing and older persons are mentioned in the White House Office of National AIDS Policy (see Box 19).

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[86] United Nations, World Population Policies 2007, New York, p. 18

[87] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 34-35

[88] HelpAge International, HIV and AIDS policy, http://www.helpage.org/hiv-and-aids/hiv-and-aids-policy- (accessed 26/01/2011)

[89] UNAIDS, Fact sheet, April 2002, Impact of AIDS on Older Populations, http://data.unaids.org/publications/Fact-Sheets02/fs_older_en.pdf (accessed 26/01/2011)

[90] Ibid

[91] Ibid

[92] HelpAge International, Mind the gap, HIV and AIDS and older people in Africa, London, 2008

[93] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 34-35

Box 19: HIV/AIDS Policy in the United States

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White House Office of National AIDS Policy

In 2010, the White House Office of National AIDS Policy convened a meeting on "Highlighting HIV Issues Among Older Americans". At this meeting, government organisations and civil society organisations discussed strategies that would enable them to realise the vision of the President's National HIV/AIDS Strategy as it applied to older persons. The Vision for the National HIV/AIDS Strategy directly refers to age:

"The United States will become a place where new HIV infections are rare and when they do occur, every person regardless of **age**, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

Sources: http://www.whitehouse.gov/blog/2010/11/01/highlighting-hiv-issues-among-older-americans; http://aids.gov/federal-resources/policies/national-hiv-aids-strategy/ (accessed 27/01/2011)

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The Madrid Plan calls for a greater research effort on older persons' contributions to social and economic development, particularly in countries heavily affected by HIV/AIDS.[94] This research will be incomplete without data on HIV/AIDS and older persons, particularly on HIV/AIDS prevalence rates, HIV/AIDS among older persons and on older persons' caring responsibilities.

Although this information is available in only a few countries (10 out of 32), there are disaggregated data in some countries – in Australia, Canada, China, Kyrgyzstan, Nigeria, South Africa, Thailand and the United States. In the case of Kenya and Mozambique, data are available, but the cut-off age is 64. Age- and sex-disaggregation is essential if policy makers are to have a complete picture of the impacts of HIV/AIDS in their countries to provide policy makers with crucial information for decision making. The Kenya AIDS Indicator Survey of 2007, for example, shows that 8 per cent of people aged 50-54 are living with HIV – and this is higher than the national prevalence rate.[95]

2.4 Training of Care Providers and Health Professionals

The increase of absolute and relative numbers of older persons makes geriatric and gerontological education an urgent need.[96] Health and social care professionals, as well as informal carers need improved information and training on the needs of older persons.[97]

No information was available regarding policies and programmes providing specialised training for health professionals and providers of older persons' health and social care needs in Bolivia, Hungary, Kyrgyzstan, Mozambique, New Zealand, Nicaragua, the Occupied Palestinian Territories, Qatar, and the Russian Federation. Some of the remaining 23 countries include training needs in national policies on ageing or other sectoral policies (see Table 6).

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[94] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 35, paragraph 81, action (d)

[95] Government of Kenya, Kenya AIDS Indicator Survey, 2007

[96] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 35, paragraph 82

[97] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 35, paragraph 83

Table 6: Policy Provisions on Priority Direction Two, Issue 4

Cambodia	Policy for Elderly (2003) (Provision for technical training of health staff on geriatric and gerontological health care)
Cameroon	Public Health Sector Strategy (2001-2015) (Provision for training of health and care staff on elderly care)
Canada	Pan-Canadian Health Human Resource Strategy and the Internationally Educated Health Professionals Initiative (Ensure adequate supply for professionals in geriatric and gerontological health care)
Indonesia	Law on Health (2009) (Provision for training the public and carers about dementia care)
Japan	Comprehensive Measures for Securing Doctors (2005) New Comprehensive Measures for Securing Doctors (2006) Regarding Emergency Measures for Securing Doctors (2007)
Kenya	National Policy on Older Persons and Ageing (2009) (Provision for training of health-care workers to include issues affecting older persons and introduction of gerontological studies within institutions of higher learning, introduction of geriatrics in local health training institutions)
	National Reproductive Health Strategy (2009-2015) (Provision for promotion of awareness at all levels of health care of the sexual and reproductive health needs of older persons)
Nigeria	National Policy on Population for Sustainable Development (2004) (Provision for training of community based social workers, review and revision of curricula of health training institutions)
Saudi Arabia	National Strategic Plan for Healthy Ageing (2010-2015) (Provision for capacity building of health care staff)
South Africa	South Africa Older Persons Policy (2006) (Provision, amongst others, for inclusion and integration of geriatrics in undergraduate training of health care providers, development of a cadre of academic geriatricians)
	Older Persons Act (2006) (Contains various stipulations on the requirement of training for all persons who provide care services to older persons)

Specific programmes to provide training and information on older persons' care needs are in places in 16 countries, often in the form of university-level courses, as for instance:
- A graduate degree in "Community and Institutional Gerontology Specialisation" introduced in **Argentina** in 2007.
- In **Canada**, 10 out of 17 medical schools offered post-graduate training in geriatric medicine in 2010. There are a further eight PhD, 14 Masters-level and eight Bachelors-level programmes focusing on ageing. There is a federal budget of $38 million per year in the Pan-Canadian Health Human Resource Strategy and the Internationally Educated Health Professionals Initiative to ensure adequate supply for professionals in geriatric and gerontological health care.
- Specialised nursing courses in old age care are being implemented in **China**.
- In **Egypt**, there is a Department of Geriatrics at Ain Chams University, of Geriatrics in Family Medicine at Cairo University; and the Institute of Public Health in Alexandria offers a Master of Science and Doctorates in Geriatrics.
- In **Finland**, there are four chairs of Geriatrics and a further three of Social Geriatrics. The Ministry of Social Affairs and Health also commissioned a study on the development of geriatric care and the care of the elderly in 2006.
- While geriatrics is included in the curriculum of one out of six medical schools in **Lebanon**, the Lebanese National Committee on Ageing advocated for further training.
- The Higher Medical School in Cuprija, **Serbia** and the City Institute for Gerontology in Belgrade have been providing training for nurses and other health professionals since 2004. And in 2010 the Medical Faculty of Belgrade University set up a geriatric specialisation programme.

- In **Singapore**, there is a Post-graduate Diploma Programme in Geriatric Medicine, a Diploma in Gerontological Nursing and a Masters Programme in Gerontology.
- A number of universities in **Uruguay** offer geriatric training, e.g. a graduate degree in Geriatrics at the Faculty of Medicine of the University of the Republic and a graduate degree in Geriatrics and Gerontology at the School of Nursing at the University of the Republic.

The expansion of professional education in geriatrics and gerontology is central, but improvement can only be achieved if this increased availability of specialist training and courses is matched by increases in student numbers. Data from Singapore and the United States give evidence of a lack of interest in such education among medical students. In the United States, less than one per cent of all medical graduates pursue geriatric training.[98] For this reason, the Madrid Plan includes a statement on "special efforts to expand student enrolment in geriatrics and gerontology".[99]

Australia's Department of Health and Ageing recently earmarked $310 million for a number of programmes aiming at improving the information and education of health professionals between 2010 and 2014. This includes the following programmes:

- Better Skills for Better Care
- Aged Care Nursing Scholarship Scheme
- Enrolled Nurse Medication Management Training Initiative
- Community Aged Care Workforce Development Programme
- Aged Care Education and Training Incentive Programme 2010
- Dementia Skills for Aged Care Workers Programme

With regards to dementia care, Japan has introduced a campaign, called Nationwide Caravan to Train One Million Dementia Supporters (see Box 20).

Box 20: Dementia care in Japan

Nationwide Caravan to Train One Million Dementia Supporters

"Central to the campaign is the Nationwide Caravan to Train One Million Dementia Supporters. This programme aims at training, in the next five years, one million "dementia supporters" who understand the characteristics of the disability and provide support for afflicted persons and their families. Through its training courses, 39,000 dementia supporters were trained nationwide as of April 2006."

Source: http://longevity.ilcjapan.org/f_issues/0603.html (accessed 28/02/2010)

Additional examples of training programmes were found in Lebanon, Thailand, Senegal and Uruguay. The Lebanese Ministry of Social Affairs, for example, recently organised workshops to improve the competence of social workers working with older persons and in Viet Nam, similar such training is provided in a number of hospitals.

Information is available on government expenditures on training programmes for health professionals and/or care providers specialising in older persons' care in Australia, Canada and Singapore. Data on the numbers of health professionals or care providers specialising in older

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[98] Warshaw GA et al, Geriatric medicine fellowship programs: a national study from the Association of Directors of Geriatric Academic Programs' Longitudinal Study of Training and Practice in Geriatric Medicine, Journal of the American Geriatrics Society, 2003:51, pp. 1023-1030

[99] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 35, paragraph 83, action (c)

persons' care are available in another six countries – Argentina, China, Kenya, Lebanon, the United States and Viet Nam, while data on the number of medical schools offering geriatric training were also found for Senegal and Thailand.

