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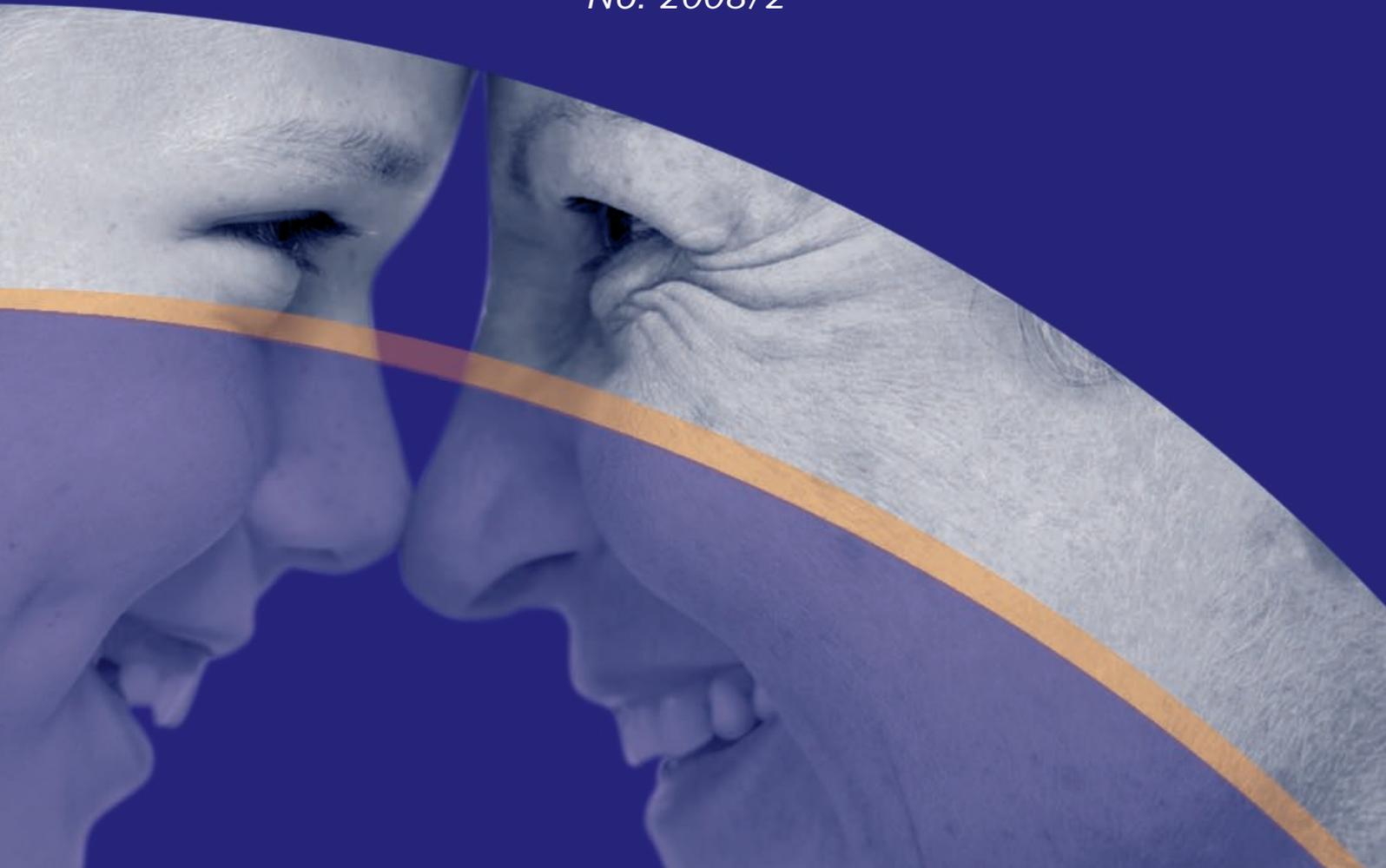
# The WDA-HSG Discussion Paper Series

*on Demographic Issues*

## The Madrid International Plan of Action on Ageing: Where Are We Five Years Later?

*United Nations Population Fund (ed.)*

*No. 2008/2*



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# **The Madrid International Plan of Action on Ageing: Where Are We Five Years Later?\***



*United Nations Population Fund (ed.)*

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\* This report is based on the presentations and discussions at the 3<sup>rd</sup> World Ageing & Generations Congress 2007 at the University of St. Gallen, Switzerland.

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## **1. OPENING REMARKS**

It gives me great pleasure to welcome you this morning to UNFPA's Special Session on "The Madrid International Plan of Action on Ageing: Where Are We Five Years Later?"

Five years ago, the international community gathered in Madrid to lay new ground in response to the challenges and opportunities of population ageing in the twenty-first century. In adopting the Madrid International Plan of Action on Ageing, governments committed themselves to pursue policies to facilitate the participation of older persons in their societies as citizens with full rights and to enable them to age with security and dignity.

The Madrid Plan called for changes in attitudes, policies and practices at all levels and in all sectors in order to improve the quality of life of older persons and ensure a society for all ages. With its 239 recommendations for action, the Madrid Plan is a practical tool to assist policy makers and programme planners to take the necessary steps to address the challenges of population ageing and to meet the needs of older persons.

UNFPA attaches great importance to the follow-up of the Second World Assembly on Ageing. The Madrid International Plan of Action on Ageing provides an unparalleled opportunity to mainstream concerns about older persons, especially the older poor, into the forefront of the development agenda. It is our chance to make a difference in the lives of countless older persons. We must take advantage of this opportunity.

Population ageing can no longer be ignored. The numbers and proportions of older persons speak for themselves. Today, one in nine persons is aged 60 years or older (11% of the world's population - almost 688 million people). In fact, there have never been so many older people in the world. And by the year 2050, there will be many more - more than one in five persons will be aged 60 and over (22 % per cent of the world's population or almost 2 billion people).

Population ageing is one of humanity's greatest achievements. It is a success and a triumph. As we celebrate increasing life expectancy, we cannot forget that population ageing is also a challenge. The challenge is to add life to years, not just years to life. All persons want a comfortable, enjoyable and meaningful life as they get older. The challenge is to make it a reality for as many older persons as possible.

We at UNFPA are especially concerned with the millions of older poor persons throughout the world, especially women, who are struggling alone to make ends meet, who have no access to basic social and health services, and who suffer violence and abuse. They need our support. We will never achieve the Millennium Development Goal of eradicating poverty without addressing the poverty of older persons. It is also time to provide greater support for the countless older women who are caregivers of grandchildren orphaned and affected by AIDS.

At UNFPA, we are also very much concerned with such issues as: promoting lifelong health, promoting active ageing, ensuring equal access to basic health and social services, and eliminating discrimination, violence and abuse of the elderly.

A number of our Country Offices are working with governments to review and formulate policies, plans, legislation and services to address the needs of older persons. They are helping to strengthen national capacity to address the challenges of population ageing by supporting training of government officials, programme managers and health professionals. They are supporting data collection efforts and research for evidence-based decision-making, policy formulation and programme planning. They are organizing workshops and meetings to address ageing issues. And they are raising awareness of the speed of population ageing and the importance of addressing ageing issues and meeting the needs of older persons.

As we commemorate the fifth anniversary of the Second World Assembly on Ageing, we take stock of what we have done since Madrid. We ask ourselves: Is the Madrid Plan just another document sitting on our bookshelf collecting dust? Or are we using it to guide our policy making and programme planning? Have we made a difference? *Are older persons better off today than they were five years ago?*

Our Special Session takes a look at where we are five years after Madrid. We will examine progress towards implementation of the Madrid Plan at the global, regional and local levels. We will start with a presentation by Dr. Alexandre Sidorenko of the United Nations Programme on Ageing who will provide an overview of activities at the global level. This will be followed by Dr. Andres Vikat of the United Nations Economic Commission for Europe who will present the regional view on behalf of all five UN Regional Commissions. We will then have presentations from UNFPA Country Offices to describe activities at the national level.

We look forward to a fruitful discussion and an exchange of experiences.

## **2. OVERVIEW OF GLOBAL ACTIVITIES TO IMPLEMENT THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING**

*United Nations Programme on Ageing, Department of Economic and Social Affairs*

### **Introduction**

2007 marks the fifth anniversary of the Second World Assembly on Ageing and the adoption of the Madrid International Plan of Action on Ageing<sup>1</sup>. During this anniversary year the first cycle of the review and appraisal of the implementation of the Madrid Plan of Action is being undertaken in order to understand how far the international community has progressed in implementing the recommendations of the Madrid Plan of Action and in fulfilling the commitments that governments made at the Madrid Assembly.

The first cycle of the review and appraisal of the Madrid Plan of Action was launched by the UN Commission for Social Development in February 2007, and will be concluded at its forty-sixth session in 2008. By that time a comprehensive picture of the global implementation process is expected to emerge. Meanwhile, this paper is based on the preliminary information that was available to the Secretariat of the UN Programme on Ageing by the time this paper was written, and thus presents a few snapshots of the implementation process at both national and international level without any attempts to rate the performance of individual countries.

The paper begins with a brief outline of the implementation framework for the Madrid Plan of Action based on the Plan's provisions and the road map for its implementation. The main body of the paper consists of information on national implementation activities focusing on measures to develop and /or strengthen national capacity on ageing, and also includes some examples of international implementation actions.<sup>2</sup>

### **Framework for implementation of the Madrid International Plan of Action on Ageing**

The United Nations Member States that gathered at the Second World Assembly on Ageing in Madrid in 2002 committed themselves to eliminate all forms of discrimination, including age discrimination; to effectively incorporate ageing within social and economic strategies, policies and action; to protect and assist older persons in situations of armed

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<sup>1</sup> The Madrid International Plan of Action, paragraph 14. Available at: <http://www.un.org/esa/socdev/ageing/mipaa.html>.

<sup>2</sup> More detailed information on national, regional and global implementation processes could be obtained in a series of the Secretary-General reports to General Assembly in 2003-2006 (A/58/160; A/59/164; A/60/151; and A/61/167) available on the website of the UN Programme on Ageing: [www.un.org/esa/socdev/ageing](http://www.un.org/esa/socdev/ageing).

conflict and foreign occupation; and to provide older persons with universal and equal access to health care and services.

The Madrid Plan of Action makes it clear that the implementation efforts have to be undertaken primarily at national level with governments having the primary responsibilities for implementing the Plan. Governments around the world also expressed their commitment to act at all levels, including national and international, on three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

With its three priority directions, eighteen priority issues, thirty five objectives and two hundred thirty nine recommendations for action, the Madrid Plan of Action provides a comprehensive blueprint for developing national policy on ageing in various economic, social and cultural settings. At the same time, the Madrid Plan of Action pays particular attention to the needs and concerns of developing countries emphasizing the developmental aspects of challenges and opportunities associated with population ageing.

The Madrid Plan of Action defines several *crucial elements* of the *national* implementation process. The crucial elements of implementation of the Plan at the national level include:

- promotion of institutional follow-up, including the establishment of agencies on ageing and national committees;
- effective organizations of older persons;
- educational, training and research activities on ageing;
- national data collection and analysis, such as the compilation of gender and age specific information for policy planning, monitoring and evaluation;
- independent and impartial monitoring of progress in implementation that can be conducted by autonomous institutions; and
- mobilization of resources by organizations representing and supporting older persons.

Several *priorities* for *international* cooperation are identified by the Plan, including:

- promotion of training and capacity-building on ageing in developing countries;
- exchange of experiences and best practices, researchers and research findings and data collection to support policy and programmes;
- establishment of income generating projects; and
- information dissemination.

The ultimate *goal* of the Madrid Plan of Action is reaching a society for all ages. The principal *content* of the implementation efforts is adjustment to an ageing world. Such an adjustment should be seen as a well-planned progression from an ageing society to a future society for all ages. The adjustments have to be made at all levels of society – from the macro level of a nation state to the level of individuals advancing through their life course into older age. The Madrid Plan of Action underlines that the success of the adjustment efforts will be measured in terms of social development, the improvement in quality of life

of older persons, and the sustainability of the various formal and informal systems that support the quality of life throughout the life course.

Policy action should support the multi-level adjustment to an ageing society through two principal types of policy approaches: ageing specific and ageing mainstreaming. The ageing specific approach includes policies and programmes designed to address the specific needs and concerns of older persons. The essence of the second approach to implementation of the Madrid Plan of Action is inclusion, integration, or mainstreaming, of ageing and older persons into national development planning. This type of policy is particularly significant for developing countries, as it aims at mobilizing older persons as additional resources for development, and, simultaneously, at improving their well-being as well as the welfare of family and community members of all ages.

Ageing specific action and ageing mainstreaming efforts were further emphasized in the road map for the implementation of the Madrid Plan<sup>3</sup>. This practical implementation strategy was considered and welcomed by the United Nations General Assembly in 2003. Following the Madrid Plan, the road map underscores that mainstreaming of ageing is at the core of the implementation process at both national and international levels. The road map identifies mainstreaming ageing and capacity-building as the two major facets of the national implementation process. The task of mainstreaming is not to make older persons another “new” beneficiary group or give them preferential treatment; instead, the task of mainstreaming ageing is to ensure that existing activities reflect the reality of ageing societies, and that people of all ages are involved in decisions and actions to promote development and can enjoy the benefits of development. The road map also suggests that tracking the extent to which mainstreaming occurs and how ageing is integrated in development policies is an important component of monitoring the implementation of the Madrid Plan.<sup>4</sup>

### **Five Years of National Implementation of the Madrid Plan of Action: Preliminary Results**

Preliminary information on the first five years of implementation of the Madrid Plan of Action shows that the implementation activities have focused on a wide range of priority issues outlined in the Madrid Plan. The major policy concerns of governments around the globe have included the following: sustainability of systems of social protection; labour market and older workers; growing demand for health and long-term care; empowerment of older persons; and research on ageing and policy action<sup>5</sup>.

Notwithstanding the diversity of national approaches and measures towards the implementation of the Madrid Plan of Action, developing and building national capacity

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<sup>3</sup> *Follow-up to the Second World Assembly on Ageing – Report of the Secretary-General (A/58/160).*

<sup>4</sup> *Follow-up to the Second World Assembly on Ageing – Report of the Secretary-General (A/58/160), paragraph 41.*

<sup>5</sup> *Major developments in the area of ageing since the Second World Assembly on Ageing – Report of the Secretary-General (E/CN.5/2007/7).*

on ageing appears to be the most prominent dimension of the national implementation agenda. The Secretary-General in his report to the sixty-first session of the General Assembly A/61/167 dated 19 July 2006 outlined essential components of national capacity for implementation of the Madrid Plan of Action, including institutional infrastructure and mechanisms; human resources; financial resources; research, data collection and analysis; and policy development<sup>6</sup>.

### **National Institutional Infrastructure: Mechanisms, Policy Frameworks, and Legal and Regulatory Actions**

Member States have created or strengthened various **institutional mechanisms** to facilitate policy development in the area of ageing, including the establishment of special government agencies dealing with ageing issues, as well as focal points on ageing within various governmental offices. For instance, the Prime Minister of Canada appointed in 2007 a Secretary of State for Seniors to work alongside the Minister of Human Resources and Social Development to promote greater attention to the needs of older persons. Chile in 2002 created a National Service for the Older Person – a decentralized public office with the task to promote participation and integration of older persons into society. Chile also has a presidential Advisory Council on Reform of the Social Security System which collects information on the situation of older persons and elaborates proposals to reform the national social security system. In Indonesia, a Presidential Decree established, in 2004, National and Regional Commissions on Ageing to assist the President in coordinating the implementation of national policies and programmes, as well as providing professional advice and recommendations. In 2003 Uganda set up a cross-ministerial, multi-sector working group with the task of mainstreaming ageing into health and nutrition policy. In addition, a ministerial post for ageing and disability exists within the Ugandan Ministry of Gender, Labour and Social Development.

Several countries have chosen to decentralize their government offices on ageing. Older people's councils exist in three fourths of all municipalities in Finland; and in Serbia more than one third of the 165 local governments are actively involved in planning and implementing local policy actions on ageing. In Sweden, county councils and municipalities have set up older person's advisory committees, as well as other local institutions, to promote older persons' participation.

Many governments are also including in their national coordinating and advisory bodies representatives of civil society and older persons themselves. For instance, in 2003 Brazil established a National Council for the Rights of Older Persons made up equally of civil society and government representatives. In 2002, Mexico created a Civic Forum on Ageing, which includes representatives of civil society from both urban and rural areas and facilitates the interaction of relevant government agencies with ageing-related civil-society organizations. New Zealand has established a Senior Citizens' Advisory Council, an independent body that participates in the development of Government policy for older people by providing policy advice to the Minister for Senior Citizens. In Peru, the National Network of Older People was established with the major objective to implement the

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<sup>6</sup> *Follow-up to the Second World Assembly on Ageing – Report of the Secretary-General (A/61/167).*

National Plan for Older People 2002-2006; and in Uganda, representatives of Ministries of Gender, Labour and Social Development; Agriculture; and Finance Planning and Economic Development participate together with two local NGOs in the work of the ministerial, multi-sector working group on ageing, as mentioned above.

During the five year period after the Second World Assembly several governments have adopted a specific **strategy or plan** on ageing or amended the existing ones thus promoting the implementation of the Madrid Plan of Action. In 2006 China started implementation of the Eleventh Five-Year Plan for the Development of Undertakings for the Elderly (2006-2010) and published a White Paper on the Five-Year Plan. In Finland, eighty percent of all municipalities have prepared a strategic policy paper on ageing designed by multi stakeholder committees. Indonesia set up the National Action Plan for Elderly Persons' Welfare, covering the years of 2003-2008. Japan formulated General Principles Concerning Measures for the Ageing Society – a set of guidelines for the government to follow. Lao People's Democratic Republic approved the First National Policy for the Elderly in 2005. Lithuania approved a National Ageing Strategy in June 2004, with two priority targets: income guarantees for older persons, and employment of older persons. Malawi has formulated a national strategy for older persons with the objective to increase older people's productivity, independence and active involvement in the development of their communities and the country; and Mali is implementing a national plan on ageing which was adopted in 2005. In Mongolia, the National Programme on Health and Social Welfare of the Elderly (2004-2008) is based on the main principles of the Madrid Plan of Action.

A strategy called Health of Older People was launched in New Zealand in 2002. The Strategy is consistent with the New Zealand Positive Ageing Strategy and identifies specific goals to be achieved by 2010. Qatar prepared a National Plan of Action for Older Persons for the period of 2008-2013. Thailand is implementing the Second National Plan for Older Persons (2002-2021) which promotes the well-being of older persons, including through social security measures and research to support policy and programme formulation. In 2003, the United Republic of Tanzania adopted a National Ageing Policy to guide implementation of the Madrid Plan of Action.

Many countries passed specific **legislation** and developed regulations promoting and facilitating the implementation of their national strategy or plan of action and translating their recommendations into concrete measures and provisions.

In Brazil, a special law – Estatuto do Idoso do Brazil – was adopted for older persons. In Chile, a draft law was elaborated with the purpose to amend the Law on Intra-family Violence, including older persons as specific vulnerable subjects and designating their abuse as a form of domestic violence. The Democratic People's Republic of Korea passed the Law on the Care for the Elderly in 2007. Ecuador (Ley Especial del Anciano en Ecuador), Mexico (Law on the Rights of Older Persons), Paraguay (Ley de las Personas Adultas en Paraguay), Peru (Ley que incluye la atención preferencial de las personas mayores), and Uruguay (Ley de Promoción Integral de los Adultos Mayores en Uruguay) adopted legislative acts to promote equality of older persons, employment in satisfactory

conditions and improvements in the area of the economic security; fair access to health services, medicine supplies and regulation of long term care provision, as well as measures against abuse or neglect of older persons.

A recently adopted South African Plan of Action on Ageing has been translated into legislation and focuses on community based care, social protection of older persons and ensures that older persons remain in the community with their rights respected. South Africa also enacted an Older Persons Act that promotes the inclusion of protection measures, prioritization of services and upgrading of the quality of services for older persons. Spain recently approved a new Law of Promotion of Personal Autonomy and Care for the Dependent to assist persons in need of help in their daily living activities so that they could attain a higher personal autonomy and enjoy full civil rights.

### **Development of Human Resources**

In Brazil, specialized training programmes to prevent social exclusion and violence focuses on prevention of abuse and violence against older persons. In Canada, New Horizons for Senior Program provides financial support for over 1,700 community-based projects across the country where older persons can share their skills, knowledge and experience with others. Cuba adopted a comprehensive programme for older persons, which has promoted training in geriatrics and gerontology.

In Finland, a comprehensive training of nurses strives to ensure an integrative response to both the health care needs and other assistance needs of older persons. In Malaysia, the Ministry of Health established an Elderly Health Care Programme under which health personnel receive training in care for older people. The Government has also provided various opportunities for ICT retraining and life-long education as well as job placements to enable older persons to be economically productive. In Mongolia, a Gerontological Centre was established in 2005 by the Government under the jurisdiction of the Ministry of Health to provide training activities in the field of ageing and to conduct research on ageing issues. In Thailand, the Ministry of Social Development and Human Security has recently piloted a project “Home Care for the Elderly 2003-2004” to provide training to home care workers, including community/village volunteers. Ukraine established in 2005 a State Educational Geriatric Centre. The Centre is developing and implementing educational and training programmes for medical and social workers, as well as volunteers, in the field of care for older persons.

### **Financial Resources**

In many developing countries and countries with economies in transition, additional financial resources are required to support the inclusion of older persons in national development frameworks, poverty eradication strategies, and emergency relief operations.

Although the lack of financial resources is typically cited as the main stumbling block to effective implementation of programmes to support older persons, the experiences of various countries have shown that the costs of social pension programmes are not as

prohibitive as initially anticipated. Moreover, pension plans can generate benefits for the local economy, as recipients spend their pension money locally on needed goods and services. Pensions can increase the share of the poorest 5 per cent of the population in national consumption, as pensions have been demonstrated to increase the income of this group by 100 per cent in Brazil and by 50 per cent in South Africa.<sup>7</sup>

In South Africa pensions reach 1.9 million older people at a cost of 1.4 per cent of GDP. The pensions have proven to be an effective way of targeting aid to the poorest people and their dependents, as the pension is estimated to reduce the number of people living on less than \$1 per day by 5 per cent (2.24 million people). Likewise in Brazil, pensions reach 5.3 million poor older people at a cost of 1 per cent of GDP. Other countries have shown similar experiences, as the cost of implementing a large-scale social pension scheme is less than 2 per cent of GDP in Namibia, and in Botswana and Mauritius, administration costs were found to account for only 2-3 per cent of benefit payments.<sup>8</sup>

In Argentina, since 2003 non-contributory pensions were extended to all individuals age 70 and over who do not receive a pension or retirement payment, have insufficient monetary income, and whose families are unable to provide adequate support. National poverty eradication policies in Bangladesh specifically target older persons, and the old age allowance programme has recently increased coverage of approximately 1.6 million out of 5 million older persons age 60 and above. In 2002 Bolivia established the Supportive Bond that provides monetary income to people over 65 years old, and more recently Bolivia established the free medical insurance for older persons without social security coverage. In Brazil, the FUNRURAL programme grants pensions to older persons in rural areas that lack pension entitlements and have insufficient material resources. In Chile, the National Fund of the Older Person was created in 2003 to finance civil society initiatives involving older persons. The Government of Zambia has introduced specific measures of social protection including waiving fees for health care services and establishing home care services; public welfare assistance reached 115,000 older persons in 2005.

In high income countries, the major concern is how to control costs for pensions and health care plans at a time when the active working population is shrinking in proportion to the number of retired persons. To improve the quality of life of older persons, Canada implements a Tax Fairness Plan for Seniors, which increased tax shelter for persons over 65 years of age. In Finland, the pension reform of 2005 shifted pension entitlements towards later stages of people's work career. A flexible retirement age has been set between 63 and 68 years while the age of early retirement was changed from 60 to 62 years. Incentives to delay retirement were introduced, including a sharply increasing rate of accumulation of pension for those staying at work beyond the age of 64. In Japan, a subsidy to employers has been introduced instituting a system that supports those employees who continue working after their retirement, or are willing to postpone their retirement. Amendments have been made in the national pension law, including an indexing mechanism. The Government of New Zealand introduced in August 2007 a SuperGold Card. The Card provides easy access to public sector entitlements and local

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<sup>7</sup> Pension programmes in Africa, derived from HelpAge website, 3/06.

<sup>8</sup> Pension programmes in Africa, from HelpAge website, 3/06.

government services and offers commercial discounts with participating businesses. In Sweden, a 'job tax credit' has been introduced: to increase the economic incentive to work longer, tax credit is higher for those over 65 compared to other age groups. A Maintenance Support for the Elderly Act, enacted in 2007, is intended for persons 65 years and older whose basic needs are not satisfied through other benefits in the national pension system.

### **Research, Data Collection and Analysis**

In developing regions, research on ageing remains very limited, originating mostly in universities, and in particular, in the medical sciences. Meanwhile, some signs of progress are evident. In Argentina, for example, the Programme of Ageing and Society of the Latin American Faculty of Social Sciences (FLASCO-Argentina) has begun studying the issue of the ageing workforce, and the Group of Socio-Anthropology of Older Persons and Community Planning of Ageing at the University of Mar del Plata has developed extensive research on social support networks for older persons. The Centre of Psychogerontology in Colombia has studied ageing from a variety of perspectives and has published a number of books and articles. The Jamaica campus of the University of the West Indies has established a Centre for Gerontology, and the University of Suriname has undertaken research on the impact of physical activities on the well-being of older persons. In Thailand, the Second National Long-Term Plan for Older Persons (2002–2021) includes research strategies to support policy and programme development and to monitor and evaluate the National Plan. The government of Trinidad and Tobago, together with the Pan-American Health Organization (PAHO), the University of the West Indies (UWI) and the Economic Commission for Latin America and the Caribbean (ECLAC) recently convened the first Caribbean Symposium on Ageing with a view to strengthening sub-regional capacities in implementing the Madrid Plan of Action on Ageing. In Venezuela, the Unit on Research in Gerontology of the National Experimental University Francisco de Miranda has initiated research on support networks and social policies geared to older persons.

