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#### Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly:

review of the relevant United Nations plans and programmes  
of action pertaining to the situation of social groups

## Major developments in the area of ageing since the Second World Assembly on Ageing

### Report of the Secretary-General

#### *Summary*

Prepared in response to the resolution 44/1 of the Commission for Social Development, the present report covers some major global and regional developments in the area of ageing since the Second World Assembly on Ageing in 2002. In the context of the changing age structure of the population, the report addresses a range of socio-economic issues such as the sustainability of social protection systems, older workers' participation in the labour market, approaches to adjusting the health and care services as well as issues of empowerment of older persons, including the protection of their rights, facilitation of participation in society and promotion of positive and balanced images of ageing.

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## **I. Introduction**

1. In its resolution 44/1, the Commission for Social Development requested the Secretary-General to submit to it at its forty-fifth session in 2007, a report on major developments in the area of ageing since the Second World Assembly on Ageing in 2002. The present report is prepared in response to this request and is intended to assist the Member States in facilitating the discussion on challenges and opportunities of ageing – the global theme for the first review and appraisal of the implementation of the Madrid International Plan of Action on Ageing.

2. In the years since the Second World Assembly on Ageing, governments have introduced a wide range of measures geared at addressing various challenges stemming from population ageing. Due to page limitations, the present report can only highlight some major developments in this area, based on a variety of sources available to the Secretariat, including submissions received from the regional commissions as well as from international experts in the area of ageing. The selected topics were not rated in order of their national, regional or global priority, and the examples of policies and programmes in different countries and regions are given for illustrative purposes. Various examples of government policy responses in respect to follow-up to the Second World Assembly on Ageing can also be found in earlier reports of the Secretary-General to the General Assembly<sup>1</sup>.

3. The structure of the report is defined by the broad framework outlined in the Madrid Plan of Action and is anchored to issues having major significance for policy making. Taking the ongoing demographic change as a point of departure and a background of analysis, the report highlights such issues as sustainability of social protection systems, older workers' participation in the labour market and emerging approaches to the health and care services for older persons. Particular emphasis is given to empowerment of older persons, including the protection of their rights, facilitation of participation of older persons in society and promotion of positive and balanced images of ageing. The report also underscores the importance of ageing-related research and recent advances in this field. Conclusions and recommendations based on the analysis provided in the report are presented at the end.

## **II. Major developments in ageing and policy responses**

4. Population ageing represents a major social achievement: the manifestation of progress and improvement in the human condition. It also remains an issue of global concern that requires concerted, well-focused and forward-looking policy measures at the national, regional and international levels.

### **1. Demographic landscape**

5. Demographic change is a slow process that can only be accurately observed over the course of decades. While the demographic picture of ageing has not changed

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<sup>1</sup> A/60/151; A/61/167.

significantly since the Second World Assembly on Ageing in 2002, several phenomena of population ageing and their implications are nonetheless worth reiterating.

6. World populations are continuing to age at an accelerated pace, with the median age projected to rise from its current 28 years to 38 years by 2050<sup>2</sup>. The share of the population aged 60 or above is expected to leap from its current one in ten to more than one in five (22 per cent) by 2050. In 2005, there were 672 million older persons, by 2050 that figure will nearly triple to about 2 billion. Overall world population is growing at a rate of 1.2 per cent annually, whereas the population of older persons is growing at 2.0 per cent per year, and will increase to a growth rate of 3.1 per cent annually during the period 2010-2015. The fastest growing segment of the older population is those 80 years or older, deemed the “oldest old”, with their rate increasing to 4.2 per cent annually. Moreover, the number of persons aged 100 years or older is projected to increase 13-fold, from about 287,000 in 2006 to 3.7 million by 2050. These changing demographics are also bringing about changes in the perceptions of who is considered an ‘older person’ leading countries to differentiate between categories of older persons.

7. Older women continue to outnumber older men, as the life expectancy for women is greater than that for men. There were 67 million more women than men over the age of 60 in 2005, and the gender gap widens with age. Nearly twice as many women are over age 80 as men, and more than four of five persons aged 100 or more are women. Feminization of ageing presents some major challenges for policy making as in many developing countries a higher proportion of older women than older men are single, not in the labour force and illiterate<sup>3</sup>.

8. While birth rates continue to decline, longevity continues to increase. Global life expectancy increased 17.9 years for men and 19.7 years for women over the second half of the 20<sup>th</sup> century to reach an average of 66 years. Contrary to popular perception, much of the increases in life expectancy came from developing regions, not from developed regions. Even in the least developed regions of the world, significant gains in longevity have been achieved, as men and women can expect to live an average of 15 years longer than those 50 years ago. Due to a combination of differences in fertility rates and life expectancy, population ageing is far more pronounced in certain regions than in others. Whereas one in five Europeans (20.7 per cent) is aged 60 or over, only one in 20 Africans (5.2 per cent) falls into this age category. The differences can be attributed to variations in life expectancy at birth, which ranged from a low of 49.1 years in Africa in 2000-2005 to a high of 77.6 years in North America – for a difference of 28.5 years. The gap is projected to close markedly; however, as projections for 2045-2050 show life expectancy

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<sup>2</sup> The data in this section of the report are derived from recent publications of the Population Division of the UN Secretariat, including "World Population Prospects: The 2004 Revision", New York, 2005 (ST/ESA/SER.A/244), "Population Challenges and Development Goals", New York, 2005 (ST/ESA/SER.A/248) and Population Ageing 2006. United Nations, DESA (Wallchart).