2.5 Mental Health Needs of Older Persons

Despite the fact that mental health problems account for about 13 per cent of the global disease burden, expenditure on mental health is still very low in many countries.[100] According to the WHO Mental Health Atlas 2005 "one fifth of the more than 100 countries supplying figures to the survey spend less than one per cent of their health budget on mental health".[101]

Mental health problems are one of the leading causes of disability worldwide.[102] Unipolar depressive disorders, only one group of mental disorders, rank third after lower respiratory infections and diarrhoeal diseases in the top ten contributors to the global disease burden.[103] And in high income countries, Alzheimer and other dementias rank fourth. According to the World Alzheimer Report, almost two thirds of the 5.6 million people living with dementia in 2010 live in low and middle income countries.[104]

Obviously ageing does not inevitably lead to mental health problems, but the numbers of older persons with mental disorders, including depression and dementia, can be expected to increase in line with the rising population of older persons. In the case of dementia alone, it is estimated that the number of sufferers will rise to 65.7 million by 2030 and 115.4 million by 2050.[105]

The Madrid Plan calls for the "development of comprehensive mental healthcare services".[106] In 2005, however, special mental health programmes for older persons were largely absent in most of sub-Saharan Africa and the Arab States (see Box 21).[107] Provisions to develop comprehensive mental health-care services for older persons are included in the national policies on ageing in Cambodia, Kenya, Nicaragua and South Africa.

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[100] World Health Organization, Mental Health Atlas, 2005,
http://www.who.int/mediacentre/news/notes/2005/np21/en/index.html (accessed 28/01/2011)
[101] World Health Organization, Mental Health Atlas, 2005,
http://www.who.int/mediacentre/news/notes/2005/np21/en/index.html (accessed 28/01/2011)
[102] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 36, paragraph 84
[103] World Health Organization, The global burden of disease: 2004 update, p. 44,
http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/index.html (accessed 28/01/2011)
[104] Alzheimer's Disease International, World Alzheimer Report 2010, Executive Summary,
http://www.alz.co.uk/research/files/WorldAlzheimerReport2010ExecutiveSummary.pdf (accessed 28/01/2011)
[105] Alzheimer's Disease International, World Alzheimer Report 2010, Executive Summary,
http://www.alz.co.uk/research/files/WorldAlzheimerReport2010ExecutiveSummary.pdf (accessed 28/01/2011)
[106] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 36, paragraph 86
[107] World Health Organization, Mental Health Atlas, 2005,
http://www.who.int/mediacentre/news/notes/2005/np21/en/index.html (accessed 28/01/2011)

Box 21: Mental Health Programmes for Older Persons, WHO Mental Health Atlas 2005
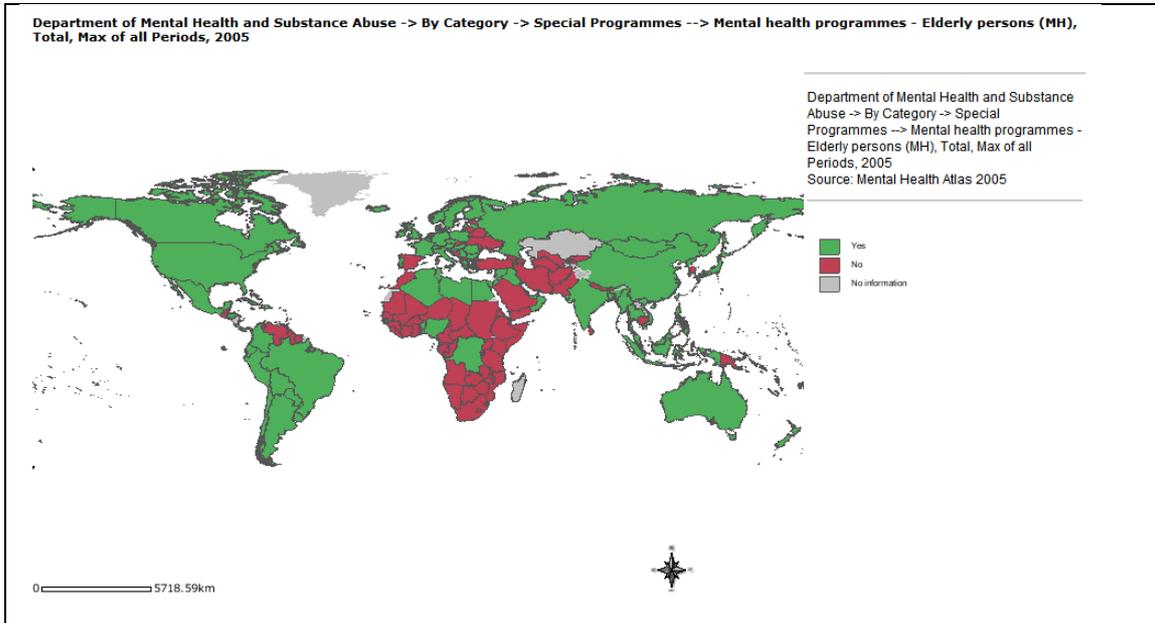
Additionally, more specific provisions are reported for Australia, Canada, Egypt, Finland, Indonesia, Japan, Serbia, Singapore and Thailand. In Indonesia and Serbia, the mental health needs of older persons are mainstreamed into general health policy and in Egypt, there are special clinics offering psycho-geriatric services in health facilities. Thailand has had an Elderly Mental Health Care Systems Project since 2007.

The following examples from four OECD countries not only provide evidence of implementation but also of good budget transparency:

- In **Australia**, the Fourth National Mental Health Plan of 2009 stresses the importance of collaboration with aged care agencies. In 2004, a budget of $70.5 million was allocated to make dementia a National Health Priority in that year and a further $25 million has been allocated for education and training through the National Framework for Action on Dementia 2006-2010. A Dementia Behaviour Management Advisory Service was set up in 2004 and an Extended Aged Care at Home Dementia programme with a budget of $22.1 million has recently begun work. This is a good example of both special programmes on dementia and budget transparency.

- In **Canada**, the Canadian Coalition for Seniors' Mental Health created a National Guideline Project with funding from Public Health Agency of Canada in 2005 and the Mental Health Commission of Canada includes a Seniors' Advisory Committee since 2008.

- In **Finland**, older persons' mental health needs are mainstreamed into the National Plan for Mental Health and Substance Abuse Work of 2009 as well as in the EU Pact on Mental Health of 2008. In addition, from 2007 to 2010, the Finnish Government ran a programme aiming to promote mental health of older persons, called Changing Minds.

- In **Japan**, a 10-year campaign to understand dementia and build community networks was introduced in 2005.

- In 2008, psychogeriatric services were provided through the **Singapore** Institute of Mental Health. The Health Promotion Board of the Ministry of Health provides for a public education programme on mental health of older persons. Evidence for budget allocation is given for both activities.

Despite these good examples of government action to address the mental health needs of older persons, the majority of governments in this sample seem not to have responded to the Madrid Plan's call to develop comprehensive mental health services for older persons. With regard to programmes for training on the mental health needs of older persons, no additional information to that mentioned under Section 2.4 was found.

In addition to Australia, Canada, Kenya, South Africa and Thailand – countries which are known to have taken policy action on this issue – data on prevalence rates of mental health problems of older persons are available for Belize, New Zealand, Saudi Arabia and the United States. This means that in 23 of the 32 sample countries, such information does not appear to be easily accessible. Data on numbers of mental health services for older persons and density of services in rural and urban areas as well as information on the number of older persons utilizing mental health services also do not seem to be available.

2.6 Older Persons and Disabilities

The World Health Organization estimates that about 650 million people, 10 per cent of the global population, live with disabilities.[108] The incidence and prevalence of disability increase with age[109] but people with early onset disability also grow older. The number of people with disabilities is growing – not only due to population ageing but also as a result of population growth and advances in medical treatment that prolongs life.[110] Disability restricts individuals in their activities of daily living (ADLs), and is both a reason for, and a result of, poverty.[111] The feminisation of old age, resulting from the gender gap in life expectancy, leads to increased vulnerability to disability among older women.

The Madrid Plan therefore calls for the "maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities".[112] This can be achieved through a number of actions outlined in the Madrid Plan. Among others, this includes first, mainstreaming older, disabled persons' needs into the agendas of disability; second, developing policies and programmes for the treatment and prevention of disabilities; and third, providing rehabilitation services for older persons with disabilities.

One third of the country case studies have policies or programmes on older persons and disability, including those that promote independent living and ensure medical treatment. Six out of these twelve countries are developed countries – Australia, Canada, Finland, Hungary, Japan and Singapore. Some developing countries have also made some provision for disability and older persons:

- In **Argentina,** the Ministry of Health provides technical support and orthopaedic aids for people in need.
- **China** has a National Development Outline for the Disabled and Action for Helping Seniors to regain their eyesight.
- **Indonesia**'s National Plan of Action for Persons with Disabilities 2004-2013 addresses older persons' needs.
- In the **Russian Federation,** the Programme of Socio-Economic Development of the Russian Federation in the medium term (2006-2008) provides for the greater recognition of the needs of older persons with disabilities to improve their access to technical means of rehabilitation such as prostheses and orthopaedic products. Additionally, there are regional and local initiatives to promote independent living of older, disabled people.