The challenges and opportunities of ageing in more developed societies have triggered considerable data collection, research and discussion on the issue, which has improved capacity to develop policies in this area. The European Centre for Social Welfare Policy and Research, a UN-affiliated intergovernmental organization, collaborates with the Austrian Government and the UN ECE Secretariat in scientifically and technically assisting governments in monitoring the regional implementation strategy for the Madrid Plan of Action. The European Research Area in Ageing (*ERA-AGE*), a four year project funded by the European Commission, aims to promote the development of a European strategy for research on ageing.

In Australia, the Department of Health and Ageing has funded or developed numerous research, statistics, grants and publications on ageing issues, geared towards guiding future policy directions in this area. The National Health and Medical Research Council (NHMRC) also provides funding to support medical research and training on health issues for people of all ages throughout Australia.<sup>9</sup>

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<sup>9</sup> <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/Research%20&%20Statistics-1>

In the United States, research and analysis on ageing issues are carried out by a wide range of entities, including the government, academia, foundations, and non-profit organizations. One such public policy research institute is the National Academy on an Aging Society which conducts research on public policy issues associated with population ageing with the aim of enhancing the quality of debates about the challenges and opportunities inherent in an ageing society. It also serves as the policy arm of the Gerontology Society of America, a professional organization which provides researchers, educators, practitioners and policy makers the chance to integrate and use basic and applied research on ageing to improve people's quality of life as they age.<sup>10</sup> Moreover, the White House Conference on Aging, last held in 2005, is convened every ten years to develop recommendations for the US government on issues, policy and research in the field of ageing.

### **International Cooperation on Ageing**

The Madrid Plan of Action emphasized the need for enhanced and focused international cooperation for its implementation, including support by the international community and international development agencies to organizations that promote training and capacity-building on ageing in developing countries. Following the Second World Assembly on Ageing, international cooperation on ageing has focused on supporting the national capacity to implement the recommendations of the Madrid Plan of Action.

The Department of Economic and Social Affairs (DESA) of the United Nations Secretariat, which houses the UN programme on ageing, implements the Development Account project "Capacity building to integrate older persons in development goals and frameworks through the implementation of the Madrid International Plan of Action on Ageing". Within the Project, technical assistance was provided to the Ministry of Women, Family and Social Development in Senegal during May 2007. A joint mission by DESA and the ECLAC sub-regional office in Trinidad and Tobago was fielded to Grenada in June 2007 with the purpose of undertaking a needs assessment and analysis of the ageing policy situation in the country, including proposals for project follow up. Other countries participating in the project are Cameroon, Kazakhstan, Senegal, and Trinidad and Tobago.

DESA, in cooperation with the UNFPA regional office in Bratislava, undertook a needs assessment mission to Armenia in April 2007 to provide advice and recommendations on how the Government could develop a National Strategy on Ageing, including a comprehensive needs assessment and awareness-raising campaign.

As a substantive contribution to the commemoration of the fifth anniversary of the Second World Assembly on Ageing, DESA has devoted its annual flagship publication, 2007 World Economic and Social Survey, entitled *Development in an Ageing World*, to analyses of implications of ageing for social and economic development around the world<sup>11</sup>. In order to assist governments in conducting the participatory review and appraisal of the Madrid Plan of Action, DESA has issued *Guidelines for review and appraisal of the*

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<sup>10</sup> <http://www.agingsociety.org/agingsociety/about/index.html>.

<sup>11</sup> <http://www.un.org/esa/policy/wess>.

*Madrid International Plan of Action on Ageing. Bottom-up participatory approach*<sup>12</sup>. In June 2007, DESA in cooperation with the International Institute on Ageing organized the expert group meeting “Policies on ageing at the national level: challenges of capacity development” in Malta, to inform the preparation of the “Guide for national implementation of the Madrid International Plan of Action on Ageing.”

UN Regional Commissions are providing technical support for national implementation of the Madrid Plan of Action, including developing national implementation strategies and conducting the bottom-up review and appraisal of the Madrid Plan of Action and its Regional Implementation Strategies. However, financial and human resources to undertake this work are limited and demand far outstrips available resources.

The United Nations Population Fund (UNFPA) technical cooperation activities on ageing have been aimed at assisting countries in the development of policies and programme to implement the Madrid Plan of Action. UNFPA supported development of national plans and programmes on ageing in Benin, the Lao Peoples Democratic Republic, Uganda and Vietnam. UNFPA also supports projects aimed at strengthening government capacity to formulate and implement evidence-based strategic plans and policies on ageing in Benin, China, Malaysia and Thailand. Training is another major priority in UNFPA’s support for developing national capacity on ageing. Funding has also been provided by UNFPA to support the International Institute on Ageing in Malta, including training courses for policymakers organized by the Institute.

The International Labour Organization (ILO), through its series of Country Reviews of Employment Policy (CREP) initiative, analyzes the country situation, including issues related to ageing, and provides recommendations to individual Member States on how to strengthen their national employment and labour market policies.

Technical assistance that the Food and Agricultural Organization (FAO) provides to Member States promotes policy interventions and legislation that support older persons as contributors to agricultural development, as well as their integration and participation in rural development and food security strategies, and strengthens the national capacity to respond to the needs of older persons in HIV/AIDS-affected rural areas.

The World Health Organization (WHO) has designed various capacity building initiatives to strengthen the primary health care sector as well as the community capacity to deal with ageing issues. These initiatives include the production of a toolkit to make primary health care services more accessible for and responsive to older peoples; the preparation of an “age-friendly cities guideline” to provide a framework for policies, services and structures related to the physical and social environment that will support and enable older persons to age actively and participate fully in society; and the development of a knowledge-base to

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<sup>12</sup> *Guidelines for review and appraisal of the Madrid International Plan of Action on Ageing. Bottom-up participatory approach*. United Nations, New York, 2006.  
<http://www.un.org/esa/socdev/ageing/documents/MIPAA/GuidelinesAgeingfinal13%20Dec2006.pdf>.

assist policy makers in formulating integrated health and social policies based on the primary health care system and encompassing the community and family care.

Strengthening old-age income protection and reducing old-age vulnerability and poverty have been an integral part of the agenda of the World Bank for much of the last two decades. Loans during the period 2002 to 2004 with pension components totalled \$2,775 million. In addition, since 2002 the Bank has published numerous papers and books on pension issues and served as a key conduit for knowledge of pension reform on national, regional and global levels.

An NGO, HelpAge International, has been working with governments to mainstream ageing issues into development strategies (Tanzania, Uganda) and to develop national plans of action on ageing (Albania, Kyrgyzstan, Mozambique and Serbia). Another NGO, the International Association of Gerontology and Geriatrics (IAGG), together with the UN programme on ageing, has conducted a series of global and regional workshops, which helped to identify research priorities to support the implementation of the Madrid Plan of Action in different world regions.

Several international initiatives have promoted the links between the research and policy development. These include: the establishment in 2004 in Sydney, Australia, of the International Research Centre for Healthy Ageing and Longevity (IRCHAL); the launch in 2005 of AFRAN – a research network of key African and international scholars, policy-makers and civil society representatives in the field of ageing; a series of World Ageing and Generations Congresses organized by the World Demographic Association at the University of St. Gallen, Switzerland; and the establishment of the European Research Area in Ageing (ERA-AGE) project.

Some progress since the Second World Assembly on Ageing could be noted on the international political arena: the 2006 Political Declaration on HIV/AIDS, adopted by the High-Level Meeting of the United Nations General Assembly, called for practical measures, such as basic pensions, to give material support to older persons affected by HIV/AIDS, and in particular, to those of them caring for grandchildren who have become orphaned. And the International Network for Prevention of Elder Abuse (INPEA), in partnership with WHO's Life Course and Ageing Programme, individuals and NGOs from around the world, launched in 2006 the World Elder Abuse Awareness Day, which was also observed for the second time in 2007.

## **Conclusion**

The present paper does not intend to provide an all-inclusive and comprehensive assessment of the implementation of the Madrid Plan of Action. The first cycle of the global review and appraisal, which is currently under way, is expected to bring, through a bottom-up participatory exercise as well as other methods of policy evaluation, the first-hand results, conclusions and follow-up ideas regarding furthering the implementation of the Madrid Plan of Action.

### **3. THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING: WHERE ARE WE FIVE YEARS LATER?"**

#### **Summary Report on the Implementation of the MIPAA in the UN Regions**

*Andres Vikat, Economic Commission for Europe<sup>13</sup>*

#### **Introduction**

This is a summary of the overviews provided by the UN Regional Commissions concerning the implementation of the Madrid International Plan of Action on Ageing (MIPAA). As The Madrid Plan dates from 2002, the question at the core of this report is *Where are we five years later?*

This report is based on the regional reports on the implementation of the MIPAA submitted by the regional commissions: Economic Commission for Africa (ECA), Economic Commission for Europe (ECE), Economic Commission for Latin America and the Caribbean (ECLAC), Economic and Social Commission for Asia and the Pacific (ESCAP), and Economic and Social Commission for Western Asia (ESCWA). The regional reports include information on the actions taken to implement the MIPAA, both on the national level in the Member States and by the regional commissions themselves. A list of activities of the regional commissions in the implementation of MIPAA is in the Annex.

The report outlines progress in five main areas: set-up of new bodies focused on ageing, policy guidelines and legislation, research and education, awareness raising and advocacy, and activities of the regional commissions. The progress in setting up new bodies is very varied across the commissions reflecting the different demographic profiles of the regions. Drafting new or modifying existing legislation in response to population ageing seems to be taking place in the vast majority of countries on which the regional commissions have information. The priorities in this area are pension reforms, labour market adjustment, quality of care and anti-discriminatory legislation.

The focus in research and education seems to be on fixing care standards as well as training both professionals and the people affected themselves. Moreover, programmes to collect better data and improve data availability are under way in all regions. Cooperation with the media to improve the perception of ageing also seems to be a universal development.

The secretariats of the regional commissions have assisted in these processes through the organisation of meetings, capacity development and technical assistance. Programmes aiming at advancing policy-relevant research and harnessing it to the needs of policymaking are also under way.

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<sup>13</sup> This paper was prepared by the Population Activities Unit of the UNECE based on contributions from other regional commissions of the UN.

## **Councils and other national bodies on ageing**

The challenges of an ageing population have been discussed at various conferences since the 2002 World Assembly on Ageing. To achieve the aims in the three priority areas of MIPAA – older persons and development, advancing health and well being into old age and ensuring enabling and supportive environments – new bodies dealing with ageing have been installed. There are two main approaches to this. Some countries have created entirely new bodies entrusted with coordinated ageing related policymaking; others have extended the functions and mandates of existing bodies or government agencies. Additionally, various coordination and research networks have been created to improve the interdisciplinary exchange of knowledge. Most regions have seen a mixture of the two main approaches, while in Africa development has mainly been on a regional level.

Although the population of the ECA region is younger than in other world regions, ageing is also taking place there and the related issues have been discussed, most noticeably at a conference on ageing in Johannesburg in 2004. Few national bodies are focusing specifically on ageing but the African Union launched the Economic, Social and Cultural Council that also deals with ageing and has organised various regional workshops.

In the ESCWA, ESCAP, ECLAC and ECE regions at least some countries have created entirely new bodies dealing with ageing on a national level. These usually comprise representatives from the private and public sector including the ministries concerned as well as NGOs and pensioners' associations. Depending on the priority given to ageing the involved government officials will either be the Minister for Social Affairs or ministerial staff. In a few cases even the Prime Minister is directly involved. These commissions usually have the mandate to establish policy guidelines and some of them are responsible for policy oversight and evaluation. Besides, they also create forums for the participation of older persons in society. In the ECE region, a three-tier structure has been established with bodies at the national, district and local level working together. While at the national level there are many entirely new bodies as described above established structures in the municipalities often play an important role at the local level.

In the ECLAC and ESCAP regions, a number of countries have created sub-commissions at existing ministries and extended the portfolio of ministerial departments instead of establishing new bodies dealing with ageing. This is commonly the case where ageing is not seen as a very urgent issue.

## **Policy guidelines and legislation**

Drafting new or modifying existing **legislation to include ageing issues** seems to be taking place in the vast majority of countries on which the regional commissions have information. The priorities in this area are **pension reforms**, **labour market** adjustment and the **quality of care**. Priority **housing** is another area of concern.

Countries from all regions have started designing **legislation to include ageing issues**. The degree to which this is being done varies hugely and is linked closely to the demographic situation in the countries. While some ECA countries are drafting general framing legislation in conjunction with an NGO, 5 out of 13 ESCWA countries have developed national action plans on ageing. Others are implementing plans or programmes that are based on existing provisions within the general national policies. Examples of legislative measures in ESCWA include issuing licences and tax directives, initiating health insurance provisions, upgrading pension funds and expanding welfare provisions to cover disability caused by ageing. A large majority of countries in the ESCAP, ECLAC and ECE regions have reported the implementation of national policies that deal with some or all of the priority areas mentioned above. Two particular areas of legislative concern are age discrimination and abuse of the elderly.

Several Member States of ESCAP and ECE have implemented legislation that improves social protection of older persons through anti-discriminatory and equal opportunity laws. Some ECE states have or are planning to prevent age discrimination through the adaptation of their national constitutions. Beside the national efforts, European Union Member States also have to implement EU directives in the field of equal treatment and discrimination, including age discrimination, thus creating a supranational dimension.

Laws to prevent abuse of the elderly have been passed in the ESCAP and part of the ECLAC regions. In many other countries, this is already included under domestic violence legislation or civic codes but ECE countries have moved to raise awareness of such issues. However, reports say that these laws are not always applied strictly in the ESCAP region though leaving this an area of ongoing reform needs.

**Pension reform** is an important area in all regions. However, the problems faced vary dramatically. The ECE and parts of the ESCAP region are looking to ensure the financial sustainability of an already developed pension system while other regions are looking to expand their pension systems in order to combat widespread old age poverty. In the ECA, ESCAP and partially the ECLAC region, increased migration and urbanization have severely affected the existing family support structure. In the ECA region, this is exacerbated by social and political instability and HIV/AIDS. To counter these developments various measures have been taken. In both the ECLAC and ESCAP regions various countries have introduced or expanded cash benefits to the elderly, in some cases universal, in other cases means-tested. Moreover, non-contributory pension schemes are becoming more common in the ECLAC region as well as exempting the elderly from co-payments for the treatment of chronic diseases and selected medications over and above what is offered by universal health care programmes that are free for all. However, in the ECLAC region both contributory and non-contributory pensions are often below national poverty lines and in the ESCAP region many elderly remain even without the most basic health care. Consequently, further efforts in this area are indispensable.

The problem faced by most ECE and some of the ESCAP countries is a wholly different one. Their well-developed public pension systems are struggling to remain financially sustainable. To this end, there have been changes to national pension legislation in a

number of countries. In order to ensure the financial sustainability of social protection systems and pension schemes, most Member States are actively working on policies ensuring sufficient economic growth. This is done by a mixture of policies involving investment in the fields of education and training as well as introducing more flexibility in the labour market/ retirement decision. It is hoped that this will lead to higher old age employment rates thus creating a more easily sustainable dependency ratio.

As mentioned above introducing changes in the **labour market** to achieve a high level of old-age employment is crucial to sustaining advanced pension systems. In some ESCAP countries, various programmes have been implemented to make retirement more flexible. These include continuous training programmes for older workers and the creation of options to work beyond the mandatory retirement age. In the ECE area, a large number of countries report on progress made towards labour market reform, six of them explicitly indicating this field as a priority area. Most countries deploy a policy mix that involves both employers and employees and aims for an increase in employment rates and the extension of working life. Some Member States have increased the official retirement age over the reporting period and are working towards making retirement more flexible and gradual. Further policy tools include wage subsidies for older workers and waiving parts of the ancillary labour cost.

Most ESCWA, ECLAC, ESCAP and ECE Member States continue to improve and upgrade both the **quality of care** and the availability of welfare-based services. Several ECLAC, ESCAP and ECE countries have created or increased control of the quality of care by regulating the activities of long-term care institutions. In ESCAP countries, this is usually done via guidelines whereas in the ECLAC and ECE regions standards are fixed by laws or special decrees. There is a tendency towards increasing the quantity of in-home care in Latin America and Europe and many countries provide financial and training support to relatives and the affected people to enable home caring. Some ECLAC Member States have national programmes on home care. In many ESCWA countries, health care services have expanded in capacity, provision, medication and other relevant services. Further, a number of Arab countries have established day centres for the aged. Mobile clinic services help social workers to reach the elderly in their own home or at the community centre. Two ESCWA Member States have reported national programmes on family welfare and home care.

Priority housing for older persons and improvements in accessibility of the public sphere occupy an important position on the public agenda in the ECLAC, ESCAP and ECE regions. Accessibility is seen to be of crucial importance in the maintenance of independence and provisions are particularly generous in some ESCAP countries as well as parts of the ECE region.

### **Research and education**

Research programmes have been developed to different extents by the member regions. Availability of data and perceived urgency of adapting to demographic change have been

the key factors in this area. Education programmes have focussed on improving care standards as well as training both professionals and the persons in need of care.

The leaders in the field of **academic research** into ageing can be found in the ECLAC and ECE regions where there are ongoing projects linked across Member States. Established research networks and regular symposia in conjunction with the regional secretariats allow the sharing of good practice and policy advice in the field of life-long learning. While the ECE as the oldest region has long-standing research programmes, such activities in Latin America have evolved in recent years. There is now increasing use of census and survey data for studying the situation of older persons. Some new specialized surveys focusing on older persons have been set up as well as policy research in collaboration with a number of ECLAC Member States and the World Health Organization (WHO). In addition, some gerontological studies have been realized, mainly by using qualitative approaches. In the ESCAP region, individual countries have set up detailed studies but there is less international cooperation. Some countries in the ESCWA and ECA regions have worked to improve their data availability, often in cooperation with NGOs. However, due to different developmental and financial priorities these databases frequently remain at their initial stages, flagging the need for capacity development in this area.

In the area of **education**, activities towards establishing minimum standards in home care by educating both the affected people themselves and their carers have taken place in ECE and ESCAP. In the ECE, ESCWA and ESCAP regions, various programmes have been designed to provide information to older persons on how to maintain a healthy lifestyle and how to cope with problems related to old age. This involves both physical exercise support as well as information on drugs, illnesses, etc. Further **life-long learning** programmes aiming at better employability of older workers and participation of older persons in society are being developed in the ECE region.

Numerous countries in all regions provide mental and physical **training for carers**. One rather strong programme to improve the quality of home care was developed in the ESCAP region. As part of the programme, volunteers are trained in primary care and then sent to rural areas where the provision of primary care is poor. What started in one country has now been expanded to the entire ASEAN area. However, in most ESCAP and ESCWA Member States these are not always widely available.

Moreover, the introduction of **geriatrics and gerontology** into medical courses has been on the agenda. ESCWA and ESCAP countries have started to integrate this into university and medical school while a number of ECLAC countries have made important advances in the field and greatly increased the number of specialist courses. This has brought the ECLAC countries closer to the established system of geriatric care in the ECE Member States where there have been efforts to expand the existing provisions to better cope with demographic change.

## **Awareness raising and advocacy**

Following the adoption of MIPAA, many countries have made their policies and research on ageing more transparent to raise **awareness** in the population. Nearly all reporting countries have cooperated with the media and the general public to introduce **image campaigns** to improve the perception of ageing. Additionally, quite a few report organising **intergenerational activities**.

National governments in all the five regions have recognised the need to cooperate with the public and research sectors to raise awareness and improve the image of an ageing population. The bottom-up approach involves the consultation of NGOs, pensioners' associations and the general public in the process of designing policies. Such an approach has been implemented in a number of ESCAP, ECLAC and ECE countries with initial steps towards public-private sector cooperation being completed in the ECA and ESCWA regions. Moreover, making research results and policy proposals more easily available to the interested public has raised transparency. Such developments have been particularly strong in the Caribbean and some parts of the Asia-Pacific region.

In many Member States of the ESCWA, ECLAC, ESCAP and ECE regions, there have been co-operations with the media to launch image campaigns. These can involve websites, posters, publications and TV programmes that aim to convey a positive image of ageing highlighting what the elderly can offer to society. Many states also attempt to boost intergenerational solidarity through the organisation of events dedicated specifically to ageing or intergenerational relations. For instance, several countries from the ECE, ECLAC and a few from the ESCWA region report celebrating the annual International Day of Older Persons. Others have developed a system of social clubs to strengthen intergenerational relations. Since old age poverty is particularly common among women, some ESCWA states have developed special programmes to support older women.

## **Activities of the secretariats of Regional Commissions**

The ECA secretariat is working to compile a comprehensive review of ageing in Africa for 2007. To do so, the secretariat is in consultation with the African Union Commission and ECA Member States. It organizes expert workshops and regional conferences and facilitates the exchange of knowledge in the field of ageing.

The ECE supports Member States in the implementation of the Regional Implementation Strategy (RIS) and monitors progress of the MIPAA/RIS. The activities of ECE are focused on research, expert meetings, capacity building and regional meetings.

An expert task force has been set up providing expertise and guidance on the effective implementation of the ten commitments of RIS to the ECE secretariat, governments and other stakeholders. The MA:IMI project of the European Centre for Social Welfare Policy and Research compiles a database of policy-relevant indicators for monitoring implementation of the RIS. This can be used to provide advice to national and local

authorities as well as NGO partners, media and the public at large on how to integrate ageing into economic and social policy. Further activities were a meeting of national Focal Points on Ageing, a capacity building workshop for ageing-related work by governmental and UNFPA focal points in Eastern and South-Eastern Europe, the Caucasus, and Central Asia and a joint meeting of the Expert Group and Task Force for Monitoring RIS. ECE is currently preparing a Ministerial Conference on Ageing that will take place in León, Spain from 6 to 8 November 2007. The main objective of the Conference is to review the implementation of MIPAA/RIS by discussing national reviews, sharing experiences and good practice as well as identifying priorities for future action.

The ECLAC secretariat has assisted Member States in the processes of adopting national policies on ageing. It has also developed policy research and conducted short courses and workshops to build capacities in the Member States. The United Nations Population Fund (UNFPA) and other donors have given important support to the development of activities at the regional as well as the national level.

The ESCAP secretariat has supported the process with two main inputs. Firstly, it has provided advisory services to various governments both in the areas of implementation and statistics. Secondly, it has organized the regional follow-up strategy congress in Shanghai and guided the organization of the review and appraisal process.

The ESCWA secretariat has designed the draft Arab Plan of Action on Ageing to the Year 2012 (APAA) that was adopted in Beirut in 2002. It serves as a second pillar alongside the MIPAA in guiding policy towards ageing. Moreover, the secretariat is involved in the provision of assistance with the implementation of both MIPAA and APAA in Member States. To this end, it publishes informative and evaluative material in the area of population ageing as well as reporting on the progress made by individual countries.

## **Conclusion**

Overall, it seems that MIPAA and the related activities in the UN Regional Commissions have had great influence on bringing ageing onto the political agenda and have stimulated action at various levels. While all Regional Commissions acknowledge that there are great challenges ahead, the first five-year cycle has certainly raised awareness of the importance of those challenges among a range of different actors, such as governments, intergovernmental bodies, civil society and the private sector.

While ageing is the universal path in the demographic development across all world regions, the places where the regions find themselves in this path differ largely, with median ages of the population ranging from 18.9 years in Africa to 39.0 years in Europe<sup>14</sup>. Therefore, it is obvious that the ways of adaptation to the ageing world take different forms and are at different levels of importance in the political agenda depending on the challenges currently posed in each demographic context. The regional reports reflected a rough correlation between the current stage in population ageing and the relative

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<sup>14</sup> United Nations (2007). *World Population Ageing 2007*. Sales No. E.07.XIII.5.

importance of ageing related issues on the political agenda. For example, mainstreaming ageing pronounced as an objective only in the ECE region, housing is mentioned as a priority in the ESCAP region.

The extent to which citizens depend on publicly funded systems of social security, pensions and care also vary largely between regions. In the ECE region, adapting these systems to the needs of an ageing population is often the most important concern. Support to families is seen as one of the avenues that could help alleviate the financial pressures on these publicly funded systems. Most countries in the other regions have traditionally been relying heavily on the role of the family in supporting and caring for older persons and integrating persons of all ages. Following the demographic and social change under way, families alone cannot cope with these tasks any more and alternatives have to be provided.

The role of Regional Commissions of the UN is essential in joining the forces of countries in tackling common concerns arising from the demographic and social change.

