

# **Implementation of the Madrid International Plan of Action on Ageing in the UNECE Region**

Draft summary report of responses to two UNECE questionnaires

*Prepared by the UNECE Population Activities Unit  
for the Meeting of National Focal Points on Ageing, Segovia, Spain, 13-15 November 2006*

## **1. Introduction**

The World Assembly on Ageing in 2002 adopted the Madrid International Plan of Action on Ageing (MIPAA), taking a major step in responding to the issues of population ageing effectively in international co-ordination. Countries of the UNECE region, where the process of population ageing is most advanced, embarked on a regional strategy in parallel with the work on MIPAA. Five months after the World Assembly on Ageing, the UNECE Ministerial Conference on Ageing was convened in Berlin. The Conference considered and adopted a Ministerial Declaration and the Regional Implementation Strategy (RIS) for MIPAA, which includes a concrete catalogue of measures in the form of ten commitments. Among other issues, MIPAA/RIS calls upon the UNECE secretariat to assist Member States with implementing the RIS and in their evaluation of the achievements of the RIS at the national level.

As a follow-up to the Ministerial Conference and based on the emphasis placed by the UNECE Member States on the need for a productive exchange of information, experience and good practices between countries, the UNECE Population Activities Unit (PAU) elaborated two questionnaires (October 2004, June 2006) to collect information on the national follow-up on ageing issues.

This note summarizes the submissions provided by the Member States to the second questionnaire, taking into account the information provided in the first questionnaire. It aims at providing an overview of developments in the Member States regarding activities on ageing and the implementation of MIPAA/RIS, at informing the UNECE and the Member States about current trends in this field, and at providing a basis for exchanges of information and experiences at the Meeting of National Focal Points on Ageing. The note does not attempt to review policies and practices of individual countries.

The questionnaires focus on four main topics: national programme documents on ageing, priority areas for ageing related policies and activities, participatory activities to enable older persons to take an active role in society, and capacity-building and development for practitioners to develop and implement age-related policies.

## **2. Responses to the Questionnaires and Nomination of Focal Points**

In October 2004, the UNECE Executive Secretary requested Member States to identify national focal points on ageing. In July 2005, a reminder letter was sent to those who had not responded. The letters were accompanied by a questionnaire seeking to collect information on activities undertaken in UNECE member States as a follow-up to the 2002 Berlin Conference. Twenty-eight UNECE Member States and the European Commission submitted a response to the first questionnaire, and 24 answered to the second questionnaire. A national focal point on ageing has been nominated by 38 Member States, the European Commission and the Holy See. Table 1 below displays the

countries that have responded to the UNECE questionnaires. All the countries listed in the table have nominated a national focal point.

*Table 1 Responses to the UNECE questionnaires on MIPAA/RIS follow-up*

<i>Country</i>	<i>Responded to ...</i>	
	<i>first questionnaire, 2004</i>	<i>second questionnaire, 2006</i>
Albania		
Armenia	X	X
Austria	X	X
Azerbaijan	X	
Belarus	X	X
Belgium		X
Bulgaria		
Croatia	X	
Cyprus	X	X
Czech Republic	X	X
Denmark	X	
Estonia		X
Finland	X	X
France	X	
Georgia	X	
Germany	X	
Greece		
Israel	X	X
Italy		X
Kazakhstan	X	X
Latvia	X	X
Liechtenstein	X	
Lithuania	X	X
Malta	X	X
Monaco		
Netherlands	X	X
Poland	X	X
Portugal	X	X
Romania		X
Russian Federation	X	
Serbia		X
Slovakia	X	X
Slovenia	X	
Spain	X	X
Switzerland	X	X
The FYR of Macedonia	X	
Turkey	X	X
United States		X
European Commission	X	
Holy See		
<i>Total</i>	<i>29</i>	<i>24</i>

### 3. National Programme Documents

The following includes a summary of government responses to the current status of their countries' efforts to establish a national action plan (NAP) or a similar programme document on ageing. Fourteen countries have adopted a national action plan on ageing and in eight countries such a document is under preparation.