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[108] World Health Organization, 2011 http://www.who.int/disabilities/en/ (accessed 28/01/2011)

[109] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 37, paragraph 87

[110] World Health Organization, 2011 http://www.who.int/disabilities/en/ (accessed 28/01/2011)

[111] Ibid

[112] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 37, paragraph 90

- Older persons and disability is an issue addressed in the **Serbian** project on the development of improved services at the local level, 2009.
- **South Africa** is the only African country reporting such provisions. The South Africa Older Persons Policy of 2006 addresses this issue but there are also other policies or programmes which target older persons with disabilities. The Annual National Health Plans and Strategic Plan of the National Department of Health, for instance, have introduced a cataract surgery programme which provides for low vision and refractive services since 2008. It also makes grants to expand access to orthopaedic aids.

Examples from developed countries include: Australia's National Disability Agreement of 2009 and a revision of the Home and Community Care Act of 1985 in 2007; Hungary's Elderly Friendly Home Programme of 2003; Japan's commitment to innovative technological efforts to improve older adults' lives and meet care needs through the Council for Science and Technology Policy in 2008 and a Commission on the Rehabilitation of the Elderly; and Singapore's Interim Disability Assistance Programme for the Elderly which can make cash grants. Even though not explicitly targeted at older persons, Singapore has a budget for upgrading elevators in public housing apartment blocks since 2010 which promotes independent living among older persons and persons with disabilities.

In Finland, the Disability Policy and National Action Plan mainstreams ageing and through the Social Insurance Institution funds rehabilitation services and provides income security during the period of rehabilitation. The Social Insurance Institution also arranges and develops gerontological rehabilitation services especially targeted at persons aged 65 and over.

In addition to these twelve examples, some other countries include such provisions in the national plans on ageing. This has been reported for Cambodia and the United States. The remaining 18 countries appear not to have taken action on this issue during the last eight years. Half of these countries, in addition to China and Serbia, appear not to have data on the disability rates of older persons. This includes Bolivia, Cameroon, Kyrgyzstan, Nicaragua, Mozambique, the Occupied Palestinian Territories, Qatar and Uruguay.

To sum up, further government action is needed to put into effect the Madrid Plan recommendations on disability to ensure that maximum functional capacity can be maintained throughout the life course and to promote participation of older persons with disabilities. Some of the recommendations, mentioned both in the previous and the following sections, especially in relation to care, housing and supportive environments also benefit older persons with disabilities.

2.7 Conclusion

The biggest gaps across the regions are in provisions for mental health needs of older persons and for older persons with disabilities. HIV/AIDS is another issue which receives limited attention across all regions with the exception of Africa. Issue One and Two appear to be addressed by most case study countries. It is important to note, however, that the generosity of provision varies widely – some countries rely heavily on contributory schemes, while others are introducing universal, non-contributory schemes.

**Summary of Country Case Studies – Priority Direction Two
Issues with Limited or No Policy Coverage*:**

Africa:

- Mental health needs of older persons
- Older persons and disabilities

Asia and the Pacific:

- Older persons and HIV/AIDS
- Older persons and disabilities

Arab States:

- Older persons and HIV/AIDS
- Mental health needs of older persons
- Older persons and disabilities

Europe:

- Older persons and HIV/AIDS

Latin American and the Caribbean:

- Older persons and HIV/AIDS
- Mental health needs of older persons
- Older persons and disabilities

* Issues are only listed here if no evidence for the respective indicator was found for three or more out of five or more countries in each region.

Generally, while many of the issues are addressed in national policies on ageing and are also sometimes mainstreamed into sectoral policy, there is little evidence that these policies are actually translated into practice. And even if programmes are implemented, they do not always seem to achieve their desired objectives. In relation to Issue Four, Training of care providers and health professionals, for example, both developing and developed countries seem to have taken some practical action to expand the field of geriatrics and gerontology. Although training is acknowledged as key to improving older persons' health and well-being and programmes are put in place, the number of geriatricians is still strikingly low. Evidence from some case study countries shows that programmes also need to bring about attitudinal change. It is important that younger generations, those who are primarily in training and education, appreciate the value and importance of geriatric or gerontological training. Attitudes among health and social care professionals as well as in the general population also need to change, and the value of old age care has to be acknowledged – not only financially but also socially.

This is also an illustration of the need for a holistic approach on the part of policy makers, especially since the success or failure of work with older persons depends so much on the quality of interpersonal relations. Accurate data and statistics of prevalence and incidence of different conditions among older persons together with economic considerations about the cost of care are important but, without consideration of the psychological and social aspects of care, will not lead to fully successful policy implementation.

3. Ensuring Enabling and Supportive Environments

At the World Summit for Social Development in 1995, Member States agreed on the central goal of the promotion of an enabling environment for social development.[113] One of the conditions was the recognition of the universal, indivisible, interdependent and interrelated nature of all human rights.[114]

An enabling environment is key to the successful achievement of the objectives outlined in the Madrid Plan. In Priority Direction Three on "Ensuring enabling and supportive environments" Member States committed themselves to "sound policies, good governance at all levels and the rule of law".[115] The role of governments in formulating and implementing the policies needed to promote such an environment is once again emphasised in Paragraph 94 of the Madrid Plan.[116]

The ultimate goal of the Madrid Plan to build an inclusive, cohesive society; "a society for all ages" is central to this Priority Direction. The enabling and supportive environment needed to enhance the well-being of older persons would constitute an enormous step towards creating the society for all ages.

The term "environment" includes not only the physical living environment of older persons, but also, at a macro level, the political and social institutions and systems, which may or may not be participatory, transparent and accountable, and at a micro level, the arrangements that can support and facilitate or obstruct lifelong development and independence. This Priority Direction therefore addresses the following issues: 1) Housing and the living environment; 2) Care and support for caregivers; 3) Neglect, abuse and violence, and 4) Images of ageing.

3.1 Housing and the Living Environment

An understanding of the physical environment in which individuals and groups function is essential to policies which seek to enhance well-being.[117] As people age, they undergo natural changes which have an impact on the way they function in and interact with their environment. In old age, well-being is a product both of the individual's ability to adapt to the environment and of adapting the environment in response to the needs of the individual. In this sense, the ageing process can be seen as a steady adaptation of the individual to his/her changing environment.[118]

The Madrid Plan highlights the significance of accessible and safe housing and surrounding environments, the emotional and psychological security of a home and the burden of maintenance costs. With an emphasis on housing and transport, the Madrid Plan stresses the need for policies to take into account the specific needs of older persons.

Objective One calls for the promotion of "ageing in place". This is an often-used concept, that has been on the rise since the 1990s; in 1994, for instance, Ministers of health and social policy of the OECD countries agreed on taking measures to enable older persons to "continue living in their own homes".[119] From the sample of 32 case study countries, 15 countries do not seem to have any policies to enable older persons to remain in their own homes. Most of the evidence for

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[113] United Nations, World Summit for Social Development Copenhagen 1995, Programme of Action of the World Summit for Social Development, Chapter 1: An Enabling Environment for Social Development
http://www.un.org/esa/socdev/wssd/pgme_action_ch1.html (accessed 30/01/2011)

[114] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 38, paragraph 91

[115] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 39, paragraph 93

[116] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 39, paragraph 94

[117] Lawton MP; Nahemow L, Ecology and the aging process, In: Eisdorfer C, Lakshman MP (eds.), *The psychology of adult development and aging,* Washington, American Psychological Association, 1973, p. 619

[118] Ibid

[119] OECD, Caring for Frail Elderly People: New Directions in Care, Organisation for Economic Co-operation and Development, Paris, 1994

policies and programmes which facilitate "ageing in place" was found for countries in Asia and the Pacific, Europe, and Latin America and the Caribbean. In the Arab States, there is no evidence for post-2002 action on this issue, nor in Africa, with exception of South Africa, where the Older Persons Policy of 2006 and the 2006 Older Persons Act provides for community-based care and support services. In Indonesia, the National Plan of Action for Older Persons 2009-2014 sets out policies on improved housing, transport and services, but there is no evidence of them being put into practice.

Six of the nine developed countries and 10 of the 23 developing countries[120] of this sample have taken action on this objective (see Box 23).

Box 23: Examples of Action on Priority Direction Three, Issue 1 (a)

Ageing in Place – Some Examples

- The **Argentinean** Government provides home care services and offers a discount on transport.

- In **Australia**, there is a National Seniors Transport Scheme and ageing is mainstreamed into the National Disability Agreement of 2009. Provisions to facilitate ageing in place are also contained in the 2007 revision of the Home and Community Care Act of 1985.

- In addition to **Cambodia**'s Policy for the Elderly of 2003, National Guidelines on Home Care targeting a range of groups, including older persons, are currently under discussion.

- **Canada** facilitates ageing in place by providing means-tested financial assistance for home modifications through the Home Adaptations for Seniors Independence Programme. The 2010-2011 Economic Action Plan allocates a budget of $400 million to the Affordable Housing Initiative for the construction of housing units for low-income seniors. A pending bill (Bill C-213) provides for free local public transport for seniors during off-peak hours.

- The Government of **China** promotes the construction of senior citizens' lodging houses and barrier-free facilities in public spaces.