### **Annex: Overview of activities of the Regional Commissions in the Implementation of the MIPAA**

#### ***ECA***

- Compilation of a comprehensive review of ageing in Africa for 2007
- Consultation with the African Union Commission and ECA Member States in the preparation of the aforementioned report
- Organization of expert workshops and regional conferences
- Facilitation of the exchange of knowledge in the field of ageing in the region

#### ***ECE***

- Inception of the “Task Force – Monitoring RIS” in collaboration with the Government of Austria. The Task Force acts as a think tank providing expertise and guidance in the implementation process of MIPAA/RIS.
- Development of “MA:IMI - Mainstreaming Ageing: Indicators to Monitor Implementation” project by the European Centre for Social Welfare Policy and Research in collaboration with the ECE secretariat and the associated Task Force (with support from the Austrian Government).
- Coordination of the Generations and Gender Programme that aims to improve the knowledge base for population related policy-making in ECE countries.
- Meeting of National Focal Points on Ageing organized in collaboration with the Institute for Older Persons and Social Services (IMSERSO) of Spain.
- Joint Meeting of the Task Force Monitoring RIS and the Expert Group for the UNECE Conference on Ageing
- Preparation of the ministerial conference (6-8 November 2007) in collaboration with the Ministry of Labour and Social Services of Spain
- Capacity development workshop for the countries of Eastern Europe, the Caucasus and Central Asia organized in collaboration with the United Nations Population Fund (UNFPA)

### *ECLAC*

- Assisting countries in order to facilitate the design of national policies on ageing, the development of policy research, capacity building and the creation of awareness of ageing issues
- Provision of technical assistance and research:
  - Design of a national policy on ageing through a nationwide process of consultation with different stakeholders
  - Assistance in the participatory process that defines the priorities in the implementation of national laws that protect the rights of older persons
  - Assistance to civil society to increase their ageing advocacy capacities
  - Strengthening of institutional arrangements in Member States
  - Development of research in the area of policy scenarios using a modified DELPHI methodology
  - Development of a study of four countries analyzing the participatory mechanisms implied in the design of national laws, policies and programmes on ageing.
  - Production of a Manual of Indicators of the Quality of Life of Older Persons which is now being used increasingly in the Member States.
  - Development of a regional indicators system using data from 1990 and 2000 censuses
  - Development of an ageing module to be included in household surveys, in order to measure the quality of life of older persons
  - The Development Account project on ageing supporting a needs assessment mission on ageing
  - A four-country analysis of most recent census data on ageing, economic security, living arrangements and health and well-being
- Training and capacity building by means of short courses and workshops
  - A workshop on institutional building for the members of the National Council of Older Persons
  - A training course on the Indicators of the Quality of Life of Older Persons, including professionals of numerous Member States
  - A training course on the design of national ageing policies with representatives from the government and civil society
  - Two training workshops for the national institutions in charge of ageing issues
  - The first Caribbean Symposium on Ageing in Trinidad and Tobago as a joint exercise between the government, the Pan-American Health Organization (PAHO), the University of the West Indies (UWI) and the ECLAC

### *ESCAP*

- Provision of advisory services to various governments both in the areas of implementation and statistics
- Organization of the regional follow-up strategy congress in Shanghai
- Guiding the organization of the review and appraisal process

***ESCWA***

- Design of the draft Arab Plan of Action on Ageing to the Year 2012 (APAA) adopted in Beirut in 2002
- Provision of assistance with the implementation of MIPAA and APAA in Member States
- Documentation and publication of informative and evaluative material in the area of population ageing

#### **4. ACTIVITIES AND DEVELOPMENTS ON AGEING IN AFRICA: FOLLOW-UP TO THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING**

*Economic Commission for Africa (ECA)*

##### **Introduction**

Although Africa is referred to as the youngest continent in terms of the age structure, the numbers of older people will change more dramatically than in other regions, especially in the developed countries. Therefore, while the challenges posed by increasing numbers of older persons are significant in all regions, they are more important in Africa than elsewhere in the world because Africa is the continent with the highest levels of poverty as well as HIV/AIDS prevalence rates which affect the quality of life of every individual especially the elderly. Africa will have the fastest growing number of the elderly to 2050, from approximately 42 million in 2002 to approximately 205 million in 2050.

The family institution which used to take care of all members, including the elderly, has continued to break down as a result of increased migration (especially rural to urban areas), urbanization, social and political instability as well as HIV/AIDS. With regard to HIV/AIDS, the elderly have found themselves losing their support from own children, either taken sick by HIV/AIDS or dead from the same disease, to being income earners, and supporters and active care givers to own children and grandchildren.

Among many competing priorities, African countries are increasingly becoming aware of ageing as an emerging challenge, especially since 2002 when the Madrid International Plan of Action on Ageing (MIPAA) was endorsed by the international community.

##### **Overview of Progress**

###### **Regional Level**

At a regional level and in response to the MIPAA, a partnership between African Governments, through the African Union (AU), and HelpAge International led to the adoption of a comprehensive Policy Framework and Plan of Action on Ageing in 2003 (HelpAge, 2003). In addition, in 2005, the AU launched the Economic, Social and Cultural Council (ECOSOCC) as a vehicle for building a strong partnership between governments and all segments of African civil society (AU, 2005). Ten sectoral cluster committees were set up to formulate opinions and provide inputs into the policies and programmes of the African Union. One of the committees is on social affairs and health, and covers health, children, drug control, population, migration, labour and employment, family, ageing, the physically challenged, sports, culture, youth, and protection and social integration. The AU works in partnership with regional and sub-regional entities such as ECA, African Development Bank and the regional economic communities (RECs) to

advocate for the incorporation of social issues, such as ageing, into policies and development strategies at country level.

In 2004 (18-20 August), the Union for African Population Studies (UAPS) in collaboration with the South African Department of Social Affairs as well as the Human Sciences Research Council (HSRC) held a conference in Johannesburg with the main aim of pulling resources together to forge ways to tackle the phenomenon of ageing in Africa and to develop a plan of action to assist African countries to respond to international resolutions on ageing. Up to 250 participants attended the conference, drawn from selected Member States, as well as experts from the continent, India, USA, UNHQ, UNECA, UNFPA, Age in Action and HelpAge International (UAPS, 2004: 6-7). The conference covered: morbidity, causes of death and mortality among the elderly in Africa; the changing role of the elderly in African households and the impact of ageing on African family structures; ageing in the era of HIV/AIDS; ageing and pension schemes in Africa; care and quality of life of the elderly in Africa; ageing and poverty in Africa; lessons that sub-Saharan Africa can learn from ageing experiences from other regions; and existing support of the aged from both private (formal and informal) and public sectors.

Overall, the presentations at the conference revealed the following issues: deterioration of living conditions of the elderly due to the erosion of the traditional family system; changing values and weakening of filial responsibility; lack of desire of many youth to live with their grandparents in rural areas; prevalence of higher incidence now than in the past of disability and abuse of older persons; changing roles of older persons from those needing care to those providing care; and the impact of HIV/AIDS on the elderly, such as forcing them into roles they thought they had retired from. These findings point to more concerted need at country level to generate research information to inform policy and programme formulation and implementation, as well as to intensify the mainstreaming of ageing issues in development policies and programmes.

### **Country Level**

At country level, an increasing number of individual countries within the region have realized the urgency of providing policies and programmes to deal with the needs of older persons. Information from the 2003 ICPD+10 survey for Africa indicates that 32 out of 41 countries (78 per cent) responding to a question on whether ageing was a development challenge affirmed that ageing was indeed a development challenge (Sembajwe, 2004). In addition, in an overview of population policies and population dynamics in 35 African countries, the United Nations found out in 2003, that 17 of these countries (49 per cent) considered ageing to be a major concern (United Nations, 2003).

In sub-regional workshops on ageing and related issues held in East Africa (Dar-es-Salaam, 2003 by United Republic of Tanzania, UNDESA and HelpAge) and West Africa (Accra, 2004 by HelpAge) a number of policy and programmatic issues were pointed out by individual countries. In Dar-es-Salaam, the issues dealt with included the need for: mechanisms to incorporate ageing in national poverty policies; strengthening poverty monitoring systems by mainstreaming ageing into PRSP and MDG processes as well as

other strategies; improving the evidence base on ageing and poverty to inform policy making and planning on identified linkages; mechanisms to match national poverty reduction strategies and strategies to meet the needs of older women and men; and development of an advocacy strategy on linkages between programmes and policies on ageing and poverty (UN, 2003:4).

After intensive discussions, it was agreed that there was a need to: accept older persons as partners in development and as positive agents of change; construct the evidence base to enable governments to justify budgetary allocations to the elderly; build the political will to integrate older persons into development strategies; partner with different stakeholders, including older persons, to identify policy options; link ageing to existing policies and programmes; link older people with civil society groups active in poverty reduction; and forge partnerships to cater for the needs of the elderly (UN, 2003: 7-8).

On the other hand, in Accra, a number of policy developments were reported: Kenya had a draft policy on ageing awaiting presentation to Cabinet for approval; Mozambique adopted a policy on ageing on 13 November 2004; Ghana's draft policy on ageing was presented in March 2003 and was still awaiting approval; in Zimbabwe, the draft policy on ageing was expected to be tabled in parliament by December 2004; Tanzania adopted a National Policy on Ageing in 2003; in South Africa, preparation for the National Policy on Ageing was in progress; and in Cameroon, a draft policy on ageing was being prepared. In all these processes, HelpAge International was an important international partner in providing technical and advisory support (HelpAge, 2004: 28-41).

It is, therefore, clear that Member States are increasingly becoming aware that population ageing has serious future implications and consequences for Africa.

### **Contribution of ECA to Ageing Activities**

With special reference to ageing, ECA is actively engaged, in partnership with DESA and other regional commissions, in activities leading to the review and appraisal of the Madrid International Plan of Action on Ageing. It has participated in activities organized by the Department of Economic and Social Affairs (DESA) for DESA and the Regional Commissions to chart out the modalities for the review and appraisal.

In this regard, the Commission is producing a comprehensive report on ageing in Africa in 2007. To a certain extent the report will draw on a few responses received from Member States on ageing and migration after a questionnaire was sent out to them in early 2006. This report, together with ten test case reports from selected countries based on the bottom-up approach will be presented to and discussed by an expert group meeting in October 2007. The outcome of the meeting will be a more consolidated follow-up report on MIPAA in Africa. The report on ageing produced by ECA shall, however, remain a major background document on ageing in the region.

Other areas of the Commission's work in which ageing is indirectly taken into account, is HIV/AIDS and gender. With regard to HIV/AIDS, the elderly have found themselves losing their support from own children, either taken sick by HIV/AIDS or dead from the same disease or due to other factors, to being income earners, and supporters and active care givers to own children and grandchildren. There is a need, therefore, to intensify efforts to deal with the issue of HIV/AIDS and its effects on different age segments of the population. Over the last couple of years, ECA has actively participated in a partnership HIV/AIDS treatment acceleration programme (with WHO, World Bank and the Governments of Burkina Faso, Ghana and Mozambique). Its major niche is to draw lessons learned from project activities to enrich advocacy and knowledge sharing within the region. In this way, informed policies will be generated to encompass all age segments. A gender perspective is of special interest in HIV/AIDS activities because the elderly (the majority of whom are women) have found themselves losing their support from own children, either taken sick by HIV/AIDS or dead from the same disease or due to other factors, to being income earners, and supporters and active care givers to own children and grandchildren.

Finally, ECA is continuing its consultations with the Social Affairs Department, African Union Commission, on how to work together to advocate and share knowledge with Member States on the priorities on ageing expressed by the African leadership in 2003 through a comprehensive Policy Framework and Plan of Action on Ageing in Africa.

### **Identified Priorities for Future Actions**

Examining the responses from ten Member States that responded to the ageing components of the survey questionnaire sent to countries in 2006, reflects that concerted effort has been made by Member States either to formulate and adopt National Policies on Older Persons and/or to mainstream and integrate ageing issues in sectoral policies and development programmes such as those on the family, population, and social welfare (ECA, forthcoming). In the case of the priorities for future action regarding the implementation of the MIPAA, reporting States identified the need for: human and technical development for dealing with the challenges of ageing; financial resources; setting up or strengthening institutional capacities for managing the challenges of ageing; strengthened coordination/partnerships between the public and non-governmental as well as private sector interventions in taking care of the elderly; setting up monitoring and evaluation mechanisms; data and research to inform policy making and programming as well as monitoring and evaluation processes; and initiation of and strengthened involvement of older persons in programmes/projects concerning them (including design and implementation).

### **Conclusion**

It is clear that population ageing has serious future implications and consequences for Africa. The numbers of older people is increasing fastest in Africa, suggesting the need for

partnerships and collaboration among public, civil society and private institutions to meet the needs of the elderly.

While awareness of issues related to ageing and the needs of the elderly is increasing, a great deal needs to be done. The countries with explicit policies on ageing already adopted or in draft form are still few. Moreover, information available is not adequate to assess the depth and reach of policy and programmatic initiatives countries have in place. This calls for more data gathering and research to inform policy and programme formulation, implementation, monitoring and evaluation; as well as policy analysis and advocacy.

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## 5. REGIONAL REVIEW OF THE IMPLEMENTATION OF MIPAA IN ASIA AND THE PACIFIC

### *Economic and Social Commission for Asia and the Pacific*

#### **Introduction**

The Madrid International Plan of Action on Ageing (MIPAA) was adopted at the Second World Assembly on Ageing held in Madrid, Spain, in April 2002. The emerging demographic transformation, which had been gaining momentum in the developed world and by then becoming visible in the developing world, prompted the United Nations to convene the Assembly. The Plan of Action identified the pivotal consequences of ageing societies and recommended policy actions in three priority areas to address them in the 21<sup>st</sup> century: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

At the regional level, Governments in Asia and the Pacific, which had recognized the challenges of policy and associated fiscal implications of ageing, had adopted the Macao Plan of Action on Ageing for Asia and the Pacific in 1999, identifying specific regional challenges and recommending actions to ameliorate them in a culturally accessible manner. To give impetus to the Macao Plan of Action and enhance the implementation of MIPAA, ESCAP adopted a regional implementation strategy, known as Shanghai Implementation Strategy (SIS)<sup>15</sup>.

MIPAA has helped many countries in Asia and the Pacific accord more attention to ageing concerns, the extent of which is discussed in this progress report. The report is structured around the framework of MIPAA and is based on information collected from countries and territories in the region through surveys, country assessment reports, research papers, expert group meetings and training workshops<sup>16</sup>.

As the regional demographics of ageing are covered in detail elsewhere<sup>17</sup>, this paper will discuss national actions in the context of the implementation of MIPAA. Against the three key pillars of MIPAA, the paper will review and appraise a selected number of sub-areas

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<sup>15</sup> The Asia-Pacific Seminar on Regional Follow-up to the Second World Assembly on Ageing was held in Shanghai, China, 23-26 September 2002, and adopted the “Shanghai Implementation Strategy: Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 and the Macao Plan of Action on Ageing for Asia and the Pacific 1999”.

<sup>16</sup> ESCAP had launched a survey in 2005, which covered the following countries and territories: Armenia; Bangladesh; China; Fiji; Georgia; Hong Kong, China; Guam, United States; Islamic Republic of Iran; Japan; Lao People’s Democratic Republic; Macao, China; Malaysia; Maldives; Mongolia; Nepal; New Zealand; the Philippines; Singapore; Sri Lanka; Thailand; and Uzbekistan; national surveys were also carried out and participatory research conducted in six countries in the region between 2004 and 2006, namely, Bangladesh, China, Japan, India, Indonesia, and Sri Lanka.

<sup>17</sup> See “Fertility transition and population ageing in the Asian and Pacific Region”, prepared by ESCAP, 2007.

that are both common to member countries and high on the agendas of their Governments. The paper will conclude by suggesting future directions for regional action to increase alignment with the goals and objectives of the Plan.

### **National Actions for the Alignment with MIPAA**

Attention to population ageing issues in the region evolved considerably in the last five years in Asia and the Pacific, especially after the adoption of the regional strategy, SIS, for the purpose of implementing MIPAA. The adoption of this strategy was a clear reflection of the growing importance of age-related issues and their implications in the region<sup>18</sup>.

At the regional level, ESCAP's role is crucial to assess the challenges to implementing MIPAA, enhance the capacity of Member States to meet the challenges and execute the plans, conduct relevant research to support the process and help develop region and country specific mechanisms for monitoring the implementation of the plans and programmes.

The present policy attention to ageing in the region is well placed within the parameters of the framework of MIPAA although in no way exhaustive of its 239 goals and objectives. Hence, it can be said that regional actions are in alignment with SIS, which is the regional strategy for implementing MIPAA. However, many gaps remain in practice, especially between rural and urban areas, which were primarily due to resource constraints and other policy imperatives.

The enhanced attention to ageing has also created opportunities for many Governments to involve non-governmental organizations (NGOs) and other national stakeholders in partnerships to face the many challenges brought about by ageing. The involvement of civil society appears to have strengthened their role at several levels, through sensitizing public officials, the media as well as the private sector. For example, many of the countries in the region are actively seeking the collaboration of NGOs in preparing their national reviews and appraisals of MIPAA. This openness also helped link and bolster the value of bottom-up participatory approaches to the evaluation modality of MIPAA. In fact, nearly half of the countries surveyed by ESCAP reported carrying out comprehensive analyses by using participatory tools such as client satisfaction surveys and focus groups research.

Social policy imperatives in the region varied widely, usually drawn in accordance with the level of development, cultural and institutional settings, and the level of demographic ageing. However, most commonly in respect of ageing, Governments gave priority to improving the quality of life in old age by facilitating continued participation of older persons in the development of society. This general finding is supported by the 2005 ESCAP Survey. That aim has been often pursued by encouraging older persons to stay active and healthy, emphasizing the need to build a positive image around ageing, strengthening traditional social support systems for older persons living in extended

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<sup>18</sup>In 2007, 10 per cent of the population in the region is aged 60 or above. By 2050, the process of ageing will accelerate and reach a projected percentage of 23.6 (Asia) and 25.0 (Oceania) (UN, 2007).

families, providing assistance to those living alone or deemed vulnerable, reviewing social security systems, establishing standards and regulatory codes for long-term care, developing integrated health and social services in rural areas, providing quality long-term care and community services, alleviating poverty in older persons as well as intensifying regional and international cooperation for the elderly issues.

In terms of institutional arrangements, most of the countries that were evaluated in this overview had established ageing coordinating mechanisms or national focal points. These ranged from high-level governmental bodies such as the Presidential Commission on Ageing in the Republic of Korea to a bureau within the ministry of social welfare or health vested with implementing a national plan, policy, programme or project. Some of these mechanisms were established on the basis of bylaws, such as Article 29, the Constitution of Islamic Republic of Iran, Article 192, and part A section of the Executive Bylaw of the 3rd Development Plan, 1999-2003. Others were represented by ad hoc bureaucratic functions within a ministry.

In India, the Ministry of Social Justice and Empowerment, which was the focal point for ageing issues, provided basic policy guidance, the roadmap for policy implementation and also coordinated with other partners, such as the other Ministries of the Central Government and the Provincial Governments, NGOs, and civil society institutions. The Ministry promulgated the National Policy for Older Persons (NPOP) wherein all aspects of life concerning the aged have been addressed. The Government of India has also identified the gaps in the implementation of the National Policy on Older Persons and new initiatives required in the context MIPAA.

More developed countries such as Japan and New Zealand have set up a high-level government agency at the ministerial level which takes the leadership role in directing and coordinating manpower and resources in dealing with ageing issues. Countries and areas such as Hong Kong, China; Fiji and Sri Lanka have established national committees or commissions on ageing to coordinate the planning and development of various programmes and services for older people. Some countries have inter-agency committees to monitor and implement the policies and programmes for older people. For example, those in China and the Philippines consist of coordinating bodies which are made up of various Government ministries and national NGOs. However, most countries in the region have no specialized agency or body to deal with ageing issues. In these cases, usually the Ministry or Department of Social Welfare have taken on the role of providing welfare services to meet the needs of older people.

## **Reviews and Appraisals of Implementation of MIPAA**

### **Older Persons and Development**

The extent to which countries in the region mainstreamed ageing concerns in their development policies is mixed. The priority of economic growth meant that social issues

came second or even further down the list of national priorities although, increasingly, Governments in the region are recognizing population ageing as a development issue. Difficulties encountered in mainstreaming ageing issues could be attributed to the lack of sufficient funds, inadequate training for implementation of programmes, and limited interdepartmental cooperation.

When the question of responsibility for older persons is raised, more often than not the persistent view in the region emphasized the role of family and community systems of care as opposed to that of formal institutions. This was mainly due to the higher priority of economic growth, with the recognition that the specific effects of population ageing and their inter-linkages with development strategies would produce challenges for society's economic development and well-being. With varying degrees, this conviction prompted many countries and areas in the region to address population ageing, in one form or another, in their development plans and policies.

As Governments began to accord higher levels of policy attention to ageing over the past five years, mainstreaming ageing into development policy areas in alignment with regional and global norms and standards became more obvious. For example, the Government of China mainstreams ageing activities by extensively publicizing the aims and objectives of MIPAA, SIS and the Macao Plan of Action on Ageing. Modalities for mainstreaming ageing concerns included the Tenth National Five Year Development Plan on Ageing, 2001-2005. As feminization of old age became visible in the country, the Government began promoting older women's issues and called for gender equality in retirement.

### **Active Participation of Older Persons in Society**

The desire to remain productive in old age is demonstrably strong in the region. But employment opportunities for older persons, to match their needs, are sparse and far between. Although continued employment has proven to be rewarding and beneficial for the worker and the employer, various obstacles exist for older persons to work especially in the formal sector.

In the informal low-income sector the concept of retirement is absent as the work force is usually concerned with meeting day-to-day survival and cannot afford to stop working<sup>19</sup>. An early demographic perspective on mid- to low-income countries like China and Thailand, where fertility declines outmatch needed economic affluence levels, levels that can enable sustained and adequate social security systems, suggests that they will experience rapid ageing at low levels of income<sup>20</sup>. It is essential then for Governments in the region to start planning ahead for the socio-economic implications of ageing societies. It is also important to understand the changing demands and needs of a future elderly population that is more educated and consumption-oriented compared to today's older population.

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<sup>19</sup> ESCAP (2007d).

<sup>20</sup> United Nations Population Fund, 2006.

MIPAA recognizes that education is a crucial basis for an active and fulfilling life. But low levels of educational attainment and illiteracy amongst the current older generation in developing countries is an impediment to the promotion of active ageing as well. Surveys on educational levels of older persons in developing countries persistently demonstrate that illiteracy rates are more prevalent amongst the poor.

In order for older persons to continue interacting satisfactorily with society and to benefit fully from their potential contributions to its development, many countries, such as China and India, embarked on public education programmes that promoted life-long learning and prepared older persons financially for retirement. In Nepal, schemes to encourage excellence in nursing facilities and social recognition of older persons were soon to be launched and mechanisms would be developed to enhance the participation of older people in society. Education and recreational facilities would also be provided along with information and databases on older persons being updated for use in policy formulation.

The Law of the People's Republic of China on the Protection of the Rights and Interests of Elderly People has a special chapter on protecting the rights and interests of elderly people to participate in social development. In this regard, the Government issued special policies to engage the expertise of retired scholars and professionals to contribute to social development. Additionally, in 2003, the Government initiated the Silver Hair Action programme, aimed at enabling senior intellectuals to apply their scientific and technological knowledge and expertise to assist in the development of the country's under-developed regions.

In Asia and the Pacific, cultural factors greatly influence opportunities for active ageing and, especially, productive ageing. In this respect, some Governments, such as Hong Kong, China; Japan, and Singapore, have given priorities to the promotion and the provision of opportunities for continuing education and retaining mature workers beyond the compulsory retirement age. The Governments have introduced innovative management strategies at the work place to facilitate old-age work. Overall, resistance of employers to hiring older workers can be contrasted with the growing desire on the part of the latter to remain productive throughout the life span.

### **Intergenerational Solidarity**

Family life in Asia and the Pacific was profoundly transformed in the context of modernization and urbanization. In low-fertility countries with high female labour force participation, older persons will have fewer caregivers at home. Continued rural-urban migration would worsen this situation in the coming years. In rural areas, however, a majority of older persons still live in traditional families and depend on them for financial support and care. In certain situations, older persons themselves became volunteers and caregivers of other cohorts, like orphaned grandchildren or older bed-ridden or frail

persons. The Department of Public Welfare of Thailand estimated in 2000 that as many as 150,000 AIDS orphans lived with grandparents<sup>21</sup>.

Modernization of society, coupled with urbanization and migration, often weakened the family's ability to care for the elderly. Many countries in the Asian and Pacific region have experienced prominent shift in household structures from an extended to a nuclear form, and a shift in living arrangements of the elderly from the co-residence with children to living alone or living with a spouse only. Although such structural changes are statistically evident, especially in countries such as Japan and Singapore that have completed demographic transitions and high levels of socio-economic development, it remains unclear to what extent familial attitudes and values have changed over time.

Intergenerational solidarity between younger and the older persons is being promoted in many countries in the region although the outcomes vary according to prevailing generational relations in each country. Countries that had established intergenerational welfare transfer policies or programmes, especially relatively affluent economies in the region had comparable concerns: emerging adult unions and cohabitation disfavours informal care provision in old age. Governments in less affluent countries, however, continue to pursue social policies that recognize the extended-family norm and place greater emphasis on strengthening traditional support while providing basic assistance to those without family help. Examples in this regard include countries such as Cambodia, Lao People's Democratic Republic and Thailand.

Some countries promoted intergenerational relations through primary and secondary education. For example, in China, the Young Volunteers' Programme was established by the Ministry of Education under the Tenth National Five Year Development Plan, 2000-2005. The aim of this programme was to create a core of young volunteers who would regularly visit older persons and offer help with daily living activities. In rural China, the State encourages people to sign a "family support agreement," which stipulates how the elderly person is to be provided for and what level of livelihood he/she will have. Village committees or other relevant organizations supervise the implementation of the agreement to make sure that elderly people receive the support they are entitled to. By the end of 2005, some 13 million "family support agreements" had been signed.

The Russian Federation has declared 2008 the Year of Family. In the course of the Year several campaigns and activities are scheduled to promote intergenerational solidarity.

The social and economic implications of migratory movements are also linked to intergenerational concerns. In China for example, it is common for rural older persons to support working age children migrate to cities where economic opportunities are plentiful but the increased mobility of younger persons reduced the availability of physical support to older persons. Although the migration of children contributed to their material well-being through remittances, the lack of community services affected the psycho-social support due to reduced contact. Rural to urban migration in Thailand similarly influenced older persons left behind.

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<sup>21</sup> Knodel, 2000.

In a survey conducted in Phnom Penh, Cambodia, in 2005, it was indicated that the lingering outcomes of internal conflicts negatively influenced intergenerational relations. More than two-fifths of the current generation of older persons in Cambodia lost at least one child during the Khmer Rouge rule during 1975-79 and about a quarter of older women had lost their husbands<sup>22</sup>.

