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Towards the Second World Assembly on Ageing

Report of the Secretary-General

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I. INTRODUCTION

1. In resolution 54/262, the General Assembly decided to convene the Second World Assembly on Ageing in 2002, on the occasion of the twentieth anniversary of the first World Assembly on Ageing which was held in Vienna in 1982. The Government of Spain will host the Second World Assembly on Ageing in Madrid, from 8 to 12 April 2002. The Assembly will be devoted to the overall review of the outcome of the first World Assembly, and to the adoption of a revised plan of action including a long-term strategy on ageing, in the context of a society for all ages, the theme of the 1999 International Year of Older Persons. The General Assembly also requested the Secretary-General to consult Governments, intergovernmental and non-governmental organizations on their views and experiences on progress in and obstacles to the implementation of the Plan of Action and priority issues to be addressed.

2. Further in resolution 54/262, the General Assembly decided that the Commission for Social Development shall serve as the preparatory committee for the Second World Assembly on Ageing. To this end, the Commission for Social Development, in its decision 38/100, requested the Secretary-General to establish an in-session open-ended working group of the thirty-ninth session of the Commission for Social Development, devoted to the revision of the Plan of Action on Ageing and elaboration of a long-term strategy for presentation to the Second World Assembly.

3. The present report contains two main sections for consideration by the Preparatory Committee for the Second World Assembly on Ageing. The first section is for background and informational purposes and has three elements: a review of the ongoing preparations for the Second World Assembly, centered around a substantive debate on the revision of the International Plan of Action on Ageing; a proposed format of the Assembly; and an overall review of the outcome of the first World Assembly, based on surveys sent to principal stakeholders to solicit their views on progress in the implementation of the Plan of Action.

4. The second section of the report contains the Annex, which includes an extended draft framework of the revised International Plan of Action on Ageing. The long-term strategy on ageing called for by General Assembly resolution 54/24 takes the form of a preamble to the Plan of Action, and is entitled "Strategy for a Society for All Ages". This is in accordance with General Assembly resolutions 54/24 and 54/262 and decision 38/100 of the Commission for Social Development that requested an integrated submission of the Strategy and the revised Plan of Action. The subsequent section, by way of introduction to the Plan, describes the conceptual background and underlying foundations of the proposed structure of the revised Plan of Action.

5. The main body of the revised Plan of Action identifies Priority Directions for policy action: (a) Sustaining Development in an Ageing World, (b) Advancing Health and Wellbeing into Old Age; and (c) Ensuring Enabling and Supportive Environments for All Ages. Under each of the three Priority Directions, a number of Priority Issues are elaborated for further work by the Secretariat, including the drafting of objectives and

recommendations before the next session of the Preparatory Committee. A section entitled "Preparing to Meet the Challenges of Ageing" is a first draft of the final chapter of the proposed Plan of Action, focussing on major partners, research, training and education, international cooperation, and implementation of the Plan.

6. The Preparatory Committee may wish to proceed in discussing the text of the extended draft framework of the revised International Plan of Action on Ageing, bearing in mind that the main body of the revised Plan, i.e., Chapter III, is earmarked for further elaboration.

7. A separate document on proposed rules of procedure for the Second World Assembly on Ageing is also before the Committee.

II. PREPARATIONS FOR THE SECOND WORLD ASSEMBLY ON AGEING

8. When the Second World Assembly on Ageing convenes in 2002, the ageing of the global population will have captured the world's attention as one of the defining characteristics, and challenges, of the 21st century. Twenty years ago, ageing in developed countries was much in evidence in the substantive discussions at the first World Assembly on Ageing in Vienna. That is still an issue of major importance, but by 2002 the majority of older people will be living in developing countries, and the institutional framework and capacity of many governments to both sustain development of their ageing societies and ensure well being into old age will be facing greater challenges. The world community of Member States, non-governmental and intergovernmental organizations, and the United Nations system, will take up these issues and many others when it gathers in Madrid in April of 2002. Preparations are now underway.

9. The revision of the International Plan of Action on Ageing is at the center of the substantive debate leading towards the Second World Assembly. The United Nations programme on ageing has begun to facilitate input from various sectors for inclusion into the preparatory process. In its resolution 54/262, the General Assembly invited the Secretary-General to establish a technical committee to assist him in the formulation of proposals during preparations for the World Assembly. The Technical Committee for the Second World Assembly on Ageing is composed of experts who, serving in their personal capacity, come from a cross-section of professional and geographic backgrounds to ensure a balanced global perspective. The role of the Technical Committee is to provide advice to the United Nations Secretariat on technical issues related to the preparatory process, in particular regarding the content of the revised Plan of Action and the proposed long-term strategy.

10. The first Technical Committee was held in Frankfurt from 13 to 16 June 2000, with the financial support of the Government of Germany. Committee experts were asked to give their opinions on such issues as how to ensure that ageing in developing

countries is fully integrated into the revised Plan; the possible format; and issues to be addressed. A report of the meeting can be accessed on the ageing web site at: www.un.org/esa/socdev/ageing.

11. The second Technical Committee meeting was held in the Dominican Republic from 24 to 27 October 2000, with the financial support of the Government of Spain. Committee experts discussed and advised the Secretariat on the main part of the Plan of Action. A report of the meeting can be accessed on the ageing web site. The third meeting of the Technical Committee will be held in Austria in 2001.

12. Parallel efforts to engage the technical as well as the political process for 2002 are ongoing from all sectors, including non-governmental organizations. An international conference on rural ageing was held in West Virginia in June 2000. The West Virginia University Center on Aging organized the conference in collaboration with the United Nations programme on ageing, the World Health Organization and the International Association of Gerontology. The organizers of the conference are planning to produce, after obtaining broad feedback, a policy document on rural ageing to contribute to the ongoing substantive debate for the World Assembly.

13. The Economic Commission for Africa hosted an expert group meeting on sustainable social structures in a society for all ages in Addis Ababa in May 2000. The United Nations programme on ageing collaborated with an NGO, HelpAge International, to organize the meeting, with the aim of identifying the challenges of ageing vis-à-vis family and community. The Department for International Development of the Government of the United Kingdom financially supported the meeting. A report of the four-day meeting can be accessed on the ageing web site.

14. A panel on Ageing and Development was held at the United Nations on 4 October 2000 to explore adequate responses to the consequences of population ageing and ways to enhance opportunities for older persons to be involved in the development process. The United Nations Population Fund financially supported the meeting, and collaborated with the United Nations programme on ageing to organize it. In addition, a panel on Ageing and the World of Work was held at the United Nations on 6 October 2000. The meeting was co-sponsored by the International Labour Organization, who also financially supported the meeting, and the United Nations programme on ageing. Another panel, Population Agequake: the Impact on Social and Economic Policy, took place at the United Nations in October 2000 co-sponsored by the New York NGO Committee on Ageing, the NGO Committee on the Status of Women, the Association of Former International Civil Servants and the Department of Economic and Social Affairs, moderated by the AARP's International Office in New York.

15. The World Assembly on Ageing is on the agenda of numerous international and regional meetings. The International Day of Older Persons in 2000, organized by the New York NGO Committee on Ageing in collaboration with the United Nations

Department of Public Information and the Department of Economic and Social Affairs, was marked by an all-day event at headquarters under the theme, Towards a Society for All Ages: Continuing the Mission of the International Year of Older Persons. The Fédération internationale des associations de personnes âgées (FIAPA) addressed ageing issues confronting its regional members at a celebration of its 20th anniversary in Brussels in October 2000, with members from Africa, Eastern Europe and Latin America and the Caribbean.

16. The International Federation on Ageing met in Mar del Plata Argentina in September 2000. It was their 5th Global Conference on Ageing, which focussed on a wide array of challenges in the new millenium. The Pan American Health Organization held a forum in El Salvador on Ageing, Health and Wellbeing in the Central American Region in November 2000, which focussed on the many aspects of health and ageing, including social and cultural perspectives. The International Association of Gerontology will hold a meeting in Salsomaggiore, Italy in December 2000, in collaboration with the United Nations programme on ageing, to discuss the final elements of the Research Agenda on Ageing for the 21st Century. This expert meeting will provide an opportunity to significantly refine the priorities identified thus far in the Research Agenda, and to finalize the document which hopes to advance both scope and implementation of global policy research in ageing.

III. PROPOSED FORMAT OF THE SECOND WORLD ASSEMBLY ON AGEING

17. It is proposed that the Assembly could organize its work around a plenary and two main committees composed of representatives of Member States: Committee I and Committee II. The Plenary would hear statements from Member States, and time permitting, representatives of principal stake holders, such as non-governmental organizations, academia, inter-governmental organizations, professional associations and the private sector. Committee I would be responsible for the finalization of the revised International Plan of Action on Ageing which will be adopted in the Assembly Plenary.

18. Committee II could receive and discuss summary contributions from a non-governmental organizations forum and other contributory events, and summarize the results of the contributions as a report. This Committee could provide the forum for dialogue among interested parties, and Member States may like to consider how the report of Committee II is reflected in the final deliberations of the Assembly.

19. A contributory events segment will be organized by the host Government. It could consist of cross-sectoral meetings and panels, symposia, exhibitions, festivals and award ceremonies. Preliminary indications of interest have been received from non-governmental organizations, inter-governmental organizations and professional associations.

20. The detailed explanation of the organization of work of the Assembly can be found in the accompanying documents of the Preparatory Committee.

21. The scope and content of the above-proposed segments are subject to availability of additional resources from the Host Government and other contributors. It should be noted, however, that many events, particularly those proposed within the Contributory Events Segment, might be sponsored through extra-budgetary contributions.

IV. REVIEW OF THE OUTCOME OF THE FIRST WORLD ASSEMBLY ON AGEING

Introduction

22. In its resolution 54/262, the General Assembly requested the Secretary General to “consult Governments, intergovernmental organizations and non-governmental organizations to elicit their views on the progress in and obstacles to the implementation of the Plan of Action, as well as on priority issues to be addressed in a revised Plan of Action and the proposed long-term strategy”. The results of this consultation are intended to assist the Commission for Social Development in the preparatory process leading up to the Second World Assembly on Ageing in Madrid in April 2002.

23. The following review is based on replies to questionnaires sent to Member States, intergovernmental organizations, the United Nations system and international non-governmental organizations. Sixty-one responses were received from Member States, six from United Nations entities, fourteen from international non-governmental organizations and two from intergovernmental organization (See the Annex to this chapter of the report).

24. The country responses included in the analysis were geographically distributed as follows:

<u>Region</u>	<u>Count</u>	<u>%</u>	<u>Response rate</u> (%)
Africa	10	16	19
Americas	11	18	31
Asia	18	30	39
Europe	21	34	49
Oceania	1	2	6
	====	=====	
Total	61	100	32

Among the 61 country respondents, 16 (26 per cent) were developed countries, 34 (56 per cent) were developing countries, and 11 (18 per cent) were economies in transition.

25. The review questionnaires were designed to assess the progress and identify obstacles since the First World Assembly on Ageing in Vienna in 1982. Respondents were also asked for their views on future actions that should be addressed in the upcoming Second World Assembly on Ageing in Madrid in 2002.

Analysis of Responses to Questionnaires

Progress since the First World Assembly on Ageing

26. Progress made since the First World Assembly on Ageing is uneven and varies from country to country reflecting differences in available resources, priorities and other factors. Respondents identified several progress areas, including developing national infrastructure on ageing, such as national plans and programmes and coordinating mechanisms on ageing, improving health and housing provision and income security for older persons, as well as enhancing the participation of older persons in society.

27. Of the 61 reporting countries, 34 (56 per cent) reported that they have a national plan/programme of action to address age-related issues. Of the thirty-five countries where a plan/programme exists, thirty countries have integrated the recommendations of the International Plan of Action on Ageing into these plans. Half of the 26 (43 per cent) countries without a national plan on ageing, have integrated policy issues on ageing in the national development plan while the rest have included age-related issues into the programme of a particular governmental body, such as a Ministry of Labour and Social Affairs.

28. In 1991, the *UN General Assembly (resolution 46/91) adopted the United Nations Principles for Older Persons*. Governments were encouraged to incorporate these *Principles* into their national programmes whenever possible. Countries were asked to rank the importance that the *Principles* are receiving within the national plan of action. Of the 44 responding countries, 19 countries gave it a ranking of 5 (most important); 13 countries gave a ranking of 4; and 8 countries gave a ranking of 3. It appears that the *Principles* play a significant role in the development of national plans.