- In **Finland**, there is financial support for transport and the government also provides support for home alterations. Measures to incorporate ageing in place is included in a current review of long-term care policy.

- In **Hungary**, provisions to facilitate ageing in place are contained in the 2004 Framework on Hospice Care, the Elderly Friendly Home Programme of 2003 and the Safety Programme of 2004.

- In **Japan,** the Act of Stable Living for the Elderly contains provisions to promote the supply of appropriate rental accommodation for older persons. A second act, the Promotion of Rental Housing Act (2007) aims to assist "persons requiring special attention in securing housing" – a category which includes older persons.[121] There are also tax reductions for renovations to make accommodations barrier free.

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[120] The Occupied Palestinian Territory is included within the developing country grouping.

[121] United Nations, Economic and Social Council; *Implementation of the International Covenant on Economic, Social and Cultural Rights Third periodic reports submitted by States parties under articles 16 and 17 of the Covenant – Japan.* E/C.12/JPN/3. 22 December 2009

- In winter, local governments in **Kyrgyzstan** provide fuel for older persons who live alone.

- The **Nicaraguan** Law for Older Persons of 2009 provides for access to an "alternative home for older people at risk" and free urban public transport. A separate law provides for preferential access for older people, or households containing an older person, to social housing projects.

- In the **Russian Federation**, the examples come from regional provisions (mostly in response to the Federal Programme "Older Generation" (2002-2010). In St Petersburg, for instance, a panic button was introduced in 2007 and the Yaroslav region has organised its social services to meet the needs of older persons at home.

- The **Serbian** Strategy on Ageing of 2006 states that older persons should remain in their homes for an independent and socially active life. The government provides home health services.

- Ageing in place is one of four key strategic themes of the Ministerial Committee on Ageing in **Singapore**. There are policies and programmes to build flats specifically for older persons and to offer them priority rental schemes. A budget of SGD$1.09 billion for public housing development was made available in 2010.

- The **Thailand** Older Persons' Act of 2003 and the Ministerial Regulation on Design and Safety of Buildings and Places for disabled and older persons (2003) aim to help older persons to remain in their own homes. There are also guidelines, posters and other printed materials on appropriate supportive housing. The government is currently considering introducing interest free loans for home modifications as part of the programme of the Elderly Fund.

- In **Uruguay**, Laws 18340 of 2001 and 2008 provide for grants to make housing available for retired people.

- In **Viet Nam**, the Law on Elderly (2010) provides regulations on construction sites to facilitate older persons' mobility.

Promoting accessible communities for older persons by, for example, ensuring barrier-free public spaces, fostering inter-generational co-residence and providing support for assistive technologies is important for ageing in place. The national policies on ageing of Belize, Indonesia, Kenya, Saudi Arabia and Viet Nam include provisions on accessible communities. Legislation in New Zealand (the New Zealand Retirement Village Act) and the United States (Mortgage Insurance for the Elderly) also promotes accessible communities.

In addition to the examples given in Box 23, the following measures are also interesting:

- In **Australia**, there is an annual Master Builders Australia National Lifestyle Housing.

- Local governments in **Hungary** are encouraged to make environments more age-friendly by the Elderly-friendly Local Government Award in 2004.

- In **Japan**, the Central Traffic Safety Policy Council has developed a Traffic Safety Programme for Older Adults.

- The **Singapore** Building and Construction Authority has adopted Universal Design Principles to make the city more age-friendly.

The provision of affordable and accessible transport is another objective of the plan. A review of policies and programmes that promote older persons' mobility found that in two thirds of the case study countries, there was evidence of government action to facilitate older persons' mobility. Some have already been mentioned; additional examples include:

- In **Hungary**, public transport is free for those aged 65 and above.

- In **Singapore**, there are efforts to make transport accessible by offering customised bus services on routes most frequently used by older persons, giving them discounts on public transport and providing mobility aids.

- The **Vietnamese** Ministry of Transport and Communication has issued guidelines on making public transport accessible tor older persons and persons with disabilities.

Two thirds of the case study countries did not have specific policies and programmes to promote decent housing in rural and urban areas. In the remaining countries, however, there are good examples of mainstreaming these needs into general housing policies or developing specific programmes on the housing needs of older persons (see Box 24).

Box 24: Examples of Action on Priority Direction Three, Issue 1 (b)

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Older Persons' Housing – Some Examples

- Two civil society networks in **Australia**, Aged and Community Services Australia and the Council on Ageing (COTA) formed the Older Persons Housing Alliance in 2009 and have created a National Older Persons Housing Strategy.

- In **Mozambique**, the Social Action Policy of 2008 provides for a review of current legislation on shelter to ensure that it includes reference to older persons.

- In **South Africa**, the Social Housing Act of 2008 addresses the issue of housing for older persons in rural areas. Subsidies are also available for recipients of the Old Age Grant and disabled persons to enable them to build or buy a house.

- **Singapore's** well developed public housing policy – HDB – is cited as not only an enabling and supportive environment for ageing but arguably a mechanism for redistribution. Today over 90 per cent of the population has owned HDB public housing.

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Regional efforts were made in the Russian Federation. The programme Older Generation for 2008-2010 of 2007 in the Murmansk region includes a campaign, called Help the Veteran, to support veterans in repairing their home.

Data on the numbers or percentages of older persons living on their own are needed to formulate policies on older persons and housing. This information is available for more than two thirds of the sample countries, but could not be found in Bolivia, Cameroon, China, Finland, Kyrgyzstan, Mozambique and Qatar.

Statistical information on the adequacy of older persons' housing, in contrast, is only available for nine out of 32 countries – Australia, Canada, Egypt, Hungary, Indonesia, Japan, Senegal, South Africa and Viet Nam.

3.2 Care and Support for Caregivers

In many parts of the world – mainly in developing countries – the majority of older persons live with their children in multi-generational households.[122] For the most part, if required, care is provided through informal arrangements by the husband or wife or adult children. In Thailand, for

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[122] Oxford Institute of Ageing, Ageing Horizons Brief, Long-term care for older people, March 2002, http://www.ageing.ox.ac.uk/system/files/brief_ltc.pdf (accessed 29/01/2011)

example, adult children and spouses care for 91 per cent of older persons.[123] In developed countries, the picture is different. Co-residence with adult children is decreasing rapidly, so that in Japan, for example, co-residence with adult children or grandchildren decreased from 69 per cent in 1980 to 48 per cent in 2001.[124] Worldwide, the percentage of older persons co-residing with a child or grandchild varies between four per cent in Denmark and almost 90 per cent in Bangladesh.[125] Even within regions, there are huge differences; while in Guinea more than 85 per cent live with a child or grandchild, in Gabon only about 50 per cent do so.[126] Similarly, in Europe, older Danes very seldom co-reside with their children and grandchildren (4 per cent), while 43 per cent of older Spaniards live with a child or grandchild.[127]

Informal care cannot be replaced by formal care; it is complementary.[128] The burden of care on informal carers – emotional, physical and financial – can be heavy and the challenge for governments is to find ways to support them by lightening this burden. Often these informal carers are older persons themselves. In Japan in 2002, almost 60 per cent of informal carers were aged 50 or older.[129] This percentage can be expected to increase steeply over the coming decades as a consequence of population ageing.

The Madrid Plan calls for the "provision of a continuum of care and services for older persons from various sources and support for caregivers" and for the provision of support for older carers, particularly older women.[130] Out of the sample of 32 case study countries, 18 have some provision for care and support for carers. The only developed country that does not seem to have made such provision since 2002 is Qatar. In Australia, Canada, Finland, Hungary, Japan, New Zealand, Singapore and the United States there are policies which aim to ensure a continuum of care:

- In **Australia**, the Home and Community Care Act of 1985 which provides for assistance both directly and through carers was revised in 2007 and the Carer Recognition Bill was passed in 2010. There are also a number of programmes, such as the National Respite for Carers Programme, the National Carer Counselling Programme or the Carer Advisory Service. Grants are also available for carers.
- In **Canada**, there is a caregiver credit, an eligible-dependent tax credit and infirm-dependent tax credit. A more recent measure includes the Compassionate Care Benefits introduced in 2006.
- In **Finland**, the Act on Support for Informal Care of 2006 makes provision for a care allowance, services to support caregivers, including respite leave, and the persons being cared for. In 2004, Finland introduced a voucher system which allows carers to choose service providers.
- In **Hungary**, the One Step Forward Programme of 2009 offers training courses for caregivers and those who receive a care allowance. Other provisions are made through the national health insurance system.
- A number of legislative provisions have been made in **Japan**: the Act to Amend Part of Long-Term Care Insurance Act on Social Welfare Service for Elderly and the Act on Improvement of Treatment of Long Term Care Workers Aiming at Securing Human

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[123] Jitapunkul S, Chayovan N and Kespichayawattana B, Chapter 6. National Policies on Ageing and Long-term Care Provision for Older Persons in Thailand. In: Phillips DR and Chan ACM (eds.) Ageing and Long-Term Care: National Policies in the Asia-Pacific, Ottawa, IDRC, 2002, www.idrc.ca/fr/ev-28478-201-1- DO_TOPIC.html (accessed 29/01/2011)

[124] Kohara M and Ohtake F, Do Japanese Children Adequately Take Care of their Frail Elderly Parents? Osaka University, 2004, http://www.esri.go.jp/jp/prj-rc/macro/macro15/07-6-R.pdf (accessed 29/01/2011)

[125] United Nations, Living Arrangements of Older Persons Around the World, New York, 2005

[126] Ibid

[127] Ibid

[128] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 41, paragraph 102

[129] Ministry of Health, Labour and Welfare, Long-term Care Insurance in Japan, 2002, http://www.mhlw.go.jp/english/topics/elderly/care/2.html (accessed 29/01/2011)

[130] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, pp. 41-42, paragraph 105

Resources of Long Term Care Workers (Act 44) were passed in 2008 to provide more support to carers because high rates of turnover had become a problem. A law on Elder Abuse Prevention and Caregiver Support was introduced in 2006.