<sup>3</sup> See, for example: Ghazy Mujahid. Population Ageing in East and South-East Asia: Current Situation and Emerging Challenges UNFPA, Papers in Population Ageing No. 1, Thailand, July 2006, p.26.

at birth will rise to 65.4 years in Africa and 82.7 years in North America – for a difference of 17.3 years.

9. For the remaining regions of the world, differences in population ageing will largely evaporate by 2050, as a similar share of the populations in Asia, Latin America, North America and Oceania will be over age 60, ranging from 23.6 per cent in Asia to 27 per cent in North America. Despite the aforementioned progress in closing the regional gaps, Africa and Europe will remain outliers, as 10 per cent of Africans will be over age 60 by 2050, compared to 34.5 per cent of Europeans. Africa is projected to lag other regions in population ageing, in part due to the impact of HIV/AIDS, while Europe is expected to exceed other regions in the ageing of its population, due largely to the rapid declines in fertility rates.

10. Overall, however, population ageing is occurring at an accelerated rate in developing countries, giving these countries less time to adapt to the impending changes. The old age dependency ratio (the ratio of older persons per 100 adults of working age) could double in 50 years in some developing countries, whereas it took 150 to 200 years for this to occur in developed countries. In developing regions, the number of persons aged 60 or over is expected to increase four-fold from 2000 to 2050, compared to an increase of 1.7 times in developed regions. Likewise, the old age dependency ratio is projected to triple from 2000 to 2050 in less developed regions, and double in more developed regions.

## **2. Towards sustainable systems of social protection**

11. Widespread global inequality in the availability of and access to social protection in old age and pension programmes continues. While developed countries tend to offer universal social protection programmes which provide basic health care and income security for all those reaching a statutory retirement age, most developing countries fall far short of achieving universal coverage. Although efforts are underway to extend social protection to a wider range of old age recipients throughout the developing world, progress remains slow and modest.

12. At the same time, Member States are adjusting their social protection policies to demographic ageing, but as a general rule, these policy changes have not taken the form of large-scale cut backs in benefits or dismantling of public programs. On the contrary, many developed countries have introduced reforms and made adjustments in their pension and health care programmes aimed at achieving financial stability and ensuring that the programmes will continue to deliver to future generations. In addition, these countries have also taken steps to discourage early retirement and to motivate people to work longer. And, in a small but encouraging number of developing countries, “social pensions” have been introduced to ensure that a minimum subsistence income will be paid to low-income older persons.

13. Cost considerations are typically cited as the major reason why lower income countries have not been able to launch universal social protection schemes. Nonetheless,

the prevailing belief that social protection is unaffordable for low income countries has been strongly challenged in recent years, particularly in recent studies by the International Labour Organization which demonstrate that basic non-contributory pensions and health care can be delivered at low percentages of GDP<sup>4</sup>. Adding to the momentum is a growing movement in some of the key donor countries to help fund the establishment of social protection programmes, viewing it as a basic right enshrined in the Universal Declaration of Human Rights. It is also argued that social protection formed part of the foundation for the growing prosperity of many now wealthy developed countries.<sup>5</sup>

14. With a majority of people in some countries working in the informal economy, there are significant obstacles to establishing, funding and maintaining traditional contributory pension programmes. Since many workers are unable to contribute to and take part in these pension plans, these schemes tend to perpetuate – and sometimes exacerbate – situations of inequality. Meaningful reforms of these pension systems are geared towards eliminating regressive financing mechanisms and developing an income source to subsidize a non-contributory safety net for the poor and near poor who were unable to contribute to a pay-as-you-go scheme. A key social protection instrument that has thus emerged is the “social” (non-contributory) pension. Provided at a relatively small percentage of total GDP (about 2 per cent), social pensions have been very effective in reducing poverty among older persons and their families. Given the growing recognition of the importance of social protection programmes in combating poverty and exclusion among older persons, a number of developing countries have undertaken initiatives to establish universal social pension plans, among them Brazil, Botswana, Nepal, Mauritius and South Africa.<sup>6</sup>

15. In March 2006, the African Union and the Government of Zambia, assisted by HelpAge International, organized a regional conference for East and Southern Africa on cash transfers as a social protection instrument. The resulting “Livingstone Declaration”, endorsed by 13 countries, calls for African governments to put together costed national cash transfer plans within three years that are integrated within national development plans and within national budgets, and that development partners can supplement. Progress on this front had already been initiated in Lesotho, one of the world’s poorest countries in terms of per capita income, which implemented a universal old age pension for citizens over the age of 70 in 2004, and joined a group of southern African nations offering significant benefits to their older populations.

16. In Asia, for example, Bangladesh has continued to develop its Old Age Allowance and Widow’s Allowance programmes, encouraged by pressure from older citizens groups who are monitoring these benefits. Thailand is taking concrete steps to

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<sup>4</sup> See, for example, ILO, “Can low income countries afford basic social protection?: First results of a modeling exercise”. Issues in Social Protection, Discussion paper 13, June 2005.

<sup>5</sup> See ILO, “Social security for all: Investing in global social and economic development” Issues in Social Protection, Discussion paper 16, August 2006.