29. Regarding policies specifically addressing issues related to older women, of the 58 countries that responded, 19 countries have instituted policies for older women compared to 39 countries without such policies. Countries with policies on older women have focused on the following areas, in order of priority: economic security, health and family care giving, advocacy and human rights. In addition, gender equality and social integration, as well as promotion of active role of women in the community, were addressed in such policies.

30. Most developed countries have well established national co-ordinating mechanisms on ageing responsible for the progress in implementing the International Plan of Action on Ageing. Through such mechanisms, national laws, policies and programmes related to the situation of older persons were enacted, and formal and informal care provision, pension reform and expanded community development projects have been strengthened. Through legislation, several countries improved its health and medical care insurance. Government appointed bodies have promoted guidelines and strategies for the overall well being of older persons and enhanced legal protection of older persons. There have been instances where a major policy reform gave municipalities more responsibility for the care of the elderly.

31. While the infrastructure on ageing in developing countries and economies in transition may not be as well established as in developed countries, 24 of the 45 countries in this group included in the analysis, indicated the presence of national programmes or plans of action on ageing, albeit at different stages of development.

32. The creation of graduate studies in gerontology in some universities, as well as research on ageing, including publication of reports on the situation of older persons, were additional progress reported by Member States. Specialised training in geriatrics and gerontology is increasingly offered in certain countries while the designation of a national day for older persons and the celebration of the International Year of Older Persons are important initial steps towards growing awareness of the situation of older persons in other countries.

33. Countries reported improved quality of *health care* provision to older persons. Developing countries and countries with economies in transition reported on improving health care provision and developing non-institutional care and home care programmes. Several developed countries had set up universal health systems, provided improved informal and home care and trained health professionals to assess the health care needs of older persons. Family and informal care arrangements were reported to have played a significant role in enabling older persons to remain in the community and avoid premature admission to residential care facilities.

34. Several countries have provided *housing* to older persons especially the homeless, set up long-term stay residential facilities and improved housing conditions including home care. Other countries enhanced accessibility and mobility of older persons, for example, by providing public transportation at discounted cost.

35. The challenge of *educating* the general public about ageing gains importance as populations age. To raise awareness on ageing, governments have incorporated ageing information in educational programmes, enlisted mass media and non-governmental organizations to launch campaigns to promote understanding of ageing issues. Through *advocacy* measures, countries succeeded in changing attitudes towards ageing, promoting positive images of older persons and recognising specific issues and problems of older persons. In addition, countries offered continuing education and social activities that will stimulate learning by older persons.

36. *Income security* of older persons is provided largely through pensions and social security schemes. Responding countries reported the presence of various pension plans - universal, limited or voluntary. Some developing countries have implemented old age pension schemes or have reformed the national pension plan. Social security provision for some countries are implemented at the municipal level. Governments have instituted reforms and the implementation of additional allowances in efforts to provide better pension and social security plans to address the changing income needs of older persons, for example, through indexation of pension or lump sum compensation payments.

37. Increasingly, as older persons enjoy a more healthy life, many choose to work and provide for their own income security. Thus, governments have promoted policies to support

employment for older persons including job training, job placement, and reform of retirement policies and protection from age discrimination in employment.

38. Non-governmental organizations, U.N. entities and intergovernmental organizations were also asked to report on their respective achievements on ageing issues. Responding non-governmental organizations have made significant contributions in advocacy, capacity building and development assistance. According to responses from United Nations entities and intergovernmental organizations, ageing had been mainstreamed in major international policy documents, as well as in several areas of their activities, particularly in publications, reports and in research, followed by technical co-operation and training.

39. The countries were asked to rank the priorities given to the four dimensions of the conceptual framework of a society for all ages within the national policy action on ageing, namely: situation of older persons, lifelong individual development, multi-generational relationships, and interplay between population ageing and development. The situation of older persons was ranked as the highest priority by 34 reporting countries. The dimension on lifelong individual development, along with multigenerational development and the interplay of ageing and development were ranked at the highest priority by only about 13 countries. Clearly, these three items in the framework are perceived to be of lesser importance for national activities on ageing compared to the situation of older persons. Non-governmental organizations and United Nations entities also gave the highest priority to the situation of older persons and put lower priority to the demographic ageing and development dimension.

Agents of Change

40. Member States were consulted about which sector of society had the general responsibility for ageing issues. According to half of the participating countries, governments carried the major responsibility for addressing the issues related to ageing. This was followed by families and then by individuals as the major sectors responsible for addressing ageing issues, while the religious and private sectors ranked the lowest. Other entities actively involved with ageing issues are the trade unions and committees on retired workers. Local governments, such as municipalities, are also becoming more involved in old-age policy programmes.

41. Increasingly, older persons are actively participating and contributing to society and changing the perception that older people are simply dependents. For example, the care of orphans of HIV/AIDS victims in most African countries has fallen mostly on older persons. About two-thirds of responding countries indicated that older persons have been most active in cultural settings, including art, music and literature, and as caregivers and volunteers for charitable, philanthropic or other organizations.

42. In a little less than half of the responding countries, older persons serve as advisors in community or national development plans and as trainers and educators for youth. In most agricultural countries, older persons are active in agricultural work or relied on for decision making. Older persons are reported as role models for successful ageing. Some developed countries reported that older persons are role models for successful ageing as well as sources

of financial transfers in the family. Older persons are also involved, to a lesser degree, in the areas of small scale enterprises, in flexible and formal employment arrangements, and as business and career mentors.

43. Respondents were also asked to identify the entities that help advance the role of older people in society. Non-governmental and voluntary organizations were reported to play a leading role in this regard. They were followed by governmental entities and then by religious groups. Other important entities identified include academic institutions, professional organizations, women's advocacy groups and labour unions. Corporations were also reported to play some limited role.

Challenges and Obstacles

44. The 1982 International Plan of Action on Ageing contains recommendations for action in the following seven areas of concern to older persons: health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and education. The respondents were asked to identify which of the seven areas in the International Plan proved most difficult to address. About half of the reporting countries indicated difficulty in the areas of housing and living environment of older persons; income security and employment, and protection of elderly consumers. The least mentioned area was family. Health and nutrition, social welfare and education were areas cited as the areas of difficulty by about a third of the responding countries. There was no significant difference in the responses of developing and developed countries. While income and employment was a common area of difficulty for most respondents, housing was the most cited problem for developing countries. Health and nutrition as well as protection of elderly consumers were specifically challenging to reporting countries from economies in transition. Consumer protection of older persons was the most difficult area to address according to participating countries from developed areas.

45. Thirty-five countries (57 per cent) reported that lack of funding is the reason for the difficulties in implementing the recommendations of the Plan of Action. Economic difficulties in developing and transition economies have constrained the allocation of funds as called for in the Plan of Action. Countries in armed conflict and those hit by natural disasters reported having limited resources to address ageing issues. In addition, age-related concerns get low priority in countries where the proportion of the ageing population is relatively small.

46. Most developing countries in the study indicated that the shortage of government staff is another common problem. In addition, some countries do not have a well-defined body to manage ageing issues. In certain cases, however, the assigned body is unwilling to assume responsibility in the care of older persons. The lack of coordination between agencies at different levels of government hierarchy, including overlapping responsibilities, lead to conflicting interests and priorities. In addition to the lack of policy-making experts, some decision-makers have not been adequately exposed to the Plan. Furthermore, it was perceived that the Plan lacks concrete and refined recommendations and carries no convincing appeal to other stakeholders like non-governmental organizations, the private sector and mass media.

47. United Nations entities responding to the questionnaire would like to see greater commitment by countries on ageing issues and awareness of cost-effectiveness of public programmes. In addition, they identified the need for more involvement of older persons in policies, programmes and projects.

Priorities for Future Action

48. Forty-four countries, or 72 per cent of the reporting countries, found the format of the current International Plan of Action on Ageing helpful, although some countries thought the Plan could be improved. Eleven countries (18 per cent) wanted to change the format of the Plan, but had different ideas on how the new format should be designed. It was felt that there were too many “recommendations” in the Plan, and that recommendations should be replaced with commitments. Member States from some developed countries sought for a redesign of the Plan. One of the proposals was to include well-defined and time-bound objectives in an updated Plan.

49. Respondents suggested that the International Plan of Action on Ageing should be updated and include emerging issues to keep the Plan more attuned to demographic, socio-economic and technological changes. The socio-economic implications of migration of younger workers for instance need to be further examined and addressed. Developments in technology and its implications for communication, education, employment, health and longevity of older persons should be incorporated in the Plan.

50. Among the recommended areas in the current Plan, thirty-one of the responding countries (51 per cent) said that the issue of promoting income security and employment needed to be updated, and thirty (49 per cent) respondents indicated that recommendations on housing and living environment of older persons could be improved. Respondents from developing countries and economies in transition ranked income and employment as a high priority area. For developing country respondents, however, health and nutrition was another priority issue that needs improvement, while for economies in transition, social welfare of older persons was another important area. Developed country respondents gave priority to housing and living conditions. For example, transportation of older persons and related issues of accessibility and mobility in society remain an important concern for some countries.

51. In addition, there was a wide range of suggested issues that could be further elaborated in the revised Plan. Policy interventions on issues that will promote active participation, value the contribution and promote political representation of older persons in society were suggested. Volunteer work, self-help initiatives and participation of older persons in social organizations could offer opportunities to strengthen solidarity between generations. The impact on older persons of migration, particularly of younger generation, is a serious concern in most developing countries.

52. Other suggestions dealt with providing a more supportive environment for older persons and thus promoting social inclusion. It was proposed that protecting the rights of older persons, especially from abuse and violence, should be ensured. Furthermore, the concerns of rural and indigenous populations and older immigrants from different

backgrounds should be given particular attention. Other proposals relate to achieving better life in old age through improved health. Life-course planning should be promoted to facilitate preparations for a long life, including measures to improve health, economic security and life satisfaction through old age.

53. Non-governmental organizations and intergovernmental organisations also saw the need to change the format of the International Plan of Action on Ageing. They recommended the following: to broaden the areas of concern, reflecting developments in demographic patterns, technology, bio-medical research; to link the Plan to global commitments, such as the Worlds Summit for Social Development, the Fourth World Conference on Women and their follow-up initiatives; and to include specific concerns of developing countries, possibly based on a regional assessment of progress and difficulties.

54. Fifty-eight of the sixty-one reporting countries recognised international co-operation as a necessary dimension in achieving the goals of the Plan of Action. Thirty-nine of the reporting countries preferred multilateral partnership; 4 opted for bilateral relations and 12 countries chose both. Among possible multilateral partners, 41 reporting countries preferred intergovernmental organizations, such as the United Nations family organizations and regional organizations; 39 countries would like relations with international non-governmental organizations; and 26 countries preferred private foundations.

55. Member States were asked to identify priorities for future international co-operation. According to 49 country responses, the two priority areas were formulation, monitoring and evaluation of policies and programmes; and research to support policy and programme development. The next priority was the training of health and social professionals followed by efforts to establish income-generating projects. Data collection and processing appeared to be a lower priority issue for the responding countries. Other suggested topics for international cooperation included scientific research; education; information dissemination and the sharing of best practices; funding to improve existing programmes; and research and data collection coordinated by international organizations such as the UN and the OECD.

56. For non-governmental organizations and United Nations entities, the need for international co-operation in implementing, monitoring and evaluating programmes on ageing was the priority. Like the country responses, these entities also identified the need for international co-operation in training of health and social professionals, as well as for research to support policy and programme development.

57. International non-governmental organizations and United Nations entities were also asked to identify priorities for future action in developing countries. Policies on health care, protection of human rights of older persons and social security systems were seen as future priority areas. Issues of particular concern to older women, migration, formal/informal caregiving and public health (impact of chronic non-communicable disorders on older persons; impact of HIV epidemic) were also identified as important priorities for national international action in developing countries.

Summary

58. Findings suggest that important progress has been made on ageing since the First World Assembly on Ageing in 1982. Countries have incorporated ageing issues in their plans, policies and programmes, albeit to varying degrees. The United Nations Principles for Older Persons is increasingly recognised as an important guide in the development of national legislation and plans. However, progress in the implementation of the International Plan of Action on Ageing has been uneven and insufficient, particularly in some developing countries and economies in transition.