*Table 2 Adopted national action plans on ageing*

<i>Country</i>	<i>Date of adoption</i>	<i>Language</i>
Azerbaijan	Before mid-2004	Russian
Belarus	September 2005	Russian
Czech Republic	May 2002	Czech, English
Cyprus	November 2005	Greek
Estonia	End-2004	Estonian
Finland	May 2005	Finnish, English
Latvia		Latvian, English
Lithuania	June 2004 (strategy on ageing), January 2005 (measures for the implementation of the strategy)	Lithuanian, English
Netherlands	Latest NAP adopted in April 2005	Dutch, English
Romania	June 2005	Romanian
Serbia	September 2006	Serbian, English
Slovakia	August 1999	Slovak, English
Spain	2002/2003	Spanish
United States	1965, reauthorization every 5 years	English

*Table 3 National action plans on ageing in preparation*

<i>Country</i>	<i>Latest info</i>	
	<i>Year</i>	<i>Status</i>
Albania	2006	To be accomplished by 2007
Armenia	2006	To be accomplished by 2007
Austria	2006	RIS is to be finalised in December 2006 and National Senior Action Plan in 2007/2008
France	2004	Under preparation since 2004
Germany	2004	NAP will be brought into Cabinet by mid-2005
Italy	2006	A document for an Economic and Financial Programme 2007-2011 provides for the creation of a plan of action to address the problem of non-self-sufficiency.
Slovenia	2004	“Strategy for the Social Care of Elderly People by 2010” is being prepared.
Turkey	2006	NAP has been prepared. The Adoption process of the National Plan of Action on Ageing is continuing. The High Planning Council will discuss the document and it is expected that the document will be adopted by the Council.

#### 4. Priority Areas

The submissions provided by the countries show evidence of various priority areas on population-ageing issues. It is possible to identify common patterns and cluster the priority fields of activities in five main topics: welfare and well-being, health care, active ageing, lifestyle and image, research.

#### **4.1. Welfare and well-being**

**Welfare and well-being issues are seen as a priority for 11 Member States.** These issues include measures to improve living conditions for the poor.

The **pension system and its adaptation to social and economic changes** are of particular relevance for five Member States. The reform of the pension systems is seen as a prerequisite for tackling ageing-related issues and demographic changes. Six Member States indicate the improvement and accessibility of social services as a priority area. The decentralisation of social services is also mentioned to be of particular importance.

**Financial assistance to older persons and redistribution issues** (referring to RIS commitment number 4) are considered explicit priorities for five countries. These issues are mentioned in connection with other reforms, such as social services reforms and pension reforms.

The importance to ease the **mobility of older persons by improving the public transport system**, which directly refers to RIS commitment number 7, is also mentioned. Free or discounted public transportation for older persons is quoted as one example of a concrete measure in this area. Mobility is also linked to adequate and accessible housing and this is as such mentioned in responses to the questionnaires; three countries refer to these specific issues.

One country also specifically mentions the importance to invest in the situation of **children and young people**. Life quality of older persons is impacted by their situation in a double sense: (1) better life conditions for young people may involve greater ability to help and support older persons; (2) well-being in young and middle age has an impact on the condition in which they arrive at old age.

#### **4.2. Health care**

Issues related to ensuring adequate health care of older persons is mentioned as a priority area by nine countries. The need for a holistic vision of the health care provisions available for older persons (encompassing both the supply and demand sides) and of mechanisms to guarantee and improve them is stressed.

The need for preventive measures is one element of a comprehensive health care approach for older persons mentioned by one country. The provision of health care services to older persons and the consideration of age-specific issues are mentioned as a priority. Affordable, accessible and available health care, be it through improved provisions for home care, be it through better health insurance mechanisms targeting older persons (e.g. care allowances, improved choices of the health care provider, including private health care provisions) or improved access to health care through financial measures (e.g. contribution-free health insurance system for older persons). General reforms of the health care system to improve its efficiency and funding are also seen as contributing to the health of older persons.

