

THE MACAO OUTCOME DOCUMENT
OF THE HIGH-LEVEL MEETING ON THE REGIONAL REVIEW
OF THE IMPLEMENTATION OF THE MADRID INTERNATIONAL PLAN OF
ACTION ON AGEING¹

Macao, China
9 – 11 October 2007

The Madrid International Plan of Action on Aging (MIPAA) adopted by the Second World Assembly on Ageing in 2002 marked a milestone in international efforts to respond to the challenges of population ageing. It called for changes in attitudes, policies and practices at all levels in all sectors, so that the enormous potential of “a society for all ages” in the twenty-first century may be fulfilled. With three key priority areas, namely, 1) older persons and development, 2) advancing health and well-being into old age, and 3) ensuring enabling and supportive environments, MIPAA was designed as a resource to guide policy making and programme actions.

It was considered that the regular review of its implementation by Member States is valuable and critical for effective follow-up to the Assembly. The United Nations Commission for Social Development, in its resolution 44/1 of 17 February 2006, requested the United Nations regional commissions to identify appropriate modalities for conducting the regional review and appraisal, and encouraged them to convene regional review and appraisal activities. The same resolution also decided to start the first global cycle of review and appraisal of MIPAA in 2007 and to conclude it in 2008.

Against this background, ESCAP organized the High-level Meeting on the Regional Review of the Implementation of the Madrid International Plan of Action on Ageing in Macau, China, from 9 to 11 October 2007. The main objectives of the Meeting were: 1) to review developments in the area of ageing in Asia and the Pacific; 2) to review and appraise the implementation of MIPAA in the region, by considering the findings of national reviews, sharing experiences and good practices, and 3) to identify priorities for further actions in implementation of MIPAA. ESCAP was the first amongst the five United Nations regional commissions to undertake the regional review of the implementation of MIPAA.

In Asia and the Pacific, the number of older persons is growing rapidly, from 410 million in 2007 to about 733 million in 2025, and to an expected 1.3 billion in 2050. In terms of percentages, older persons will constitute about 15 per cent of the total population in 2025 and up to nearly 25 per cent by 2050, from over 10 per cent now. Bringing together representatives from 22 members and associate members of ESCAP², three United Nations agencies³ and 14 Non-governmental Organizations (NGOs) active in the area of ageing, the Meeting called attention to the rapid population ageing in the region, and its profound impacts on the socio-economic development of societies.

¹ The document has not been formally edited.

² Australia, Bangladesh, Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, India, Indonesia, Islamic Republic of Iran, Kyrgyzstan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Thailand, Viet Nam and Macao, China

³ International Labour Organizations (ILO), United Nations Population Fund (UNFPA), and World Health Organization (WHO).

After three days of deliberations and exchange of information on experiences and best practices in regard to the implementation of MIPAA, the Meeting recognized that many countries in the region had made significant progress in developing long-term plans and policies for the elderly and institutional mechanisms to prepare for an ageing society. While only a few countries in the region had universal social security systems, whose sustainability was questioned, many countries had strengthened existing systems or put in place a combination of schemes to improve the social security situation of older persons. Changing family structures and living arrangements, as well as the increasing burden of chronic diseases, were among the commonly identified key challenges for continued support provision in the light of rapidly changing social and demographic realities. The Meeting also underscored the importance of a multi-pillared health-care system targeted at older persons, informal care giving and life-long preparation for ageing. It was expected that efforts towards an improved age-friendly environment and support for care givers would be strengthened.

On the basis of the interventions of the attending delegates, the Meeting adopted the following recommendations for action, which are to be pursued by the Governments, Non-governmental Organizations (NGOs), and other stakeholders in the region. Those recommendations were made according to the three priority areas of MIPAA, together with additional recommendations for further implementation and follow-up. This document would be submitted to the global review of MIPAA that the Commission for Social Development was to conduct in 2008.

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I. Older persons and development

1. Increase the level of integration and mainstreaming of ageing concerns in national and international development policies and poverty reduction strategies, through a holistic response to address the full range of potential implications of population ageing.
2. Put in place effective policies and programmes so that the opportunities of the demographic dividend brought about by changing population age structure could be efficiently utilized for boosting economic growth.
3. Establish and strengthen multi-pillar pension schemes to ensure sustainable and adequate income security measures.
4. Expand and improve the coverage of social security, especially to those not covered by formal social security pension, particularly in the informal sector and rural areas.
5. Promote social security coverage, including social pensions to poor older persons, which could improve their well-being and participation in society and expand access to micro-credit schemes.
6. Increase awareness-raising among younger generations about life-long preparation for retirement and old age, especially health and financial security.
7. Support and encourage life-long learning and access to information on the requirements of old age and retirement for older persons.

8. Promote access to employment for and volunteering by older persons who are able and willing to work, including elder-friendly working conditions, flexible retirement as well as re-training and re-employment arrangements so as to maintain earning potential, satisfaction and reduce old age dependency.
9. Develop and strengthen policies and approaches to promote intergenerational solidarity, to encourage the provision of care-giving and interaction with older members of the family.
10. Encourage the continuous participation of older persons in socio-economic development at all levels.
11. Develop and implement school curricula on ageing issues to address the increasing intergenerational reciprocity gaps between the youth and older persons and the needs and requirements of older persons.
12. Enable broad-based and well-informed participation of older persons, so that their voices and views are better reflected in policy making programming and resource allocation.
13. Address the feminization of ageing, especially of the oldest old, through policies of gender-responsive programmes for older women.
14. Systematically link disaster preparedness, mitigation, recovery, relief and rehabilitation plans with those covering older persons' concerns and issues.