In general, while filial piety remained strongly valued in the region, the ties between different generations frayed under conditions of economic pressure and instability but might also expand during more favorable periods. Hence, it could be surmised that the Asian landscape is one where both intergenerational solidarity and conflict alternate. To maintain the wider role of the family, some Governments are beginning to take measures to strengthen family bonds.

### **Income Security, Social Protection/social Security, and Poverty Prevention**

The economic and social situation of the developing countries in the region is such that only nine to 22 per cent of formal-sector retirees receive a pension or social security benefits<sup>23</sup>. The rest rely on other means, which might or might not have included minimum subsistence benefits provided through means-tested schemes for the poor. It is important to note, therefore, that due to financial constraints, many countries in the region such as Bangladesh, India, the Democratic People's Republic of Korea and the Republic of Korea targeted their social security programmes to the poor and persons with disability. There were simply no universal benefits for the elderly as a group.

Many countries in the region, however, seek to provide social security coverage through social pensions and cash allowances to persons in the informal sector. China, for example, implements a scheme called the Rural Five Guarantee Scheme to secure food, clothing, shelter, medical care and funeral expenses distributed through collectives. This scheme has been in place since 1950 and has been updated in 1991 by a rural pilot scheme on social pension that had covered 54 million farmers by 2005. China also initiated contributory social security and non-contributory income security programmes for the poor. Despite these developments, however, the overwhelming majority of older people in rural areas do not benefit from the country's social welfare system, pensions and adequate medical care.

Poor households in India receive social security assistance under the National Social Assistance Programme (NSAP) of 1995. The measure consists of three pillars; a targeted pension scheme, a food support scheme, and a family benefit scheme. The central Government contributes US\$4.7 per month to each beneficiary under the pension scheme – named the National Old Age Pension Scheme (NOAPS) – under which about 50 per cent of poor older persons, are living with less than one dollar a day and above the age of 65. As economic development increases, public spending levels on social pensions could

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<sup>22</sup> Knodel J. and Saengtienchai, C., Older Aged Parents: The final safety nets for adults, sons and daughters with AIDS in Thailand, *Journal of Family Issues*, 26, 665-698, 2005.

<sup>23</sup> UNESCAP, 2004.

increase, as in India, where the Government tripled its National Old Age Pension benefit in 2006, targeted at the destitute who are 65 years and older<sup>24</sup>.

As an economy in transition, the pension system in Kazakhstan is a combined system, consisting of a state pension and an accumulative pension, akin to a retirement fund that people had contributed to during their working life. The state pension is provided to those people who had not been able to accumulate a private pension.

Central Asian countries are also taking advantage of networking to promote social protection measures for older persons. In 2005, the international network, AgeNet Without Borders, was established by 28 organizations from Kazakhstan, Kyrgyzstan and Uzbekistan. The Ministry of Labour and Social Protection, Kyrgyzstan joined the network as a member of the Coordination Council. Currently, the network actively promotes the goals of MIPAA in Central Asia, including through campaigns to raise funds for the provision of social support for older people. In 2007 gerontology organizations from Turkmenistan are expected to join the network.

In Mongolia, according to the Master Plan for Social Security Sector Development, pension insurance would be mandatory for all from 2006, but a limited state budget affected its implementation and the cost-effectiveness of this type of welfare in the social sector. Mongolia had earlier passed the Law on Elderly Social Protection in 1995 and developed the National Programme on Elderly Health and Social Protection in 1998.

Consistent with rights-based, good governance and quality of life approaches to social development, some Governments are putting greater emphasis on income security and social protection in old age by moving away from needs-based approaches, which consider the older person as a passive recipient of welfare benefits<sup>25</sup>. For example, Malaysia's Vision 2020 provides the overall direction for future development planning and includes age-related issues, such as increased educational opportunities, better nutrition and health care and strengthening family institution to supplement the older persons' income security and well-being. In New Zealand, the Government began implementing the Positive Ageing Strategy and the Government's Overall Strategy for People over 65 in 2001, and the Law on Elderly Social Protection since 1995.

The Government of Nepal's operational strategy includes actions related to strengthening economic security, the social security system, and improving health care facilities. The country has a universal pension scheme that covers anyone over 75 years with US\$2.8 per month. Poor widows over 60 are illegible to receive US\$2.1 per month. Similarly, the Government of the Philippines had developed some major policies since the adoption of MIPAA. Two examples are the Republic Act No. 9257, enacted on 26 February 2004, granting additional benefits and privileges to senior citizens and Republic Act No. 7876, an act establishing senior citizens centers in all cities and municipalities of the Philippines.

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<sup>24</sup> see [www.unescap.org/esid/psis/meetings/Ageing\\_Change\\_Family/India.pdf](http://www.unescap.org/esid/psis/meetings/Ageing_Change_Family/India.pdf) (3 October 2007).

<sup>25</sup> Kinsella, K. and Phillips, D. R., Global Ageing: The challenge of success, *Population Bulletin*, 60(1), 1-40. 2005.

Additionally, a number of local governments provide social pension schemes in the Philippines.

Some governments utilize culturally accessible dimensions of social life to provide social protection or security to older persons in the informal sector. The Government of Pakistan for example administers the collection and distribution of *Zakat*, the main social welfare system based on the Islamic concept of charity. Local committees collect *Zakat* from the saving accounts of commercial banks and *Ushr*, a tithe levied on large agricultural production. *Zakat* funds are distributed to beneficiaries including individuals, organizations and educational or civic institutions. Some formal sector workers have access to the Employees Old Age Benefit Institution (EOBI), which was introduced as a pension scheme to cover low-income workers or persons with disabilities and their dependants or widows.

China; Hong Kong, China; the Philippines and Singapore are examples of countries that have included individual accounts in their social security programmes in the face of a rapidly expanding older population. An ageing population implies fewer taxable workers to support the retired. Hence, even the most affluent countries in the region are already finding it difficult to formulate a sustainable pension scheme for their citizens.

Older persons are also more susceptible to the risk of poverty in old age. As such, employees and workers give the highest priority to the encouragement of savings. About two thirds of the countries and territories surveyed by ESCAP have taken these initiatives. For example, Sri Lanka has implemented several social protection and security programmes, such as Public Sector Pension Scheme, Public Service Providers Fund, and pension schemes to assist older people. Needy older persons in Sri Lanka can also benefit from the Government safety net programme – known as Samurdhi Welfare – and the Public Assistance Programme. The latter provides cash allowance of US\$2-5 per family, and reaches about 400,000 families.

Some countries also use a means-tested system to financially support older persons. Malaysia's National Policy for Older Persons, for example, involves cash contributions of US\$39 per month per person and currently boasts a membership of 23,800 persons. Indonesia provides direct cash assistance in the six most populated provinces in the country. The implementation of Act No. 13 of 1988 on Older Persons' Welfare resulted in a social security programme managed by the Ministry of Social Affairs, which distributes US\$33 per month given to frail and or poor older persons. The coverage of this programme is increased annually. Both Thailand and Viet Nam also utilize means-tested cash allowance schemes; US\$14 per month to vulnerable persons over 60, and US\$6.2 per month to those needy and over the age of 85, respectively. In Bangladesh, a country where 80,000 persons join the ranks of old age every year, the Government employs two means-tested schemes – known as the Old Age Allowance and the Widow's Allowance – that reach about 20 per cent of older persons above the age of 60. Both schemes provide US\$2.9 per month to 1.6 million older citizens.

In the absence of universal social security coverage, most countries in the region rely on a multi-pillar system that combines poverty relief and defined benefits plans, such as pay-as-

you-go and old age pensions, with defined contributions plans like pension funds and voluntary contribution for the private sector. These schemes are usually administered by the social welfare ministry and may reach a sizable proportion of the poor; but whether such schemes are capable of ensuring old-age security, even for the young-old cohorts, is questionable<sup>26</sup>. In more affluent countries, like Japan and the Republic of Korea, low fertility levels and a shrinking work force combine to accentuate old-age social security expenditures and may even present a depressive affect on economic prospects<sup>27</sup>.

Illiteracy and income security in old age interact in many ways in the region. A recent survey carried out in Queta, the capital of Balochistan, Pakistan<sup>28</sup>, showed that most of the illiterate respondents came from low-income settings. This meant that many potential beneficiaries of the social security systems that were in place were simply not aware of the existence of these benefits. The 2002 Survey of Elderly in Thailand conducted by the National Statistics Office revealed that only 50 per cent of those aged 60 or over were aware of social security for older persons, and as few as five per cent received it<sup>29</sup>.

The oldest persons, women and those residing in rural areas are most likely to be left out of the safety net. In Bangladesh, for example, HelpAge International conducted an Older Citizens' Monitoring Project, which revealed that less than 10 per cent of eligible beneficiaries of the old age allowance were receiving the benefits<sup>30</sup>. Currently, the project has successfully mobilized older people to form advocacy groups, which identify eligible beneficiaries and encourage them to apply for the benefits directly or indirectly.

Overall, in countries with higher levels of economic growth or affluence, good progress was achieved in mainstreaming ageing in development policies and creating supportive environments for active ageing. In other countries, the socio-economic situation of older persons without sufficient retirement savings or adequate family support could be ameliorated with publicly-supported cash substitutes or transfers.

In the light of the above, the ageing process is likely to become the most important development issue in the 21<sup>st</sup> century, and due to its multi-faceted complexity and uncertain implications for policy and implementation, future research on the subject will increasingly become multidisciplinary and multi-directional. Additionally, Governments would have to rethink their positions on how to promote old-age security; establishing a universal non-contributory social protection system appears to be warranted and from the experience of other countries, is feasible.

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<sup>26</sup> HelpAge International, 2007a.

<sup>27</sup> Seetharam, 2002.

<sup>28</sup> Country Report presented at the International Short Training Programme in Social Gerontology, International Institute on Ageing, United Nations, Malta (INIA), in collaboration with the United National Population Fund (UNFPA), Feb. 2007.

<sup>29</sup> Knodel, J., Chayovan, N., Mithranon, P., Amornsirisomboon, P, and Arunraksombat, S, Thailand's Older Population: Social and economic support as assessed in 2002, Population Studies Center Research, Institute for Social Research, University of Michigan, 2005.

<sup>30</sup> HelpAge International, 2006.

## Emergency Situations

Older persons are especially vulnerable in emergency situations, such as natural disasters and other humanitarian emergencies. They should be identified as such because they may be isolated from family and friends and less able to find food and shelter; they may also be called upon to assume primary care giving roles; and Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction. This was the call of MIPAA and the facts of recent disasters in the region bear the evidence.

The 2004 Asian tsunami experience demonstrated the particular vulnerabilities of older persons during natural disasters. The lack of detailed data on the affected older persons and their livelihoods may have played a major factor in having their specific needs and preferences overlooked during the initial relief response and the reconstruction and rehabilitation phases afterwards. A four-country field review by ESCAP of the social situation of the affected areas revealed, among other things, that initial needs assessments made little efforts to consult older persons or include the supportive roles they could have played<sup>31</sup>. The available figures, based on the numbers of those killed and displaced and the population before the tsunami, estimates that across the four hardest-hit countries -- Indonesia, India, Sri Lanka and Thailand -- people over 60 years old accounted for almost 14 percent of the dead, and nearly 93 percent of all displaced.

Similar, more recent disasters and the plight of the elderly in pre-, during and post-disaster situations in the region have confirmed their vulnerabilities and lack of adequate attention. For example, the 2007 monsoon in South Asia had taken worrying proportions. Caught in this situation, people had run away from their homes; and older persons were the first victims because they were unable to leave their home<sup>32</sup>. In Japan, 10 out of 11 victims of the recent magnitude-6.8 earthquake in the Niigata Prefecture were older persons, indicating that many elderly live in houses with insufficient quake-resistance. Although the municipal government introduced financial subsidies to make housing more earthquake proof, many seniors continue to live in unsafe housing, as the repairs to their old houses would exceed the government sponsored subsidy<sup>33</sup>. However, the Japanese government focused on the elderly in a recent report assessing the country's vulnerability to natural disasters. The document pointed out that the number of single elderly households nearly doubled in the last decade<sup>34</sup>.

It is important to note, in this regard, that older people's associations (OPAs) have been established as part of community development or post-emergency reconstruction programmes in a number of countries in the region<sup>35</sup>. These include Bangladesh,

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<sup>31</sup> UNESCAP, *Moving Forward Post-tsunami: Voices of the Vulnerable*, United Nations publication, Sales No. E.06.II.F.19.

<sup>32</sup> <http://www.globalaging.org/armedconflict/countryreports/asiapacific/2007/pays.htm>.

<sup>33</sup> <http://www.globalaging.org/armedconflict/countryreports/asiapacific/2007/quake.htm>.

<sup>34</sup> <http://www.globalaging.org/armedconflict/countryreports/asiapacific/japanrisks.htm>.

<sup>35</sup> HelpAge International, *Older people's associations in community disaster risk reduction: A resource book on good practice*, London, 2007.

Cambodia, China, India, Indonesia, Lao People's Democratic Republic, Sri Lanka, Thailand and Viet Nam. Additionally, China and Viet Nam promote the OPA approach at the national level and Bangladesh OPAs are also involved in monitoring entitlements vis-à-vis post-emergency reconstruction activities.

### **Advancing Health and Well-Being into Old Age**

MIPAA calls for older persons to enjoy full entitlement and access to preventive and curative care, including rehabilitation and sexual health care. Additionally, health-care services must recognize that health promotion and disease prevention throughout life need to focus on maintaining independence, prevention and delay of disease and disability treatment, as well as on improving the quality of life of older persons who already have disabilities.

Demographic changes have been accompanied by an epidemiological transition leading to an increased burden of morbidity and mortality due to non-communicable diseases, which also place a higher demand on health services. The increased number of older persons in the region, also means that new health products tailored to their special needs need to be developed such as those required for home-based and community-based care. The health workforce would also need augmentation and reorientation in order to meet the changing demands of providing health-care to the increasing number of older persons. Therefore, equipping the health systems to provide adequate and affordable health-care to the ageing population remains one of the major challenges facing the region.

Many countries give priority to moving toward universal coverage of a minimum package of health-care services, especially one that targets older persons. Several countries managed to enhance accessibility of older persons through locally-based health-care providers, as well as basic health education in rural areas intended to prevent the spread of infectious diseases. Education on health risks in contrast with unhealthy behaviour has been promoted. Fewer countries provide training for the public health-care givers and social workers in basic gerontology and geriatrics, and/or supported the development of palliative care.

### **Health Promotion and Well-Being throughout Life**

One of the consequences of population ageing is the increased prevalence of chronic diseases. In the Asia-Pacific region, chronic diseases account for nearly 70 per cent of all deaths across ages<sup>36</sup>. As for older people, ischemic heart disease, chronic obstructive pulmonary disease, cerebrovascular disease, and lower respiratory infections are the leading causes of death. Women bear more disabling illnesses, as they generally live longer than men.

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<sup>36</sup> WHO, WHO, ESCAP launch chronic diseases report, <http://un.by/en/who/news/world/2006/13-02-06-03.html> (3 October 2007); and Preventing chronic diseases: A vital investment, Geneva, 2006.

Many chronic and non-communicable conditions are preventable or their onset can at least be delayed. Health promotion and disease prevention is a major pillar of healthy ageing. Addressing risk factors for non-communicable diseases such as tobacco use, diet and physical exercise, obesity and stress can all contribute to reduced incidence of non-communicable diseases. This will not only lead to the elderly living longer without disability and illness, but also a reduced load on health systems.

In this regard, several countries in the region have initiated various measures to promote health and well-being of older persons<sup>37</sup>. These include education on health risks from unhealthy behaviours and education for older persons and the public on specific nutritional problems and needs of older persons. Viet Nam, for example, has strengthened its nutrition, physical exercise and health-care education programmes for older persons. Some countries, including China; Hong Kong, China; the Democratic People's Republic of Korea; Japan; Singapore; and the Republic of Korea encourage older persons to become more active through regular exercise routines and healthy life-styles, especially for persons with chronic diseases. Environmental health education and nutritional projects have also been taken up as a matter of urgency by international agencies. The latter are for all ages rather than age-specific, although some initiatives did target older persons.

### **Universal and Equal Access to Health-Care Services**

There is a consensus among countries in the region for a minimum standard of health and well-being for the most deserving older persons, if not for all. Some countries such as Australia, Japan and Singapore have in place reasonably fair and equitable access to health care for their citizens, young and old, rural and urban. However, many countries, including ones which are at risk of infectious diseases, health hazards and environmental pollutions have a long way to go in ensuring access to adequate and affordable health care to all its citizens.

It is also widely recognized that a life span approach for preventive and primary level of health care are the best strategies to dealing with the challenges of population ageing, especially those in developing countries<sup>38</sup>. However, many developing and intermediate countries simply do not have the infrastructure to deliver high-quality care at the secondary and tertiary levels and are moving increasingly toward a community-based model of health care.

Nonetheless, many countries have been taking measures to ensure that older persons have adequate access to affordable health-care. Bangladesh, for example, has had a universal health-care policy since 1978, under which older people are entitled to use the national health-care services. The Government also adopted the Health, Nutrition and Population Sector Programme, the main strategy of which is to deliver essential services at the grass roots level. Similarly, health care for older persons in the Democratic People's Republic of

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<sup>37</sup> ESCAP, Report on the regional survey on ageing, 2005.

<sup>38</sup> WHO, International Plan of Action on Ageing: Report on implementation, Executive Board paper EB115/29, Geneva, 2004.

Korea, is being carried out by a system of universal free medical service from the central to the grass roots levels.

Since January 2007, Viet Nam has provided free health-care for those aged 85 and above and all older people living below the poverty line<sup>39</sup>. Some countries in the region are also concerned with the promotion of integrated health and social services in community programmes and the provision of health-care either free of cost or at concessionary rates for older persons.

Through the Ministry of Social Affairs, Veterans and Youth Rehabilitation and the Ministry of Health and in partnership with HelpAge, Cambodia and the Republic of Korea-Association of Southeast Asian Nations (ROK-ASEAN), the Cambodian Government initiated a Pilot Project on Home Base Care for Vulnerable Older people since 2004 in 10 villages. Another pilot project in Thailand is the Home Health Care Project undertaken at 26 local hospitals in every region of the country in 2005, and has expanded into central and provincial hospitals in all provinces in 2006, while 65 per cent of the community hospitals also provide home health care services

Evidence from countries within the region shows that, one of the most effective ways of ensuring access of the older population to comprehensive health care, is by targeting them within a system that ensures universal access to health-care to the entire population. Some countries or areas in the region had achieved, or nearly achieved, universal coverage with the institution of a comprehensive health service package employing social health insurance, tax-funded or co-payment mechanisms to share care and cost. Countries in the region that can be regarded as having achieved close to universal health-care coverage include low- and middle-income economies such as Brunei Darussalam; Malaysia; Mongolia; Sri Lanka; and Thailand; high income economies such as Australia; Japan; New Zealand; Republic of Korea, Singapore; and Hong Kong, China. Despite their best efforts, however, the rest of the countries in the region are some way from achieving universal health-care coverage. All these countries, however, still have to contend with issues related to the provision of long-term and rehabilitative care for their older populations.

Ensuring universal coverage to ensure older persons have access to affordable and appropriate health-care inevitably raises the question of financing of health-care. Estimates by the World Bank, for instance, indicate that economies in East Asia and Pacific Island economies need to increase health spending by 37 per cent over the period 2005-2025, out of which 22 per cent would be attributable to changes in age structure<sup>40</sup>. The corresponding figure for South Asia was 45 per cent out, of which 18 per cent would attributable to changes in age structure. These estimates mean that Governments would need to increase their health expenditures by almost two percentage points every year just to cover demographic changes.

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<sup>39</sup> While these interventions mark progress, older persons under 85, who are not categorized as vulnerable or who are not civil servants or formal sector employees, must pay for health-care. This affects up to 40 per cent of older people, see HelpAge International, *Age Demands Action in Vietnam*, [www.helpage.org](http://www.helpage.org).

<sup>40</sup> P. Gottret and G.Schreiber, *Health Financing Revisited; a Practitioner's Guide* ( Washington, World Bank, 2006).

Some countries have a multi-layered health-care financing system. Singapore, for instance, has adjusted allocations from the Central Provident Fund, together with varying levels of cost-sharing and subsidies in a public-private mix of health services<sup>41</sup>. China has a co-payment system involving central government, provincial and employer contributions with the workers contributing to an insurance scheme but also sharing the cost of treatment each time. The World Bank, however, suggests a mixture of tax redistribution, savings and insurance systems for health-care financing in the long run<sup>42</sup>. Indeed, learning from less effective strategies adopted previously in developed countries, countries who can afford a health-care system now tend to adopt a multi-pillar financing system with cost-sharing built in as a core value rather than relying solely on public revenue, although what actually works for a country depends on the socioeconomic realities of the country.

It needs to be noted, however, that some of the countries, which have achieved universal coverage, are facing new challenges related to financing of long term care for the elderly. Countries such as Japan and the Republic of Korea are faced with issues of declining potential support ratios and increased dependency ratios. This means that family support systems are declining and the responsibility of providing long-term care is increasingly becoming the responsibility of the state.

Evidence from other studies indicates that health-care expenditures attributed to ageing populations have also been driven by non-demographic factors. These include changes in demand resulting from ensuring universal access to health care, increased costs of salaries, technological changes and introduction of new technologies as well as changes in costs of medical services relative to other goods and services<sup>43</sup>. This is borne out from studying patterns of health care expenditures in developed countries that are already well into the process of demographic transition<sup>44</sup>. Innovative partnerships between the private and public sector to finance research into medical technology and pharmaceuticals can have a significant impact on reducing costs of pharmaceuticals, and make them more accessible in the long term. South-south cooperation can also play an important role in ensuring access to improved medical technologies at reduced costs. Greater integration of traditional medicine systems would provide new options for improving access to essential medicines.

Other factors that may affect accessibility to health services include geographic, economic, cultural and language disparities, which often bar older persons, especially women, from seeking health services even when these were provided for them. Accessibility is affected by the ability of people in utilizing the services as well as the availability of services<sup>45</sup>. Accessibility is further complicated issue in the region due mainly again to its geographical

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<sup>41</sup> Dong, W., Can health-care financing policy be emulated? The Singapore medical savings account model and its Shanghai replica, *Journal of Public Health*, 28, 209-214, 2006.

<sup>42</sup> Ibid.

<sup>43</sup> Ravi Rannan-Eliya and Ruki Wijesinghe, *Global Review of Projecting Health Expenditures for Older Persons in Developing Countries: Monograph prepared for WHO, Kobe Centre, Japan* (Kobe, WHO, 2006).

<sup>44</sup> John Bryant and Audrey Sonerson, Gauging the cost of ageing, *Finance and Development, quarterly magazine of the IMF*, September 2006, vol. 43, number 3.

<sup>45</sup> ESCAP, Report on the regional survey on ageing, Bangkok, 2002.

diversity. Older persons are concentrated in rural areas, up to 80 per cent in India<sup>46</sup> and 60 per cent in the Republic of Korea<sup>47</sup>.

A related factor in this regard, is the generally low educational level and illiteracy of the current cohorts of older population in developing countries, which means that many older persons who are entitled to benefits are simply not aware of it<sup>48</sup>.

### **Training of Care Providers and Health Professionals**

There are other problems in relation to the health-care provision as countries become more aware of better and more standardized services. Though training resources seem aplenty in more developed countries, the number of trained personnel is never enough to meet the demand. Many care providers would have to seek higher level training and the costs are expensive. For the developing countries, training of geriatric personnel has been placed as a priority item; nonetheless, many trained professionals may not return to their home countries or choose to migrate to work in wealthier countries after they have obtained the qualifications<sup>49</sup>.

Informal caregivers have always been people who are either family relatives, mostly spouses and daughters, or friends performing the caring tasks voluntarily. Care provided by these people is viewed as a good will and as an expected reciprocal act through which the caregivers are only making their contributions back to their family and community. The level of care provided by these people has been taken as just basic and non-professional. However, in reality these people could be trained to provide highly skilled services. Research shows that the burden of caregivers can be enormous, and often results in depression when providing care is not an option, for example in caring for a older spouse<sup>50</sup>. Likewise providing education and training to caregivers has been shown to be the most effective way to reduce distress and to build up a quality reserved labour force for health and social care; as informal caregivers are mainly middle aged women who were ready to go back to paid work or to continue to volunteer for other frail ones once their caring duties are over.

Sophisticated skill based assessments have been in place too in differentiating different levels of care competence. There are attempts to integrate these skills competencies to

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<sup>46</sup> National Institute of Social Defense, India, Programmes for care of older persons, <http://socialjustice.nic.in/social/sdcop/opersons.html>, 3 October 2007.

<sup>47</sup> Lee, G., Review of ageing policy in Korea, paper presented at the Regional Seminar on Follow-up to the Shanghai Implementation Strategy for the Madrid and Macao Plans of Action on Ageing, 18-21 October, 2004, Macao, China.

<sup>48</sup> Sheung-Tak, Cheng, Chan, A. and Phillips, D. R., The Ageing Situation in Asia and the Pacific: Trends and priorities, paper prepared for inclusion in forthcoming World Ageing Report 2007, United Nations Department of Economic and Social Affairs, New York.

<sup>49</sup> ESCAP, Report of the Regional Seminar on Follow-up to the Shanghai Implementation Strategy for the Madrid and Macao Plans of Action on Ageing, Bangkok, Thailand, 2004.