Responses to the questionnaires also showed that promoting the health of older persons is not narrowly limited to health care initiatives, but includes social services, and in particular social services at the local level. The issue of accessibility, often seen in a context of non-discrimination, human rights, and the dignity of the human being, is frequently mentioned as important.

Countries that have recently undergone or are currently undergoing major restructurings of their health care system (some former socialist countries) tend to focus on health as the main issue. While regarding health as the overarching issue, other countries particularly emphasize health as an integral part of the overall social protection system.

### **4.3. Active ageing**

Eight countries stress the importance of developing policies that help older persons to continue to contribute to the life of society, both in terms of social relations and labour market participation. With respect to the RIS commitments, reference can be made to numbers 5 and 6, which underline the importance of life-long learning and the adaptation of labour markets to the specificities of older persons.

Almost all countries refer to active ageing in their responses to the questionnaires at varying degree and focus. Three patterns can be identified: a) reference to integration of older persons into the labour market in the context of economic and social changes and in order to promote economic development; b) emphasis on the inherent value of labour market participation for older persons; c) focus on general socio-economic and political measures promoting, among other things, the inclusion of older persons into society.

A) Countries with recent rapid economic and social transformations (often referred to as transition countries) tend to emphasize that in a knowledge driven society, allowing old people to remain competitive and active, allowing them to **learn continuously** and efficiently, taking into account the biological and psychological changes occurring in the cognitive structure of learning processes, are important issues. Challenges can be identified in implementing concrete measures to tackle these problems and to respond adequately to rapid economic and social changes.

Five countries emphasize the need to develop and implement active employment policies for older persons. Laws and policies are cited as concrete measures to promote labour market integration of older persons.

B) **Active participation** is a concept which is broader than simple labour participation; in fact, labour activity can be seen in a double perspective: on the one hand it concerns the ability to create value, on the other hand, labour itself is an element that develops the personality and shapes a person's life. In their responses to the questionnaires, the four governments who mention this as a priority also emphasize this inter-linkage. Concrete measures are not signalled.

C) **Active ageing** as a general concept is mentioned as a priority by four countries. This relates to the more general possibilities for older persons to access civil and social life and closely relates to social integration. The focus here is on promoting a life-style for older persons, which encompasses participation in all areas, not simply economic, and thus valuing the underlying inter-linkages and positive synergies between activities in different areas. It can be assumed that activity of older persons in one social area has positive impacts on activities and opportunities in others, e.g. through increased social recognition.

### **4.4. Lifestyle and image**

Undertaking measures for improved participation, social integration, for achieving a positive image of older persons as well as increased quality of life of older persons are explicitly stated as commitments number 2 and 7 of the RIS. These commitments aim at improving the perception of older persons so as to increase their participation in society and maintain their well-being. Two countries specifically indicate these issues as priority areas for their population and ageing-oriented policies.

### **4.5. Research**

Research on ageing issues is an important way towards examining and analyzing ageing-related social, cultural, political and economic issues, as well as providing practical advice for policy-

makers. The need for in-depth research on ageing issues, both with a perspective on providing practical solutions to challenges and on undertaking theoretical research on the social, economic, political and cultural consequences of population ageing are pointed out by three countries.

## **5. Participatory Activities**

Member States reported a panoply of activities aiming at seeking the views and ideas of older people and their organisations on the monitoring and the implementation of the RIS, and on updating older persons on activities and laws affecting them. This directly refers to the commitment number 2 of the RIS.

Sixteen countries provided details of activities that have taken place in their country with older people and their organizations to seek their views on the implementation and monitoring of the RIS. Twenty countries provide details on systems available to update older persons on information related to them.

From the details collected, it can be concluded that almost all countries responding to the second questionnaire have tried in a variety of ways as well as through a variety of organizations to seek the views and ideas of older persons on the implementation and monitoring of the RIS.