II. Advancing health and well-being into old age

15. Promote healthy life-styles and active ageing, improve healthy life expectancy, recognizing that a good quality of life in old age could be attained through a life cycle approach of promoting health and well-being at all stages of life and even before old age is reached.
16. Empower individuals with the necessary information and healthier lifestyle choices to enable them to take control over risk factors and harmful environments that may adversely affect their health in old age, including life-long learning on self-help and self-care.
17. Develop a continuum of affordable, accessible, good quality age-friendly and culturally appropriate health, rehabilitation, palliative and social services that cover the range of primary health care and community-based long term care to hospital-based services and other innovative models of long term care.
18. Recognize the psychosocial needs of older persons and address mental health issues and cognitive impairment.
19. Prioritize primary health care resources towards promotion of healthier lifestyles thus avoiding or delaying the onset of chronic diseases.
20. Strengthen health systems to effectively address the prevention and management of chronic diseases.

21. Adopt a multi-pillared approach to financing of health care taking into account the diversity of financing approaches, resource constraints of developing countries and other specific country situations.
22. Establish and/or strengthen training programmes for informal care-givers, as well as other segments of society such as schoolchildren, to enable them to provide the proper care, support and attention to older persons living in their community.
23. Provide incentives, motivation and recognition for informal care-givers, and encourage the spirit of volunteerism to sustain care-giving in the community.
24. Work to include geriatrics in all health and social services for professional and community health worker's training programmes, and increase geriatric trained health and social service professionals and workers.

III. Ensuring enabling and supportive environments

25. Strengthen older persons' associations and NGOs to address the needs of and to empower older persons.
26. Promote the use of existing traditional and cultural facilities and practices to provide community-based services to older persons.
27. Foster the provision of community-based services to older people by making use of existing networks and support to care givers to ensure sustainability of the services provided.
28. Facilitate and/or support the development of age-friendly physical environments and housing provision conducive to promoting "ageing in place" where community level facilities and health services are readily accessible.
29. Provide care and support to informal care givers, especially women who are caught between competing responsibilities for raising children, caring for ageing parents, as well as engaging in economic activities.
30. Increase the access by older persons to information about their rights at home and in the community including about their publicly supported entitlements.
31. In order to change the negative stereotypes about older persons, promote positive images of ageing through the media to recognize older persons as resources and contributors.
32. Promote the use of technological advances such as ICT application to enhance connectivity, communications and advocacy.
33. Strengthen mobility and accessibility for older persons through transportation systems and universal designs.
34. Promote barrier-free physical environment, transportation, public facilities, services, and information and communications to meet the accessibility needs of older persons.
35. Design policies and approaches that are appropriate to the needs of the future

generations of older persons recognizing the rapidly changing socio-economic contexts and characteristics of the current younger generation.

IV. Further implementation and follow-up

Guided by the regional strategy for implementing the Madrid and Macao Plans of Action on Ageing – known as the Shanghai Implementation Strategy, and in the light of the common challenges in the region, including financial burdens, income insecurity, poverty and exclusion in old age, Governments, NGOs and other stakeholders must strengthen efforts and take action. To further improve the implementation of MIPAA, existing efforts and activities related to population ageing can be enhanced by the following actions

36. Review existing laws and enact legislation, especially non-discriminatory laws relating to older persons.

37. Establish or strengthen existing institutional mechanisms that deal with ageing at national and sub-national levels, including establishing coordinating bodies.

38. Increase sharing of knowledge, experience and technical expertise on ageing by facilitating frequent exchanges among countries and areas within and outside the region.

39. Build national capacities to identify challenges, formulate appropriate measures and programmes on ageing, and monitor the progress of implementation, with the support of international organizations including ESCAP.

40. Strengthen efforts towards conducting comprehensive and multidisciplinary research for evidence-based planning and decision-making.

41. Make concerted efforts to collect, analyze and disseminate age- and sex-disaggregated by socio-economic characteristics to understand the situation and trends, and better inform policy and programme development, as well as improve the visibility of older persons.

42. Enhance systematic monitoring and evaluation of efforts and activities at all levels to measure progress and to further improve the implementation of MIPAA.

43. Promote regional cooperation especially on trans-boundary issues such as the portability of pensions for migrant workers (many of whom are in the care giving sector), and skills accreditation.

44. Enhance synergy, with relevant measures, to address persons with disabilities, particularly those contained in the United Nations Convention on the Rights of Persons with Disabilities, the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (BMF), and the Biwako Plus Five.

45. To mobilize the international donor community to provide necessary technical and financial support to address population ageing issues at the international, regional, and national levels.

46. Promote corporate social responsibility to better address the issues of population ageing

47. Empower the social support system for older persons by enhancing the multi-sector synergy through cooperation and collaboration within the public sector, and between the public, private sector and voluntary groups.

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