- In **New Zealand**, the aim of the Carers' Strategy and Five Year Action Plan of 2005 is to provide support to caregivers and, in general, to ensure a continuum of care.
- **Singapore** encourages informal care arrangements and has a national grant for caregivers to enable them to undertake training.
- In the **United States**, there are financial resources for community-based programmes and services, such as adult day care or home health care.

Ten developing countries have also taken steps to support caregivers (see Box 25 for some examples). There is evidence of initiatives to support care givers in case study countries in Asia, Africa and Europe, but very little evidence was found in the Arab States and Latin America and the Caribbean regions.

Box 25: Examples of Action on Priority Direction Three, Issue 2

Care and Support for Carers – Examples

- In **Cambodia**, the 2003 Policy for Elderly addresses this issue and National Guidelines on Home Care are to be approved.
- The Starlight Plan in **China** provides national community welfare services for older persons in rural and urban areas.
- In **Indonesia**, the Law on Health of 2009 refers to care and support for carers and a guidebook for informal caregivers providing home care services in the community has been published by the Ministry of Social Affairs.
- The **Kenyan** National Policy on Older Persons and Ageing of 2009 covers this issue and the Strategy for Taking the Kenya Essential Package for Health (2005-2012) also addresses the care needs of older persons.
- In **Kyrgyzstan**, Article 92 of the Family Code obliges adult children to care for their parents. An additional payment for caregivers is provided through an increase of pension for older persons aged 80 and above.
- In **Mozambique**, care and care giving is addressed through the Social Action Policy of 2008 and the Constitution of 2004. A further provision, which deals with older persons in residential care, is made through the National 5-year Plan 2010-2014.
- In the **Russian federation**, the Federal Decree No. 774 of 2008 on additional measures of social support for caregivers for disabled citizens provides monthly payments for working-age carers to compensate for lost earnings through employment.
- In **Serbia**, the National Plan for Investment for Social Protection and the Social Welfare Development Action Plan, both of 2006, address the issue of informal care. A programme of support for the implementation of the Social Welfare Strategy Paper 2005-2009 also contains references to the provision of support for carers.
- The **South Africa** Older Persons Policy and the Older Persons Act address care and support for caregivers and alongside these, other programmes also facilitate informal care. These include guidelines on home- and community-based care and community centres for older persons and a community-based volunteer programme. The government also offers funding to support implementation of the South Africa Older Persons Policy and to Alzheimer's South Africa.

> - In **Thailand**, state hospitals and local authorities offer home-based care services. The Community Volunteer Caregivers Project of 2003 provides training in care giving for volunteers. Family caregivers can also claim a tax reduction. The National Plan on Long-Term Care of 2011 is scheduled to provide further support.

The data section of the case study questionnaire asked for information on three indicators of support for carers: on government expenditure on community care services for older persons; on services for informal carers and on the numbers of older persons who are themselves carers.

Data on expenditure on community care services is available for Hungary, Kyrgyzstan, Singapore, South Africa, Thailand and the United States. Data on government expenditure on services for informal carers is available for only for South Africa and Thailand. Seven countries out of the sample of 32 – Australia, Canada, Hungary, Japan, Saudi Arabia, Singapore and Thailand - provide information on the number of older persons who are carers.

To sum up, with Singapore and South Africa providing information on two of the three indicators and Thailand providing information on all three, only 11 of the 32 case study countries appear to collect and publish data on at least one of the three indicators. Other countries should consider collecting and making these data available in order to improve policy on, and provision of, long-term care and informal care in particular.

3.3 Neglect, Abuse and Violence

Elder abuse, a form of abuse that is often hidden, includes (a) physical abuse; (b) sexual abuse; (c) emotional or psychological abuse; (d) neglect; (e) abandonment; (f) financial or material exploitation; and (g) self-neglect.[131] A special report of the Eurobarometer in 2007 reveals that 47 per cent of Europeans think that abandonment, neglect and abuse of dependent older persons are widespread in Europe.[132]

The Madrid Plan highlights the importance of recognising the risk of potential neglect, abuse or violence and eliminating all forms of elder abuse.[133] While the role of professionals in detecting and preventing abuse is particularly emphasised, the Madrid Plan also calls for the "creation of support services to address elder abuse".[134]

In four out of the 32 case study countries (Cambodia, Kenya, Serbia and South Africa), recent national policies on ageing include as an objective the elimination of elder abuse. In Kenya, Serbia and South Africa, the issue of elder abuse is addressed in other policies or legislation. This is the case in Nicaragua with the Law on Older Persons (2009); South Africa with the Older Persons Act (2006); Thailand with the Older Persons Act (2003); and Viet Nam with the Law on the Elderly (2010).

More specific provisions that are particularly and exclusively targeted at older persons were made in nine countries – Argentina, Canada, Finland, Japan, the Russian Federation, Serbia, Singapore, South Africa and Uruguay (see Box 26).

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[131] Cardoso JC, Segal UA, Family violence and elder abuse - an insight on concepts and practices for caregivers, In: Revista da Faculdade de Ciências da Saúde. Porto, 2009, https://bdigital.ufp.pt/dspace/bitstream/10284/1287/1/408-416_FCS_06_-32.pdf (accessed 30/01/2011)

[132] Ibid

[133] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 43

[134] Ibid

Box 26: Examples of Action on Priority Direction Three, Issue 3

Elder Abuse Programmes – Some Examples

- In **Argentina**, a National Programme on Prevention of Discrimination and Abuse towards Older Persons was set up in 2007. There is also a forum for older persons within the National Institute Against Discrimination, Xenophobia and Racism.

- The **Canadian** Federal Elder Abuse Initiative (FEAI) (2008) has a budget of $13 million over 3 years. The Initiative is also responsible for a national awareness campaign and for research and data collection. These actions are part of the New Horizons for Seniors Programme.

- **Finland's** activities are mainly focused on research. In addition to a European research project on the prevalence of elder abuse, there is also a research project, *Breaking the Taboo,* which aims to empower health and social service professionals to combat family violence against older women.

- In **Japan,** a special law, the Elder Abuse Prevention and Caregiver Support Law, was passed in 2006.

- In the **Russia Federation**, the 2002 federal programme, Older Generation, provides for the development and implementation of a programme of legal education of senior citizens.

- In **Serbia**, since 2008, there has been a programme on the prevention of violence against older persons.

- In **Singapore**, a social centre has been set up to undertake frontline work on elder abuse and training on elder protection work has been established.

- The Department of Social Development in **South Africa** led a campaign on elder abuse awareness in 2009/10 and the government also provides financial support to the NGO, Action on Elder Abuse.

- In **Uruguay**, there are centres which provide multidisciplinary advice to the general public and older victims of abuse.

In another 11 countries (three of which also made age-specific provisions) elder abuse is mainstreamed into wider sectoral policies or legislation:

- In **Belize**, older women were included in the Domestic Violence Law in 2008. An ombudsman also provides legal support.

- The **Bolivia** National Development Plan, To Live Well (2006-2010), aims to raise awareness about the rights of older persons and the relevant laws in order to eliminate mistreatment and discrimination. As in Belize, an ombudsman offers legal advice and support to older persons.

- In **Finland**, the government has published recommendations for the prevention of interpersonal and domestic violence. Elder abuse is not directly addressed.

- The National Telephone Service for Crisis Management and Information in **Hungary** provides support to victims of abuse regardless of age. Since 2005, the government has also provided shelters for victims of domestic violence in general.

- The issue of elder abuse is addressed in the National Reproductive Health Policy of 2007 and the National Reproductive Health Strategy (2009-2015) in **Kenya**.

- In **Kyrgyzstan**, the National Law on social-legal protection of victims of family abuse makes provision for older victims.

- In **Mozambique**, the National 5-year Plan 2010-2014 provides for the development of actions against physical and sexual abuse of older persons.

- In **New Zealand**, the Ministry of Health collaborated with a national NGO, Age Concern New Zealand, on the development of Family Violence Intervention Guidelines.
- The **Singapore** Family Violence Networking System includes senior representatives to ensure that older persons' concerns are addressed.
- In **South Africa**, the National Policy Guidelines for Victim Empowerment of 2009 mentions older persons as a priority target group and recognises that they may need special assistance when accessing the juridical system.
- In **Thailand,** Article 307 and 398 of the Penal Code and the Domestic Violence Victims Protection Act of 2007 make reference to elder abuse.