<sup>6</sup> HelpAge International, “Why social pensions are needed now”, Briefing on social pensions, October 2006.

increase the coverage of a welfare scheme under which 70 per cent of all eligible older persons are entitled to receive a specific monthly allowance<sup>7</sup>. The successful institution of these programmes demonstrates what is possible if political impetus is given to social protection programmes.

17. In developed countries, the major trends have involved ways to rein in mounting liabilities for social protection programmes. One such effort entails raising the age at which a person becomes eligible for retirement benefits, in recognition of the steady increase in life expectancy over the past decades. The median pensionable age in 2002 for women in 23 high-income OECD countries was 60. By 2035, however, based on legislation in effect in 2004, the median pensionable age will rise to 65. Overall, 15 of the 23 OECD countries will have a social security pensionable age of 65 or higher for men and 14 countries will have pensionable ages of 65 or higher for women by 2035<sup>8</sup>. Although these changes may appear incremental, they are remarkable considering the historical pattern of long periods – nearly a century in some cases – where there was little or no change in the pension age despite marked increases in longevity rates.

18. A new development, that may well signify the beginning of a trend, is for countries to index their social security programs to changes in demography – either changes in life expectancy or changes in the old-age dependency ratio. This trend is occurring with respect to life expectancy in countries adopting notional defined contribution (NDC) plans, such as Italy, Latvia, Poland, and Sweden.<sup>9</sup> NDC plans are social security old-age benefit plans where each worker has an individual account, but the system as a whole is financed on a pay-as-you-go basis. In these plans, for each retirement cohort the generosity of benefits is adjusted downward by a small amount to take into account the long-term trend toward greater life expectancy at older ages. Finland has adopted a proposal for life expectancy indexing of benefits, but it has not yet taken effect. This trend is also occurring in countries such as Germany and Japan that are adopting indexing mechanisms that take into account changes in the old-age dependency ratio.

### **3. Labour market and older workers**

19. The ageing of the population has major implications for the labour force and the status of older workers. Developed countries, countries with economies in transition and developing countries with low fertility rates will be most impacted by the ageing of the workforce. Whereas in the past there was a tendency among these countries to encourage older workers to exit the labour force through early retirement in order to make room for the growing numbers of younger workforce entrants, this trend is now shifting. Concerns

<sup>7</sup> Ghazy Mujahid. Population ageing in East and South-East Asia: Current Situation and Emerging Challenges. UNFPA Papers in Population Ageing No. 1, Thailand, July 2006, pp.36-37.

<sup>8</sup> John Turner, AARP Public Policy Institute, "In Brief: Social Security Pensionable Age in OECD Countries: 1949-2035", AARP *Research Report*, October 2005

<sup>9</sup> Alan J. Auerbach and Ronald Lee, "Notional Defined Contribution Pension Systems in a Stochastic Context: Design and Stability", Washington, DC. August 10-11, 2006

over pension liabilities, mounting old age dependency ratios, impending skills gaps and potential labour force shortages have created momentum to eliminate mandatory retirement ages and extend the number of working years.

20. A significant countertrend that has begun in recent years is to forestall the practice of early retirement. During the 1980s and 1990s, many employers resorted to the use of early retirement schemes as a more benign way to handle the restructuring or downsizing of their workforces. Those over age 50 were typically offered cash or benefit incentives if they voluntarily retired from their jobs. The problem with this approach, however, was that some of the most skilled and experienced workers exited the workforce prematurely, and in addition, without particular gains for younger entrants to the job market<sup>10</sup>. Moreover, employers ended up solving a short-term problem by creating a long-term liability in their pension plans, a matter that has become more pronounced as longevity rates continue to climb.

21. The push for labour market reform and efforts to expand the number of older workers and promote their employability are more pronounced in some regions than in others. In the European region, for example, the primary concern is with reversing the trend towards early retirement. The average labour force participation rate for men aged 55-64 in Europe was just 53 per cent in 2005, well below the global average of 74 per cent.<sup>11</sup> Governments are now considering initiatives to encourage workers to remain in the labour force so that the effective retirement age is more closely in line with the statutory retirement age, which tends to be 65 years of age in many European countries.

22. Labour force participation rates fall dramatically for those aged 65 and over, although the regional variations are considerable. For European men, who generally have pension entitlements upon reaching age 65, labour force participation rates are about 8 per cent. This is in dramatic contrast to the experience of other regions, particularly Africa, Asia and Latin America, where labour force participation rates of men 65 and over are 57, 37 and 38 per cent, respectively. The difference is likely attributable to the lack of pension plans or other income support programmes for older persons in these countries, thereby making retirement an unattainable luxury for them. The regional differences are also quite substantial, although less pronounced, for women – ranging from a low of 4 per cent in Europe to a high of 26 per cent in Africa, 13 per cent in Asia and 14 per cent Latin America.<sup>12</sup>

23. Another significant labour market trend is the increasing demand for long-term care workers to provide care to the ageing population. This is combined with a countertrend of more women entering the labour market and therefore not available to provide unpaid care at home. For the moment, migration of health professionals and care workers from developing to developed countries is dealing with the added demand for care workers. This obviously has both positive and negative consequences for sending

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<sup>10</sup> Live longer, work Longer. OECD, Paris, 2006, p.13.