59. Achievements include improved health care and insurance, housing, retirement benefits, income security and accessibility and mobility for older persons. Provision of services in developed countries are well established. Although developing countries lag behind, many developing countries have increasingly introduced health and social services for older persons reflecting growing awareness of issues and concerns for older persons. These achievements and ongoing efforts are also reflected in national legislation and were promoted during the observance of the International Year of Older Persons in 1999. Older persons are increasingly recognised as contributors to society rather than simply dependents and as agents of change themselves.

60. Non-governmental organizations, along with government entities at national and local levels, have promoted advocacy for ageing issues, although corporations and the private sector in general are yet to be perceived as playing a significant role.

61. The major challenges to the implementation of the International Plan of Action on Ageing include lack of funding and the shortage or lack of expertise of government staff, particularly in developing countries. In addition, economic difficulties have strained some service provision in several economies in transition. Other areas identified as most difficult to address are housing, income security, employment and social welfare.

62. Although the current International Plan of Action on Ageing has proven useful, responding nations and entities recommended ideas to improve its coverage and to incorporate the demographic, economic and technological developments since 1982 including implications of migration of younger workers. Developing country concerns such as protection from violence, neglect and abuse, and the welfare of older people in rural areas were also raised. Other respondents underscored the need to establish well-defined and time-bound objectives in the Plan.

63. Finally, the responding countries, non-governmental organizations and United Nations entities identified areas for future international co-operation and the need to exchange ideas on best practices. These include policy and program development, research, training of health and social professionals, programmes for income-generation, health care and human rights issues. The most important priority for participating developing countries was research to support policy and programme development, followed by training of health and social professionals.

Annex. Participation in the Review of the Outcome of the First World Assembly on Ageing

A. Member States

Albania
Algeria
Australia
Austria
Azerbaijan
Bahrain
Barbados
Canada
Cambodia
Cameroon
China
Croatia
Cuba
Cyprus
Czech Republic
Dominican Republic
Ecuador
El Salvador
Estonia
Ethiopia
Finland
Germany
Ghana
Guyana
Italy
Iraq
Japan
Kazakhstan
Kenya
Latvia
Lao PDR
Luxembourg
Madagascar
Malta
Mauritius
Mexico
Monaco
Morocco
Mongolia

Myanmar
New Zealand ^a
Norway
Oman
Panama
Peru
Portugal
Qatar
Romania
Russian Federation
Saudi Arabia
Senegal
Slovenia
Sri Lanka
Spain
Sudan
Sweden
Thailand
Turkey
Yugoslavia ^a
Ukraine
United Kingdom
United States of America

B. Non-governmental organizations

AARP
African Gerontological Society
Heritage Foundation-Heritage Hospital
European Federation of the Elderly (EURAG)
Geneva International Network on Ageing (GINA)
Swiss Society of Gerontology
HelpAge International
International Council for Caring Communities
International Council of Women
International Longevity Center
NGO Committee on Aging, New York
NGO Committee on Ageing, Vienna
Verbond Van Senioren v.z.w.
West Virginia University

C. Intergovernmental Organizations

Pan American Health Organization (PAHO)
Organization of African Unity (OAU)

D. United Nations Entities

Division for the Advancement of Women (DAW)

Economic Commission for Africa (ECA)

Economic and Social Commission for Asia and the Pacific (ESCAP)

UN Center for Human Settlements (Habitat)

International Monetary Fund (IMF)

International Research and Training Institute for the Advancement of Women
(INSTRAW)

^a Reply received too late to be analysed in the present report.

ANNEX: THE REVISED INTERNATIONAL PLAN OF ACTION ON AGEING:
EXTENDED DRAFT FRAMEWORK

I. STRATEGY FOR A SOCIETY FOR ALL AGES

Ageing in a Changing World

1. We live in an ageing world. While this has been recognized for some time in developed countries, it is only recently that this phenomenon has been globally acknowledged as a defining characteristic of the 21st century. The increasing presence of older persons worldwide is making people of all ages more aware that we live in a diversely multigenerational society. It is no longer possible to ignore ageing, regardless of whether one views it positively or negatively.

2. Perspectives on ageing are gradually moving away from a widespread view of older persons as patients or pensioners. Experts in the field, many of whom are older persons themselves, now use a variety of approaches to view age, borrowing not just from demography and medical science, but psychology, economics, anthropology, ergonomics, sociology, history, art, religion and philosophy. The content and approach to ageing is becoming more reflective of the vast diversity of the world's expanding older population, and must continue to be fully explored. In all, an ageing world presents humanity with many challenges. The imperative of the present is to turn these challenges into opportunities.

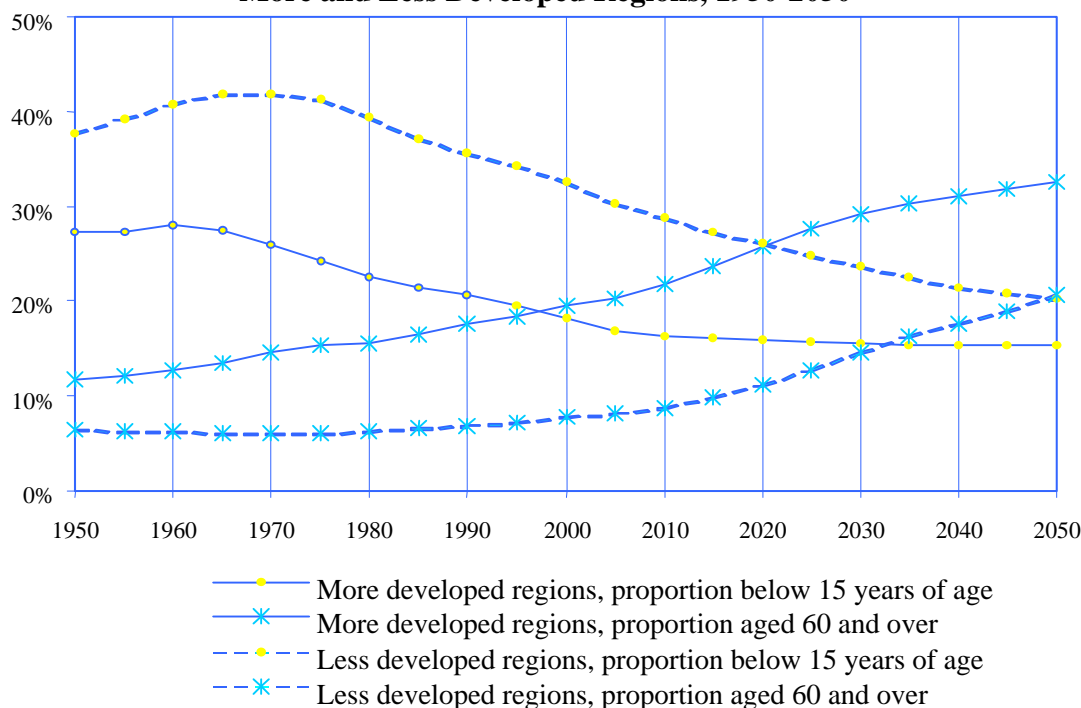
The demographic revolution¹

3. A 'demographic agequake', a 'new international population order', such terms are being used to portray the dramatic growth of the world's older population. The proportion of persons aged 60 years and older throughout the world is expected to more than double, from 10 to 22 per cent, between the years 2000 and 2050, at which time it will be as large as the proportion of children (0-14 years). This historic demographic transition from a state of high birth and death rates to one characterized by low birth and death rates will result, for the first time in human history, in the old and the young representing an equal share in the population.

4. In developed regions, the number of older persons now exceeds the number of children, and birthrates have fallen below replacement levels. In some countries of the developed world, older persons will be more than double the number of children by 2050.

¹ The demographic data in this report are based on recent publications of the Population Division of the Department of Economic and Social Affairs, United Nations.

**Proportion of Total Population Aged 0-14 and 60 and Over,
More and Less Developed Regions, 1950-2050**



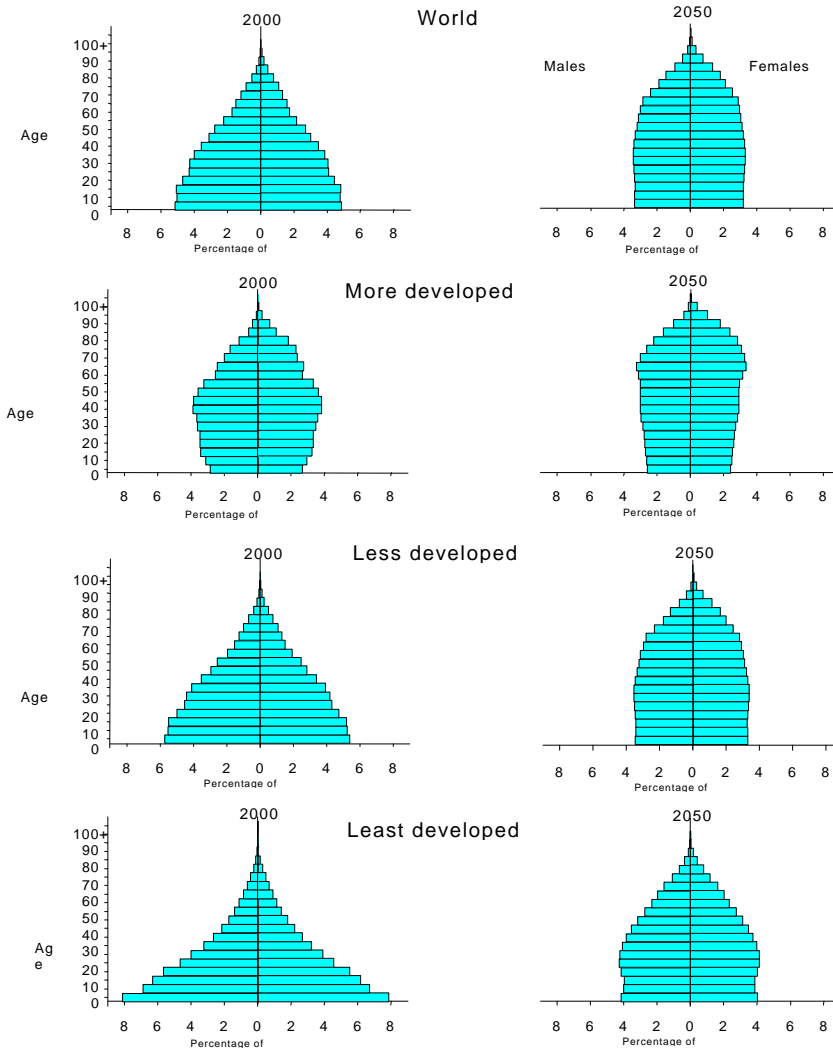
Source: World Population Prospects, the 1998 Revision, Volume II: Sex and Age. The Population Division, Department of Economic and Social Affairs, United Nations Secretariat.

5. The actual "agequake", however, is about to strike developing countries, where populations are set to age rapidly in the first half of this century. The proportion of older persons is expected to rise from 8 to 21 per cent in 2050, and that of children will drop from 33 to 20 per cent. These figures are dramatic enough. What is more compelling is the rapid pace of the ageing process and the fact that three-quarters of the world's older population will live in developing countries in less than three decades. At the time of the 1982 World Assembly on Ageing, the majority of older persons lived in the developed world. Despite increasing urbanization, moreover, the majority of older persons in developing countries will continue to live in rural areas.