<sup>50</sup> Sheung-Tak, Cheng, Chan, A. and Phillips, D. R., The Ageing Situation in Asia and the Pacific: Trends and priorities, paper prepared for inclusion in forthcoming World Ageing Report 2007, United Nations Department of Economic and Social Affairs, New York.

formal qualifications. Among these efforts, City and Guilds in the United Kingdom has developed a full set of protocols - the National Vocational Qualification NVQ framework - in assessing care for the elderly in community. A similar pilot-venture in Hong Kong, China, is run with selected NGOs under the guidance of City and Guilds, Hong Kong, China, and the Asia Pacific Institute of Ageing Studies, Lingnan University. Singapore has developed a similar model. With such types of training and assessments, caregivers can be assessed and recognized for their skills competence, thus making it possible to do step-up training in matching them with older persons requiring higher level care but are medically stable. The vision with such a model of training and recognition is to provide a bridge for those wanting to move from informal to formal qualifications and care settings, hence making a larger supply of skilled caregivers in community ready to serve their neighborhoods.

The future of long-term care (LTC) is a major challenge in health and social care of older persons in the ESCAP region. While many countries in the region benefit from a tradition of informal care by families and friends to underpin home and community-based LTC, there is concern that changing family structures is reducing the ability of families to care for their older members<sup>51</sup>. These programmes are mostly publicly financed, as in the case of Australia and Japan, although reviews on their cost-effectiveness have shown that the current modes and delivery of community support services often do not match the needs of the family and their older members adequately. Additionally, most of the community support services tend to replace informal care. This has led Governments to advocate for the strengthening of family care. But with growing population ageing, family care and community support services will require more and higher level skills of care givers.

A major challenge in the region is the growing number of older persons, mostly women, with dementia<sup>52</sup>. It is expected that these number will rise in the region over the coming decades and with it a greater need for LTC institutions. Recognizing the importance of the issue, in 2005, the Australian Government established the National Dementia Initiative with funding of \$320 million over 5 years. However, fewer than half of the countries in the region have developed programmes to help persons with Alzheimer's disease and other types of dementia, and even less countries established support networks for care givers of older persons with mental illness and physical disability. These remain the areas for which partners in the region should make more effort to develop in the years to come.

Many countries in the ESCAP region, hence, still depend largely on families or neighbourhood to meet the needs of LTC, for example, village-maintained refuge for destitute older women in India<sup>53</sup>. In China, informal and local-government supported, community-based LTC services for older persons have begun to emerge. However, in this area as well, a lack of trained workforce is a challenging factor. Some local agencies are providing limited training and the Government has recognized the need for specialized training in geriatric care.

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<sup>51</sup> Ibid.

<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

Despite these challenges, there is still a lack of a coherent policy for LTC in many countries in the region. Japan and the Republic of Korea have existing policies on LTC, with the former utilising a social insurance model, which is supported by contributions by the Government and employees and benefits are typically in kind, for example, home and nursing care. Australia, Singapore and Hong Kong, China incorporate LTC in related policies, for example, in disability allowance.

In yet some other countries, especially the more developed in the region, volunteers are mobilized to expand the caring network. With proper training and recognition, volunteers represent an important and readily available human resource for home-based care. In Thailand, the Project of Community Volunteer Caregivers for the Elderly began in 2003 in eight provinces around the country, which has, as one objective, to train people in communities to act as volunteer caregivers. Similarly, in Myanmar, the ROK -ASEAN Home Care for Older People Pilot Project Phase One (2003-2006), jointly implemented by the national NGOs in two townships in the Yangon saw the training of volunteers for the caring of older persons.

Inevitably, human resources need to be augmented and trained to handle the health care needs of the elderly. Many countries do not have trained professionals to diagnose and treat illnesses more prevalent in elderly populations, such as mental and neurological illnesses. The provision of long term care for the elderly in some developed countries is also proving to be difficult due to non-availability of trained personnel. Other countries can learn from this experience, and implement policies to encourage community-based strategies and promote family provision of long-term care for the elderly.

Countries within the region can gain a lot through sharing of experiences and resources at the regional level for the fulfillment of commitments made under MIPAA. Regional cooperation, through the auspices of ESCAP, is essential in areas such as developing appropriate indicators to assess progress of countries against MIPAA commitments, sharing of information between countries on strategies to reduce costs and ensuring sustainability in systems to provide universal health-care coverage including for the elderly population, and in addressing issues related to shortage of trained human resources.

## **Ensuring Enabling and Supportive Environments**

### **Housing and the Living Environment**

With regard to housing environment for older persons, the overall physical environment in relatively advanced countries is increasingly becoming more age-friendly as compared to a few years ago. For example, building barrier-free housing for those with disabilities and installing suitable appliances and adaptations at home are being encouraged in many countries. At the community level, facilities such as daily shopping and recreation places and social services are being located within walking distances and access to them is made readily accessible in countries such as Malaysia, Singapore and Thailand. Some countries, including Malaysia, are also looking to ensure safe and crime-free communities for older persons, as they can be easily targeted and potentially exposed to abuse or mistreatment.

To the extent that affordability was assured, some countries and areas, such as Hong Kong, China; and Singapore, subsidize low-cost apartments or rental discounts and reserve ground units for older persons.

In Australia, the Government in collaboration with the Master Builders Association brought together people from relevant professions, organizations and governments to pursue innovative designs for homes, community spaces and workplaces to meet the changing needs of older persons. The Australian Local Government Population Ageing Action Plan 2004–2008 also supports local governments in creating age-friendly environments. In Cambodia, the Ministry of Social Affairs, Veterans and Youth Rehabilitation has prepared a draft law on the rights of people with disabilities, which acknowledges older people with mobile disability and their rights in law to benefit from appropriate living environments, which enables them to participate fully in community life.

In recent years, the Chinese government has promulgated the Design Codes for Accessibility of Urban Roads and Buildings, and formulated the Tenth Five-Year Plan on Constructing Barrier-Free Facilities, and a number of similar regulations such as Standards for Barrier-Free Facilities and Equipment in Civil Airport Passenger Terminal Areas, Design Codes for Accessibility of Railway Stations and Junctions, Design Codes for Construction of Railway Stations for Passengers, Design Codes for Equipment Used for Passenger and Freight Transport at Railway Stations and Premises.

### **Care and Support for Informal Caregivers**

As was noted above, extended or multi-generational families remained the norm in most countries in the region, especially in rural areas. However, in the light of the changing family structure and its function, several Governments surveyed have taken action to develop policies for a continuum of care, including care and support for informal caregivers, and established standards to ensure quality care in formal care settings but not informal ones<sup>54</sup>.

A few countries and areas in the region, including Australia; Hong Kong, China; Macao, China; New Zealand; and Singapore, provided broad-based support to family care-givers, which typically consisted of counseling and coping, training on caring skills and respite services. Some countries, notably Singapore, have bolstered the traditional values system of caring for the older persons by way of policy initiatives, for example, making priority allocation of housing or allowing tax incentives to those children who take responsibility of the care and maintenance of parents.

Informal caregivers usually performed the care-giving tasks voluntarily. Parent care is a predictable aspect of the life-course and almost everyone could expect to become a caregiver at some stage. Filial piety, understood as the norm or expectation of what both child/adults and society owe to older relatives and/or residents, appear to remain strong in many parts of the region. In some urban settings, however, traditional patterns of

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<sup>54</sup> ESCAP 2006.

generational support and reciprocity give way to greater probabilities of different values; clearly, the traditional family structure in the region as a comprehensive institution is losing its strength over time. Consequently, when informal caregivers were thrust in this role, with little emotional or technical preparation, adverse results for both were reported.

While not many countries in the region have introduced explicit policies and programmes to support informal caregivers, it is likely to receive policy attention. As was discussed earlier, countries intent on supporting family care have to take a more structured approach with higher level caring skills, which must include training and support systems for informal caregivers.

### **Neglect, Abuse and Violence**

Neglect, abuse and violence against older persons take many forms, from the physical to the psychological to the financial, and the occurrences are evident in every social, economic, ethnic and geographic sphere. Ageing often comes with lowering immunity and increasing vulnerability and hence older people are likely to be targets of neglect, abuse and violence. Elderly abuse is generally 'hidden', since older persons find it shameful to admit that they are abused and are ashamed of the stigma.

Older women tend to suffer more. They face greater risk of physical and psychological abuse due to discriminatory societal attitudes and harmful traditional and customary practices. The abuse and violence directed at older women is often exacerbated by poverty and lack of access to legal protection. In some cultures women are more dependent, financially and emotionally on families than men, making them more vulnerable to abuse.

Some countries in the region have recognized the problem and begun to take action. The Democratic People's Republic of Korea adopted on 26 April 2007 the "Law of the Democratic People's Republic of Korea on the Care of Elderly," in effect giving *de jure* recognition to ageing issues. In India, the Government introduced the Maintenance and Welfare of Parents and Senior Citizens Bill, 2007, to provide for more effective provisions for maintenance and welfare of parents and senior citizens, which has given many ageing parents relief from their fears of being abandoned by children or being pushed to and left in an old age home<sup>55</sup>. The Bill has the provision for asking the errant children found guilty of neglecting parents to pay a fine and they can also be jailed for three months. It also gives power to parents to disinherit children from their property.

The Japanese Diet enacted the Elder Abuse Prevention and Caregiver Support Law on November 1, 2005, and the law came into effect on April 1, 2006. The Law defined types of elder abuse and set forth a reporting system for both domestic and institutional elder abuse cases. It also laid down responsibilities of the national and local governments for elder abuse prevention and caregiver support. In Thailand, the Ministry of Social

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<sup>55</sup> <http://ryanlanham.wordpress.com/2007/06/09/government-of-india-press-release-report-to-the-people-on-social-justice-and-empowerment>.

Development and Human Security has enacted its Ministerial Rules on Criteria, Methodologies and Conditions on Protection, Promotion, Support and Assistance to the Illegally Tortured or Abused or Exploited or Abandoned Older Persons along with Counseling Services for Solutions to Family Problems.

The incidents of neglect, abuse and violence against older persons were also increasingly reported prompting some Governments such as Australia, the Philippines<sup>56</sup> and Sri Lanka, to take legal measures to ensure older persons had access to information regarding their rights and protection.

### **Images of Ageing**

Often and in many societies, older persons are unjustly portrayed as a drain on the economy with their many needs for health and support services. Public focus on ageing and the implications in terms of scale and cost of health care, pensions and other services have generated a negative image of ageing. A positive view of ageing is an integral aspect of MIPAA and SIS. It reminds all to recognize the authority, wisdom, dignity and restraint that come with a lifetime of experience.

Faced with this concern, several countries have begun to pursue the active participation of older persons partially with the promotion of a positive image of ageing in society. In the Democratic People's Republic of Korea, administrative, commercial, transport and other service agencies are encouraged to respect older persons establishing special "Day for Service to Seniors", "Place for Seniors" and "Delivery Service" for seniors. In Kyrgyzstan a similar campaign is conducted annually.

Many of the plans and policies have resulted in numerous national and sub-national programmes, including public education on positive images of ageing, mass media campaigns to recognize the contribution of older persons, publicity given to the United Nations Principles for Older Persons, involvement of older persons in decision-making processes at all levels, measures to increase old-age labour-market participation, removing barriers to working beyond retirement age, training family members on home care of older persons, and special programmes to support older persons in rural areas, to mention a few. The success of these programmes to a large degree hinged on the ability of older persons to participate in the social, cultural, economic, spiritual and civic life of the country, which in turn depended on surmounting the challenges posed by negative stereotypes of older persons among the public at large.

Information disclosure to the public about the ageing situation improved markedly in the region. It is not uncommon to read about the major findings of a nation-wide survey in which the ageing situation featured as a major component, or study on ageing in mainstream print media and the Internet. For instance, the findings of a survey on the

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<sup>56</sup> Executive Order 105 of 16 May 2002 approves and directs the implementation of the Program "Provision of Group Home/Foster Home for Neglected, abandoned, abused, detached and Poor Older Persons and Persons with Disabilities", see <http://www.glin.gov/view.action?glinID=135704>.

social trends and changing patterns of family life and older persons in Thailand were released by the Ministry of Public Health in April 2007. Similar subject-surveys were also published during the same period by the National Statistical Office of Thailand<sup>57</sup>, and leading academic institutes in the country.

Mainstream media also appears to have become attracted to ageing issues, especially concerning retirement and pensions. Moreover, in collaboration with Government agencies, NGOs in many countries in the region launched campaigns that aimed to improve the image of older persons in society. For example, HelpAge India recently launched the “Proud2B60” campaign in commemoration of the 60<sup>th</sup> anniversary of India’s independence. The year-long campaign would feature older persons as “active, fit, wanting to enjoy life and living on their own terms.” Cinematic film coverage was a positive development and was generating increasing public interest in the subject as was seen in China’s film festivals. The main aim of these campaigns is to combat the pervading negative perceptions of old persons in society.

Higher levels of awareness about ageing also appeared to have motivated an increasing number of private sector companies to support non-profit organizations which help poor people. However, their approach is welfare-based rather than a developmental approach. Nonetheless, the private sector is playing a role which would only support development in general and offer them opportunities created by the increasing numbers of older persons; the emergence of the so called “silver market”, which is expected to bring higher demands for goods and services.

## **Conclusion**

In the face of growing demands for social security and long-term health-care concerns, many countries survey in this overview had developed long-term plans and policies, and allocated funds to deal with ageing and the requirements of old age. National focal points were created as mechanisms to oversee the development and implementation of projects and programmes related to ageing. Programmes were designed to provide services in a variety of settings and in a number of areas – social pensions, physical and mental health, long-term care, economic empowerment, participation in decision making, life-long learning, housing, mistreatment, and the media and the image of older persons.

The findings show that countries with rapid demographic ageing and high socio-economic development are far ahead of other countries in proactively introducing specific measures, such as work after retirement and retention of skilled older workers, and reaching the older population with community-wide mass media campaigns on available support and services. Other countries may not have such strategies in place, especially those still grappling with economic growth and tackling poverty. Changing family structures and

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<sup>57</sup> It is worthy to note here that the most recent Labour Force Survey of the National Statistical Office of Thailand included a table that segregated data by age – entitled: “Employed Persons by Age Group for Whole Kingdom: 2001-2005.

living arrangements and increasing chronic diseases were affecting older persons in both settings.

Notably, inadequate allocation of funds, public or private, and difficulties in acquiring expertise and knowledge have hindered the efforts of Governments to develop schemes for more effective interventions to meet the growing demands of old age. However, various attempts have been made by Governments and key national stakeholders to ensure a minimum level of social security for needy older persons, provide integrated home and community care services, empower older persons, and decrease the level of chronic diseases in old age.

Currently, income security in old age, raising public awareness about the benefits of active ageing, and generational solidarity preoccupy policy agendas on ageing in the majority of countries in the region. Countries in the region are also expected to incorporate views related to these issues into their development agenda and ESCAP is actively assisting them in bringing this about by providing advisory services when requested.

## 6. IMPLEMENTATION OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING (MIPAA) IN THE ECE REGION

### *Economic Commission for Europe*

#### **Introduction**

In September 2002, five months after the World Assembly on Ageing had adopted the Madrid International Plan of Action on Ageing (MIPAA), the UNECE Ministerial Conference on Ageing in Berlin considered and adopted its Regional Implementation Strategy (RIS). The Strategy includes a concrete catalogue of measures in the form of ten commitments and has been the guideline for the implementation of MIPAA in the region since its adoption.

The first five-year cycle of review and appraisal of MIPAA in the ECE region will conclude with the Ministerial Conference on Ageing scheduled to take place from 6 to 8 November 2007 in León, Spain. The Ministerial Conference will consider the findings of national reviews, share experiences and good practices and identify priorities for future action in the form of a political declaration. In preparation, all Member States were asked to report the progress achieved over the last five years against the policy objectives laid out in the ten commitments of the RIS. The Member States are currently in the process of reporting their progress in these areas to the ECE secretariat, which will present a summary of these country reports to the Ministerial Conference in León.

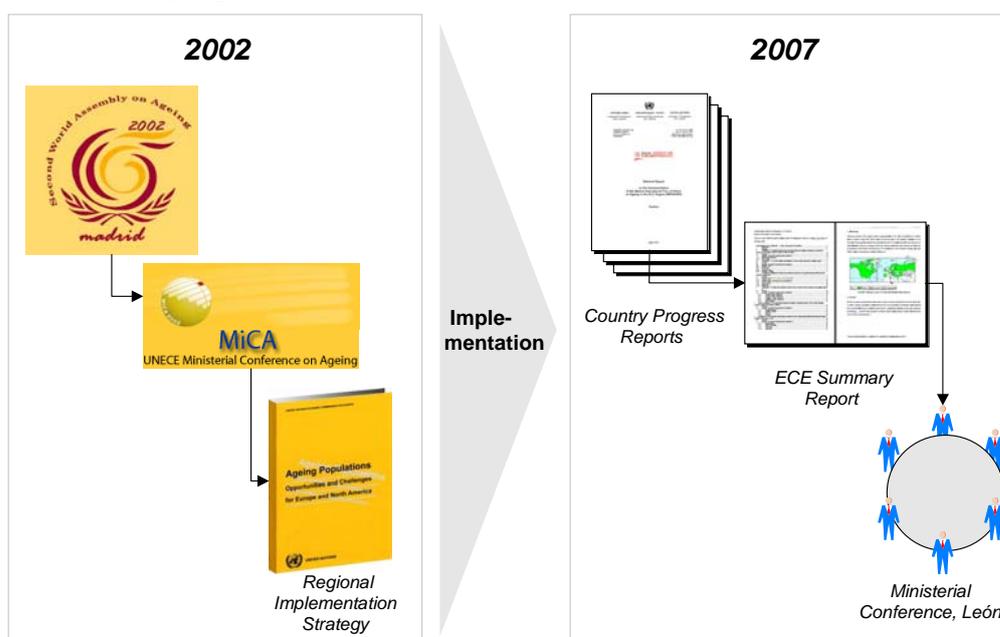


Chart 1: Overview of Implementation and Reporting on MIPAA/RIS

Most of the reported activities are centred on reforms related to the labour market, pensions, social protection and health care. The majority of Member States are also taking steps towards adapting education systems to the needs of the ageing population, promoting participation of older persons and mainstreaming gender. The ECE secretariat is promoting cooperation between Member States by organizing meetings and by providing monitoring tools in cooperation with the European Centre for Social Welfare Policy and Research in Vienna.

The following sections of this paper constitute short summaries of activities that ECE Member States have reported having undertaken in the areas of the ten commitments of the Regional Implementation Strategy (RIS). At the time of compiling this summary, reports from 29 Member States were available to the secretariat.

### **Mainstreaming Ageing**

Mainstreaming Ageing concerns all policy fields and spans across competencies of several ministries and government agencies. According to the holistic approach of the RIS, ageing should be included in policy planning and strategies on regional, national and local levels. Most reporting countries have started to integrate ageing related issues across policy fields. The reported policy objectives regarding mainstreaming ageing include prevention of age discrimination, universal access to services, inclusion of all relevant stakeholders in decision making and in legislative processes, public awareness of ageing related issues and the target of following a holistic approach to mainstreaming ageing.

To achieve these objectives, policymakers have established a range of policy tools. The most common is legislation. Several Member States have implemented anti-discrimination and equal opportunity laws and some have or are planning to prevent age discrimination through a modification of their constitution. Most countries have established a national consultative body on ageing (a “council”, “commission” or “board”) that aims at including all relevant stakeholders and ensuring their involvement in policymaking and in the legislative process. One country has introduced an ombudsperson for equal treatment and prepares for the establishment of a monitoring and advisory office on age discrimination. In several countries, the local level municipalities play a major role in the mainstreaming of ageing. Furthermore, the European Union Member States also have to implement EU directives in the field of equal treatment and discrimination, including age discrimination. Most governments mention a close cooperation with civil society and the NGO sector both for the shaping of policies and their implementation.

### **Integration and Participation**

Achieving integration and participation of older persons in society requires taking action at all levels of governance. The national consultative bodies (councils) on ageing mentioned in the section above are expected to promote political participation of older persons at the local, regional and national level. At the national level, some of these councils are chaired

by ministers, in one country by the prime minister. In most cases, these councils have the power to prepare legislation on older persons or to monitor the application of such legislation and to inform authorities about identified problems. Many political parties also have sections dedicated to the concerns of senior citizens.

Other associative actors are gerontology associations and women's associations. Together with the councils and pensioners' unions, these organizations are involved in promoting government sponsored volunteering and leisure time activities for older people. As a result, senior citizens are able to engage in a broad range of activities, for example, learning at the "University of the Third Age", editing newspapers or participating in training courses for the use of the internet. Many Member States offer discounts for public transport and make transportation more accessible for older persons to enhance their mobility, some also offer discounts on cultural activities to older persons.

A number of activities put emphasis on intergenerational solidarity, one of the key concepts for the integration of older persons. ECE Member States have been active setting up pilot projects in schools and promoting special events, e.g. the International Day of Older Persons, as well as organizing visits of young volunteers to lonely older citizens. On a larger scale, conferences are organized with up to 3000 participants involving citizens, decision-makers and experts.

Another important aspect of integration is to enhance the image of older persons in the media. This is promoted by special events, co-operation with primary schools, poster campaigns, websites and various publications. In a few Member States, TV shows on public channels pay particular attention to reflect a positive image of active older people. To make sure that these and other initiatives reach their targets, some Member States have created awards for elderly-friendly activities.

## **Economic Growth**

In order to ensure the financial sustainability of social protection systems and pension schemes, macroeconomic policies need to be developed that address the needs of a growing ageing population. Economic growth is a prerequisite for building and maintaining sustainable and equitable societies. Most Member States are actively working on policies ensuring sufficient economic growth in their countries. To this end, they deploy monetary, fiscal and economic policies and invest in the field of education and training. In this context, the main task of monetary policy is to provide price stability, and that of fiscal policy is to provide economic stimuli while ensuring balanced budgets and sustainable government debt. The Maastricht criteria laid out by the European Union have set strict limits on public debt and budget deficits for the Member States in the Eurozone. Several countries reported that the ongoing reforms of their pension and social security systems would help balance public budgets while securing income levels and alleviating poverty.

The Member States of the European Union have committed themselves to the Lisbon strategy, which implies increased investments in competitiveness and productivity

improvements as well as improving labour quality. Furthermore, reforms of the tax system have been put forward. Finally, investments in the workforce and education systems are also seen as prerequisites for economic growth. All these initiatives are geared towards securing further growth which will in turn enable policymakers to push forward the reforms necessary in response to ageing.

## **Social Protection Systems**

Member States have taken steps to ensure the financial sustainability of social protection systems in the face of ageing. This includes the strengthening of social security systems by providing incentives for citizens to participate in the labour force. Objectives considered as important by many countries include prevention and reduction of poverty and providing adequate benefits for all. Several countries have reported the adjustment of social protection systems as a priority on their national agenda. A large number of activities were reported in the area of pension reform as well as in the areas of health care provision and income security. Eleven of the reporting Member States have initiated or completed comprehensive reforms of their pension systems since 2002. These reforms focus primarily on the adjustment of public pension plans often referred to as the first pillar of a pension system. In some cases, reforms also cover occupational pension plans and personal savings plans (pillars 2 and 3).

As many countries struggle with under-financed Pay-as-You-Go (PAYG) systems, the majority of measures taken were geared towards the adjustment of public pension plans. They include the adjustment of the official retirement age and required insurance periods, discouraging early retirement. Changes in the calculation of pensions and increased insurance contribution rates are also commonplace. Many countries have introduced or are considering the introduction of a flexible retirement age and are strengthening the link between the contributions an employee makes and the benefits he/she receives. Occupational pension plans seem to be playing a minor role in the region and are in most cases voluntary. A majority of countries have introduced personal savings plan options and are encouraging their citizens to participate in this third pillar through tax deduction or bonus schemes.

Several measures have been introduced to give special protection to women, e.g. through granting pension credit for childcare times, part time work regulations, paid parental leave and a right to return to the workplace after parental leave. Several countries have introduced equal opportunity laws. To ensure sufficient income levels for their older citizens, several countries provide minimum pensions and in addition offer reductions on public transport, telecom services, ticket prices, heating expenses etc. to their older citizens.

Regional differences in the accessibility of health care systems and social services are remarkable. While publicly financed universal health care systems exist in many countries, others are working to ensure access for inhabitants of rural and remote areas as well as members of disadvantaged social groups. The need for awareness of linguistic and cultural

obstacles faced by ethnic minorities, especially older members, has also been recognized and countries have taken special actions to ensure access to health care services for these groups.

## **Labour Markets**

Member States are committed to take measures to enable labour markets to respond to the economic and social consequences of ageing. This requires an increase in employment rates, especially the employment rates of older persons as well as improvements in their employability, e.g. through vocational training, promotion of life-long learning and improvement of working conditions. Raising participation rates for all is another important objective.

The consequences of population ageing on national labour markets vary significantly between countries. Member States of the European Union are committed to the Lisbon targets<sup>58</sup>. While countries with high and rapidly growing old age dependency ratios (OAD)<sup>59</sup> have long started to develop and deploy a wide range of labour market policies, countries in transition with high general and youth unemployment and lower OAD set their priorities differently. However, a large number of countries reported on progress made towards labour market reform, six of them explicitly indicating this field as a priority area. Most countries deploy a policy mix that involves both employers and employees and aims at an increase in employment rates and the extension of working life. To achieve these objectives, some Member States have increased the official retirement age and are working towards making retirement more flexible and gradual. Further policy tools include wage subsidies for older workers, waiving parts of the ancillary labour cost, offering training for employers on how to design their personnel policies, regulations countering age-discrimination. Some countries have introduced job guarantees for workers above a certain age.

At the same time, countries are investing in measures increasing the employability of their workforce, e.g. by offering training and career counselling tailored for older workers, encouraging self-employment and allowing older persons to combine pension payments with part time work. Income tax exemptions and flexible retirement are used to keep workers in the workforce beyond the official retirement age. Finally, the introduction of area-wide childcare and elderly care in combination with flexible part-time arrangements is seen as key for encouraging higher female participation in the labour markets. In support of these measures, governments have launched public awareness campaigns and have set up research projects and think tanks, which should support the development of labour market policies in response to ageing.