<sup>11</sup> These and subsequent figures on labour force participation rates are derived from DESA calculations based upon ILO, Key Indicators of the Labour Market (KILM) 4<sup>th</sup> edition figures

<sup>12</sup> DESA calculations based upon ILO, Key Indicators of the Labour Market (KILM) 4<sup>th</sup> edition figures.



countries – an increase in foreign remittances, for example, but also a loss of workers during their peak productive years. In the future, however, as population ageing becomes more evident in developing countries, migration patterns may adjust, otherwise older persons may be left behind in these countries without having any family members remaining as their caretakers.

24. Some developed market economies as Australia, New Zealand and the United States have eliminated mandatory retirement ages, thereby enabling workers to continue working for as long as they are both willing and able, and other countries such as Canada are considering similar actions.<sup>13</sup> Employers are also beginning to recognize the value and importance of retaining older workers, offering them incentives to remain on the job rather than retire early. Since 2002, several countries, notably Denmark and Finland, have instituted new and more flexible employment arrangements for older workers and increased spending on older worker training programs. Older workers are also being given more opportunities to enroll in education and training programmes so that their skills remain current with new technological developments. Increased attractiveness of training and its returns for older workers can be improved by a combination of policy measures such as increased investment in lifelong learning at mid-career, adopting teaching methods and content to the needs of older workers as well as promoting later retirement that may itself encourage greater investment in the training programmes<sup>14</sup>. In some economies in transition (e.g. Russia, Ukraine), the working pensioners are often encouraged to stay on board and allowed to collect their full pension and salary.

25. In developing countries such as Bangladesh, China and India, efforts are being made to grant older workers better access to credit so that they can start their own businesses, particularly in rural communities which have experienced a mass migration of younger persons to urban areas. And for older persons who are no longer able to work, the introduction of social pension programmes is enabling them to retire with dignity and security.

#### **4. Meeting the growing demand for care**

26. The development of high-quality, affordable and sustainable health and care services, in particular long-term care, is one of the biggest challenges of rapidly ageing societies. An increasing demand for care services, predominantly their non-medical components, is associated with an ongoing shift away from residential towards ambulant and home care. There is also a better recognition that modern health care systems are not always well equipped to deal with the growing ageing population because it is set up for acute care and expediency rather than the chronic illnesses that are common in older patients. People as they age often experience multiple health problems, which require integrated treatment approaches that in most countries today are not yet adequately developed. Another unmet challenge is the need to focus on disease prevention and the promotion of wellbeing as a person ages. Thus, an important aspect of managing adequate care provision will be the integration of preventive, curative and rehabilitative

<sup>13</sup> [http://www.labourlawoffice.com/misc/mandatory\\_retirement.html](http://www.labourlawoffice.com/misc/mandatory_retirement.html)

<sup>14</sup> Live longer, work longer. OECD, Paris, 2006, p.12.

measures within a continuum of care, including terminal care for end of life, and enhancing support for caregivers.

27. Public discussion in many countries still centres on a negative scenario of the cost of health programmes for the growing number of older persons. Meanwhile the results of recent studies show that ageing does not by itself explain why health care costs have been rising at a much faster rate than inflation almost everywhere in the world and that increased length of life has very little effect on total health care costs because the largest costs are concentrated near the end of life, regardless of age at death. The important implications for both developed and developing countries are that health care expenditures could potentially be lowered if care is focused on keeping people healthier and disability-free for as long as possible.

28. WHO reports that among policymakers the goal of healthy ageing and the lifelong approach to ensuring a healthy old age have become more widespread since 2002, particularly in countries with a higher degree of population ageing. A number of European countries have recently shifted policy focus to encompass active, healthy ageing and measures to enhance services for older persons remaining in their own homes. For example, the Government of Spain has addressed these two issues as the main pillars of current social policy for older persons.

29. Many developing countries have traditionally relied on a social support system based primarily on family care and providing support for older persons within the extended family. However, reduced family size and the increase in the percentage of older persons living alone over the coming decades will stretch traditional family-based social care as the number of available care givers decline while cultural norms, such as filial piety, continue to change<sup>15</sup>.

30. Apart from the above factors, nuclearization of families, along with migration both within and outside the country, also contributes to the decline in co-residence of older persons with their family members, and by implication leads to an increase in the average cost of living of older persons residing alone. With declining family support the challenge of ensuring adequate living arrangements will have to be taken up by Governments. In the ESCAP region, such a development has already been witnessed in Japan, which, over the past few years has significantly altered the parameters for long-term care of older persons by introducing in 2000 the mandatory Long-Term Care Insurance system. Further reform measures were undertaken in 2005 to enhance sustainability of the system. In most developing countries, older women are often the major if only caregivers in the extended family and have to cope with various challenges without any public support.

31. In most developed countries ageing in place and community care have become the policy choices. While generally considered positive, these trends increase the burden on family carers, primarily women, and also pose a contradiction with employment policies

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<sup>15</sup> Living Arrangements of Older Persons Around the world. UN, DESA, Population Division, NY 2005, Sales No. E.05.XIII.9.

which generally encourage women to remain in the workforce and earn their own pension rights. In addition, more and more older persons are caring for even older relatives. These relatively new trends have yet to be addressed with adequate policy responses, such as provision of services for informal carers, including older carers.