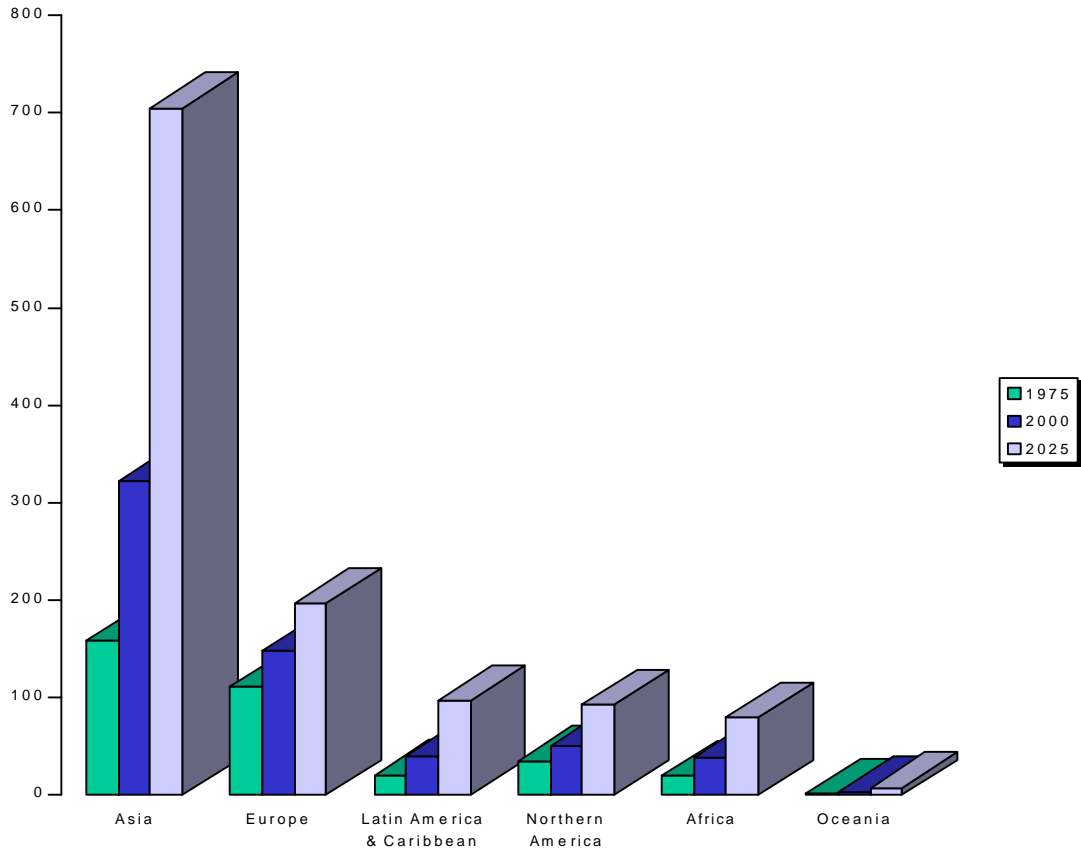
6. The implications of such a rapid and compressed transition from young to old is that many developing countries find themselves 'ageing' on top of a very large population base, unlike the slower, long-term ageing of smaller populations in developed countries. While it took some countries in Western Europe, for example, a little over 100 years for their older populations to double during the 20th century, it will take some countries in the developing world just 25 years or even less, in the new century. The impact of rapid ageing has repercussions in virtually all areas of government and society, including health care, employment and labour markets, social protection measures and economic growth. The

suddenness of demographic change combined with already alarming rates of poverty and shrinking resources in developing countries underscores the pressing need for policies to take into account innovative approaches to increase the participation and social integration of older persons. New policies that respond to this unprecedented mass survival into old age will help negotiate tensions in the socio-economic fabric of family.

Population pyramids: age and sex distribution, 2000 and 2050



Regional Distribution of Population aged 60 or Older 1975, 2000, 2025 (in millions)



Source: United Nations Population Division, World Population Prospects: The 1998 Revision

7. The magnitude of changes which are likely to take place is already unfolding

Box 1

“We are in the midst of a silent revolution that extends well beyond demographics, with major economic, social, cultural, psychological and spiritual implications.”
Secretary-General of the United Nations, Kofi Annan, at the launching of the International Year of Older Persons on 1 October 1998.

(Box 1). Attempts to reach the most desirable outcomes must be driven by acknowledgement that the same demographic trends which anticipate broad-scale challenges to society’s infrastructure also warrant fresh discussions and policy action on how to utilize the innumerable contributions of its older citizens.

The longevity breakthrough

8. The 20th century witnessed a historical lengthening of the human life span. Over the last 50 years, life expectancy at birth climbed globally by about 20 years to reach 66 years, thanks to advancements of knowledge in medicine and technology. Already approximately one million people cross the threshold of age 60 every month, 80 per cent of them in developing countries. The fastest growing segment of the older population is the oldest old, those 80 and older. They number 70 million and over the next 50 years are projected to grow to five times their present number. Older women outnumber older men, increasingly so at higher ages. Today there are an estimated 81 men for every 100 women over 60; at age 80 and older this ratio decreases to 53 men for every 100 women.

9. Such a demographic boom represents remarkable changes in individual lives that go beyond the simple addition of years and into very complex and pervasive directions. While celebrated by society at large and by its individual members, increased longevity has profound implications for quality of life and healthy ageing issues, age and social integration, the situation of older women, and the fostering of support and collective security over the long course of life. The issues that greet these later years clearly warrant careful attention, but at the same time should not overshadow a troubling reality in parts of the developing world, where old age comes earlier for large populations marked by physical wear and tear of poverty and disease. Prolonged economic and psychosocial hardship, compounded by the HIV/AIDS pandemic, have reversed life expectancy gains in some countries, particularly in sub-Saharan Africa where men have a life expectancy of only 46 years and women 45.

Policy Implications

10. In the 20 years since the World Assembly on Ageing in Vienna, changes have occurred and new policy issues have been added to society’s social, cultural and economic landscape. Technological progress and changing economic policies at multilateral levels have helped both to define and accelerate the features of globalization, blurring cultural and economic borders and calling for greater assessment of the social impact of economic policies. Political divisions between the east and west have abated, while completely new categories of countries have emerged with the collapse of the Soviet Union, exposing transitional economies and large numbers of people to conditions

of the global market without adequate social protection. At the same time, the voluntary ceding of national sovereignty has brought the emergence of supranational bodies, as in the case of the European Union. It is increasingly difficult, therefore, if not harmful, to group specific issues as universally applicable to entire blocks of countries, whether developing, developed, or transitional. In fact, change and transition are today among the most salient characteristics of countries and regions, and the entire global community. Nonetheless, profound differences exist within as well as between countries even as global communication reaches a critical mass in connecting people and cultures around the world. Economic disparities have deepened the divide between the rich and poor, especially under globalization, whose benefits for less developed nations are questionable.

11. A significant change in all countries is the dramatic reduction in the size of the nuclear family, where the number of children has fallen to 3 in developing and 1.6 in more developed countries, from 6 and 2.7 only a generation ago. The consequences of such a rapid transformation are yet unforeseeable, but it is evident that in the future the number of close relatives in more families will progressively decline with each generation. This is made all the more urgent where HIV/AIDS is rampant. At the same time, the increase in global life expectancy is producing more three-, four-, and indeed five-generation families even as the number of individuals living alone rises. Nonetheless, intergenerational links continue to be strong although signs of change are appearing as consequences of urbanization and migration take hold.²

12. Trends in the treatment of disease and health prevention have moved in different and sometimes conflicting directions. Worldwide, mortality rates from noncommunicable diseases are mounting to coincide with the growth in the older population and changing social trends, while the rate for infectious diseases is on the decline. Nevertheless, many developing countries increasingly face a double burden of fighting the prevalence of both infectious and noninfectious diseases, posing formidable challenges to their health care infrastructures, especially as the family as a source of support becomes less secure.

13. Health care concerns are critical for older women who continue to outlive men, lack resources and opportunities, suffer higher incidences of disability, and carry the main responsibility for care in the family. Two recurrent trends further affect how older women are viewed and treated: policies generally address them as “vulnerable”, overlooking structural inequalities; and representative images of older persons tend to omit them. The Beijing Declaration and the Platform for Action, adopted in 1995 and reaffirmed in 2000, recognizes that women face barriers to full equality and advancement because of certain factors, including age. Older women’s participation in the broader political process is particularly inadequate, which reflects the more general trends of excluding women from meaningful participation in the policy-making process. Even so, there is a growing awareness of the vital contributions older women make to society, due in part to the collective efforts of older women themselves and organizations which involve and represent them.

² 2000 Report of the World Social Situation: overview. E/2000/9

14. The voices of older women, as well as men, are increasingly being heard in greater numbers within the bounds of civil society, an area that has experienced startling growth in recent years. Whether for advocacy, service delivery or development activities, civil society organizations, including non-governmental organizations, are increasingly relied upon to implement programmes at both local and national levels. Service provision is an area of enormous importance to ageing societies where the needs for programmes are escalating. But highly complex issues are involved which require cooperation and ongoing dialogue among the non-governmental and intergovernmental, private and public sectors, about the most effective, equitable, and harmonious approach to designing and implementing policy. While civil society initiatives are critical to provision of programmes and services, the public role of governments in providing basic services cannot be denied.

15. Accessibility as a general principle has gained prevalence in recent years. Global initiatives are being launched by both private and public sectors to promote greater responsiveness in adapting technologies, products and services, as well as architectural design and the work environment to multigenerational communities, disabled communities, and the realities of ageing populations. New initiatives in this area are vital to keep pace with forces of globalization and information technology.

16. Population trends also reveal, however, that the majority of older persons continue to live in rural areas of developing countries where urban design is not applicable, poverty is widespread, and access to modern technology is severely limited. This demographic footnote needs to be enlarged and mainstreamed in the discourse as countries in different stages of development share research and experiences to meet the growing challenges of rural and sustainable development. Whatever the approach, the largely untapped expertise of elders in rural areas must be made more visible in the process.

Changing meanings and images of ageing

17. Positive views toward ageing could be considered a prerequisite for ensuring multigenerational cohesion in society. Over the years, images of ageing, primarily in developed countries, have disproportionately portrayed older persons in medicalized terms, viewing them repeatedly as a growing population group with escalating needs. While healthcare understandably looms large in the lives of older persons, its rigid and persistent focus in the wider discourse has encouraged society to see older persons as vulnerable and frail. Furthermore, it has fostered a reluctance to acknowledge a population with whom no one, including older persons themselves, wants to identify. Public images of older persons as having significant capabilities and contributions to make has not weighed heavily in the public mind. Nascent signs of change are evident, however, as older persons themselves become more active and visible in both discourse and society.

18. How ageing is portrayed in the wider cultural landscape can affect an entire generation of youth. Those who observe elders as living respectful and productive lives

may be more inclined to make choices that favor postponing immediate gratification for fulfillment downstream. When ageing is perceived in more negative reflections, the consequences of younger persons not having much to look forward to can grip a generation and negatively impact their future as well as the future of their families and communities.

19. In addition, rapid social and technological change is generating a change in values, which is affecting roles as well as trends between generations. The passing on of values, knowledge and responsibility to the next generation, for example, is not as evident as it once was, with younger generations acquiring values from peers in greater measure. However, even though the needs and capabilities of older persons today may not be different from those of 20 years ago, the world today in which older persons live is different, just as it will be 20 years from now, when today's adults in midlife will bear the title 'older generation', and subsequent cohorts follow in step. Each generation for this reason will have different outlooks from their predecessors and face different choices, including whether to follow old scripts that may no longer be sufficient.

International Action on Ageing: Progress in the past 20 years

Box 2

“Policies and actions should be inspired by the determination to give further qualitative content and meaning to a quantitative process in order to make sure that the generally expanding life span of individuals the world over will be accompanied by efforts to fill these extra years with a sense of purpose and accomplishment, and that people will not be relegated to a marginal and passive role after a certain age level”.
(International Plan of Action on Ageing, para 31 (c))

20. 1982 was groundbreaking for advancing the issues of ageing. It was the year of the World Assembly on Ageing in Vienna, a historic gathering of individuals, policymakers, governments and organizations, which focused, for the first time, on fundamental issues of population and individual ageing. The World Assembly adopted the International Plan of Action on Ageing, the first international instrument of its kind to guide global thinking on ageing. Over the next 20 years, the Plan of Action would facilitate the course of policy formulation on ageing (Box 2).

21. Within a humanitarian and developmental framework, the Plan of Action enumerated 62 recommendations in seven areas of concern to older persons: health and nutrition; protection of elderly consumers; housing and environment; family; social welfare; income security and employment; and

education. The initiatives and activities of the past 20 years have been largely scripted from these areas, and their relevance and importance to addressing the situation of older persons has grown in step with the older population. But even though the Plan of Action was a remarkable accomplishment of broad scope, its recommendations suited primarily the needs and circumstances of the developed world, the site of the most visible signs of demographic change at that time. Two decades later, however, an extraordinary growth in the global older population and the hastening pace of demographic ageing in developing countries has brought new language and ideas to the fore. Thus only in recent

years has the subject of ageing so noticeably moved toward the center of public discourse.