Programmes to promote public awareness of elder abuse were found in seven countries – in Argentina, Canada, Finland, New Zealand, Serbia, South Africa and the United States – some of which have already been mentioned above. In Canada, in 2009, the Federal Elder Abuse Initiative organised a national awareness raising campaign called 'Elder Abuse – It's Time to Face the Reality'. In Serbia, the Ministry of Social Policy supports campaigns that are led by the Red Cross of Serbia.

A number of initiatives and programmes raise awareness about elder abuse and campaign to reduce and eliminate it, and also make provision for legal support to older victims and training to detect elder abuse for care professionals. The Aged Care Complaints Investigation Scheme in Australia is one example of an initiative seeking to reduce/eliminate elder abuse in care arrangements. Similarly, in China, legal assistance is given to senior citizens and in Japan, a reporting system for domestic and institutional abuse has been established at municipal level.

No evidence of any provisions on elder abuse either as prevention or support to victims was found in nine countries (Cameroon, Egypt, Indonesia, Lebanon, Nigeria, Occupied Palestinian Territory, Qatar, Saudi Arabia and Senegal). Data on numbers of victims of elder abuse are rare. It appears that only seven of the 32 case study countries (Canada, Indonesia, Japan, Occupied Palestinian Territory, Serbia, South Africa and Thailand) collect such information. The Fact Sheet – Police-reported family violence against older adults published by the Canadian Agency for Statistics is the only example of a case study country that explicitly provides data on numbers of prosecutions against perpetrators of elder abuse.[135]

3.4 Images of Ageing

A positive image of ageing and older persons is a central element of the Madrid Plan.[136] The successful achievement of the objectives of the Madrid Plan depend in large part on each society's attitudes towards ageing and older persons – the more positive these attitudes, the easier the task will be. Policy makers are more likely to frame policies and vote resources for older persons if they themselves view the elderly in a positive light.

There was little or no evidence of post-2002 government-run or -initiated media campaigns promoting positive images of ageing and older persons in 13 countries. Among these 13 countries, however, there are five (Kenya, Mozambique, New Zealand, the Occupied Palestinian Territory and Saudi Arabia) with national policies on ageing which include the promotion of positive images of older persons.

In the remaining 19 case study countries, there were measures and actions to generate positive images of older persons. These include the appointment of an Ambassador for Ageing and the Senior Australian of the Year Award in Australia; the Double Ninth Festival and local Senior Citizens' Day celebrations in China; the Day of the Elderly and the Week of the Elderly in Finland; the Award for the Elderly and the Elderly-Friendly Local Government Award in Hungary; the National Older Persons' Day and the International Day of Older Persons in Indonesia; the

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[135] Statistics Canada, Family Violence in Canada: A Statistical Profile (Fact sheet – Police-reported family violence against older adults, 2009

[136] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 44, paragraph 112

National Day to Honour Grandparents in Lebanon; the award of a national honorary senior fellow and the Brain Bank Volunteer Project in Thailand; and various special programmes on the Vietnamese VTV addressing ageing.

These and other events and activities are a sign of changing attitudes and a means to change attitudes. The authority, wisdom, productivity and other important contributions of older persons deserve recognition. The Madrid Plan highlights the role of the mass media in enhancing a positive image of ageing and older persons. Positive images will lead to positive attitudes and a better and more realistic appreciation of older persons among younger generations and will also serve to increase older persons' self-esteem.

3.5 Conclusion

For Priority Direction Three, it seems, in general, that at least in Asia and the Pacific, Europe, and Latin America and the Caribbean, policy makers have acknowledged the importance of enabling and supportive environments. Statistical information on all four issues is, however, very limited.

There appears to be little policy or action on these issues, particularly in Africa and the Arab States region (see Box 27). While support to carers and elder abuse are addressed by governments in Africa, the provisions made through policies or action plans have yet to be translated into practice. Participation is an important element and is needed to ensure that any measures taken really respond to the specific needs of older persons. Facilitating access to public buildings for people with mobility difficulties, for example, will help the elderly to participate in political decision making.

Box 27: Priority Direction Three - Gaps

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Summary of Country Case Studies – Priority Direction Three
Issues with Limited or No Policy Coverage*:

Africa:

- Housing and the living environment
- Images of ageing

Asia and the Pacific:

- Neglect, abuse and violence

Arab States:

- Housing and the living environment
- Care and support for caregivers
- Neglect, abuse and violence

Europe:

- Images of ageing

Latin American and the Caribbean:

- Care and support for caregivers

* Issues are only listed here if no evidence for the respective indicator was found for three or more out of five or more countries in each region.

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While there are some examples of government action in all regions, it appears that the more developed countries of Europe, North America, and Asia have implemented the most and the more progressive measures. In these countries, the demographic transition is more advanced and family structures less solid, but at the same time, they have more substantial and extensive social security systems. All countries, however, need to make progress in this Priority Direction and this will improve outcomes across the whole range of the recommendations of the Madrid Plan.

Priority Direction Three and its four issues highlight the importance of informed policy making and the connections between the different issues: the concept of "ageing in place" can only be successfully implemented if there are not only provisions for age-friendly housing, but also actions to support informal carers. Programmes to prevent abuse, neglect and violence are needed to ensure the safety and dignity of older persons in informal care arrangements and other contexts.

Section C: The Way Forward

1. Gaps and Recommendations

Gaps

Despite the progress made since the Second World Assembly on Ageing in 2002 (summarised in Box 28), there are clearly some gaps in the implementation of the Plan's recommendations.

Box 28: The Impact of the Madrid International Plan of Action on Ageing

How Did the Madrid Plan Make a Difference?

Since the Madrid Plan, agreed in 2002, most countries in our sample have made substantial progress in legislation and policy on ageing. The country reports indicate that in at least five countries initiatives on ageing were a direct response to the Madrid Plan.

Cambodia launched its National Policy for the Elderly in 2003 in response to the Madrid Plan, reflecting a shift to a holistic approach to ageing.

In 2006, **Cameroon** set up the Department for the Social Protection of the Disabled and Elderly with a sub-department for the Protection of the Elderly. The impetus for this initiative was provided by Madrid Plan and the Africa Union Framework and Plan of Action on Ageing.

In **Kenya**, the 'National Policy on Older Persons and Ageing' (NPOPA) was formally adopted by parliament in 2009 after a consultative process which began in 2002. The policy makes explicit reference to the Madrid Plan and the Africa Union Framework and Plan of Action on Ageing as providing key rationales and guiding principles for its development.

South Africa has a dedicated national 'Directorate of Care and Services to Older Persons' which was established in 2003 in direct response to the recommendations of the Madrid Plan.

The Madrid Plan has set the ageing agenda for **Viet Nam** which has introduced its Law on the Elderly and social assistance programmes and has expanded its budget for activities with older persons.

All the Latin American countries in the sample are described as having made progress on

implementation of the Madrid Plan. With the exception of Belize, all countries in the region attended the conference on ageing convened by the United Nations Economic Commission for Latin America and the Caribbean in 2003 which reinforced the momentum of the Madrid Plan.

Countries where ageing is relatively more advanced – such as Australia, Finland, Japan and Thailand – had key legislation and policy in place before the Second World Assembly on Ageing but have revised and updated policies in line with the Madrid Plan recommendations.

The following major legislation and policies were adopted in the years after the Second World Assembly on Ageing:

- Belize: National Policy for Older Persons (2002)
- Cambodia: National Policy for the Elderly (2003)
- Finland: Finland for All Ages (2004)
- Hungary: National Strategy on Elder Affairs (2009)
- Mozambique: National Policy for Older People (2002)
- Nigeria: National Policy on Ageing (in draft, 2008)
- Qatar: National Plan of Action for Older Persons (2007)
- Saudi Arabia: National Strategic Plan for Healthy Ageing (2010)
- Serbia: National Strategy on Ageing (2006)
- South Africa: Older Persons Act (2006 – came into effect in 2010)
- Thailand: Act on Older Persons (2003)
- Viet Nam: Ordinance on the Elderly (2001); upgraded to Law on the Elderly (2010)

Specific gaps for the five major regions of the world and for the case study countries can be found in Section B of this report. In addition to these national and regional observations, some global conclusions on gaps can be drawn as follows.

- While there is a trend to develop national policies or action plans on ageing, there is still huge space for the translation of these into practice and for making the provisions of these plans binding by introducing respective laws.

- Most countries seem to have made some provisions to give issues of ageing space in governmental institutions; however, these designated bodies on ageing are rarely located in "strong" ministries of finance or planning. It remains to be explored what influence these bodies have and how their effectiveness can be strengthened.

- Even though census data are widely available and disaggregated by age and gender, they are not always easily accessible. National surveys relating to ageing are not very common. Such surveys, in particular if they are designed as longitudinal studies, help to develop a comprehensive and detailed understanding of lives of older persons.

- While ageing and/or older persons have been mainstreamed into many policy areas, above all in health and social policy, some areas are still widely age-blind as, for example, policies on emergencies, migration, HIV/AIDS, disabilities and family violence.