32. In the European region, the number of very old persons (those 80+ years old) will increase three to four times within two generations, which means that a greater number will be at risk of dependence, even as health status improves and disability prevalence decreases. While at-home care services have been expanded significantly, additional provisions including budget allocations are required to support a growing number of extremely frail older persons and their caregivers. In the UK, for instance, expenditure on long-term care is estimated to rise by about 315 percent in real terms between 2000 and 2051 to correspond to current and future demographic changes<sup>16</sup>.

33. Another issue that will have to be tackled in many developed countries is the financing of programmes for older persons who are not covered by private long-term care insurance. In most of the European Union countries, social care is means-tested thus making a large number of people responsible for paying the full cost of care and placing more burdens on family members for informal care.

34. In many regions support services for providers of informal long-term care are limited. For instance, in the ESCWA region, several countries have established or expanded nursing home services to respond to changing needs, from free-of-charge or nominal charge institutions run by Governments or NGOs, to expensive private homes. However, support to families caring for older persons is rare and training for social workers on the needs of older persons or their carers is sparse or non-existent.

35. The majority of countries in Africa lack age-specific health or care policies, and reliable data on the overall burden of disease on older persons are rare. Access to primary health care for older persons is severely limited, in both physical and financial terms. Even when older persons are entitled to free health care, payment is often requested for service, or health care denied on the basis of advanced age. In general, public health policies still focus almost exclusively on children and mothers while health concerns of older persons are often ignored. As the first step in initiating necessary adjustments in health and social care policies, it is important to raise the awareness of policymakers of the growing number of older persons and their specific health care needs.

36. In Latin America a number of countries, including Chile, Costa Rica, El Salvador, Nicaragua, Panama, and Uruguay, have taken steps to regulate long-term care institutions. Some countries, such as Costa Rica and Chile, have devised registration systems to enforce higher levels of quality in service provision. Informal care programmes are a recent addition to the public agenda: for instance, Argentina instituted a National Home Care Programme, Costa Rica has a programme run by the National Council of Older Persons (CONAPAM), and Cuba provides home support and basic

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<sup>16</sup> Alliance for Health and the Future, Promoting Age Equality in the Delivery of Health Care, Issue Brief Vol.2, No.3

needs assistance for almost 95,000 older persons. El Salvador has instituted specific training programmes for homecare providers and Nicaragua has published self-training materials for caregivers.

37. Many countries of the Caribbean sub-region, one of the fastest ageing regions in the world, had already established, within the limits of available resources, policies and programmes in the area of social and medical care of older persons prior to the adoption of the Madrid Plan of Action. For instance, nearly all countries in the sub-region already provide, or are planning to provide, free medical care to older persons. In recent years there have been additional efforts towards expansion or reorientation of services to meet the needs of a growing number of older persons.

38. The age inequalities in terms of access and outcomes of health care, are issues for debate and action in both developed and developing countries. While there may not be an overt age discrimination policy, negative stereotypes about older persons and their health care needs are still prevailing and often guide medical practice. Around the world, scarce resources along with the low profile and prestige of geriatrics medicine are behind the deficit of qualified professionals – both medical doctors and nurses that leads to numerous cases of neglect or inappropriate care of older persons due to, among other reasons, misdiagnosis and overmedication. The consequences are the diminishing quality of life of older persons and increasing costs of health and long-term care in old age.

39. Sufficient attention to geriatric training of health professionals has to be complemented by the educational programmes for family caregivers and the general public about the ageing process. Equally important is to ensure the close collaboration between health care and social services professionals who are involved in the care of older persons. Some developing countries including Egypt, Jordan and Lebanon have been successful in introducing geriatrics into several academic schools and universities. There is some evidence of attempts to reorient public policy towards meeting the needs of older persons in economies in transition. For instance, in Kazakhstan a pilot medical centre was set up to integrate medical and social assistance provision to vulnerable groups, including older persons, and improve quality of medical services. In Malaysia, the Institute of Gerontology was founded in April 2002, offering post-graduate studies in the field of old age and ageing, while in 2005 a new subject on “Basic Gerontology and Geriatric Services” was introduced to upper secondary level students.

40. Some progress since the Second World Assembly on Ageing could be noted on a political front in the area of older caregivers for victims of the HIV/AIDS pandemic. The 2006 Political Declaration on HIV/AIDS, adopted by the High-Level Meeting of the United Nations General Assembly, calls for practical measures such as basic pensions to give material support to older persons affected by HIV/AIDS, and in particular, to those of them caring for grandchildren, who have become orphaned – a prevalent trend in Sub-Saharan Africa. However, the move from rhetoric to practical measures remains slow.

**5. Empowerment of older persons: protecting rights, facilitating participation and promoting positive and balanced images of ageing**

### **Protecting rights**

41. Combating discrimination based on age and promoting the dignity of older persons are fundamental to ensuring the respect that older persons deserve. Promoting and protecting all human rights and fundamental freedoms are important in order to achieve a society for all ages<sup>17</sup>.