Box 3

"...in view of the fact that the [provisions of the International Covenant on Economic, Social and Cultural Rights] apply fully to all members of society, it is clear that older persons are entitled to enjoy the full range of rights recognized in the Covenant".

22. Countless other global initiatives and debates have continued to provide the stimuli for priority action on ageing. Issues of human rights were taken up in the 18 United Nations Principles for Older Persons, promulgated in 1991, which provide guidance in the areas of independence, participation, care, self-fulfillment and dignity, and continue to be promoted on a global scale. Further, the economic, social and cultural rights of older persons were set out in general comment No. 6 (Box 3)³.

23. In 1992 the General Assembly adopted the Proclamation on Ageing (Box 4) which established 1999 as the International Year of Older Persons under the theme *a society for all ages*. The International Year of Older Persons advanced awareness and a critical mass of policy action worldwide, including creative efforts to mainstream ageing across all sectors and foster opportunities integral to all phases of life.

Box 4

"The General Assembly decides to observe the year 1999 as the International Year of Older Persons...in recognition of humanity's demographic coming of age and the promise it holds for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings, not least for global peace and development in the next century". A/RES/47/5

action worldwide, including creative efforts to mainstream ageing across all sectors and foster opportunities integral to all phases of life.

24. Past initiatives, together with the 1995 Programme of Action of the World Summit for Social Development and other internationally agreed programmes of the previous decade⁴, guided the formulation of the conceptual framework for a society for all ages, which is made up of four dimensions that comprise the situation of older persons, development throughout the lifecourse, multigenerational relationships, and population ageing and development. At its 54th Session, the General Assembly requested that the revised plan of action and a long-term strategy be considered

³ General Comment No. 6 E/C/.12/1995/16, The Economic, Social and Cultural Rights of Older Persons, 5 December 1995, Committee on Economic, Social and Cultural Rights.

⁴ Rio Declaration on Environment and Development, 1992

Vienna Declaration and Programme of Action of the World Conference on Human Rights, 1993

Programme of Action of the International Conference on Population and Development, 1994

Declaration and Programme of Action of the World Summit for Social Development, 1995

Beijing Declaration and the Platform for Action, 1995

The Habitat Agenda and the Istanbul Declaration, 1996

Box 5

"A society for all ages would enable the generations to invest in one another and share in the fruits of that investment, guided by the twin principles of reciprocity and equity". (A/50/114, para 38)

within the context of *a society for all ages*,⁵ the concept of which is rooted in the Programme of Action of the World Summit for Social Development. In the Programme of Action, the meaning of "a society for all" is viewed as the fundamental aim of social integration, where "every individual, each with rights and responsibilities, has an active role to play". By integrating "age" into a society for all, the approach becomes multigenerational and holistic (Box 5).

25. The conceptual framework of *a society for all ages*⁶ has fostered reflection on how to enhance opportunities and adapt to the consequences of population ageing. It evolved out of recognition that, while the situation of older persons remains an immediate and central policy concern of countries, a broader approach is needed to pay greater attention to long-term opportunities and problem prevention over the life course, and to broad-scale adjustments of families, communities and countries. A more holistic view of ageing, as lifelong and society-wide, better reflects 21st century realities. There is greater recognition, for example, that learning never ceases, that it is lifelong. Policies and programmes that promote lifelong learning, as well as healthy lifestyles, workplace flexibility and skills upgrading can have positive influences throughout life's transitions, beginning in the early years with cumulative benefits.

26. Initiatives to strengthen multigenerational relationships are increasingly recognized as vital to local communities as well as the wider structure of society. Countries are particularly mindful of the reciprocal importance and value of interdependence and relationships between generations in activities and as models of strength and continuity. Varied skills and expectations of all ages can be brought together in mutually benefiting ways, with clear benefits not only to older persons themselves, but also to families and communities, including in many situations of crisis which produce conflict and displacement. At the macro level, concepts such as intergenerational equity are becoming more familiar to the extent that numerous forces, including urbanization and globalization, are affecting traditional family structures and patterns of social and economic solidarity between generations.

27. The last dimension, the interaction between population ageing and development, is an area of great importance, although it is the least familiar in terms of policy development. Prominent attention is needed to address the macroeconomic implications of population ageing in such areas as labor and capital markets, government pensions, services, and traditional support systems to help determine future policy directions, taking into account the effects of technological and cultural change. Underpinning these discussions must also be an exploration of how the contributions of older persons can be

⁵ A/54/24, para 17, A/54/262, para 1.

⁶ A/50/114

used to advance the interests of society and counteract the negative view of ageing as a rein on development.

28. As demographic ageing continues on its progressive path, changes will be played out over the coming decades in social and economic domains, individual, family and community life. Ongoing debate about these matters should include an assessment of the potential of added years, by balancing the needs of an ageing society with a vigorous debate about its capabilities.

Toward an Integrated Strategy

29. Today, 20 years after the first World Assembly on Ageing in Vienna, the world is recognizing the need to integrate the evolving situation of global ageing within the larger context of development. Ageing policies deserve close examination within a broader lifecourse and society-wide perspective, taking note of recent global initiatives and the guiding principles of major UN conferences. Most importantly, the international community needs a reliable forward-looking scenario in which ageing is embraced as a potential for future development. Recognition of the ability of older persons to contribute and show great initiative for the betterment of themselves and society must be woven into action to facilitate national policies on ageing.

30. At the same time, recognition of the different challenges facing developing, developed and transitional economies within an ageing world provides a basis for a fresh consideration of policy. In developing countries, where the number of older persons is rising rapidly, poverty continues to be the greatest threat to social and economic security, affecting the ability of older persons and their families to go beyond addressing basic needs. While poverty does not itself signify ageing as a problem, its effects greatly skew progress in reducing the marginalization of older persons and minimizing their loss of rights. The more important challenge is to provide a framework for older persons to continue to play a useful and productive role in society -- to get value for their work. In this respect, a framework based on a rights-based approach would relate to concerns for human rights, collective well-being, equity and sustainability. Efforts must also be made to safeguard and strengthen the family and the community while building a system of income security and support for those no longer capable of independent living.

31. Equally significant to developing countries but with different implications is how social security networks, which cover only a fraction of the population, can take hold without duplicating the problems experienced by developed countries. In all countries, however, it is necessary to recognize the widespread social and economic changes affecting social protection schemes. Countries across all regions are currently modifying or placing on their political agendas the development or reform of social security or pension systems.

32. In countries with economies in transition, older persons have borne a significant burden of the revised social agenda produced by the fundamental change in the direction of the economy. Many older persons have gone from a situation of complete security to

extreme insecurity, generated by the disappearance of pension benefits and social safety nets. Family support has also waned in the midst of loss of protective measures and widening unemployment and underemployment of so many younger adults.

33. In the developed countries, poverty in old age has largely been defeated by protective umbrella schemes of pensions, social security and social welfare services. Issues of employment and retirement on the one hand, and isolation, as well as physical and mental incapacities on the other, are facing older persons today, while families and communities have to cope with rising costs of medical care and various other costs associated with longer lives. These countries, where older persons -- especially those over age 80 -- make up a growing share of the population, face many new challenges, including reforms of social security, public pensions and health care institutions to maintain their sustainability and modernisation.

Integrating policy action

34. The knowledge, research, and experiences accumulated since 1982 point unequivocally to the fact that an effective approach to addressing challenges and initiating opportunities in an ageing society requires the urgent adoption and implementation of an integrated and proactive policy at the global and national levels.

35. Mainstreaming ageing into the context of global agendas has been called for by the international community, which reflects a concerted effort to move toward a holistic and equitable approach to policy integration. While specific issues will always vary according to country and region, population ageing is now one of the universal issues that cut across all areas and borders with as much force behind it to shape the future as that of globalization. The place of elders in society and the relationship of this to their wellbeing as well as to the wellbeing of society as a whole can only be optimized therefore within an inclusive framework, where ageing ceases to be an “added on” issue and is viewed as part of the restructuring of the socioeconomic and cultural landscape.

36. The shape and direction of these trends are expected to have a profound influence on society in the coming years and decades, radically affecting life in many dimensions, including the family, community and institutions in far-reaching ways. With the world’s population surpassing six billion and ageing rapidly – and the developing world home to 80 per cent of the global population – an immediate and sound policy response is needed.

37. Policy responses to ageing until now have tended to focus on provision of care and income security for older persons, which remain important but inadequate to the scale and rate of ageing now occurring and projected to intensify in coming decades. Society has begun to expand its approach to addressing challenges by considering policies for ageing as part of an integrated whole within the four dimensions of a society for all ages: the situation of older persons, lifelong development, multigenerational relationships and population ageing and development.

38. Reflecting the aim of a society for all ages in policy objectives can itself stimulate national initiatives. Action is needed, however, and policy planners need to press for integration of a society for all ages which incorporates, as far as is practically possible:

- protection of the rights of older persons to contribute to and benefit from society;
- enhancement of the visibility of contributions of older persons so that images of them as a dependent population group diminish;
- development of a non-discriminatory framework in policy which would, among other things, root out preconceived biases and myths of old age;
- opportunities throughout the lifecourse so that an ageing population can reach maturity not only in terms of demography, but also of intellect, emotion and overall well-being;
- continued growth of interaction and interdependence between the generations so that it evolves with social and cultural change, striking a creative balance between the traditional and the new;
- implementation of macro-level decisions that adapt with the changing landscape of an ageing population by ensuring support not only in family and community environments but in the social, economic and cultural institutions we build.

39. In addition, when longevity is embraced by society as an achievement to be celebrated rather than tackled, the amassing of human resources, skills, and experience at the higher ages is rightly seen as essential to the survival of any culture. This is especially needed today as policies grapple with the far-reaching consequences of an increasingly complex and ageing world. Failures in policy can be as sweeping in their consequences as success. Moreover, attitudes toward change in policy are often rigid until both the reasons for change and the consequences are clearly defined. Society must not fail at this time in history to make its ageing population an integral part of its future, and an integral partner in its struggle to improve the human condition. The world of the future may have these attributes in equal measure if the wisdom and experience of its elders is utilized to help chart a course for the rest of the 21st century. It is as challenging a prospect as any, but a very promising one.

II. CONCEPTUAL INTRODUCTION TO THE PRIORITY DIRECTIONS

40. A central task of the International Plan of Action on Ageing is to be a resource for policy planners and other stakeholders in the field of ageing. It must help in building a practical blueprint for policymakers to strengthen their capacity to adequately address issues of ageing in their respective countries. And it must provide a framework in which the quality of life of older persons can be improved and sustained, especially in developing countries and countries with economies in transition where the need for such improvement is urgent. The vision and structure of the Plan must match the attributes of its constituency for it to be considered effective. To this end, a shift in approach and policy design is required to take in the realities of the 21st century.

41. A rights-based approach is suited to today's ageing society in a way that underscores inclusiveness in a society for all ages and reflects, in a practical way, the United Nations Principles for Older Persons, by emphasizing independence, participation, care, self-fulfillment and dignity. These rights will be maximized in societies that respect the achievements and dignity of older persons and in which age discrimination is absent. At the same time, in the spirit of a society for all ages, the rights of older persons should not infringe those of other age groups and the reciprocal relationships between the generations must be recognized. In addition, the clear recognition in policy of the important role of older persons in development would reflect the global opportunities of an ageing world.

42. In order to address new realities in policy, there are certain foundations upon which policy should be built. They include:

- (a) human rights for all ages.
- (b) lifelong participation and contribution to ensure wellbeing into old age.
- (c) social inclusion to integrate older persons in all aspects of societal life.
- (d) recognition of cultural and ethnic diversity and values to ensure that all groups have equal opportunities to participate in development.
- (e) gender equality to both respond to the cumulative disadvantage experienced by current generations of older women and to prevent its recurrence among younger generations.
- (f) multi-generational cohesion to foster actively harmonious relations between generations at both micro and macro levels.