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<sup>58</sup> The Lisbon targets from 2000 include an increase in overall employment rates to 70% for the working age population as a whole, over 60% for women and 50% for older workers by 2010. "Older workers" refers to the cohort of workers aged between 55 and 64.

<sup>59</sup> Old Age Dependency Ratio (in %) = Population over 65 years divided by Population between 15 and 64.

## **Life-Long Learning**

Life-long learning is an increasingly recognized concept that positively affects the employability of all persons. It includes measures such as adjusting education institutions to the needs of retired workers, installing pre-retirement programmes and developing learning methods to teach older persons the use of new information technologies. Further policy objectives include increasing school retention rates, limiting dropouts and facilitating the reintegration into the labour market of those who left the formal educational system at an early stage. Life-long learning has been identified as an important precondition for longer working lives. It also influences the social integration of senior citizens in their societies.

The concept of life-long learning is not yet fully integrated in the educational systems of most countries in the region. However, many have identified the need to establish institutions for life-long learning and further explore and understand the learning needs of their older citizens. To this end, several countries have set up research projects that develop policy advice. One member country developed a national strategy on life-long learning in 2004 explicitly naming life-long learning as a priority area. The concepts of life-long learning and universities of Third Age are gaining foothold across the region. The approach is changing in a way that while in the past it was considered sufficient to guarantee older persons access to adult educational systems, the systems are now being adapted to meet the learning needs and capabilities of older persons.

## **Quality of Life and Independent Living**

Most ECE Member States report changes in legislation and social security systems geared at achieving the objectives of ensuring quality of life at all ages and maintaining independent living including health and well-being. National programmes on health, housing and well-being are common throughout the region. Concerning the housing situation of older persons, there is a strong trend towards independent living and away from institutional care towards home care. This encourages older people to stay at home for as long as possible by helping them to help themselves and through activation programmes. This should take pressure off the health care system and delay the point in time from which older people need permanent care. The means to achieve this objective are, for example, cash benefits for caretakers, introduction of mobile services such as Meals on Wheels and preventive home visits. Accessibility of the living environment, including the public sphere, is seen to be of crucial importance in maintaining independence. Other supportive structures enabling living at home as long as possible are, for instance, developing good practices of home help and home nursing, providing remote assistance for the elderly living alone and offering support, training and paid leave to relatives performing care duties. Member States pay increasing attention to the quality of care both in institutional and home contexts, e.g. by creating quality standards and raising awareness of abuse of older persons. Health and ageing related training is offered to volunteers, professionals and care-giving family members as well as to older persons themselves.

The importance of preventive action in maintaining quality of life, including health and independence has been stressed during the past years, as prevention is perceived to be financially and socially viable. Raising consciousness, health education and the overall promotion of healthy lifestyles are popular means of prevention. Programmes that concentrate on helping to avoid and reduce the number of home accidents of elderly are an example of more concrete prevention.

### **Familial Care and Solidarity**

ECE Member States are meeting the challenge of supporting families that provide care for older persons and that of promoting intergenerational and intra-generational solidarity among their members through use of a variety of benefit and support structures. Multiple countries report on intergenerational programmes that are designed to support positive intergenerational relations, to encourage maintaining intergenerational family solidarity and bringing generations together through joint activities. Most countries provide benefits to persons who take care of an old, ill or disabled family member. This support of informal care can encompass necessary services for the client, a compensation for the informal carer as well as leave and support services to the carer. Family hospice leave, respite care, carer's pension and especially day care centres are frequently mentioned. Day care centres enable families to care for frail elderly parents at home and to continue with regular work and family responsibilities. In addition to that, respite care enables family carers to go on holiday, take care of their personal health or simply have a rest. Numerous countries stress the importance of work-life balance and gender equality. Most of them have benefit and support systems for families in place helping to meet both material and non-material needs.

### **International Cooperation**

Member States have had the primary responsibility for the implementation and the follow-up of the Regional Implementation Strategy (RIS). In doing so, they were supported through regional cooperation, civil society involvement and cooperation with the ECE secretariat. There are ongoing projects between Member States, e.g. the sharing of good practices and research activities. The ECE secretariat organizes and facilitates expert meetings, capacity-development workshops and research; tools for monitoring the RIS are developed in cooperation with the European Centre for Social Welfare Policy and Research in Vienna. The Governments of Austria and Spain and the United Nations Population Fund have financially supported these activities.

### **Task Force for Monitoring RIS**

According to a Memorandum of Understanding between the Government of Austria and the ECE secretariat from 2004, the Government of Austria is supporting the follow-up to MIPAA/RIS, including meetings of the Task Force for Monitoring RIS. The Task Force is composed of representatives of Member States, intergovernmental agencies, academia and

civil society. Its goal is to assist in the implementation process of MIPAA/RIS, acting as a think tank providing expertise and guidance to the ECE Secretariat, governments and other stakeholders. The Task Force meets once a year.

### **Mainstreaming Ageing: Indicators to Monitor Implementation (MA:IMI)**

MA:IMI is the other activity under the auspices of the Memorandum of Understanding with the Austrian Government. It is mainly carried out by the European Centre for Social Welfare Policy and Research based in Vienna. The project develops and collects data on policy-relevant indicators that allow Member States to monitor the progress in implementing the MIPAA/RIS and maintains a website that integrates information on implementing MIPAA/RIS at the global, regional, national, and local levels.

At the heart of the MA:IMI project is the process of setting up indicators of achievement related to the commitments in the MIPAA/RIS as well as collecting and analysing data on these indicators. As of this time, indicators have been developed in four broad domains: demography, income and wealth, labour market participation as well as social protection and financial sustainability. The project aims to introduce indicators that are gendered, to compare old age with other age categories and to distinguish very old people.

### **Generations and Gender Programme**

The ECE secretariat is coordinating the Generations and Gender Programme (GGP) that aims at improving the knowledge base for population related policy-making in ECE countries. It is a system of national Generations and Gender Surveys (GGS) and contextual databases. The GGS is a panel survey of a nationally representative sample of 18-79 year-old resident population in each participating country with at least three panel waves and an interval of three years between each wave. The contextual databases are designed to complement micro-level survey data with macro-level information on policies and aggregate indicators.

The main goal of the programme is to improve the understanding of demographic and social developments and the factors that influence them. Particular attention is paid towards relationships between children and parents and relationships between partners. The GGP covers relationships between generations from the viewpoint of the population above the reproductive ages, which generates new knowledge on issues pertinent to population ageing and thereby assists the implementation of MIPAA/RIS. The programme is supported by the European Commission.

## **ECE Meetings Related to MIPAA/RIS**

### **Meeting of National Focal Points on Ageing**

The ECE Secretariat organized the Meeting of National Focal Points on Ageing on 13-15 November 2006 in Segovia, Spain in collaboration with the Spanish Institute for Older Persons and Social Services (IMSERSO) and with support from the United Nations Population Fund (UNFPA). The meeting was designed to assist countries in conducting reviews and appraisals of the MIPAA/RIS on the national level and served as a platform for the exchange of information on good practice in implementing the MIPAA/RIS and for the identification of capacity building needs as well as the facilitation of exchanges between national focal points.

### **Joint Meeting of the Task Force for Monitoring RIS and the Expert Group for the UNECE Conference on Ageing**

In preparation for the 2007 UNECE Ministerial Conference on Ageing, an expert group has been formed to provide policy advice and expert assistance to the intergovernmental Preparatory Committee of the Conference. This Expert Group consists of leading experts on ageing from a broad cross-section of professional, geographic and organizational backgrounds and members of the Task Force advising the ECE secretariat on monitoring the MIPAA/RIS. The main tasks of the Expert Group are to propose topics for the political declaration and agenda items for the 2007 UNECE Conference on Ageing for consideration by the Preparatory Committee. The meeting of the Expert Group was held in Vienna, Austria, on 26 and 27 February 2007, jointly with the Task Force for Monitoring RIS. The Austrian Federal Ministry of Social Security and Consumer Protection hosted and supported the meeting.

### **2007 UNECE Ministerial Conference on Ageing: “A Society for All Ages: Challenges and Opportunities”**

The 2007 UNECE Ministerial Conference on Ageing will take place in León, Spain from 6 to 8 November 2007. ECE organizes the Conference in collaboration with the Ministry of Labour and Social Services of Spain. The main objective of the Conference is to review the implementation of MIPAA/RIS by discussing national reviews, sharing experiences and good practices and identifying priorities for future action. The conference is expected to adopt a political declaration. On 5 November, a civil society forum and a research forum are scheduled to take place.

In preparation for the Conference, ECE organized a meeting of the Preparatory Committee in Geneva on 12 and 13 July 2007. An open-ended bureau meeting will be held in the beginning of October 2007. The ECE secretariat is coordinating the drafting process of the political declaration.

## **Capacity Development**

In collaboration with the United Nations Population Fund (UNFPA), the ECE Secretariat organized a capacity building workshop “Ageing – a Challenge and an Opportunity for the Countries of Eastern Europe, the Caucasus and Central Asia”. The aim was to exchange experiences and to develop capacities for ageing related work by governmental and UNFPA focal points in Eastern and South-Eastern Europe, the Caucasus, and Central Asia. The workshop was hosted by the UNFPA Country Office in Moldova and took place in Chisinau from 13 to 16 March 2007.

The objectives of the workshop were to improve understanding of how to identify and analyze challenges and opportunities related to ageing and demographic change and to improve understanding of the MIPAA/RIS. The capacity building activities also aim to improve understanding of how to implement and monitor commitments according to the MIPAA/RIS. Further, they were to provide both knowledge for developing action plans for projects related to ageing and guidance on drafting country reports on national follow-up to MIPAA/RIS.

## **Conclusion**

The most notable progress in the implementation of MIPAA in the ECE region was achieved in the realm of social and economic policy. Most Member States prioritized measures ensuring the financial sustainability of social protection systems. To this end they reported on:

- reforms of their pension and social security systems through the provision of incentives for citizens to participate in the labour force and introducing a flexible retirement age;
- adoption of monetary, fiscal and economic policies that ensure sufficient economic growth;
- reforms of the labour market to increase employment rates and the extension of working life.

Progress was also reflected in Member States’ commitment to devote attention to integrative measures through mainstreaming ageing in all policy fields and establishing or strengthening national councils where older citizens’ organizations are represented and are assisting in preparing and monitoring legislation.

All in all, Member States are increasingly reporting on cross-sectoral activities that affect society as a whole, i.e. increasing the employability of the workforce through life-long learning, and that adapt social institutions to the challenges of an ageing society. The ECE secretariat has assisted Member States in these endeavours by providing tools for

monitoring RIS, providing capacity development, organizing expert meetings and preparing the 2007 UNECE Ministerial Conference on Ageing in León.

## **7. PROGRESS IN THE IMPLEMENTATION OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING IN LATIN AMERICA: POLICY ISSUES IN THE PUBLIC AGENDAS OF LATIN AMERICAN COUNTRIES**

*Economic Commission for Latin America and the Caribbean*

### **Introduction**

The issues of ageing and the status of older persons have yet to be brought fully onto the public policy agenda in the countries of Latin America and the Caribbean. Countries in the region have made varying amounts of progress since the Second World Assembly on Ageing, held in Madrid in 2002. A brief overview of policies regarding ageing in the region shows that important headway has been made in certain areas. Multiple catalysts for progress in this area exist: it may be driven by the particular interests of a pressure group (from civil society or within the government itself), by the coverage of the issue in the media after some deplorable situation is revealed, by the inescapable evidence of need for policy interventions, or even by the influence of international developments on the country (such as the stance taken by an international institution working on ageing issues) and in some instances by governments' recognition of the need to address ageing in their own countries. Be this as it may, the framework created by the Madrid International Plan of Action on Ageing has unquestionably favoured progress.

### **Progress in the Improvement of the Quality of Life of Older Persons**

#### **The Rights of Older Persons**

The agenda of older persons' rights has been gaining ground in the countries of the region with the promulgation of special rules to protect those rights and the development of advocacy and education programmes for older adults. Since the Second World Assembly on Ageing, countries in the region have adopted a broad range of specific legislation on older persons. Examples of such legislation are the cases of Peru (Older Persons Law 28803, 2006), Bolivarian Republic of Venezuela (Social Services Act of 2005), Uruguay (Law 17796 of 2004), Brazil (Law 10741 of 2003), El Salvador (Comprehensive Provision for the Older Adult Act, Decree 717 of 2002), Mexico (Rights of Older Adults Act, 2002) and Paraguay (Law No. 1885 of 2002). All of these instruments set out the rights of older persons. In the Dominican Republic (2004) and Paraguay (2007), procedural regulations of laws favouring older persons have been adopted. Lobbying on matters related to older persons' rights is an increasingly common activity as evidenced by events in Argentina, Nicaragua, Honduras and Chile, among others. Lastly, the education of older persons (to help them to take a more active role in securing their rights) and of institutions providing services to older persons (to build the capacity to offer real guarantees of enforcing those

rights) are two areas of activity that governments are pursuing more than they did in the past, when older persons tended to be invisible to decision makers.

## **National Policies**

Many countries of the region have adopted national policies on ageing. Some of them were created before Madrid, but after 2002 many other countries established new national policies and programmes or reviewed their existing national plans and policies. The countries that have developed new policies are Peru (2006), Brazil (2005), Costa Rica (2002) and Panama (2004). In the Caribbean, four countries in the English and Dutch-speaking Caribbean, Belize, Dominica, Jamaica and Trinidad and Tobago, have adopted national policies on ageing and are now in the process of implementing their national action plans. While some countries, such as Barbados, are well advanced in the adoption process of their national ageing policy and have already begun to implement comprehensive action plans on ageing within the given legislative framework, others, such as Grenada have initiated discussions on the formulation of such a policy. Countries that have not yet adopted their national ageing policy use a variety of existing strategies and programmes integrated into government policies on health care, social service provision and housing to enhance the welfare of older persons. While access to primary health care is free for all citizens, the elderly are, in addition, quite often exempted from co-payments for the treatment of chronic diseases and selected medications. However, in some countries, due to staffing shortages in the public health sector and the limited availability of selected medications in public pharmacies, the elderly are quite often required to make out of pocket payments in order to receive the health care they need.

## **Participation of Older Persons**

This refers to older persons' right to actively participate in the implementation of policies that directly affect their well-being, to share their knowledge and skills with younger generations and to form associations. Since the Second World Assembly on Ageing, a broader range of government and civil society initiatives has sprung up, aimed at creating forums for participation of older persons. Some governments have created coordinating bodies, such as national councils comprised of government agencies, civil organizations and older persons' associations. Following Madrid 2002, Brazil established a National Council for Older Persons' Rights, Chile an Advisory Council for the Older Adult, and Guatemala a National Council for the Protection of the Elderly. Moreover, El Salvador has the National Council for Comprehensive Care for Programmes for Older Persons, and Panama and Nicaragua have a National Council for the Older Adult. In the Dominican Republic, the National Council for Older Persons began its activities in 2006. A growing number of countries in the Caribbean have been establishing such mechanisms as well, for example Belize, Barbados and Jamaica. Most of these bodies have a mandate to establish policy guidelines and some are responsible for policy oversight and evaluation. Headway

is still needed to strengthen these bodies and pave the way for real coordination and collaboration among government agencies—institutions responsible for ageing issues sometimes find it easier to coordinate with civil society than with peer agencies in the same government—but their existence and potential for progress is nonetheless worthy of note.

### **Social Security and Social Protection**

In the consideration of social security, the analysis must reflect both issues of existing retirees and their needs, as well as investments for the future through changes in current social security systems. Important new developments have taken place in terms of non-contributory pensions in Brazil, Argentina and Mexico. In the latter country, older persons from Mexico City and, after 2007, from rural areas, have access to a non-contributory pension. In Bolivia, the BONOSOL programme has been consolidated in recent years. Additionally, in recognition of the lack of economic support in older age, most governments of the Caribbean have begun to establish non-contributory pension schemes. To this effect, Aruba and Trinidad and Tobago have established an old-age pension system that is designed to guarantee a minimum income to senior citizens. In most countries however, both contributory and non-contributory systems often provide only small pensions that, since they are not adjusted for inflation, constitute incomes that are well below the national poverty line.

Additionally, social protection programmes (including cash transfers) have witnessed an expansion in recent years, benefiting (in most cases indirectly) older persons. However, cash transfer programmes focused only on older people in situations of poverty are still missing as part of pension reforms in the region. In spite of the existing challenges due to the need to increase coverage and improve both efficiency and financial solvency of existing social protection systems, advances have been made through a new wave of reforms aimed at recognizing structural changes in the labour market and family composition that need to be incorporated in the design of social protection systems. There is increasing work to develop new cultural, social and economic rights-based social commitments that take into consideration new demands on social protection and the inclusion of solidarity mechanisms within existing social and fiscal covenants upon which rights and obligations are defined in order to fulfill the citizen's aspirations.

### **Long-term Care Institutions**

Residences for older persons occupy an important position on the public agenda of several of the region's countries. Although the countries' national reports indicate few older persons in institutional residences, some States allocate a high volume of resources through subsidies to such institutions in comparison with their investments in other areas. Nevertheless, complaints of mistreatment of older persons in long-stay institutions abound, especially within clandestine establishments, which have made the issue a more common topic in the public domain than it was before the Second World Assembly on Ageing. A

number of countries have taken steps to regulate the activity (Chile, Costa Rica, Panama, El Salvador, Nicaragua and Uruguay, and Barbados, Grenada and Trinidad and Tobago in the Caribbean, among others) and have even promulgated laws or special decrees (Uruguay). Some have made progress by devising registration systems to enforce certain levels of quality of care provided by long-term care establishments (Costa Rica and Chile, Trinidad and Tobago), and others have made headway by training the staff who work in them. In Caribbean countries, senior citizens homes and government housing for the elderly are provided by many of the countries, as in the case of Anguilla, Barbados, Grenada, Jamaica and Trinidad and Tobago, for example. While the majority of these homes in the Caribbean are run by private organizations, most receive support from the government and/or Faith Based Organisations (FBOs) at the national level.

### **In-home Care**

Some of the advantages of in-home care programmes are that they enable older people to continue to live with dignity, ease the emotional and financial burden on family caregivers and reduce family conflicts. This form of care represents a recent addition to the public agenda, but it is already attracting attention and interest from public and private agencies. Interesting experiences in this area have been carried out in Argentina with the National Home Care Programme of the Ministry of Social Development (home caregivers) and in Costa Rica with the “Building bonds of solidarity” programme of the National Council for Older Persons (CONAPAM). Cuba provides home support and basic needs assistance for almost 95,000 older persons; additionally, El Salvador has specific training programmes, and Nicaragua has published self-training materials for caregivers. Furthermore, Grenada has begun to implement a training programme for 90 home care givers to provide help and assistance to the elderly in their homes.

### **Elder Abuse**

In most of the countries, elder abuse is included under domestic violence legislation or civil codes, which treat older persons as vulnerable members of the population owing to their age; Argentina (Law 24417), Guatemala (Decree 97-96) and Panama (Law 27) are examples. Only a few countries have passed specific legislation to protect older persons from violence and discrimination. One of the most advanced in this respect is the Commonwealth of Puerto Rico, whose penal code also classifies aggression against older persons as a serious crime, under Law 33 of 1994. Brazil has taken similar steps by incorporating specific provisions in the Charter of Rights of Older Persons (Law 10741 of 2003), which states that no older person may be subjected to neglect, discrimination, violence, cruelty or oppression. Brazil is also implementing a national plan to combat violence against older persons. In countries where there is no legal instrument, different kinds of actions are under way, including prevention activities and issue positioning in the media (Argentina, Bolivia, Chile, Costa Rica, El Salvador, Guatemala, Mexico, and Panama, among others). The government of the Federal District of Mexico City and the

governments of Panama, Chile and Puerto Rico are promoting specific research into this type of mistreatment. Academic circles and NGOs are discussing ways of measuring the elder abuse; the lack of reliable data is the most common obstacle in this respect.

## **Progress in the Institutional Framework, Research, Advocacy and Capacity Building at the Country Level**

### **Institutional Framework**

Latin American and Caribbean countries have been adopting new and diverse institutional arrangements. There are at least three categories of institutional arrangements; first, specific institutions that have been created to focus on older persons' needs. Countries in this category include the following: Chile (National Service for Older Persons—SENAMA), Mexico (National Institute for Older Persons—INAPAM) and Venezuela (National Institute of Social Services—INASS). Second, institutions that act within the existing framework of social or health ministries, as in the case of Argentina (National Directorate for Older Persons Policies), Guatemala (National Programme for Older Persons), Panama (National Directorate for Older Persons), Paraguay (Department of Older Persons and Disabled and Uruguay (National Programme for Older Persons). Third, some countries instituted coordination networks, which have the responsibility of bringing together different ministries for acting in favor of older persons. This is the case of Brazil with the National Council of Older Persons, the Dominican Republic (National Council of Older Persons), El Salvador (National Council for Integral Assistance to Older Persons) and Nicaragua (National Council for Older Persons). In some cases, these networks exist when there are also other arrangements, as in the case of Chile and Guatemala.

In the Caribbean, only two countries, the British Virgin Islands and Trinidad and Tobago, have established institutional machineries devoted to ageing. In the case of the British Virgin Islands, a Division for Elderly and Disability has been established within the Social Development Department, whereas in Trinidad and Tobago, a Division of Ageing has been set up within the Ministry of Social Development. The Ministry for Social Development in Grenada has set up a Desk for the Elderly that is in charge of various programmes addressing the needs of the senior citizens in the country. In the majority of the countries, such as Barbados, Belize, and Jamaica, National Councils on Ageing are responsible for coordinating and implementing various policies addressing the needs of the elderly. National coordination and advisory bodies with a similar mandate have been set up, for example, in Guyana, the Netherlands Antilles and Saint Lucia.

### **Research**

Although limited, research activities in ageing have increased in recent years. Existing research can be identified in at least the following four areas:

1) The use of census and survey data for analyzing the situation of older persons. Countries such as Bolivia, Uruguay, and the Dominican Republic have carried out this kind of analysis. In the case of the Caribbean, with the support of the United Nations Population Fund (UNFPA), four countries, Belize, Guyana, Suriname and Saint Lucia have conducted situation analyses as a basis for policy discussions at the national level. The ECLAC Subregional Headquarters has conducted an analysis of the most recent census data for four Caribbean countries (Antigua & Barbuda, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago) with respect to ageing, economic security, living arrangements and health and well-being.

2) New specialized surveys focusing on older persons (as in the case of Mexico, Puerto Rico and the 7 cities studied in the SABE project) and the new CRELES project in Costa Rica<sup>60</sup>.

3) Policy research, such as the DELPHI study in four countries of the region (Chile, Uruguay, Dominican Republic and Panama), developed by ECLAC. The research conducted by the World Health Organization (WHO) can also be considered; the INTRA (Integrated Health Care Systems Response to Rapid Population Ageing) initiative in developing countries assesses the scope, quality and timeliness of health care service provision through national entities. Jamaica and Trinidad and Tobago, from the Caribbean, and Chile and Bolivia from South America, have participated in this project.

4) Gerontological studies using mainly qualitative approaches, most of which focus on social and family support networks, gender, well-being and care.

Research networks have been created in the region, such as the REALCE (Latin American and Caribbean Network on Ageing) and ALMA (Latin American Network on Older Persons Medicine).

As a joint exercise between the government, the Pan-American Health Organization (PAHO), the University of the West Indies (UWI) and the Economic Commission for Latin America and the Caribbean (ECLAC), a one-day academic symposium provided a platform for regional and international academia to share research on ageing in the subregion, within the framework of the first Caribbean Symposium on Ageing convened in Trinidad and Tobago.

To build research capacities in the Caribbean region, UWI at its Mona campus in Jamaica has established a Center for Gerontology. The mandate of this institution is to further develop an interdisciplinary programme of ageing studies, to work with Caribbean States and relevant agencies to develop policies and programmes, to disseminate data and knowledge on ageing-related issues, and to establish and maintain linkages with national, regional and international institutions concerned with and working on ageing related issues. Also, the University of Suriname has undertaken research on the impact of physical activities on well-being in old age.

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<sup>60</sup> Within this project, a sample of 3000 older persons will be followed for 7 years. It is the first of this kind of research to include the collection of biomarkers.

## **Advocacy**

In most countries of the region several actions have been taken in order to increase the awareness of decision makers and the public in relation to the rights and needs of older persons. Costa Rica has been very proactive in the design and implementation of advocacy strategies. The National Council for Older Persons conducts activities geared to journalists, policy makers, educators and other stakeholders to increase the knowledge of and sensitivity to ageing issues among these professionals. In Chile, the National Service for Older Persons (SENAMA) has developed networks with the media, providing them with constant communication and giving them access to important documents and information related to older persons' situations and newly implemented policies. Panama also has direct contact with the media, focusing on the creation of public awareness on ageing issues. Other countries such as the Dominican Republic and Nicaragua have developed and implemented advocacy strategies. At the regional level, some institutions, such as the ALAP (Advertising Association for Latin America), have developed campaigns favoring a new image of older persons.

In the Caribbean, many governments, quite often in collaboration with civil society, have initiated awareness-raising programmes in their countries. Anguilla and Belize have embarked on a series of radio and TV programmes and the British Virgin Islands and the United States Virgin Islands annually celebrate their Senior Citizens Month with jointly organized, cross-border initiatives for the elderly and their families. Other countries, such as Grenada, Guyana and St. Kitts and Nevis, are promoting special days for intergenerational activities. The Ministry of Social Development, Community and Gender Affairs of St. Kitts and Nevis has established an 'Adopt an Older Person' Programme to promote intergenerational activities through a 'Seniors' Birthday Program', which involves the elderly and school children. To advance the rights of their senior citizens, the Government of Saint Lucia has adopted a five-year 'Capacity Building and Advocacy' project. In a nationwide endeavor to address gender specific aspects of ageing, the Division of Ageing in the Ministry of Social Development in Trinidad and Tobago in 2006 has conducted a series of nationwide Public Open Fora and to promote awareness on elder abuse, the country has for the first time, commemorated the International World Elder Abuse Day on June 14, 2006. To alert the public to the rise in the incidence of chronic non-communicable diseases and to promote the recognition of the need to adopt healthy lifestyles, the Caribbean has been organizing regional senior games, with competition in track and field for men and women as well as team-sports which include netball, basketball and road-tennis. To promote physical activity in their own countries, Barbados, Jamaica, Saint Lucia and Trinidad and Tobago have been convening similar sport events at the national level.