42. Discrimination on the basis of age, which prevents full societal participation by older people, is a long-standing issue in virtually all societies. Older people are discriminated against in key development arenas, such as health, education, employment and access to other services. Older people's voices are too rarely heard in shaping policies and processes, including those that immediately affect them. Vulnerable older people could suffer unduly from neglect and abuse, particularly older women, whose right to inherit land and property are often threatened. Widows are especially vulnerable and prone to violence, receiving few or none of the entitlements obtained by men, and in some instances, even lacking comparable status in the community and the family.<sup>18</sup>

43. Human rights violations, marginalization of older persons and elder abuse are identified among the major negative trends and factors affecting older persons in the ECA region. Better understanding of the effects of these factors on the situation of older persons and their interplay with other multiple factors is seen as one of the major priorities for action on ageing in the region. Human rights of older persons, especially of poorer and non-naturalized, non-citizen immigrant residents may be put at risk with ongoing changes in immigration laws and family reunification practices including restrictions concerning residence permits and social and medical entitlements and welfare benefits.

44. In the absence of internationally agreed human rights instruments in the area of ageing, such as a convention or similar legally binding document, the agenda of older persons' rights primarily has been gaining ground at the national level with the promulgation of special rules and regulations to protect those rights as well as the development of advocacy and training and education programmes. Human rights education for older persons plays an important role in helping them to take a more active role in securing their rights, while training of professional staff, care volunteers and family members may improve services for older persons in institutions and at home. Education of the young regarding ageing and rights of older persons should not be underestimated; rather it should be seen as a fundamental, long-term strategy to combat age discrimination.

45. Since 2002, many countries have adopted a broad range of legislation addressing the rights of older persons. Countries in the ECLAC region that did so include the

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<sup>17</sup> Madrid International Plan of Action on Ageing, paragraph 13

<sup>18</sup> Population, Ageing and Development: Operational Challenges in Developing Countries (UNFPA, 2002), pp. 33

Bolivarian Republic of Venezuela, Brazil, El Salvador, Mexico, Paraguay, and Uruguay<sup>19</sup>. In Colombia, older people are included in the national human rights plan as a sector of the population with specific rights and entitlements<sup>20</sup>. At least 80 per cent of the ECLAC countries have some type of legislation protecting the rights of older persons in institutions.

46. Existing biases in hiring and firing of older workers reflect negative attitudes that are still prevalent at the national level. In this context, legal measures to promote labour force participation of older persons may be considered an important benchmark on the way to combat age discrimination. Protection of the rights of older persons is identified as one of the highest priorities for action in the coming decades by governments of many countries. In the ESCAP region, for example, such countries as Australia, China, Japan, New Zealand and Sri Lanka, have established anti-age-discrimination legislation. Laws protecting the rights of older people also exist in the European Union, where countries are working to meet the end of 2006 deadline for compliance with the 1999 Equal Treatment Framework Directive.

47. In combating age discrimination, governments have been effectively assisted by civil society organizations. At the global level, HelpAge International has continued to address the issues of rights of older persons through research and advocacy. The International Network for Prevention of Elder Abuse (INPEA), in partnership with WHO's Life Course and Ageing Programme, individuals and NGOs from around the world launched on 15 June 2006 the first World Elder Abuse Awareness Day to raise awareness of the widespread prevalence of elder abuse and the need to combat it. An NGO AGE – the European Older People's Platform is committed to combating all forms of age discrimination in all areas of life and aims to monitor and influence the implementation of the various EU initiatives in this area.

### **Facilitating participation**

48. Participation of older persons in different spheres of society is a crucial aspect in realizing their rights and an essential tool of their empowerment. A multi-faceted notion of older persons' participation includes, inter alia, their active involvement in implementation of policies that directly affect their wellbeing, sharing their knowledge and skills with younger generations and forming movements or associations that could help articulate their concerns and claim their rights. However, for many older persons around the world this goal has not been universally achieved.

49. Nevertheless, since the Second World Assembly on Ageing, a broader range of government and civil society initiatives has sprung up, aimed at creating forums for the participation of older persons. There have been encouraging examples in some countries of greater involvement of older persons in decision-making, such as the mobilization of older persons' groups to monitor the implementation of government policies and programmes on ageing, and the partnering of non-governmental organizations with

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<sup>19</sup> ECLAC submission

<sup>20</sup> HAI submission

governments to meet the objectives of the Madrid Plan of Action. Some Governments have created coordinating bodies on ageing issues, which included older persons along with such “traditional” stakeholders as government agencies<sup>21</sup>.

50. During the first cycle of the review and appraisal of the Madrid Plan of Action in 2007-2008, the bottom-up participatory approach could directly involve older persons in the review and appraisal exercise, and, simultaneously, provide an “entry point” for their participation in all stages of the implementation of the Plan. The immediate purpose of the participatory approach is to ensure that older persons have an opportunity to express their views on the impact of national policy actions affecting their lives. However, the overall goal is to ensure that older persons are involved in *all phases* of policy actions on ageing, including policy design, implementation, monitoring and evaluation.

### **Promoting positive and balanced images of ageing**

51. Protecting the rights of older persons is the core element of any policy related to ageing and the most important prerequisite of empowerment of older persons. However, for the process of empowerment to become sustainable, it is necessary to ensure that older persons are recognized and appreciated as valued and welcome members of society. Unfortunately very often this is not the case and prevailing images of and corresponding attitudes toward older persons are negative. The empowerment of older persons and the promotion of their full participation are declared the essential elements for active ageing<sup>22</sup>.