In most of the reporting countries, the interaction has taken place through regular meetings with civil society organisations, such as organizations of representatives of older people, pensioners' unions, and pensioners' boards. Many Member States also created dedicated governmental consultation mechanisms such as a national council for older persons, a senior citizen's advisory committee, a committee of older persons, and task forces with members from the organizations representing older persons. These mechanisms function as a forum for discussion providing advisory services to decision-makers and also serve as a repository of information for older persons.

One country reports a provision for extensive, nation-wide "bottom up" participation mechanisms in developing recommendations for the policy-makers; another country specifically mentioned governmental regulations which make consultations mandatory in the law-making process for laws affecting older persons. Some countries additionally report expert consultations, seminars, or technical meetings with research institutes, universities, and international and European organizations.

Information on policies that affect older people is mainly distributed to them through the media – mostly the written press, television, internet and in a few cases through radio. The providers of information are government agencies and civil society organisations representing the interests of older persons. One country provides services via a dedicated social telephone line to deliver information on pension insurance, occupational integration of people with disabilities, long-term care provision, and similar issues.

The internet is used in a variety of ways. One country has made it mandatory to publish information related to laws and regulations concerning older persons on the internet. The internet is also used as an interactive tool where people can share opinions, participate in discussions and provide advice by sending mails.

NGOs also serve as an intermediary for information dissemination to older people both through direct contact at local and national levels and through their annual progress reports. Specialized publications such as news-bulletins and brochures are another means to provide information to older persons.

In many countries, public institutions on the national and local level (such as national councils, local city councils, local social insurance agencies, district centres for social security) serve as information dissemination agents.

Member States also report that different systems that serve to provide information to older persons also act as a means to receive feedback and contributions to decision-making processes.

## **6. Capacity-Building**

Education and training programmes for people working with older persons are in place in most of the countries responding to the second questionnaire. These reports also mention the need to improve the education and training of the personnel working with older people.

The determination of general training needs and the validation of curricula is normally undertaken by the relevant national ministry, in cooperation with research institutes, universities, NGOs or other organizations. Rather than mainstreaming age-related issues in the general curricula, Member States report that the training on care for older persons is provided either during the initial training for the medical and non-medical personnel, often as an additional specialized training module, or during continuous training.

One country reports no specific training for the social care of older persons, but current ongoing capacity-development projects co-funded by donors. One country emphasizes the importance of training older persons themselves, in a variety of issues, such as on how to avoid accidents at home or on how to stay fit.

Training related to home care and enabling older persons to stay at home rather than in specialized institutions is of great importance for the Member States. With regard to home care, Member States emphasize the importance of the decentralization of the training, be it in the identification of training needs for personnel, or be it in the delivery of training itself.

Member States also report that training and education of personnel working with older persons consist not only on delivery training to those directly working with older persons, but also creating the enabling environment for successful training and education. The mutual validation of training courses within different regions in one country, in-depth cooperation with research institutions or universities on the elaboration of training curricula, or general guidance by national ministries are mentioned as important elements for this enabling environment. Member States focus on a variety of mechanisms for creating this environment (e.g. national coordination mechanisms, accreditation and certification mechanisms, standardization). National programmes can sometimes be one element for this.

An assessment of the capacities of national institutions, training institutes, or NGOs is generally not reported as an element of the national mechanisms for providing training to the personnel working with older persons.

Countries emphasize the need to increase training and education on age-specific medical issues for the medical and the non-medical care personnel, in particular related to dementia, depression, palliative care and disability. Countries with recent major social and economic transformation processes also underline the importance of including in the training psychological issues and the impacts of these socio-economic changes on the well-being of older persons.

Emphasizing the role of traditional caregivers and traditional social support structures, countries reported the need to provide training to family members who care for older persons. One country reported a specific need to also train children, the youth and adults on methods of active ageing.

Other countries also emphasized the need for increased training on “soft skills” for older persons, such as communication skills, as well as awareness-raising on issues such as social integration of older persons.

Human rights issues were also mentioned in relation to training and education needs. Issues such as violence and abuse against older persons and concepts such as personal dignity were seen as still undervalued in existing training curricula.