- Evidence of the allocation of budgets and implementation of policies and programmes is very limited. Evaluation of the impact of policies and programmes on the quality of life of older persons seems absent, too.

- In addition to these gaps arising from the analysis of the data on the three spheres of policy and legislation, data and research, as well as institutional arrangements, this exercise clearly shows how challenging it is to access this information.

Recommendations

In accordance with the above mentioned gaps and in addition to the detailed recommendations made in the Madrid International Plan of Action on Ageing, it is recommended:

- To focus on implementing and translating existing policies into practice
- To enhance the capacity and resources of those bodies that are responsible for a coordinated and comprehensive government response to population ageing and its challenges
- To build on existing statistics and further develop surveys specifically relating to older persons
- To further strengthen ageing mainstreaming into all sectors of public policy
- To make resources available for the bottom-up evaluation of policies and programmes
- To foster further transparency on government action and the respective budget allocations

The importance of sharing good practices cannot be overemphasized. Governments and other stakeholders should share lessons learned and communicate any good example of policy implementation, legislative action, data collection and analysis, or establishment of institutional arrangements on the three Priority Directions of the Madrid Plan. This will ensure that policy failures can be avoided, capacity can be built and the ultimate goal of the Madrid Plan can be achieved – to build a society for all ages.

2. Concluding Remarks

Population ageing is a topic of increasing importance. In 2009, 55 per cent of governments reported that population ageing is a significant issue for their government; among developed countries, 79 per cent of governments stated this.[137] Despite the already large percentages of older persons in developed countries, population ageing is occurring fastest in developing countries which not only already have significant absolute numbers of older persons, but expect large proportions of elderly in the future.

The Madrid International Plan of Action on Ageing clearly addresses all challenges arising from these demographic changes. It points to the importance of building "A Society for All Ages". The objective of this research exercise was to measure progress in the implementation of the Madrid International Plan of Action on Ageing and to see what actions, if any, governments, as key duty bearers towards older persons, have taken since the 2002 Second World Assembly on Ageing. Despite this focus on government action, the exercise clearly shows how important it is to take coordinated action on all three Priority Directions of the Madrid Plan and that other stakeholders alongside government also play their part in achieving the objectives of the Madrid Plan. Examples from various countries also show that changes in policies and practices are not sufficient to successfully implement any commitments made to adjust our societies to an ageing world. As stated in paragraph 10 of the Political Declaration of the Madrid Plan, which calls for "changes in attitudes, policies and practices"[138], attitudes must change too.

There may be a certain temptation to conclude that countries with less governmental action on ageing are a "worse place" to live for older persons. This would, however, be misleading since frequently older persons are very respected by the society in which they live and, if needed, are cared for by their extended families or civil society organisations. One could, therefore, also look at action taken by civil society or the private sector which also have a huge impact on the quality of life of older persons. Often these sectors depend on government action to facilitate their work, for example, through legislation or subsidies.

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[137] United Nations, World Population Policies 2009, New York, 2010, http://www.un.org/esa/population/publications/wpp2009/Publication_complete.pdf (accessed 01/02/2011)
[138] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 11, paragraph 10

While this review focuses on government action across the world, and is therefore a top-down activity rather than a participatory assessment, bottom-up participatory assessments are essential to gauge the impact of government actions on the quality of life of older persons. The only way of measuring success of the implementation of the Madrid Plan and national actions is by examining the improvement in the well-being and quality of life of older persons or, more generally, by measuring social development and the sustainability of formal and informal systems.[139] Older persons, therefore, need to be involved in the Madrid Plan review. The 10th anniversary of the Second World Assembly on Ageing and the second review offers another unique opportunity to include the voices of older persons and to assess the actions of the various stakeholders. To ensure the participation of older persons in policy making, the review and appraisal exercise should have the engagement of older persons at its heart. Governments, the United Nations system and civil society are called upon to review and appraise local and national action with older persons at the core of this exercise.

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[139] United Nations, Political Declaration and Madrid International Plan of Action on Ageing, New York, 2003, p. 12, paragraph 14

Appendix

List of Member States with Information

Afghanistan	India
Albania	Indonesia
Antigua and Barbuda	Italy
Argentina	Jamaica
Armenia	Japan
Australia	Jordan
Austria	Kenya
Azerbaijan	Kiribati
Bahamas	Kyrgyzstan
Bahrain	Lebanon
Bangladesh	Leo People's Democratic Republic
Barbados	Liechtenstein
Belarus	Lithuania
Belize	Luxembourg
Bolivia	Madagascar
Bosnia and Herzegovina	Malawi
Botswana	Malaysia
Brazil	Malta
Brunei Darussalam	Marshall Islands
Bulgaria	Mexico
Burundi	Moldova
Cambodia	Mongolia
Cameroon	Mozambique
Canada	Myanmar
Chad	Nepal
Chile	Netherlands
China	New Zealand
Colombia	Nicaragua
Costa Rica	Nigeria
Cuba	Occupied Palestinian Territory
Cyprus	Pakistan
Czech Republic	Palau
Denmark	Panama
Dominica	Papua New Guinea
Dominican Republic	Paraguay
Ecuador	Peru
Egypt	Philippines
El Salvador	Poland
Eritrea	Portugal
Ethiopia	Qatar
Fiji	Republic of Korea
Finland	Romania
Georgia	Russian Federation
Germany	Rwanda
Ghana	Saint Kitts and Nevis
Greece	Saint Lucia
Guatemala	Saint Vincent and the Grenadines
Guyana	Saudi Arabia
Haiti	Senegal
Honduras	Serbia
Hungary	Sierra Leone

Singapore
Slovakia
Solomon Islands
Somalia
South Africa
Spain
Sri Lanka
Sudan
Suriname
Sweden
Syrian Arab Republic
Tajikistan
Thailand
The former Yugoslav Republic of Macedonia
Tonga
Trinidad and Tobago

Tunisia
Turkey
Tuvalu Uganda
Ukraine
United Arab Emirates
United Kingdom of Great Britain and
    Northern Ireland
United Republic of Tanzania
United States of America
Uruguay
Uzbekistan
Vanuatu
Venezuela, Bolivarian Republic of
Viet Nam
Yemen

Overview Questionnaire

Country: _____
Section A: Institutional Arrangements
(Please refer to Table 1a for suggestions; please provide references and web links wherever they are available.)
1.1 Is there a Ministry, Office or Department of Ageing / Older Persons?   YES / NO   *(If NO, please go on to question 2.1)*
1.2 If YES, what is the name of the Ministry, Office or Department?   *(Please provide the name in the official national language and a proximate translation in English.)*
1.3 If YES, what year was it established?
1.4 If YES, what is its mandate / main function?
2.1 If there is no separate Ministry or Department for Ageing / Older Persons, is there a Ministry that is responsible for ageing?   YES / NO
2.2 If YES, what is the name of the Ministry or Department?
2.3 If YES, what year was it established?
3.1 Is there a National Focal Point on Ageing?   YES / NO   *(If NO, please go on to Section B)*
3.2 If YES, please provide name and contact details.
Section B: Research and data
(Please refer to Table 1b for suggestions; please provide references and web links wherever they are available.)
1.1 Are there any research institutes specialising in ageing?   YES / NO   *(If NO, please go on to question 2.1)*
1.2 If YES, please list the names of institutes and the web references.
2.1 Is the national census data disaggregated by age?   YES / NO   *(If NO, please go on to question 3.1)*
2.2 If YES, what age intervals are used? *(Please specify.)*
2.3 Is the national census data disaggregated by sex?   YES / NO
Please provide the web link to the census.
3.1 Is there a national survey relating to older persons?   YES / NO
3.2 If YES, what information on older persons does it contain?

Section C: Policies and legislation
(Please refer to Table 1a for suggestions; please provide references and web links wherever they are available.)
1.1 Is there a national policy on ageing?   YES / NO   (If NO, please go on to question 2.1)
1.2 If YES, what is the exact title of the policy?   (Please provide the name in the official national language and a proximate translation in English. Provide a web link to the policy document if available.)
1.3 If YES, in which year was the policy passed?
1.4 If YES, is there evidence that the policy has been implemented?   YES / NO
1.5 If YES, is there a budget allocated?   YES / NO
1.6 If YES, are there activity reports against the budget available?   YES / NO
1.7 If YES, what issues does the policy address?
2.1 Is there any national legislation specifically referring to older persons?   YES / NO
2.2 If YES, what is the exact title of the legislation?   (Please provide the name in the official national language and a proximate translation in English. Provide a web link to the policy document if available.)
2.3 If YES, what issues does this legislation address?