52. In recent years, there has been tremendous growth in public awareness about the ageing of societies as reflected, for example, in the media response and in the business community. Quite often, however, media stories tend to focus on alarmist reports about the potentially negative impact of a changing age structures and growing number of older persons. Stories describing positive and active ageing, be it in the workplace or the community are often lacking.

53. The alarmist variety of reports tend to be built on a fear of economic difficulties, even decline of societies as a result of ageing, including its various effects, e.g. higher costs of pensions, health care and long-term care. Benefits for future generations in terms of improved educational and job opportunities due to a declining labour force as well as benefits for the environment are often overlooked, while a decline in the working age population is depicted as a threat to the security of countries. It is also often underreported that due to expected productivity gains, fewer workers could produce more in the future. In addition, older persons in intergenerational living arrangements could help young parents with child care responsibilities, allowing for higher labour force participation rates. Furthermore, appropriate savings and investment strategies could prevent the perceived financial difficulties of ageing societies.

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<sup>21</sup> For a more detailed description of regional institutional arrangements, see A/61/167 paras. 18-19.

<sup>22</sup> Political Declaration, Article 12.

54. Meanwhile, the World Health Organization has promoted a positive concept of active ageing as a “process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. ...It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.”<sup>23</sup> Reports on the positive effects of life-long physical and mental exercise and continued engagement of older persons through employment, volunteering, continuing education, and care-giving activities for family members or others, have been burgeoning since 2002.

55. A new image of older persons as a potentially significant segment of the consumer market begins to attract businesses which are lured by the size of the soon to be retired baby boom generation. Businesses are beginning to target their products to older audiences or seek to develop new products and technologies that will appeal to or be needed by a new generation of older persons.

56. The existing negative perceptions regarding older persons are often unfounded and they are far from being “neutral”, particularly regarding employment of older workers. A recent OECD study concluded that it is important to dispel a number of myths in this area, given that these may undermine reform efforts and the adoption of age-friendly practices. For example, despite some statements that working capacity systematically deteriorates with age, many studies of employers and older workers vividly demonstrated that older and younger workers each have relative strengths and weaknesses and that they can contribute to the workforce. Likewise, there is little evidence to support the assertion that work intensification in existing jobs is exerting pressure to retire early, or that older workers are just “too tired” to carry on working. In fact, many older workers are fully capable and willing to carry on working if given more flexible working-time options<sup>24</sup>.

57. To be relevant and practical, the concept of “active ageing” should be firmly linked to reality. Generalizing about ageing from either a negative or a positive perspective may be counter productive; a more balanced perspective requires an approach that sees later life not as an one-dimensional experience but as a fluid, complex and heterogeneous phenomenon<sup>25</sup>. Overall, older persons do possess higher accumulated stocks of human capital and experience and their contribution to society must be recognized. Removing structural barriers may contribute to further improvement of their entrepreneurial capacity and flexibility.

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<sup>23</sup> *Active ageing – A Policy Framework*, p.12, World Health Organization, Geneva, 2002.

<sup>24</sup> *Live longer, work longer*. OECD, Paris, 2006, p.13.

<sup>25</sup> Peter Lloyd-Sherlock. *Ageing, development and social protection: Generalizations, myths and stereotypes “in” Living Longer. Ageing, Development and Social Protection*. UNRISD and Zed Books, London, 2004, p.6.



## **6. Research on ageing and policy action: towards better synergy**

58. The Madrid Plan of Action identifies research activities and national data collection and analysis for policy planning, monitoring and evaluation as one of the crucial elements of the national implementation process. At the international level, the exchange of researchers and research findings and data collection to support policy and programme development is listed in the Plan as one of the priorities for international cooperation on ageing.

59. Since the Second World Assembly on Ageing, numerous studies have been undertaken at the national and cross-national level which have contributed to a better understanding and knowledge of ageing. Among these include: the establishment in 2004 in Sydney, Australia, of the International Research Centre for Healthy Ageing and Longevity (IRCHAL); the launch in 2005 of AFRAN – a research network of key African and international scholars, policy-makers and civil society representatives in the field of ageing; a series of World Ageing and Generations Congresses organized by the World Demographic Association at the University of St. Gallen, Switzerland; and the establishment of the European Research Area in Ageing (ERA-AGE) project.

60. The International Association of Gerontology and Geriatrics (IAGG) continues its efforts to consolidate global scientific inquiries into ageing through exchange of information, regional conferences and global congresses of gerontology and geriatrics. The Research Agenda on Ageing, the joint project of the UN programme on ageing and IAGG is advancing, with regional workshops taking place in 2003 and an inter-regional consultation occurring in 2005. While research on ageing is indispensable, both for its own sake as well as providing a foundation for policy actions, in practice the link between research and policy agendas remains mostly sporadic. Therefore, the first cycle of the review and appraisal of the Madrid Plan of Action offers an opportunity for policy makers and researchers to explore better coordination of their work in the area of ageing.

61. Among the priorities for policy-related and evidence-based research on population ageing are the implications of epidemiological transition; growing obesity and its consequences for longevity; consequences of population decline in some countries; as well as migration and its effects. In developing countries, acute infectious diseases present a continuing threat to individual health and national development, as does the prevalence of chronic diseases. Most if not all of these disorders are preventable through appropriate health promotion measures, but if neglected could become major causes of chronic conditions and disability in later years. Not only will older persons experience a diminished quality of life, but the fragile health care systems of developing countries will likely become overburdened.