43. The quality of life of older persons is directly influenced by the degree to which risk or security is experienced in these areas. Achieving the desired outcome requires designing and implementing special measures that create opportunities and remove barriers. Moreover, the progression from risk or vulnerability, to security, is determined by policy support that has human rights as its strongest foundation. This is addressed in the three Priority Directions of the Plan of Action: sustaining development in an ageing world; advancing health and wellbeing into old age; and ensuring enabling and supportive environments for all ages. These areas are designed to guide policy formulation toward a specific goal: social, cultural and economic adjustment to an ageing world at the lifelong and society-wide level. Successful policy is only feasible if it is multi-layered and connects the priority directions and the underlying foundations to the individual, community and societal level.

44. Within the first priority direction, sustaining development in an ageing world, the goal of policy is to help the framework of institutions adjust to ageing as a growing presence and productive force for the good of society. Policies need to sustain development by creating environments not only for older persons to contribute to the betterment of their societies, but also for institutions to recognize and indeed encourage such opportunities, especially in an era of globalization and information technology. This

is beginning to occur naturally in some countries due to increasing numbers of older persons and concurrent labor shortages. But the value of ageing as a resource must be recognized as having as great a potential as all other age groups.

45. In the second priority direction, advancing health and wellbeing into old age, policymakers need to recognize the significant role that supportive interventions and opportunities play throughout the life course, beginning in youth. The health needs of individuals and communities may vary widely, but the goals are compatible. Groups who face greater challenges, including older women and persons with disabilities, require a more strategic focus on how policies should be optimally structured to erase inequities and facilitate wellbeing. Further, as research continues to produce new knowledge in the area of health and longevity, governments and civil society must find ways to transfer the knowledge base to developing countries and strengthen their capacity for broad and sustainable networks of knowledge, skills and application.

46. In the third priority direction, ensuring enabling and supportive environments for all ages, policies need to recognize and build on the pre-existing strengths of intergenerational solidarity at the family, community and institutional level. To this end, perceptions of ageing play a significant role in policy formulation and can influence public values toward social, cultural and economic reciprocity. Policies and practices should be designed around the collaborative efforts of governments and civil society to generate greater access to both the physical environment and to services and resources, including care and social protection. If policy is successful, society will benefit from the continuity and expertise of the contributions of its elders, and older persons will benefit from the right to self-fulfillment, care, independence, participation, and dignity.

III. PRIORITY DIRECTIONS FOR POLICY ACTION

A. Sustaining development in an ageing world

47. The impact of a growing number of older persons is felt throughout society and has implications for the economy, social relations and culture. However, until quite recently, social policy and programmes have tended to focus on the demographic impact of youth and other population groups, with little acknowledgement of, or policy adjustments aimed at the growing ageing population. Most developing countries still have enough lead time to prepare for the challenges of population ageing and longevity if they start now. Sustaining and even enhancing development in societies necessitates the integration and empowerment of older persons to both contribute to development and benefit from it.

48. Currently, societies at all stages of development are facing a reevaluation of the role of older persons. In developing countries and many countries in transition to a market economy, a major stumbling block is the continued exclusion of older persons from the development process. A growing ageing population that is marginalized

economically, socially and politically, and therefore, denied opportunities for integration and participation in development, is destined to become a drain on resources.

49. The main issue in developed countries is a growing pool of retired and pre-retirement older persons who are unemployed. In some countries, governments will soon even face a labour shortage as the traditional working age population shrinks. This raises issues of productivity of an ageing society, as well as the sustainability of public pension systems and the adequacy of financial support for an extended period of retirement. In addition, there are the traditional ageist fears concerning the competitiveness and efficiency of the older worker.

50. In all countries, the principal response to challenges of sustainability of societal development is adjustment to the dynamics of a changing and ageing world on the part of both society and the individual. Societal adjustment means treating the growing number of older persons as a resource, while individual adjustment implies an upgrading of knowledge and skills throughout the life course. Special policy interventions are required in the areas of poverty alleviation, productive ageing, employment, education, training, rural development, intergenerational solidarity, and human rights and development.

Poverty alleviation

51. In many societies, particularly in developing countries and countries in transition, older persons are one of the groups at greatest risk of being poor or falling into poverty. In countries where poverty is endemic, a lifetime of poverty, often exacerbated by inequalities experienced in earlier life, translates into an old age spent in poverty.

52. Older persons are almost always excluded from poverty reduction programmes. Among the reasons are that older persons are not recognized as a separate group in poverty assessment research or they are not included as a potentially vulnerable group into the monitoring and assessment arrangements of ongoing or proposed macro-economic policy development. The result is a growing poor older population.

53. As a first step, Member States could consider a commitment to target older persons as a specific group within the scope of the international development goal to halve the proportion of people living in extreme poverty by 2015.

Productive ageing

54. Productive ageing, which enables older persons to continue contributing to society and supporting themselves, is the key to enhancing sustainable development and averting growing poverty levels among the older population.

55. As societies evolve and roles change, it is important for governments to facilitate the continued participation of older persons in all sectors of society, including social,

cultural, political and economic. Extra efforts should be made by all actors to include older persons to ensure that they are active contributors in all areas that affect their lives, including policy formulation.

56. There is growing recognition that, apart from participation in paid employment, older persons can and do bring benefits to the community through volunteering. The development of organizations of older persons can also enhance their participation on a collective basis.

57. Older persons are often excluded from sectoral reform programmes and development projects designed and managed by Government, NGOs and international organizations. One reason is the often prevailing negative stereotype concerning the ability of older persons to learn new skills. Similarly, older persons are often denied access to productive assets such as credit, technology, education and training which would enable them to continue being contributing members in a changing society. The productive independence and economic self-sufficiency of older persons is even more urgent in societies undergoing rapid change, which strains the traditional family support network and often affects the role and situation of older persons. At the same time, in recognizing the already substantial, and often neglected, contribution older persons make to their families and communities, a new definition of "productivity" in a globalizing world is called for. It must be acknowledged that many valuable contributions are made to societies that cannot be measured in economic terms, and include, among many other things, care for family members and household maintenance.

58. Continuing and enhancing the productivity of older persons requires access to economic and social resources. Far from frail and inactive, the large majority of older persons, if given the opportunity, contribute well into old age.

Employment and the ageing labour force

59. In many developed countries and countries in transition, longevity has stretched far beyond established retirement ages. Often, extended longevity is accompanied by the shrinking of the working age population, and paradoxically, by ingrained age discrimination by employers. Meanwhile, the desire and capability of many older persons to continue working beyond retirement age is a reality.

60. At the macro level, the dilemma is how to sustain levels of national productivity while maintaining the financial security of older persons, a number of whom have been forced into early retirement with inadequate pension and savings provision. The main issue here is to ensure that older persons can access the labour market.

61. Measures that need to be taken include the education of employers on the benefits of maintaining an ageing labour force. Older workers bring experience and dependability to their work. At the same time, they have to adjust to technological and other changes in the labour market and workplace. The commitment of all parties to lifelong learning, investment in training and retraining is key to the success of older workers and

consequently, the enterprises. It is the responsibility of both employers and employees to ensure that skills are up-to-date. Employers should also consider the introduction of flexible employment opportunities for older workers, including phased retirement, the rehiring of retired workers for special limited-time projects, and flexible hours. The position of older women in the labour force deserves special attention. Their particular concerns include a lack of progression in career due to interrupted work histories, family care obligations, more difficulties finding employment when losing jobs, and hence, lower pensions. The goal for Governments is to achieve age diversity and gender balance in the workplace through introducing best principles and practices.

Literacy and education

62. The global target on education, calling for the enrollment of all children in primary school by 2015, acknowledges that education forms the basis for a productive life. However, Member States have also recognized that lifelong learning is crucial to the participation of older persons in society.

63. One of the key problems, particularly in developing countries, is the large number of older persons who are illiterate or have received a minimal amount of education during their childhood. This tends to be particularly problematic in rural areas. The adverse effects of illiteracy go beyond the limitations of livelihood, to negatively affect the total health and wellbeing of older persons, because, for example, those who are illiterate or have little education seek healthcare less frequently. Education and training are central to worker and national productivity in the new knowledge-based economy.

64. Along with a commitment to primary education for children, governments could consider the setting of a national goal to promote life-long education, including literacy training to all adults requesting it.

Rural development

65. In many countries, older persons reside predominantly in rural areas that have traditionally been agrarian societies. In the shift to a "cash" society, the out-migration of young people to urban areas and overseas has left proportionately older communities in the rural areas.

66. Problems that have arisen in rural areas include the lack of infrastructure development, the decline of the agricultural economy, an insufficient technological knowledge, inappropriate transfer of resources to workers and a lack of access to agriculture markets. A growing number of older persons are left behind without traditional family support and some with infrequent or little support from absent kin.

67. It is urgent that resources be targeted to rural areas, first, to stem the out-migration of youth, and second, to sustain the independence of older persons. Priority should be

given to strengthening the capacity of older farmers through access to financial and infrastructure services, improved farming techniques and technologies, revitalization of small-scale industries and enterprises, establishment of income generating projects and rural cooperatives, and the provision of ongoing education, training and retraining for all adults.

Strengthening of intergenerational ties

68. Intergenerational ties and obligations are at the heart of every society at any stage of development. These ties may be apparent in different forms, from the intergenerational pact between workers and the retirees, which forms the basis of many public pension systems, to the family, where still most, if not all of the care for older persons, is provided the world over.

69. Changing economic and social realities and migration, particularly in developing countries and countries in transition, have often dislocated and strained those intergenerational relationships that were the bedrock of society. Rules that balance interdependence between the generations ensure the place of older persons in their communities. Economic deficits and resource allocation issues in developed countries have sometimes pitted generations against each other in an argument for an "equitable" distribution of resources. In addition, more time spent in the workplace by both men and women has challenged the traditional notion and capacity of the family to provide the totality of care for all its members.

70. The challenge to policymakers is to preserve the life of existing intergenerational patterns of social exchange so older persons can maintain their role in family, community and society at large. Policymakers must avoid the transmission of misperceptions about the implications of population ageing which set a negative environment for intergenerational relationships. A better understanding of the contributions older persons make to society will also serve to strengthen multigenerational ties. Governments should also strive to attain age neutrality in their policies and distribution of resources.

Human rights and development

71. Achieving sustainable development in rapidly ageing societies depends on ensuring that older persons are not disadvantaged or discriminated against because of their age in any sphere of society, and have equal access to the labour market, social protection, healthcare, education, productive resources, legal protection and recourse under the law.

72. In all countries, arbitrary decisions are often made by those in positions of power to deny older persons access to services and resources based on their age. Rationing of healthcare services, disenfranchisement of widows, denial of credit, inappropriate levels

of service in care facilities, denial of employment, are just some of the issues which have been raised by a cross-section of actors, including older persons themselves.

73. Some Governments have enacted legislation on the rights of older persons or against age discrimination, but experience has proven that legislation will only be successful if it has a strong coalition of support at its base and when adequate educational and informational resources are made available to mobilize the law. In addition, a strong judicial process must ensure implementation of the law. Governments should evaluate current policies and legislation for age discriminatory practices and elaborate legal and policy measures to support a society for all ages.

B. Advancing health and wellbeing into old age

74. The remarkable increase in human longevity witnessed over the last few decades has its roots in improved access to primary health care and rising levels of public health measures. The astounding achievements of genetics and molecular biology promise even further gains in longevity and healthy life expectancy. However, extended longevity accompanied by good health and wellbeing have yet to become the shared achievements of humanity as entire countries and certain population groups are still subject to high rates of mortality and morbidity.

75. The epidemiological transition, which is now under way in all regions of the world, signifies the shift from the predominance of infectious and parasitic diseases to that of chronic and degenerative diseases. Many developing countries, however, will be facing a double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS and tuberculosis, along with the growing threat of non-communicable diseases.

76. Improper lifestyle choices involving tobacco, alcohol and drugs resulting in poor health in older age groups are still prevalent, particularly in countries in transition. In some of those countries, the declining economic and social situation is reflected in the adverse health status of the population as these countries are facing the insufficiencies of a healthcare system under economic strain. In fact in recent decades, life expectancy, particularly for men, has decreased, and in some countries in transition suicide rates for older persons are particularly high.

77. Population health is vital to development, and good health is arguably an individual's most important asset and human right. Sustained wellbeing enables individuals to remain active in old age and integrated into society. However, to reach an old age in good health requires the efforts of Government, civil society and the individual in a lifecourse approach to health and wellbeing. While Government should create supportive environments for advancing health and wellbeing into old age, the responsibility of individuals is to maintain a healthy lifestyle. It is therefore necessary that older persons have equal access to all preventive, curative, rehabilitative and care procedures available to other groups.