Guide for Country Case Studies

Priority Issue of the Madrid International Plan of Action on Ageing	Policy evidence	Data evidence
Priority Direction One: Older Persons and Development		
Issue 1: Active participation in society and development	• Policies promoting participation of older people in social, political, cultural and economic matters	• Data on numbers and percentages of older people voting in elections
	• Programmes promoting participation of older people in social, political, cultural and economic matters	• Data on numbers of older people who are members of parliament
	• Budget allocated to these policies and programmes	• Data on numbers of older people who are members of organisations (social, political, cultural and economic)
		• Data on numbers of organisations promoting older people's issues
Issue 2: Work and the ageing labour force	• Policies specifically relating to older people and employment/ job training	• Employment rates of older people
	• Programmes specifically relating to older people and employment/ job training	• Unemployment rates of older people
	• Budget allocated to these policies and programmes	• Mechanism for monitoring numbers of older people working within the informal sector
Issue 3: Rural development, migration and urbanization	• Policies on older people and migration	• Data on migration disaggregated by age and gender
	• Migrant specific government programmes which support or are used by older people	
	• Specific policies for older people in rural areas (including support services/programmes for accessing personal identification)	
	• Budget allocated to these policies and programmes	
Issue 4: Access to knowledge, education and training	• Policies on older people accessing education and literacy programmes	• Data on use of education services disaggregated by age and gender
	• Policies and programmes for older people and ongoing education/training	• Data on numbers/take up rate of older people using education and literacy programmes
	• Information on Third Age Universities	

	• Budget allocated to these policies and programmes	
Issue 5: Intergenerational solidarity	• Policies and programmes to promote intergenerational solidarity	• Data on older people providing financial and instrumental support to younger people
	• Budget allocated to these policies and programmes	• Data on younger people providing financial and instrumental support to older people
Issue 6: Eradication of poverty	• Policies (e.g. Poverty Reduction Strategy Papers) aiming to reduce poverty which mention older people as a specific group	• Data on older people's poverty rates and income/consumption levels disaggregated by age and gender
	• Budget allocated for eradicating poverty amongst older people	• Data on older people's nutritional intake disaggregated by age and gender
	• Millennium Development Goal targets and programmes include older persons	• Data on older people's access to improved water and sanitation facilities disaggregated by age and gender
	• MDG reporting includes older persons	
Issue 7: Income security, social protection/social security and poverty prevention	• Policies which provide social protection for older people within the formal and informal sector	• Data on social security coverage levels of older people (e.g. via non-contributory and contributory pension schemes)
	• Inclusion of social protection for older people in constitution	• Data disaggregated by age for government expenditure on all types of social security
	• Programmes providing pensions of social security (e.g. social assistance, carers allowance, widows, disability benefits) which cover older people	
	• Budget allocated to these policies and programmes	
Issue 8: Emergency situations	• Policies on humanitarian aid and disaster relief which show evidence of mainstreaming older people	• Data on government expenditure on older people in emergency situations
	• Programmes which provide support to older people in emergency situations	• Data on support to older people in emergency situations
	• Budget allocated to these policies and programmes	• Data on numbers of older people affected by emergency situations

Priority Direction Two: Advancing Health and Well-Being into Old Age		
Issue 1: Health promotion and well-being throughout life	• Policies on healthy ageing and on prevention of non-communicable diseases (NCD)	• Data on life expectancy, healthy life expectancy disaggregated by age and gender
	• Programmes to promote healthy ageing and on prevention of non-communicable diseases (NCD)	• Chronic disease morbidity disaggregated by age and gender
	• Policies and/or programme to promote adequate nutritional intake of older people	• Prevalence rates of malnutrition among older people disaggregated by age and gender
	• Policies and/or programmes to promote access to improved water and sanitation facilities which include older people	• Data on access to improved water and sanitation facilities disaggregated by age and gender as well as urban/rural areas
	• Budget allocated to these policies and programmes	
Issue 2: Universal and equal access to health-care services	• Policies on equal and affordable access to primary and secondary health facilities which explicitly includes older people	• Data on numbers of older people using health-care facilities disaggregated by age and gender
	• Policies on providing affordable or free health-care services including medication	• Data on older people's health expenditure e.g. consultation fees, medication, transportation to access health services.
	• Programmes which promote older people's access to health facilities (e.g. transport)	• Data on government expenditure on health services for older people
	• Budget allocated to these policies and programmes	• Data on number of hospitals and health care facilities that can handle geriatric patients
Issue 3: Older people and HIV/AIDS	• Policies on HIV/AIDS include reference to older people	• Data on older people (both infected and caregivers) in national HIV/AIDS statistics
	• Programmes on HIV/AIDS provide support to older people (either infected or as caregivers)	• Data on inappropriate diagnosis of older people with HIV
	• Inclusion of older persons in prevention programmes	• Data on HIV/AIDS diagnosis, prevalence and treatment disaggregated by age and sex
	• Inclusion of older persons into treatment and care programmes	
	• Budget allocated to these policies and programmes	

Issue 4: Training of care providers and health professionals	• Policies and/or programmes on the provision of specialized training for health professionals/care providers on older people's health and social care needs	• Data on government expenditure on training programmes for health professionals/care providers specializing in older people's care
	• Budget allocated to these policies and programmes	• Data on number of health professionals/care providers specializing in older people's care
		• Data on number of medical schools offering geriatric training
Issue 5: Mental health needs of older persons	• Policies and/or programmes on the provision of specialist mental health services for older people	• Data on prevalence rates of mental health problems of older people
	• Policies and/or programmes for training specialist mental health professionals	• Data on number of older people using mental health services
	• Budget allocated to these policies and programmes	
Issue 6: Older persons and disability	• Policies and/or programmes on provision of accessible specialist health services for older people which promote independent living	• Data on prevalence rates of health and mobility problems and disability rates of older people
	• Policies and/or programmes on providing diagnosis services and appropriate interventions and treatment to older people	• Data on numbers of rehabilitation services for older people
	• Policies and/or programmes which promote independent living (e.g. equipment, medication)	• Data on number of older people using rehabilitation services
	• Budget allocated to these policies and programmes	• Data on number of institutions for older people with disabilities
Priority Direction Three: Ensuring Enabling and Supportive Environments		
Issue 1: Housing and the living environment	• Policies and/or programmes promoting accessible communities for older people	• Data on numbers of older people living independently disaggregated by age and gender
	• Policies and/or programmes to promote older people remaining in their own homes	• Data on older people living alone disaggregated by age and gender
	• Policies and/or programmes to promote older people's mobility (e.g. accessible transport, discounts on public transportation services, mobility aids)	• Data on numbers of older people using public transport
	• Policies and/or programmes to promote decent housing in rural and urban areas (including discount on services such as electricity, water, sanitation)	• Data on availability of transportation services for older persons

		• Data on access to basic utilities (including electricity, water and sanitation) which is disaggregated by age and gender
	• Budget allocated to these policies and programmes	
		• Data on number of older people living in inadequate housing disaggregated by age and gender
Issue 2: Care and support for caregivers	• Policies and/or programmes for community care services for older people	• Data on government expenditure on community care services for older people
	• Policies and/or programmes for providing support to informal carers (i.e. family, friends of older people)	• Data on government expenditure on services for informal carers
	• Budget allocated to these policies and programmes	• Data on numbers of older people who are carers
Issue 3: Neglect, abuse and violence	• Policies on abuse which refer to older people	• Data on numbers of older people who are victims of abuse
	• Programmes which support older people who have been victims of abuse	• Data on numbers of prosecutions against perpetrators of elder abuse
	• Programmes to promote public awareness of the elder abuse issue	• Data on older people within national reports on violence and abuse
	• Policies and/or programmes to train health and social services professionals regarding elder abuse and its detection	
	• Policies and/or programmes to provide legal support to older people who have been abused	
	• Budget allocated to these policies and programmes	
Issue 4: Images of ageing	• State media campaigns on promoting positive images of ageing and older people	• Data on complaints made about discriminatory images of older people within the media
	• Budget allocated to these policies and programmes	• Data on type of representation of older people in the media disaggregated by age and gender

Special Institutions Addressing Issues of Ageing or Older Persons – Some Examples

Argentina: National Directorate on Policies on Older Persons (2002)

Australia: Department of Health and Ageing

Bolivia: Older Persons Area of the Vice-Ministry of Equality of Opportunities

Cameroon: Department for the Social Protection of the Disabled and Elderly with a sub-Department for the 'Protection of the Elderly" within the Ministry of Social Affairs (created in 2005)

China: China National Working Commission on Ageing (CNWCA), established in 1999, is a coordinating organization. Its main working responsibilities are to formulate major ageing policies, coordinate the relevant government departments, lead and supervise implement of policies related to elderly. It comprises 26 state-level departments. The China National Committee on Ageing (CNCA) is an executive office under supervision of CNWCA. Its main working responsibilities include conducting research on ageing for policy-making purposes, exchanging information and participating in international events, and conducting routine work concerning ageing and the elderly entrusted by the State Council.

Egypt: Directorate for the Care of the Older Population (1966) within the General Directorate of Family Affairs and Child Welfare within the Ministry of Social Solidarity
High Commission for the care of the older population (2009 – has coordinating role across ministries)

Hungary: Council for Elder Affairs (1997)

New Zealand: Office for Senior Citizens of the Ministry of Social Development (1990)

Nicaragua: Directorate of Older Persons – attached to Ministry of the Family, Youth and Children (2007)

Singapore: High Level Inter-Ministerial Committee on Ageing (since 2007)

South Africa: Directorate of Care and Services to Older Persons (2003)

United States: Administration on Aging (AOA) within the U.S. Department of Health and Human Services

Uruguay: National Institute of Older Persons (2010 – taking over from Area of Older Persons of the Social Policy Directorate of the Ministry of Social Development)

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