62. Unhealthy diets along with smoking and sedentary lifestyles are behind the emerging pandemic of obesity, which in turn leads to an increase in type-two diabetes, cardiovascular disorders and cancer among all world regions. Particularly troubling is the rapid rise in childhood obesity throughout the world. This phenomenon is predicted to

cause significant increases in obesity-induced health conditions as these children reach their middle ages. If current trends continue, today's younger generation could live shorter and less healthy lives than their parents' generation for the first time in the modern era<sup>26</sup>. Thus, promoting better health among younger people represents the best strategy for future aged care and meeting the demands of an ageing society.

63. Significant advances have also been made in understanding the basic foundations of individual ageing and longevity, pointing to numerous interactions between genetic mechanisms<sup>27</sup> and the environment. The latter includes a host of physical, biological and social factors, such as climate, nutrition, lifestyle, inter-generational relations and many others.

64. The findings of bio-medical studies of ageing and age-associated disorders have direct implications for individual health and longevity, as well as for public policies aimed at promoting healthy and active ageing and treating and preventing age associated disorders and disability. Scientists are now calling for a paradigm shift away from the disease-specific approach towards one that is focused more on the cause of these diseases and their relation to ageing. The mounting body of evidence points to a possibility, while still elusive, that it might be possible to slow the ageing process in humans. The prospect that humanity could experience a number of social, economic, and health benefits from the extension of healthy life is known as the longevity dividend. If achieved, such a longevity dividend may have far reaching social, ethical, psychological and economic implications<sup>28</sup>.

65. In studies of mental health, increasing attention is being paid to the early detection and prevention of age associated disorders such as Alzheimer's disease. Some promise is seen in medical interventions aimed at early detection of mental decline and prevention or slow down of the progression towards senile dementia.

66. Achieving better synergy between the research agenda and the policy process ensures that society will benefit from a greater understanding of the changing demographics. With this added knowledge, societies will be better prepared to provide appropriate social services and support to respond to an advancing median age, a decreasing fertility rate and a prolonged life expectancy.

### **III. Conclusions and Recommendations**

67. The Second World Assembly on Ageing in Madrid discussed and defined a broader agenda for global issues on ageing, helping to "demystify" population and individual ageing and to put on political agendas a range of objectives and goals

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<sup>26</sup> A Potential Decline in Life Expectancy in the United States in the 21st Century. The New England Journal of Medicine, 352; 11; March 17, 2005.

<sup>27</sup> D. Sinclair, L. Guarente, "Unlocking the secrets of longevity genes," *Scientific American*, March 2006,

<sup>28</sup> S. Jay Olshansky, Daniel Perry, Richard A. Miller, Robert N. Butler. In Pursuit of the Longevity Dividend. The Scientist, March 2006.

connected to achieving “a society for all ages”. The progress in this field has been uneven. The growing awareness on ageing is a clear sign of advancement on this front. On the other hand, in many countries the progress since 2002 in approaching the society for all ages may appear rather slow, if evident at all.

68. The present report does not intend to replace the global exercise of the review and appraisal of the Madrid Plan of Action, which is expected to bring, through a bottom-up participatory exercise as well as other methods of policy evaluation, the first-hand results, conclusions and follow-up ideas regarding challenges of its implementation. **In order to facilitate the first cycle of the review and appraisal of the Madrid Plan of Action, the Commission may wish to invite Governments to take into consideration the selected policy issues highlighted in the report while identifying specific areas for in-depth participatory inquiries using a bottom-up approach.**

69. Significant contributions to the present report were made by the regional commissions. **In this regard, the Commission may wish to request the Department of Economic and Social Affairs, as the UN focal point on ageing, to continue and strengthen its collaboration with the focal points on ageing within regional commissions in conducting the first cycle of the review and appraisal of the Madrid Plan of Action, including identification of regional and global priorities for further implementation of the Plan. In addition, the Commission may also wish to welcome the initiatives of the Governments of Brazil, China and Spain to host in 2007 the regional review and appraisal meetings in ECLAC, ESCAP and ECE regions, and invite countries of ECA and ESCWA regions to cooperate in conducting the review and appraisal exercises in their regions, including organizing regional meetings.**

70. The Commission may wish to recommend Governments to redouble their efforts to integrate older persons in the mainstream of development policies, also encouraging coordinated actions on many fronts related to ageing agenda, particularly improving working conditions for older workers, dismantling employer barriers to hiring and retaining older workers, promoting employability and providing better care services.

71. In reference to the Madrid Plan of Action, **the Commission may wish to reiterate the importance of the independent, impartial monitoring of progress in the Madrid Plan’s implementation and invite academia and civic society organizations to conduct further studies, share their findings during the review and appraisal, and formulate proposals for future policy action.**

72. Given that the first cycle of the review and appraisal of the Madrid Plan of Action will be concluded at the forty-sixth session of the Commission in 2008, **the Commission may wish to invite all major stakeholders, including Governments, academia and NGOs, to organize during its forty-sixth session parallel and satellite events, including panel discussions, seminars and round tables, to explore the findings of the review and appraisal exercise and identify future priorities for implementation of the Madrid Plan of Action.**