78. Through the life course, the paradigm of the individual's freedom changes since mobility and mental health almost inevitably diminish with progression towards later stages of life. According to WHO statistics, the volume of disability, as measured by its prevalence, shows a definite age gradient where only about half a per cent of young people are physically disabled, but the figures increase to over 30 per cent among those aged 75 years and over. The proportion of people having difficulties in coping with their day-to-day lives increases from about 50 per cent among those aged 60-64 years, to over 70 per cent among those aged 85 years and over. With an increased need for care and the need for health promotion and treatment among a growing ageing population, the costs could be overwhelming without adequate policy attention. At the current time, there is a higher prevalence of disability in old age in developing countries due to previous life experience and common health problems that are left untreated. Older women are particularly vulnerable to disability in old age due to, among other reasons, gender inequities over the lifecourse.

79. Countries are already turning their attention to policies that promote active ageing and healthy lifestyles, realizing that lifelong healthcare and preventive measures can keep disability levels associated with old age at lower levels and limited to the very old population, thus providing for significant budgetary savings.

80. Special policy interventions are needed in the following areas: access to healthcare and elimination of inequalities, provision of primary healthcare, training of health providers, health promotion and development across the lifecourse, and self-enrichment and actualization.

Access to healthcare and elimination of inequalities

81. Older persons can experience a number of barriers to utilizing healthcare services, including financial, physical, and legal. For example, as some Governments have recently reduced investment in public health and welfare, a growing proportion of individuals are becoming reliant on the private sector for their healthcare. However, for many members of society, often including older persons, private sector provision of health and care services is unaffordable. In some countries, user costs have been introduced which deter the poor from seeking healthcare.

82. Physical access to medical services is a particular problem for older persons in rural and remote areas. There are also inequalities built into healthcare systems. Older persons may experience a reluctance to provide health services to them because of age discrimination, as their treatment may be perceived to have less value. Charges of health care rationing based on age have been made in countries at all stages of development.

83. Governments should recognize that health care for older persons is worthy of investment, as it extends the healthy life span, and thus facilitates the participation and contribution of older members of society. Existing legislation should be examined in order to remove discriminatory provisions. Partnerships with civil society, particularly

non-governmental and community-based organizations, can be useful in filling the service gaps in public health provision. However, it is crucial to recognize that family and community is not a replacement for an effective public health system, and that it is the responsibility of Government to set and monitor standards of health care for all ages. Legislation should ensure the right of older persons to equitable levels of health care and eliminate discrimination based on age. In addition, older persons do not regularly receive the knowledge and information they need to counteract health hazards, such as HIV/AIDS infection, because at their age they are not considered to be at high risk. Older persons should be provided with the same knowledge to protect their health and wellbeing as all other age groups.

Primary health care

84. In developing countries, access to primary health care and the establishment of community health programmes for older persons must be a first priority. The provision of primary health care at an affordable cost is a prerequisite for the social and economic development of a country. The use of traditional medicine and health care still has a role to play in the development of new services

85. WHO has recommended a minimum GDP spending level of 5 per cent on the health care sector, and the Special Session of the General Assembly on the review of the outcome of the World Summit for Social Development (2000), in keeping with the Declaration of Alma Ata, set a commitment by Member States to promote and attain the goal of universal and equitable access of all to primary health care, with particular efforts to rectify inequalities related to, among other things, age. Governments should recommit themselves to reaching these goals. Emphasis must be placed on health promotion and disease prevention to decrease the incidence of disability in old age.

Training of health providers

86. In many developing countries, as well as in some countries in transition, training for professionals working with older persons, including physicians, is often unavailable. This results in a lack of awareness on the part of health professionals and para-professionals about the specific issues and problems related to older persons. In some developed countries, geriatric training for doctors remains insufficient, which leads to regional imbalances in services, with rural areas being particularly affected. This points to a strong and urgent need for the expansion of geriatric and gerontological education among all professionals working with older persons in the health care sector, and institution or expansion of general education programmes on health and older persons for professionals in the social services sector.

87. In light of the high level of informal care being provided by family members, the organization of basic training in the care of older persons for this category of caregivers is crucial to ensure the wellbeing of both carer and the person being cared for. Large

numbers of older persons are providing care to children and family members suffering from AIDS/HIV infection. It is urgent that training be available to carers in this situation.

Health promotion and development across the life course

88. Goals to increase the healthy life span, improve the quality of life for all, reduce mortality and morbidity rates, and increase life expectancy were set by the International Conference on Population and Development (1994). These can only be achieved through implementation of recommendations already made by the World Health Organization to improve public health measures and access to adequate healthcare throughout the life cycle. Equity in access to health protection and promotion over the life course is the cornerstone of healthy ageing.

Self-enrichment and actualization

89. The World Health Organization defines health as a state of complete physical, mental and social wellbeing, and not merely the absence of disease and infirmity. Therefore, the meaning of health and wellbeing requires a broader understanding of the traditional definition, and their achievement involves the optimization of opportunities for physical, social, economic and mental development throughout the life course.

90. Both physical and emotional isolation negatively affects health and wellbeing, particularly in old age. Establishing opportunities for older persons to participate in social, cultural and voluntary activities can help form the basis of wellbeing. Organizations of older persons, advocating on their behalf, have proven to be an important participatory tool as they can facilitate collective influence of public policy. In addition, opportunities for multigenerational interaction should be promoted.

C. Ensuring enabling and supportive environments for all ages

91. The promotion of an enabling environment for social development is one of the central tenets of the Copenhagen Programme of Action. It is based on a people-centered approach to sustainable development. Similarly, to ensure a supportive and enabling environment for all ages requires adjustment of all societal dimensions, including the financial, physical, social, spiritual and living environment, to form the fabric of social cohesion. While some older persons need a high level of physical support and care, as all people do at different stages of life, the majority is willing and capable of continuing to be active and productive. A balanced policy will enable and support their contribution to and participation in society. In developing countries, this includes access to basic commodities and services such as clean water and adequate food. Governments must play a central role in formulating and implementing policies to provide such an enabling environment, while engaging civil society and older persons themselves.

92. Establishing and maintaining an effective supportive and enabling environment for all ages requires effort and resources. The alternative, however, will cost the loss of

human capital and a lack of social stability. Special policy interventions are needed in the areas of income support, housing and living environments, caregiving, protection against abuse, intergenerational relationships at the family and community level, promoting positive images of older persons, and the circumstances of older persons in emergency situations.

Income support and social protection

93. Income support and social protection measures vary from highly structured and regulated pension and income security schemes to informal community-based support measures. Social protection is now coming to be seen by many Governments as a foundation for social cohesion, rather than a residual measure to address temporary adverse situations.

94. Recent international developments have shown that a lack of attention by policymakers to comprehensive social protection policies left certain population groups in a vulnerable position when market shocks or individual misfortune arose and informal family support was strained. For many countries in transition, the economic imperatives for change left whole segments of the population, most notably older persons and children, with no institutional structure or resources for delivery of social protection and services. In addition, rampant hyperinflation left pensions and earlier savings almost worthless. In some parts of Sub-Saharan Africa and Asia, pension coverage is less than ten per cent of the labour force. In many countries, employment in the informal economy is growing and pension coverage is diminishing.

95. The challenge for policymakers in developed countries and some countries in transition is to take measures to ensure the viability, equity and sustainability of current pension and income support systems. Governments in developing countries and countries in transition, with the assistance of relevant United Nations system organizations and international bilateral organizations, are attempting to institute or expand existing pension schemes to include a larger proportion of the population; support and maintain appropriate informal social protection schemes; devise measures to regulate private pension provision; and ensure the integrity and transparency of formal pension schemes.

Housing and living environment

96. The Istanbul Declaration on Human Settlements and the Habitat Agenda recognized the urgent need to improve the quality of human settlements given how they affect the everyday lives and well-being of people. For older persons, their housing and surrounding environment is particularly important because they spend a large part of their day at home. The accessibility of their living environment in large part dictates how well older persons can be integrated in society.

97. In developing countries, accelerated demographic ageing will be taking place within the context of continuing rapid urbanization, with a growing number of persons ageing in urban areas that do not have appropriate and affordable housing or services to accommodate the increasing ageing population. On the other hand, a large number of older persons still remain in rural areas, where due to changing familial situations, many more of them are living alone, instead of in a traditional environment of an extended family. This often takes place in the context of inadequate service provision to support older persons living alone. Governments need to plan for these changes bearing in mind that living arrangements and care within a traditional extended family can no longer be universally assumed.

98. In developed countries, adequate transportation for ageing populations in suburban locations is a growing concern. Housing developments in the suburbs, which have grown in recent decades, were designed for young families with their own transport. As the population in these locations ages, and older persons become more reliant on public transport, it is usually found to be inadequate. The issue of older persons continuing to live in houses, which they are unable to maintain when children have moved out, also requires policy attention.

99. To take into account these developments, housing policies need to be adjusted within the national context, while taking particular note of the wishes of older persons themselves with regard to their desired living arrangements. The first priority must be given to the elaboration of a housing policy specifically addressed to older persons where one does not exist. Minimum housing standards also need to be established, bearing in mind principles of universal design and lifelong accommodation and accessibility. Transportation policy requires ongoing attention to ensure accessibility and safety.

Care

100. Around the globe, the main form of care is informal. Even in countries with well-developed formal care policies intergenerational ties and reciprocity ensure that informal care endures. While ageing in the community is the objective in all countries, care provision by the family without social and economic costs to caregivers can no longer be assumed. The particular costs to women, who continue to provide the overwhelming majority of informal care, are now being acknowledged. Those costs are financial in terms of low pension contribution rates due to absences from the labour market for caregiving, lost promotion opportunities, lower incomes, as well as physical and emotional stress of trying to balance work and household obligations. This is particularly acute for women with simultaneous child and elder care responsibilities. In many parts of Africa, an increasing number of older women are providing care without assistance for their children with AIDS and subsequently, their grandchildren whose parents have died of AIDS. At a time when older persons would traditionally assume that they would be the ones being cared for by their children, they find themselves with sole responsibility for caring for sometimes several frail children and grandchildren.

101. In the last two decades, community care has become the policy objective of many Governments. Sometimes the underlying rationale has been financial, with community care believed to cost less than residential care. Community care is often perceived to be less expensive because it is frequently assumed that the family will supply the bulk of care. However, if family care is not available, the economic advantage of community care disappears. The problem becomes acute when adequate assistance to overburdened family caregivers is not provided. In addition, even where it exists, the formal community care system is often poorly coordinated and lacks capacity. It has to be recognized that the family requires intermediary support from the State if it is to continue its caregiving role. Formal support to caregivers combined with strengthening of community care systems is therefore the only available option.

102. Residential care can become the preferred option for either the frail older person themselves or their caregivers. Residential facilities require special attention and monitoring. For example, minimum care standards must be enforced and staff training must be provided. Measures to combat the social isolation of older persons in institutions are paramount.

103. The goal for all types of care should be adequate quantity and quality, flexible design, and skilled management. Participation of older persons in assessing the needs and monitoring the service delivery is crucial.

Protection against abuse and violence

104. Elder abuse and violence against older persons occur in every country at all levels of society, and can take many forms, including physical, emotional and the denial of human rights. It emanates most often from family members and caregivers. A first step in combating abuse must be general public education and training of professionals to recognize signs of abuse. Professionals need to recognize those situations that can lead to potential abuse, such as over-burdened caregivers. Services to provide assistance to both abused and abuser must also be set up.

105. The abuse of the rights of older women continues in some countries. Particularly problematic is the abuse of the rights of widows. In some countries, upon the death of her spouse, the widow can be disenfranchised of inheritance and housing, with ownership going to sons. In addition, some cultural practices can be abusive. Governments need to review legislation and customary practices for evidence of abuse and the denial of human rights.

Intergenerational solidarity in the family and community

106. Family and community form the immediate social microenvironment where individual development into old age occurs. The maintenance of intergenerational ties at the community and family level is crucial for all members of society, and governments

should make particular efforts to strengthen those ties. In developing countries, despite the strains of modern life, the majority of older persons still have very close relations with family and community. Intergenerational exchange and support is a key part of everyday life. This support is far from being one-directional, with older persons often providing the bulk of support, both through monetary and labour contributions. However, family and community are culturally varied and changing structures. Therefore, the State, while still playing a primary role in addressing the needs of various members of society, should support the family to continue in its role as the primary site of intergenerational solidarity.