## **Training and Capacity Building**

At the beginning of the 1990s there were serious deficiencies in training of professionals in the area of gerontology. Since then there have been important advances in this regard.

Through international cooperation and national support in many countries, such as Chile, Argentina, Brazil, Mexico, Costa Rica, Peru, Cuba, among others, there is an increase in the creation of specialized courses in gerontology and geriatrics. As mentioned above, UWI at its Mona campus in Jamaica has established a Center for Gerontology. Also, the University of Suriname has undertaken research on the impact of physical activities on well-being in old age. Human resources capacity-building in gerontology and elderly care is offered at various levels. At present, however, students wishing to study gerontology have to pursue this interest abroad. In an effort to respond to the raising demand for such education, the UWI Medical Faculty in Jamaica is currently working with the Center for Ageing at Florida International University to design and develop a graduate level distance education programme in gerontology for students throughout the Caribbean. Furthermore, the UWI St. Augustine Campus in Trinidad and Tobago has been offering summer courses in gerontology. The 'Mona Ageing and Wellness Center' at UWI in Jamaica provides pre-retirement seminars for the interested public. To strengthen national capacities in care for elderly, the Bahamas and Dominica are offering formal and informal training courses to health care professionals as well as family members.

### **ECLAC Support to the MIPAA Implementation**

ECLAC has assisted countries of the region in each of the above issues in order to facilitate the elaboration of national policies on ageing, the development of policy research, capacity building and creation of awareness of ageing issues. For the development of activities at the regional level as well as the national level, important support has been received from UNFPA, the Italian Cooperation, the Development Account and other donors. A list of the activities accomplished in the last years is as follows:

In relation to technical assistance,

- ECLAC has provided technical assistance to Panama in the elaboration of a national policy on ageing, through a national process of consultation with different stakeholders. In the same area, technical assistance has been provided to Brazil, the Dominican Republic and Nicaragua.
- ECLAC has supported Brazil in the participatory process for defining the priorities in the implementation of the national law that protects the rights of older persons.
- Technical assistance has been provided to the civil society of Nicaragua to increase their ageing advocacy capacities.
- Research in the area of policy scenarios has been developed using a modified DELPHI methodology. Results from the Dominican Republic and Uruguay have already been published and nationally discussed.
- A study of four countries (Argentina, Brazil, Chile, and Colombia) has been developed to analyze the participatory mechanisms implied in the design of national laws, policies and programmes on ageing.
- ECLAC has contributed technical assistance to the strengthening of institutional arrangements in El Salvador, Nicaragua, Guatemala and the Dominican Republic.

- Many countries of the region are increasingly using a Manual of Indicators of the Quality of Life of Older Persons produced by ECLAC.
- A regional indicators system is being created by ECLAC using data from the 1990 and 2000 censuses.
- ECLAC has developed an ageing module to be included in household surveys, in order to measure the quality of life of older persons.
- Through the Development Account project on ageing, ECLAC has provided technical support to a needs assessment mission on ageing in Grenada.
- ECLAC has conducted a four country analysis of most recent census data on ageing, economic security, living arrangements and health and well-being (Antigua & Barbuda, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago).

Regarding training, ECLAC conducted short courses and workshops in order to strengthen national capacities in this area, such as:

- A workshop on institutional building in the Dominican Republic for the members of the National Council of Older Persons.
- A training course on the Indicators of the Quality of Life of Older Persons, including professionals of Argentina, Brazil, Colombia, Cuba, Chile, México, Nicaragua, Panama, Peru, the Dominican Republic and Uruguay.
- A training course on the design of national ageing policies in Nicaragua with representatives from the government and civil society.
- Two training workshops for the national institutions in charge of ageing issues (Panama and El Salvador).
- To strengthen regional capacities in the implementation of the Madrid International Plan of Action on Ageing (MIPAA), the first Caribbean Symposium on Ageing was convened in Trinidad and Tobago as a joint exercise between the government, the Pan-American Health Organization (PAHO), the University of the West Indies (UWI) and the Economic Commission for Latin America and the Caribbean (ECLAC).

## **8. ESCWA REGIONAL PERSPECTIVE ON “THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING: WHERE ARE WE FIVE YEARS LATER?”**

*Economic and Social Commission for Western Asia*

### **Introduction**

In response to the UN resolutions on the implementation of, and follow-up to the Madrid International Plan of Action on Ageing (MIPAA), ESCWA has undertaken relevant activities concerning follow-up on the progress made at the regional level. This paper has been prepared by the Population and Social Policy Team of the Social Development Division to assess the implementation of MIPAA at the regional level. The reported information has been based on official reports received from ESCWA member countries on relevant implementation. Demography-related information and data have been obtained from ESCWA available sources/documents on ageing.

### **Brief General Overview of Population Ageing in the Arab Countries**

#### **Demographic Aspects**

The pattern of the traditional demographic balance in Arab countries has changed in recent decades. One of the consequences of the demographic transition from high to low fertility and high to low mortality has been the evolution in the age structure of population. In Arab countries, the declining fertility rates have caused important changes in the age structure of the population. These changes are depicted by a sharp increase in the proportion of the working-age population (aged 25-64), a decline in the young age group (aged 0-14), and a slow albeit gradual increase in the older persons as defined to be 65 and above in the Arab region. However, where the onset of fertility decline is a relatively recent trend, the process of ageing is also in its early stage. Nevertheless, in the wake of the rapidly changing demographic situation in the region, the need to meet the challenges with regard to the increase in the population of older persons cannot be underestimated, given that the absolute number of people aged 65 and above has already doubled from 5.7 million in 1980 to 10.4 million in 2000, and is expected to increase to 14 million by 2010 and 21.3 million by 2020. Further, in most Arab countries, significant gains in life expectancy were achieved in the past two decades. In 1980-1985, the average life expectancy for the region was estimated at 58 years for men and 61.3 years for women. Currently, both women and men live 7 years longer than their counterparts did 20 years ago. Average life expectancy is expected to reach 73 by 2025 and 76 by 2050.

There are significant differences among Arab countries regarding population size and growth rate at the regional level. However, the population annual growth rate in the Arab

region is predicted to decline from 2.6 per cent in 2000, to 1.99 in 2025, and to 1.67 in 2050. While the rate of growth of population aged 65 and older has been projected at 4-5 per cent in Arab countries over the period 2000-2050, the average annual rate of growth of the oldest old (aged 80 years and older) is estimated to exceed 5 per cent in 11 Arab countries over the same period, including Kuwait and Qatar both at rates of more than 7 per cent.

### **Conceptual Aspects Concerning Ageing**

The primary responsibility for achieving the objectives of MIPAA lies with governments, acting in partnership with organizations of civil society, the private sector and older persons. However, owing to existing culture-specific reasons, including existing religious values, the role of the family in care-giving for older people is important and the family continues to provide social support in the countries of the region. This trend is promoted and strengthened by stakeholders whereby the family is acknowledged as the primary actor within the traditional social support system, where the majority of the ageing population lives within their families and relies on care and donations provided by their family members. However, the nuclear family unit is slowly taking over the expanded family role and threatens to weaken/diminish this support system.

### **Principles and Priorities in the Area of Ageing at the Regional Level**

Many ESCWA member countries have been involved in translating the global objectives of MIPAA and the Arab Plan of Action on Ageing to the Year 2012 (APAA) into actions that are appropriate to the socio-cultural situation of older persons in the region. In this context, the family is considered to assume a vital role in the care and support of ageing people, a matter that is well reflected in the respective constitution and legislation of Member States. This consequently leads to prioritizing the support of the family, in order to improve the development and quality of life of the elderly. In general, providing care for older persons continues to adopt a welfare-based and service-oriented approach rather than a developmental, human rights and/or participatory approach. Thus, it is common practice for the officials to support the relevant NGOs rather than provide direct support to empower the aged people themselves. In view of the existing welfare approach, most countries prioritize targeting the poor and needy elderly, including the disabled elderly within their respective programmes and provisions. The reported priorities indicate existing efforts towards enhancing access to essential services and to social security schemes. However, only recently, placing the issue of ageing on the development agenda, has been recognized by a number of member countries.

## **Governmental Actions toward Implementing MIPAA**

### **Formulation of National Policy, Plan of Action, and Programmes**

There has been little progress made in formulating national policy for older people. Most countries consider that relevant policy formulation and developmental approaches are addressed through the existing legislation on social welfare or social issues. That is, those countries have reported that their legislation on social welfare represents the country's 'policy' on any given social area, including ageing. At the same time, most member countries have integrated ageing issues in sectoral policies and programmes, particularly in the area of family issues, population, and social welfare. The National Population Policy of Yemen, 2001 – 2025, covers a number of objectives that address ageing. In other countries, existing general policy and programmes often cover uncoordinated plans, activities and projects that target old age. According to the views expressed by Arab countries in the United Nations report, entitled "World Population Policies 2005", most countries determined their level of concern about population ageing policies to be "minor", with the exception of Iraq where this concern was deemed "major". Worth mentioning is that, in 2007, Qatar completed its national strategy on ageing that states a relevant vision, mission, theme, principles, objectives, and core areas.

The fundamental principles of MIPAA and APAA have prompted member countries to draw policy guidelines aimed at initiating and formulating relevant national plans of action. Five countries have completed this exercise, namely: Bahrain, Egypt, Jordan, Qatar and the Syrian Arab Republic. Other countries are implementing plans or programmes that are based on existing provisions within the country's general national policies. The Plan of Action on Ageing of the Syrian Arab Republic tackles mainly health-related issues, and is subject to annual modifications according to needs and priorities.

In May 2007, Egypt set guidelines towards the preparation of a national strategy and plan of action on ageing. The draft strategy and plan has been recently declared (June 2007).

Lebanon is in the process of elaborating its national plan of action. At present, Lebanon has proposed a 'social plan of action' that comprises all social segments including the ageing population. At a later stage, the proposed plan will be elaborated into a comprehensive social strategy. Qatar has completed guidelines for its national strategy for ageing, drafted a national plan of action on ageing, and is setting up a mechanism for cooperation regarding the implementation of MIPAA. Other countries, such as Iraq, consider that their 'welfare law' stands as the national plan of action. Iraq completed its first national report on ageing, and formulated its national committee on ageing. Yemen has reported that its national population policy 2001 – 2025 covers provisions regarding strengthening support to the aged people, including empowerment, health services, and improving the quality of life.

## **Establishing National Committees**

Many ESCWA countries have set up national committees for ageing, including Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Qatar and Saudi Arabia. In most cases, these national committees comprise representatives from the private and public sectors/concerned ministries, and are usually headed by the Minister of Social Affairs of member countries. However, in the Syrian Arab Republic it is headed by the Minister of Health.

In Qatar, the 'National Committee for Ageing' functions within the Supreme Council for the Family. In Saudi Arabia, both the Ministry of Social Affairs and the National Committee on Ageing have been involved in coordinating efforts towards formulating the country's national plan of action on ageing. The Lebanese National Committee on Ageing comprises four sub-committees set to address issues according to specialization: (1) committee on studies and planning (2) health and services committee (3) legislative committee (4) media and public relations committee.

Some ESCWA member countries have recently established specialized departments within the respective ministries, including Jordan, Lebanon and Qatar. Further, Qatar in 2003, declared establishing the "Qatari Association for the Elderly" as an independent and private institution. Lebanon established a dedicated homepage regarding the national committee on ageing within the website of the Ministry of Social Affairs.

## **Formulation of Legislation**

Some member countries are keen to formulate new or upgrade existing relevant legislation. Relevant activities that have been undertaken cover the following:

- Issuing licenses and tax directives regarding the establishment of homes and clubs for older persons, as in the case of Jordan, Iraq;
- Initiating health insurance provisions that cover the needy elderly, as in the case of Egypt, Jordan, Oman, Qatar and Yemen;
- Expanding welfare provisions to cover disability caused by ageing, as in the case of Kuwait;
- Issuing of directives to financially support the needy elderly, including free coverage of health insurance for the very poor elderly or monthly pocket payment, such as in Jordan, Iraq and Qatar. In 2006, Qatar doubled the financial assistance to the needy elderly and their dependents (under 18 years old), at 100 per cent increase per case;
- Upgrading pension funds, safety nets, and social security schemes, such as in the case of Jordan, Iraq, Lebanon, Oman and Qatar;
- Formulating projects to implement a new pension law, such as in the case of Lebanon. Lebanon has also issued the 'optional' health insurance scheme for the elderly (248/2000);

- Issuing of directives addressing mobility and accessibility with public premises, such as in the case of Egypt and Jordan;
- Issuing tax directives towards exemption of transportation fees, tourist visits fees and other financial exemptions, such as in Egypt and Lebanon.

### **Provision of Services**

Available services for the elderly are generally welfare-based, which most ESCWA member countries continue to improve and upgrade both the quality of existing centres and available services, particularly, health services. In many countries, health services have witnessed an increase in the number of specialized centres/units/shelter homes and specialized medical personnel, as well as expansion in capacity and provisions, assistive medical aids and medication, and other relevant services. Along these lines, concerned Arab officials tend not to increase the number of specialized centres or homes for the elderly, but rather to expand on improving the services thereof. A number of countries have established day centres for the aged, including Egypt, Jordan and Lebanon. Moreover, a number of countries, including Bahrain, Oman and Saudi Arabia, have established mobile units, i.e. mobile clinic services to reach the elderly within their families in order to provide health and other services. Using such mobile units, social workers have direct contact with older persons at their own home or at the community centre. Further, Jordan has introduced the 'family welfare programme', to reach the elderly persons in their homes, including health requirements. Similarly, Qatar has established the 'family welfare unit'. In Egypt, home services are being operational through established service offices within the Ministry of Social Solidarity, and the Ministry of Health and Population has established institutes involved in nursing studies for the elderly.

### **Training of Concerned Cadre and of the Elderly**

While most ESCWA member countries realize the importance of conducting training programmes aimed at enhancing and upgrading the skills of the concerned personnel, few have initiated such programmes owing to existing financial constraints, including, for example, Egypt, Jordan, Iraq, Lebanon, Qatar and Yemen. Concerned personnel in the public and private sectors have benefited from such training. Lebanon has completed two such training projects in the area of skills improvement, and in tackling abuse and marginalization. In this respect, the same countries have also reported implementing training programmes that include activities to train ageing persons themselves on handicrafts and productive skills. Qatar training programme went further to include training of ageing persons themselves on how to address and cope with problems that are old age-related. In all countries of the region, eradication of illiteracy programmes target elderly persons.

## **Advocacy and Raising Awareness**

In most ESCWA member countries, there has been significant progress in raising public awareness towards addressing ageing issues at both the governmental and civil society levels. Social clubs for older persons, which are active in many countries, including Egypt and Lebanon, form a positive component in this regard. Most countries have implemented awareness-building activities through convening meetings and conferences, through conducting awareness sessions, and through issuing brochures and other relevant publications. Commemorating the annual International Day and/or the National Day of Older Persons has become a major national venue for raising awareness regarding ageing issues. Four countries, namely, Bahrain, Egypt, Lebanon, and Qatar have reported commemoration activities. Such activities include specialized training workshops, awareness-raising campaigns, participation at seminars and world conferences, exhibition of handicrafts made by older persons and honoring their initiatives. Lebanon has declared an annual 'national day to honor grandparents', the day is set on the last Sunday of June; main activity of the day is media-related aiming at rendering due respect and good relationship with the grandparents.

In many countries, the Ministry of Information participates in advocacy and public awareness campaigns through media channels: newspaper columns, radio and television programmes.

## **National Reports and Needs Assessment Studies**

Literature on the issue of ageing is scarce in the Arab world due to considerations related to being ranked as minor priority in the development agenda. In view of the region's demographic changes, member countries have started to realize the importance of addressing the issue, and only recently some countries have undertaken measures to tackle the situation. In this connection, Jordan and Qatar prepared relevant surveys and undertook needs assessment studies. Yemen has recently completed its first and preliminary national report on the situation of the elderly (2007). In view of the rising needs, and in-line with results of the needs assessment studies, Iraq has initiated work towards rehabilitating and expanding the capacity of existing specialized centres and improving the services thereof. Lebanon has reported four specialized studies that are being prepared in the following areas: services, evaluation of institutions and day centres, needs assessment. In this respect, Lebanon has initiated work towards publishing a manual covering information on existing specialized centres/institutions and services available for the aged at the country level.

## **Establishing Databases and Statistics**

Egypt's general policy covers provisions that target old age and stipulates, among others, the preparation of databases and reports/studies on ageing-related issues, in particular,

health and socio-economic conditions. Qatar's draft national strategy on ageing stipulates establishing an updated database on ageing. Iraq has reported that, in view of the existing difficult situation, available relevant statistics are outdated. However, at present, available data cover only the elderly persons registered at the Department of Special Needs at the Ministry of Labour and Social Affairs, which is in charge of ageing. During the past five years, Lebanon has updated statistics on ageing, through undertaking relevant surveys and studies. A survey on the health situation of the family has been completed by the Lebanese Ministry of Social Affairs in 2007. In addition to the concerned developmental research centers, research centers at universities serve as channels for raising awareness, collecting data and conducting relevant research and conferences.

## **Empowering Aged People**

### ***Enabling Environment***

ESCWA countries have indicated that they have taken measures to improve the surrounding environment and situation of the elderly persons at the physical, social, psychological, family, and economic levels. To this effect, some countries have introduced the 'substitute family programme' and other programmes in order to bridge the intergenerational gap, such as utilizing the capabilities of the elderly in providing special lessons to students, or teaching in eradication of illiteracy programmes. It is worth mentioning that all directors, and other members, of governmental institutions and civil society organizations are usually selected from older age groups in order to benefit from their experiences. Thus, the old age members are involved and participate in the decision-making process at the institution and/or committee levels. In many countries, programmes of action are jointly discussed with the leadership of the NGOs/institutions for the aged, before implementation. Further, the recreational clubs for the aged are commonly used as channels of empowerment, advocacy and recognition. Aiming to enhance empowerment, most countries have reported implementing initiatives towards productive ageing, some of which are in the form of loans to establish small projects. Also, the day centres are commonly used as channels for empowerment and public participation, as well as to enhance voluntary work for and by the aged people at the community level, including participation in community councils. In many countries of the region, ageing people continue to assume primary roles within the community councils, particularly in Bedouin and tribal councils.

### ***Empowering Aged Women***

Member countries have reported equal opportunities and provisions within legislation for both elderly men and women. In fact, the only difference in addressing man/woman ageing is age-related to entry as residents at the centers. In a number of countries, the entry age for women is 55 years, for men it is 60 years. Another difference has been reported by Qatar, whereby the pension law (24/2002) entails eligibility at age 60 for men and 55 for women. However, owing to socio-economic conditions, older women in the Arab region suffer additional problems compared to men. Namely, their lack of access to paid

employment, lack of equal access to adequate health and social services, and social and financial dependency. Also, given that women live longer than men, the proportion of women among the widowed elderly is higher than for men. This has triggered a high proportion of households headed by elderly women who are poor and widowed. Jordan and Yemen have mentioned ‘feminization of ageing’, and have initiated some programmes that specifically target the empowerment of elderly women. Other countries, such as Lebanon, have reported that elderly needy women who are heads of households have been particularly covered within programmes/plans that aim at enhancing social protection nets. In Egypt, the National Council for Women is involved in the review and assessment of policies and legislation for women, including elderly women.

## **The Role of Concerned Actors**

### **Regional Organizations: The League of Arab States**

The League of Arab States (LAS) acts as an essential official entity concerned in ageing. LAS has, and continues to organize and participate in relevant meetings/conferences at the regional and international levels. Through its specialized channels as well as through a number of advocacy and developmental forums on ageing, mainly conferences at the parliamentarians’ level, LAS continues to advocate, support and strengthen ageing and family-related developmental goals.

In 2002, LAS established the ‘Arab league of national committees for ageing’, based on a declaration adopted by the Ministers of Social Affairs. The said ‘league’ is based in Damascus – Syria, and its board comprises the following countries: Bahrain, Egypt, Jordan, Morocco, Palestine, and Syria, who are represented through official as well as civil society entities.

### **Civil Society and Private Sector**

A number of specialized private sector centres and NGOs are operational in most ESCWA countries. The concerned official entities have reported that they are keen to strengthen partnership with the civil society institutions, enhance their institutional capacities, cooperate within relevant agreements, and provide financial support. To illustrate, the composition of the national committee in member countries covers representatives from both the public and private sectors. In fact, the national committee functions as the main actor in charge of partnership and coordination with the civil society. Also, the welfare institutions that are associated with the Ministry of Social Affairs in most countries, have established agreements/contracts with hospitals in order to cover medical treatment of the needy elderly. Further, partnership with regional and international institutions has also been strengthened.

## **Media**

As mentioned earlier, many countries implement advocacy and public awareness campaigns in partnership with the Ministry of Information, whereby relevant activities are highlighted through media channels: newspaper columns, documentary films, radio and television special programmes.

## **Achievements**

The above-mentioned reporting includes many achievements that can be highlighted. In addition, it is worth mentioning that there are some pilot projects that can be classified as developmental achievements after MIPAA and APAA. To illustrate, following are few examples:

(1) Some countries have introduced the study of geriatrics and ageing issues within academic programmes at schools and universities, including Egypt, Jordan and Lebanon. Furthermore, Lebanon has established a national society for geriatrics; and the Syrian Arab Republic is in the process of setting up a national task force on geriatrics.

In order to promote productive ageing, some countries, principally Egypt and Qatar, have initiated projects with prizes for older persons who continue to work productively. Within that context, the Supreme Council for Family Affairs in Qatar is implementing a multi-purpose project for older people aiming at the following: (a) building the capacity of participating older persons; (b) creating opportunities for them to continue to be productive by training young students in relevant fields; (c) enhancing intergenerational interaction; and (d) securing financial benefits to participating older persons.

(3) A pilot project in Egypt consists of granting senior citizens a golden card that entitles the holder to benefit from a range of services and privileges.

(4) The National Committee on Ageing in Lebanon has completed a draft project concerning the issuance of a special identity card for aged persons.

## **Conclusion**

In general, little progress has been achieved at the regional level concerning the implementation of MIPAA. Up-to-date, only five out of 13 ESCWA countries have formulated a national plan of action on ageing. In addition to the fact that the existing socio-economic and demographic changes form a major challenge, many non-Gulf countries have attributed the slow implementation to existing obstacles, mainly: (1) non-availability of funds, (2) lack of qualified cadre; (3) limited capabilities of existing institutions. Few countries, such as Qatar and Yemen, have reported that the unavailability of accurate data is considered an obstacle. The uncertain security situation has been reported by Iraq and Lebanon as an additional obstacle. Qatar has also mentioned that re-

enforcing inter-generational dialogue and solidarity through family cohesion stands out as one challenge at the social changes front.

The old and oldest old are projected to grow at alarming proportions by 2050 both in terms of absolute numbers and percentages of total populations. Thus, policymakers started to focus on the socio-economic challenges of ageing, and to prioritize the formulation of relevant national policies aimed at the following:

- (a) Promoting the quality of life of older persons;
- (b) Enabling older people to remain active and to live independently in their own communities;
- (c) Providing adequate health care and social security in old age relative to the working population;
- (d) Upholding and facilitating a social support system, formal and informal, including enhancing the abilities of relatives to take care of the elderly within the family environment.

## **9. UNFPA Country Programme Perspective - Africa:**

*Lamlenn B. Samson, UNFPA*

### **Background to the Demographic Situation and the Ageing Process in Africa**

An overall demographic situation characterized by:

- A very young population structure with 60-65 per cent of the population aged less than 25 years in most countries. The elderly population is barely 3-5 per cent of the population as compared to over 20 per cent in some developed countries.
- Very high fertility levels with TFRs (total fertility rates) of over 5 children per woman (compared to 2.3 in Asia and 1.4 in Europe). Recent slow fertility declines have been observed in several countries.
- Relatively high mortality levels which have been declining much faster as a result of significant technological developments, particularly, in the field of medicine. In some countries, such declines have been slackened and even reversed due to the impact of HIV/AIDS.
- Rapid urbanization processes which have seen the proportion of the urban population grow from 14.7 per cent in 1950 to 37.2 per cent in the year 2000 and is expected to grow beyond 50 per cent by 2025.
- Urban growth fueled mainly by the migration of economically active population from the rural areas but also by natural population increase. International migration which is also becoming prominent and is recognized as a major source of human resource and brain-drain in Africa.

An ageing process characterized by:

- A low proportion of elderly persons which has been increasing gradually over the past two decades.
- In terms of absolute figures however, there are around 40 million persons aged more than 60 years today in Africa and this number is expected to more than triple by the middle of the century if current trends continue.
- In effect, over the past 15 years, the elderly segment of the population of most African countries has been growing at a faster pace than that of the other segments and of the entire population. This is largely attributed to the dynamics described earlier but has also been exacerbated by the HIV/AIDS pandemic which depletes mostly the working age population.
- All the same, it is estimated that by 2050 the proportion of elderly persons will still be around 9 per cent in Africa compared to 23.6 per cent in Asia and 24.1 per cent in Latin America.
- It must however be recognized that the ever increasing numbers of elderly persons in Africa are encountering serious livelihood challenges due to deficiencies in

customary family support systems, poverty and material deprivation, ill-health and exclusion from health services which need to be addressed.