107. Efforts to sustain intergenerational relationships could include fighting the negative stereotypes of older persons, facilitating intergenerational contacts, preventing age segregation, and promoting the relevance of the knowledge that older persons hold for younger persons. However, it should also be acknowledged that, for older persons, co-residence with family is not always the preferred or best option. In addition, the role of older persons within the family is only one of their roles within the larger community.

Promoting positive images of ageing

108. Globalization of the media and the economic and social changes taking place in each society have all affected the way older persons are viewed and portrayed. While globalization does have positive effects, the negative includes the spread of ageism to societies in which it was traditionally unknown. When market values rise in importance, the value that older persons appear to bring within this new framework is questioned by younger generations. Portrayal of older persons as using an unfair proportion of societal resources adds to their poor image.

109. Governments must take the lead in promoting positive images of older persons as contributors to society. Anti-age discrimination legislation is the most crucial measure along with efforts to ensure the participation of older persons at all levels of society.

Older persons in emergency situations

110. In conflict, post-conflict and natural disaster situations, older persons often lose formal and informal support networks. They are frequently left behind when other family members flee conflict. In addition, older persons are ignored as a vulnerable group, or relief agency personnel are not trained to meet their particular needs. The main issue is to ensure the accessibility for older persons to the same relief services accorded other groups. In the aftermath of emergency situations, older persons may also need help in reestablishing their income generating capacity.

IV. PREPARING TO MEET THE CHALLENGES OF AGEING

111. This Plan of Action provides a general framework to support national and regional policy and programmes aimed at meeting the challenges of individual and population ageing. It identifies objectives and specifies actions within certain priority directions and issues. This chapter addresses the ways and means required for reaching the objectives of the Plan and undertaking the recommended actions.

National Action

Role of Governments, Actors and Partners.

112. Policy action on ageing has to be undertaken primarily at the national and local level. National Governments are the principal users towards whom this Plan is targeted and who have primary interest and responsibility in translating its recommendations into priorities for action. In fulfilling its role, Governments should first and foremost secure national consensus and mobilize commitments at all levels to address concerns related to population and individual ageing. In operational terms, this implies mainstreaming ageing and older persons into the national developmental agenda and socio-economic planning.

113. Another important role for Governments is to coordinate national action on ageing, including state-wide participation in international activities. Progress in the implementation of the Plan of Action is contingent upon broad and effective partnership between Government and civil society. Concerted and well coordinated efforts are necessary to involve as many stakeholders as possible in civil society. Some of these may include non-profit non-governmental organizations, community organizations, professional organizations, business enterprises, trade unions, farmer's representative organizations and cooperatives, academic, research and educational institutions, and media. Governments should facilitate partnerships between all national and international actors, involving them in planning, implementation, monitoring and assessment of programmes on ageing. Older persons themselves, as well as all other intended beneficiaries, have to be engaged in the design of programmes and their subsequent implementation.

114. Non-governmental and community based organizations are one of the key partners of Governments in all aspects of national action on ageing. Their main comparative advantages include flexibility and efficiency in such areas as service planning and delivery, advocacy, research and resource mobilization. Transparent and accountable activities of non-governmental organizations should be seen as complimentary to the central role of governmental programmes.

115. The private for-profit sector is often recognized for its innovative and cost-effective approach in the production and delivery of health and care commodities and

services, as well as in education, information, training and research. In recent years, private enterprises introduced innovative programmes, such as flexible work hours, gradual retirement and complementary pension schemes, benefiting older employees, their families and local communities. Participation of private sector in national, regional and international activities on ageing should be guided by principles of respect for various cultural, religious and ethical values; accessibility and affordability to low income countries and sectors of the population; and adherence to basic human rights. It is the responsibility of Governments and inter-governmental organizations to establish a legal framework for promoting and sustaining an effective partnership with the private sector in all relevant areas of national and international actions on ageing.

National Infrastructure on Ageing

116. National infrastructure on ageing encompasses relevant institutions, organizations and programmes concerned with planning, implementation and evaluation of national action on ageing. Governments may wish to consider the following components in designing their national infrastructure on ageing.

117. *National plan or programme of action on ageing* translates the broad recommendations of the International Plan of Action on Ageing into concrete priorities for national action on ageing. It specifies mechanisms of implementation, monitoring and evaluation, identifies major partners and details coordinated activities led by the national coordinating mechanism on ageing. The national plan should also identify measures for programme management, mobilization and allocation of resources, including development of human resources.

118. *National coordinating mechanism on ageing* is a multi-sectoral and interdisciplinary body appointed by a Government to develop, promote, monitor and evaluate the national action on ageing. It is usually composed of a central governmental focal point (ministry, committee, department, etc.) on ageing, as well as representatives of other governmental offices, legislature, non-governmental community, academia, private enterprises, and older persons. A national coordinating body should include mechanisms to examine and adjust existing legislation and practices for major omissions, contradictions, and discriminations with regard to older persons. Among the major tasks for national coordinated action on ageing are integration of issues of ageing into national development plans, and elaboration and implementation of a national plan or programme of action on ageing.

119. Additional important elements of national infrastructure on ageing include effective organizations of and for older persons; educational, training and research activities on ageing; and national data collection and analysis entities, collecting gender and age specific information for policy planning, monitoring and evaluation. Governments should also establish and/or facilitate mechanisms of independent,

detached, impartial and objective monitoring of progress in implementation of national plans and programmes on ageing.

Research Agenda on Ageing

120. Policy interventions on ageing should be based on a solid scientific background. In preparation for and follow up to the International Year of Older Persons (1999), the UN Secretariat, assisted by the non-governmental and research community, as well as interested Member States, has been developing a worldwide research agenda on ageing for the twenty-first century to serve as a background for policy response to population and individual ageing, particularly in developing countries. The Agenda aims to increase understanding of the new policy-related aspects of ageing in order to improve quality of later life, reduce inequalities and ensure the sustainability of societal and human development based on the recognition of the diversity in societies at different levels of demographic, as well as social and economic development. The research agenda is intended to assist policy makers and others in their attempts to define policy goals; select priorities for policy interventions; identify measures for policy implementation; evaluate the impact of age specific and other policy measures; and support capacity building.

121. The Research Agenda has identified *key priority areas* for research exploration vis-à-vis policy intervention, such as quality of life, processes of ageing and 'healthy ageing'; productivity and integration of older persons; material security over the full life course; and supportive networks and comprehensive coordinated systems of care and support. It has also selected *substantive research priorities*, including:

- *Relationship between fundamental molecular and cellular processes of ageing and wellbeing and the emergence of morbidity and functional decline;*
- *Wellbeing and social and financial support systems (comparative studies);*
- *Means of empowerment of older populations to recognize their own capacities and contributions;*
- *Situation of older persons in developing countries;*
- *Transitions as they occur in the life course;*
- *Built environment needs of an ageing population;*
- *Ageism: its determinants and dynamics;*
- *Social security and health care: models of funding;*
- *Healthy ageing: definition, dimensions, cross-cultural and cross-national tools for measuring.*

122. Currently, the Research Agenda project is focusing on refining the specific research priorities and identification of key national and international partners for its implementation. Preparation of the Research Agenda on Ageing has entered its final stage, and when completed, it will be included, as an annex, into the final draft of the revised International Plan of Action on Ageing, which will be submitted to the Preparatory Committee for the Second World Assembly in 2002.

123. Member States will be invited to consult the Research Agenda when selecting their national priorities for policy related research on ageing. End users of the future Research Agenda would include legislatures, governments, academia, as well as non-governmental organizations and aid agencies dealing with developmental issues, including population and individual ageing.

Training and Education

124. Training and education are powerful tools for development. Several interconnected dimensions of education and training vis-à-vis ageing should be emphasized and promoted: adult education and training; older persons as educators and trainers; professional training in the field of ageing; and education of the general public about ageing.

125. Adult education and training includes, but is not limited to, literacy education and continuing education of older persons. The overall task here is to assist older persons in their adjustment to the rapidly changing circumstances and provide them with necessary knowledge and skills to eliminate their disadvantage and marginalization, including in the labour market. It is a universal task, requiring cooperative action by Government and civil society.

126. Older persons themselves are an invaluable resource in conducting education and training programmes, particularly at the community level. They should be supported in assuming key roles as voluntary or paid educators and trainers in literacy programmes, public awareness campaigns and in education campaigns on cultural traditions and heritage, the environment, substance abuse, AIDS/HIV prevention and other areas.

127. Professional training in the field of ageing is a fundamental prerequisite for the progress in implementation of national policy and programmes on ageing. Programmes for health and care professionals, including upgrading the management skills of service delivery personnel and family training in care giving, should be made universally available. Innovative methods of training and education, such as distant learning, should be promoted to fill the gap in skilled personnel, particularly in remote and rural areas. International cooperation in this area is of particularly importance, and additional efforts are required by the UN system and international development community to promote the establishment of global and regional training centres, such as the International Institute on Ageing in Malta and the regional training centre of HelpAge International in Thailand.

128. The 1982 International Plan of Action on Ageing stressed the need to educate the general public about the process of ageing, emphasizing the need that such an education should start at an early age so that ageing is fully understood as a natural process. This task remains timely and important for successful implementation of the new International Plan, as it promotes the understanding of ageing as a meaningful stage in life course development. Among the proposed measures are information campaigns, exhibitions, literature and other contests to promote positive images of ageing and role models of

older persons, particularly older women. Even more important is to make positive, albeit realistic, information about ageing process universally available by incorporating it into primary and secondary school curricula, as well as multi-disciplinary post-secondary studies.

International Cooperation

129. This section outlines the general framework and specific recommendations for the international cooperation in implementation of the Plan. It should be emphasized that the implementation of the International Plan of Action on Ageing should be viewed as an integral component of action of the international community aimed at achieving the goals of social integration and development.

130. This section sets out priorities for international cooperation on ageing, which have been identified through international inquiries conducted by the UN Programme on Ageing in 2000 during preparations for the Second World Assembly on Ageing. These priorities include, in descending order:

- Formulation, monitoring and evaluation of policies and programmes;
- Research to support policy and programme development;
- Training of health and social service professionals;
- Establishment of income generating projects;
- Data collection and processing;
- Scientific research;
- Education;
- Information dissemination and the sharing of best practices;
- Funding to improve existing programmes.

131. This section will also include recommendations for action by the United Nations and other international institutions and organizations.

132. It is proposed that the Programme on Ageing of the United Nations Department of Economic and Social Affairs should remain the UN global focal point on ageing, including the implementation of this Plan. The Programmes' functions should include:

- Monitoring and evaluation of the implementation of the Plan at the global level, including through maintaining and updating the Internet accessible data base of policies and programmes on ageing;
- Promotion of the implementation of the Plan at the regional and national levels through elaboration of substantive guidelines, such as the UN Research Agenda on Ageing, and direction of global information campaigns;

- Coordination of UN system organizations' activities on ageing aimed at implementing the Plan of Action on Ageing;
- Strengthening of the international collaborative network on ageing, which includes Governments, non-governmental and professional organizations, academia and private sector.

133. It is emphasized that the first and most crucial stage in the implementation of the Plan will be the translation of its broad and universal recommendations into concrete objectives for national action. Regional action led by the United Nations regional commissions should provide essential support to the national processes of implementation of the Plan.

Monitoring, Review and Updating

134. Monitoring, review and updating should be undertaken primarily at the national level and incorporated, as feasible, into regional process of the implementation of the Plan.

135. It is also recommended that a process of global monitoring and review take place, which would consist of two components: first, an ongoing review of national policies and programmes on ageing, to be undertaken through the Internet accessible data base of policies and programmes on ageing maintained by the UN programme on ageing; and, second, through a focused global inquiry and analysis to be conducted every five years within the priority themes identified by the Commission for Social Development.

136. The Commission for Social Development should be designated the intergovernmental body to review the implementation of the Plan of Action every five years and to make proposals for its updating as considered necessary. The findings of the deliberations of the Commission should be transmitted through the Economic and Social Council to the General Assembly for consideration. The Department for Economic and Social Affairs should coordinate the process of monitoring and review of the Plan.