- These challenges are a result of more intricate family and societal mutations as reflected in the roles, links and perceived entitlements of generations within them which need to be fully understood.
- In addressing these challenges, it is also worthwhile to consider the diversity of Africa's economic, political, environmental, historical, cultural and linguistic contexts in which the ageing of populations unfolds.

### **The 2002 Second World Assembly on Ageing and the Madrid Plan of Action**

The Second World Assembly on Ageing in Madrid acknowledged the fact that population ageing is poised to become a major issue in developing countries, which are projected to age swiftly in the first half of the twenty-first century. It was also recognized that these countries were to be facing the challenge of simultaneous development and population ageing.

Even though it was recognized that there were major demographic differences between developed and developing countries with regard to ageing processes, the developing countries were treated as if they were one homogenous entity.

In summary, the Madrid International Plan of Action on Ageing focused on the following issues:

#### **A. Priority direction I: Older persons and development**

Issue 1: Active participation in society and development

Issue 2: Work and the ageing labour force

Issue 3: Rural development, migration and urbanization

Issue 4: Access to knowledge, education and training

Issue 5: Intergenerational solidarity

Issue 6: Eradication of poverty

Issue 7: Income security, social protection/social security and poverty prevention

Issue 8: Emergency situations

#### **B. Priority direction II: Advancing health and well-being into old age**

Issue 1: Health promotion and well-being throughout life

Issue 2: Universal and equal access to health-care services

Issue 3: Older persons and HIV/AIDS

Issue 4: Training of care providers and health professionals

Issue 5: Mental health needs of older persons

Issue 6: Older persons and disabilities

#### **C. Priority direction III: Ensuring enabling and supportive environments**

Issue 1: Housing and the living environment

Issue 2: Care and support for caregivers

Issue 4: Images of ageing

## **The Contribution of the UNFPA through its Programmes in Africa**

The UNFPA Regional and Country Programmes in Africa have so far been addressing the following issues:

### **1. Building an evidence base on elderly persons:**

- Census data have always been disaggregated by age and by sex in order to bring out the proportion and absolute numbers of elderly persons by sex
- Over the past decade, in-depth analyses of census data have been including a specific theme on elderly persons which highlights their specific characteristics and living conditions. These have provided much greater detail on the situation of elderly persons in most countries.
- Such analyses of the elderly population in Rwanda revealed that:
  - o 4.3 per cent of the population was aged 60+ years as compared to 5 per cent in 1991 (before the war and the genocide)
  - o There were more elderly females than males (72 per 100)
  - o There were more elderly persons in rural areas than in the towns
  - o There were more widowed elderly women (60.9 per cent) than men (12.3 per cent)
  - o There were far more literate elderly men (37.2 per cent) than females (8.6 per cent) but their overall illiteracy level was much higher than that of the entire population
  - o The few elderly persons who ever attended school never went beyond the primary level, and most of these were males.
  - o Most elderly persons were still economically active (71 per cent of males and 65 per cent of females). More than half were still active at age 75. In other words, in Africa, there is no retirement age.
  - o The level of disability increased with age and the most prominent types of disability were physical handicaps
  - o Most elderly persons were household heads (97.7 per cent of males and 79.7 per cent of females)
  - o There were more elderly women living alone (18.6 per cent) than men (5.3 per cent)
  - o Overall, the living conditions of households headed by elderly persons were far worse than those in households headed by younger persons.
  - o Indicators of non-monetary poverty demonstrated that households headed by elderly women were among the poorest in the country (85.8 per cent classified as poor or very poor).
  - o Above all, these results portray that there is a gender dimension to the ageing process in Africa and to the detriment of the women.
- Many more countries involved in the 2000 and the 2010 round of censuses have included a theme on elderly persons. Findings from such analyses shall provide a clearer picture of individual and population ageing through the situation of elderly persons in Africa and pave the way for more in-depth qualitative investigation and analyses into their emotions, concerns and expectations.

2. Advocacy for the inclusion of the specific concerns of elderly persons into development policies and programmes and into economic frameworks:

- Country Office and other Africa Division and Country Technical Services Teams staff depend largely on evidence from analyses of census data to engage in policy dialogue with national governments and regional and sub-regional institutions for the consideration of the concerns of elderly persons during the formulation of national programmes and regional agendas.
- On most occasions however, they have to depend essentially on international agreements and resolutions like the Madrid International Plan of Action and on experience from other countries or regions to engage in such dialogue.
- Such advocacy has been successful in introducing clauses into policies and programmes which target the concerns of elderly persons. Some specific frameworks such as the African Policy Framework and Plan of Action on Ageing have been designed.
- Yet very little else happens on the ground.

3. UNFPA Programme interventions in the domain of reproductive health have had rather limited focus on the specific concerns of the elderly population. These include:

- All reproductive health interventions which prevent and/or treat reproductive tract infections including HIV/AIDS and avoid development of disabilities (emergency obstetric care, fistula repair, etc) during the reproductive ages and which contribute to ensuring that more and more persons reach old age in good health. (*Contribution to promotion of health and well-being throughout life*)
- In some countries such as Ghana, UNFPA has been investing in services which offer gender-specific screening of elderly persons for early signs of reproductive tract infections. Such interventions are even far advanced in the SADC and Northern African regions where the ageing process is already more pronounced

4. UNFPA Programme interventions through its Family Life Education programmes usually include elements of sensitization on the importance of family and community life with emphasis on intergenerational solidarity which could contribute to providing assistance to the elderly population. However, it must be admitted that such initiatives usually lack reliable evidence and feasible best practices to share.

5. UNFPA Programme interventions through Youth programmes: The opportunity of youth networking is increasingly being used to sensitize the young generations on the need to sustain intergenerational solidarity and to cater for the specific needs of the elderly. Admittedly, given the numerous other concerns of the African youth of today, such issues are not generally a priority in youth programmes.

### **Some Constraints to UNFPA Programme Interventions in the Domain of Population Ageing in Africa**

- There is yet pronounced lack of evidence and knowledge upon which to build strong advocacy in many African countries. Available data and information are not enough to provide ample details on ageing, poverty, health and other ageing-related social processes in Africa.
- Even when Governments and regional institutions are fully sensitized and brought to include elderly concerns in the development agenda, there are so many other competing needs that ageing issues do not feature high enough on the priority list to compete for the scarce resources.
- Ageing issues in Africa usually do not feature prominently during situational analyses which precede the preparation of Poverty Reduction Strategy Papers (PRSPs) or during the Common Country Assessments (CCAs) which lead to the design of the United Nations Development Assistance Framework (UNDAF) for most countries. As a consequence, they are most likely not to feature in the UNFPA Country Programme Action Plans (CPAPs) and Annual Workplans (AWPs).
- Furthermore, some of the major international frameworks which are known to provide orientations for UNFPA programming in Africa do not appear to have considered ageing issues high enough among their priorities:
  - The ICPD Plan of Action barely mentioned it in some 5 lines
  - The MDGs do not focus on older people and on population ageing. On the contrary, most of them focus on younger age groups.
- Persistent economic crises, the heavy debt burden and/or recurrent humanitarian crises situations are so much of a burden to most African states that the little available resources are taken up by more pressing current needs. There is very little concrete long-term vision.
- Very few local NGOs, networks or other organized pressure groups exist within the countries to serve as partners of international development organizations.

### **Some Enhancing Factors to UNFPA Programme Interventions in the Domain of Population Ageing in Africa**

- UN, NGO, African Union and individual country initiatives in some countries have been working hard over the past decade to incorporate the welfare of elderly people into the mainstream of development thinking and to improve the knowledge base on such issues as evidenced by:
  - The designation of 1999 as the International Year of Older Persons
  - The holding of the Second International World Assembly on Ageing which led to the Madrid International Plan of Action on Ageing in 2002
  - The formulation of the African Policy Framework and Plan of Action on Ageing by the African Union and HelpAge International in 2003

- The formulation of the Research Agenda on Ageing by the UN and the International Association of Gerontology in 2003 and
- The recent creation of an African Research on Ageing Network (AFRAN) in 2005.
- The next Africa Regional Programme 2008-2011 has outcomes and outputs which focus specifically on increased production, analyses, dissemination and use of age and gender disaggregated data for development planning and on emerging issues such as ageing. Given the synergy that is expected between UNFPA Regional Programmes and Country Programmes (CPs), one would expect future CPs in Africa to draw inspiration from these orientations.
- There has been significant progress recorded in the domain of regional collaboration, good governance and accountability with an increasing number of democratically elected governments, the creation and dynamism of the African Union with its New Partnership for the Development of Africa (NEPAD) framework as well as the existence of sub-regional organizations such as the Economic Community of West Africa States (ECOWAS), Communauté Economique et Monétaire de l'Afrique Centrale/Economic and Monetary Community of Central Africa (CEMAC), East Africa Community (EAC) and Southern Africa Development Community (SADC). These constitute fora for advocacy and monitoring and evaluation of efforts in favour of the elderly population

### **The Way Forward – UNFPA Programmes in Africa Need to Focus on the Following Areas**

- Quantitative and qualitative data collection, analyses and dissemination. This would be through ;
- The sustained support for the organization of the 2010 round of censuses which comply with the Principles and Recommendations of the United Nations
  - Support for research into the ageing, poverty, health and other ageing-related social processes in Africa.
  - Increased participation in ongoing poverty and health-related national household surveys (Living Standards Measurement Study/World Bank (LSMS), Demographic Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) , Core Welfare Indicator Questionnaire (CWIQ), etc) in African countries such as to ensure that the sample sizes are large enough and that pertinent variables are included to capture the specific situations of elderly persons
  - Intensification of advocacy initiatives at national and regional levels on the strength of available information from Africa and guided by orientations from the various global and Regional Plans of Action
  - Inclusion of specific modules in UNFPA Family Life Education and Youth programmes which focus specifically on ageing issues and on the requisite intergenerational and community solidarity to cope with them

- Inclusion/intensification within RH programme interventions, of specific services for gender-specific screening and treatment of elderly persons for early signs of reproductive tract infections

## **10. POPULATION AGEING IN EAST AND SOUTH-EAST ASIA AND MIPAA IMPLEMENTATION IN THAILAND**

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### **INTRODUCTION**

Population ageing<sup>61</sup> is rapidly emerging as an important development issue of the 21<sup>st</sup> century in Asia and more particularly in East and South-East Asia as an inevitable consequence of sustained decline in fertility and mortality over the last three decades. The result is a growing number of persons reaching the age of 60 years and living longer beyond 60 years. As more and more countries experience population ageing, the issue is drawing increasing attention at the global, regional and national levels. A number of conferences and seminars have been held at the global and regional levels to provide a forum for the exchange of experiences to address the various implications of the emerging situation and several countries have drawn up national policies and plans to meet the challenges posed by the significant increase in the number and proportion of older persons during the next four decades. The Madrid International Plan of Action on Ageing (MIPAA), adopted at the Second World Assembly on Ageing held in Madrid, Spain in April 2002, serves as a comprehensive framework for action by Member States. With the passage of five years, the United Nations is undertaking a review of the implementation of the MIPAA. This paper seeks to highlight the salient features of population ageing in East and South-East Asia<sup>62</sup> with a focus on the implementation of the MIPAA in Thailand.

The paper is divided into four sections. Section 1 describes some significant demographic facts of ageing in East and South-East Asia. Section 2 provides a brief background to the MIPAA and other events and plans that culminated with the Madrid conference. Implementation of the MIPAA in Thailand during the past five years is discussed in Section 3. Section 4 concludes by highlighting the existing gaps and outlining priorities for future action.

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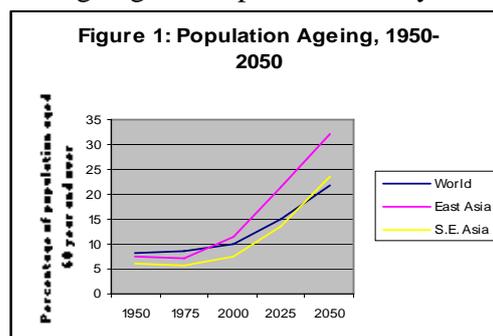
<sup>61</sup> Population ageing is defined as the increasing proportion of older persons (those aged 60 years and over) in the total population.

<sup>62</sup> East Asia includes China, the Democratic Peoples Republic of Korea, Japan, Mongolia, and the Republic of Korea. South-East Asia includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste and Viet Nam

## Demographic facts on ageing in East and South-East Asia

### *The Region is ageing rapidly*

In East and South-East population ageing is progressing at a much higher rate than in other regions. East Asia is rapidly ageing and by 2050, older persons will constitute more than 30 per cent of its population. South-East Asia, too, is ageing at a rapid rate and by 2050, older persons will account for one fourth of its population. There are wide differences in extent of population ageing between countries within each region. For example, in Japan, described as the world's "most aged" country, nearly 30 per cent of the population is aged 60 years and over, while in Timor-Leste, older persons constitute less than 5 per cent of the total population. However, even in countries where the proportion of older persons in the population



is currently very low, the older population is growing at a rapid rate.<sup>63</sup> As such they are faced with what is for them an unprecedented increase in the number of older persons.<sup>64</sup> The inescapable implication is that even countries with a low percentage of older persons cannot afford to be complacent about population ageing. For all countries of East and South-East Asia, population ageing is therefore going to be a crucial issue during this century. Although this demographic change is inevitable, communities, governments, civil society and the private sector must recognize and get prepared for the challenges and potentials of population ageing. Table 1 below shows that while the proportion of older persons is striking, what is more striking is their large numbers. In China there will be 438 million older persons in 2050, in Thailand about 30 million and in Vietnam about 31 million.

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<sup>63</sup> For an overview of ageing in the countries of East and Southeast Asia see Mujahid, G. – Population Ageing in East and South-East Asia: Current Situation and Emerging Challenges, (UNFPA Country Technical Services Team for East and South-East Asia, Bangkok, 2006).

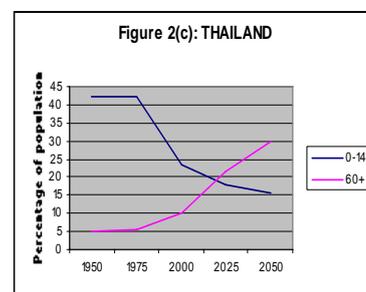
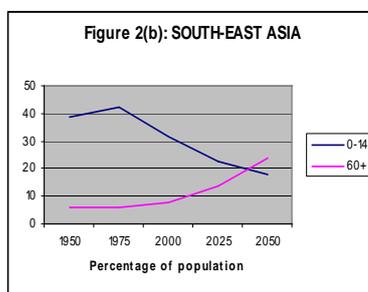
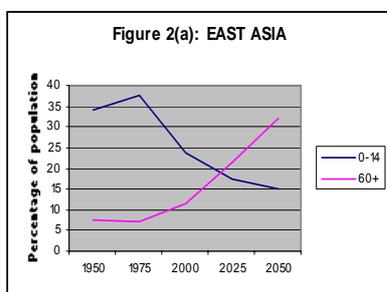
<sup>64</sup> As a case in point, in Timor-Leste the population of older persons increased by about 6 thousand during 1975-2000. The corresponding increase will be 71 thousand during 2000-2025 and 156 thousand during 2025-50. World Population Prospects: the 2006 Revision, (UNDESA, New York, 2007)

**Table 1: Growing number of the older generation: What lies ahead**

Country/Year	2000	2025	2050
China	10.1 (127.8 m)	20.0 (289.5 m)	31.1 (437.9 m)
Mongolia	5.8 (0.14 m)	10.8 (0.34 m)	25.1 (0.9 m)
Cambodia	4.6 (0.6 m)	7.9 (1.5 m)	15.2 (3.8 m)
Indonesia	7.7 (16.2 m)	13.7 (37.2 m)	24.8 (73.6 m)
Lao PDR	5.2 (0.3 m)	7.6 (0.6 m)	16.3 (1.5 m)
Malaysia	6.2 (1.4 m)	13.2 (4.5 m)	22.2 (8.8 m)
Myanmar	7.8 (3.6 m)	13.9 (7.7 m)	25.6 (15.0 m)
Philippines	5.5 (4.2 m)	9.8 (11.3 m)	18.2 (25.5 m)
Thailand	10.1(6.1 m)	21.5 (14.8 m)	29.8 (20.1 m)
Viet Nam	7.6 (6.0 m)	13.4 (14.2 m)	26.1 (31.3 m)

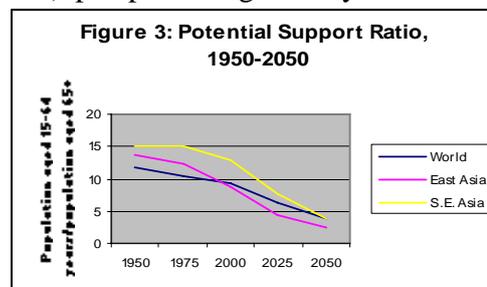
### Shifting age structure

With population ageing, the age structure shifts more and more towards older age groups. For the first time in human history, the world’s population of older persons will exceed that of children below 15 years in 2046. The more rapid the population ageing in a region or country, the earlier it would reach this “tipping” point. In East Asia this “tipping point” will be reached in 2018 and in South-East Asia in 2041. In South-East Asia, Thailand will reach the “tipping point” earlier in 2020.(Figure 2)



## Shrinking support base

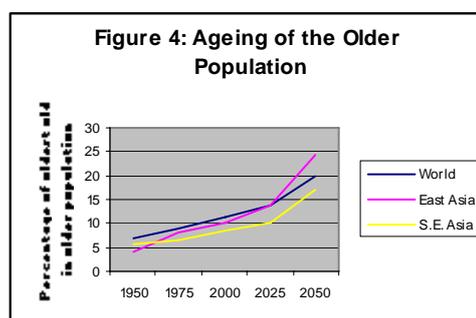
Another implication of population ageing is the decline in the potential support ratio. This is the number of persons of working ages (15-64 years) per person aged 65 years and over.<sup>65</sup> The ratio indicates the available support base for the older population. In the world, there are 9 persons of working age for every person aged 65 years and over. This figure is projected to decline gradually to 4 by 2050. In East Asia and South-East Asia, the ratio is 8.8 and 12.9 respectively. It is projected to decline to 2.4 and 3.7 by 2050. In Thailand, the potential support ratio will decline from its current level of about 10 to 4.5 in 2025 and to 2.6 in 2050. This decline from 10 to 2.6 indicates a shrinking support base for older persons to one-fourth its current size. This change would have far reaching implications. While the recipients of social security and pensions will increase, the number of contributors to the schemes will decrease. At the same time, this change indicates a decline in the availability of care-givers.



## More older persons will become oldest

Population ageing has been characterized by an increase in the proportion of the “oldest old”, defined as those aged 80 years and over. As a result of improved health care facilities, an increasing proportion of older persons reach the age of 80 years. Moreover, life expectancy at age 80, that is the average number of years a person is expected to live after reaching age 80, has also been increasing with improved health and long-term care services. More people are expected to live up to 80 years and amongst those who reach 80 years, more are likely to live for 2-3 years longer than their earlier cohorts.

Figure 4 shows the increasing proportion of the oldest old in the older population. By 2050, the oldest old will constitute 25 per cent of the older population in East Asia and 17 per cent in South-East Asia. The increasing proportion of the oldest old has far reaching implications in terms of the longer duration for which pensions have to be paid as well as of provision of long-term care as



<sup>65</sup> It should be pointed out that while the definition of “older persons” is those aged 60 years and over, the potential support ratio uses a cut-off age of 65 years. This is because a significant proportion of those aged 60-64 years are found to be productive and hence not economically dependant. The ratio is intended to capture the extent of economic dependence of the older population and hence the use of 65 years as the cut-off age instead of 60 years.

incidence of disability among the older population is known to increase with age.<sup>66</sup> This will be happening at a time when the family size will be decreasing and so will be number of care givers in the family. These trends have significant implications for public policy.

### **Feminization: Women Live Longer**

The higher female survival ratios and their life expectancy beyond 80 years have also resulted in old women outnumbering older men. Table 2 shows that women constitute more than half the older population and in both East and South-East Asia the proportion is going to increase marginally over the period to 2050. Women comprise a higher proportion of the oldest old population – in most cases about 60 per cent. While the proportion of females in the oldest old population is expected to decline marginally in East Asia it is expected to increase in South-East Asia and exceed 60 per cent in 2025 and 2050, due to gender differentials in survival ratios.

**Table 2: Percentage of females in older and oldest population**

Region	2000		2025		2050	
	older	oldest	older	oldest	older	oldest
World	54.8	64.1	54.2	61.9	54.1	61.4
East Asia	52.5	63.9	52.8	60.5	53.4	60.4
S.E.Asia	54.3	59.4	54.4	62.9	54.9	63.8

Feminization of ageing has policy implications as older women are more vulnerable and stand in greater need of social protection than men. Their greater vulnerability stems from a higher incidence of illiteracy and economic inactivity. Moreover, a much higher proportion of older women than older men are “single”.<sup>67</sup> Older persons who are single are likely to be financially less secure and not enjoy as much care in illness and disability as those having a spouse.

<sup>66</sup> For evidence, see Jitapunkul, S. *et.al.* – Health Problems of Thai Elderly: A National Survey 1999, (National Health Foundation and Ministry of Health, Bangkok, 1999); Kaneda, T. *et.al.* – Differentials in Life Expectancy and Active Life Expectancy by Socio-Economic Status among Older Adults in Beijing, (Working Paper No. 189, Population Council, New York, 2004); and Zimmer, Z. – Active Life Expectancy and Functional Limitations among Older Cambodians: Results from a 2004 Survey, (Working Paper No. 201, Population Council, New York, 2005).

<sup>67</sup> The term “single” is used here to describe those who do not have a spouse and includes those who are divorced or widowed or may have never married.

## Madrid International Plan of Action on Ageing (MIPAA)

The Madrid International Plan of Action on Ageing (MIPAA) was adopted by 159 countries at the Second World Assembly on Ageing held in Madrid, Spain in April 2002. It recognises the potential of older people to contribute to development of their societies, and urges governments to include the ageing process in all social and economic development policies, including poverty reduction strategies. Its aim is to ensure that people everywhere can age with security and dignity, and continue to participate in their society as citizens with full rights.

A number of plans of action and commitments preceded MIPAA and have contributed to its content. These include, among others, the Vienna International Plan of Action on Ageing, 1982; United Nations Principles for Older Persons, 1991; Programme of Action of the International Conference on Population and Development, 1994; the Beijing Platform of Action, 1995; World Summit for Social Development, Copenhagen, 1995; and the Macao Plan of Action on Ageing in Asia and the Pacific, 1998.

MIPAA provides the framework for guiding governments to address ageing-related issues. Building on the concept of a “society for all ages”, MIPAA was developed to guide international policies and actions on ageing through the 21<sup>st</sup> century. The MIPAA consists of two parts. The first is a political declaration that states the commitment to addressing the issues of ageing and incorporating them into national policies and plans. The second part is the Plan of Action which sets out objectives and recommendations for action to help governments put this political commitment into practice. The Plan of Action provides action-oriented recommendations to help governments focus on the key priorities of ageing to improve and sustain the lives of older people as detailed in Table 3 below:

**Table 3: MIPAA – A Very Broad Canvas**

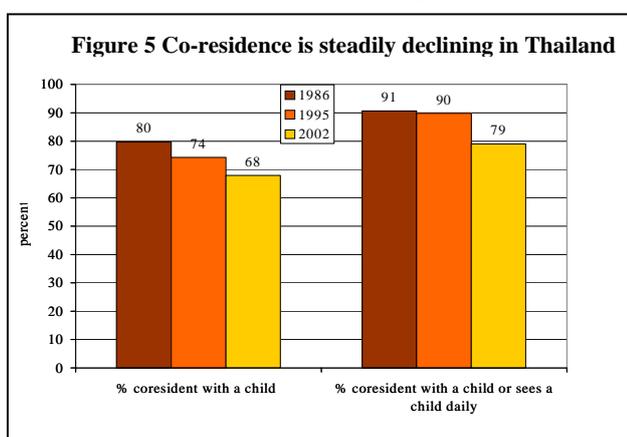
Priority Directions	Number of issues	Number of objectives	Number of recommended actions
I. Older persons and development	8	14	107
II. Advancing health and well-being into old age	6	13	81
III. Ensuring enabling and supportive environment	4	8	52
Total	18	35	240

The UN Commission for Social Development (CSD) is responsible for follow-up and appraisal of the implementation of MIPAA. To aid this process, governments and regional bodies have been invited to review progress in 2007 to mark the five years since MIPAA was adopted. The CSD has agreed that responsibility for reviewing progress on implementing the Plan at national level will not be limited to governments but will be shared with a wider range of stakeholders, including older people, using a bottom up

participatory approach. Such an approach will enable older people to influence the process and increase awareness of the policy implications of ageing across different government departments. Further, this approach will help to review progress from the recipient perspective in addition to policy, programme and provider perspectives. This will be quite unique for reviewing progress in the implementation of an international framework.

## MIPAA Implementation in Thailand

Thailand is one of the countries in East and South-East Asia which is ageing rapidly due to sustained declines in fertility and improvements in life expectancy. With 11 per cent of its population aged 60 years and over, Thailand is the second most aged country in South-East Asia, next to Singapore. The number of older persons is expected to more than double in 25 years from 6 million in 2005 to 15 million in 2025 and more than triple in 50 years to over 20 million by 2050. The proportion of older persons in the total population will increase to 21.5 per cent in 2025 and further to 29.8 per cent by 2050. Moreover, increasing urbanization, declining family size and continuing rural out-migration impact on the traditional family structure that historically provided care and old age security. The steady decline in co-residence of older persons in Thailand further contributes to the lonely life of older persons.



### *Policy environment for MIPAA implementation*

The Government of Thailand formulated and introduced a long-term Second National Plan for Older Persons (2002-2021) as an immediate follow-up to MIPAA. It is the second National Plan with a greater emphasis on quality ageing. The Older Persons Act 2003 promotes the rights and protection of older persons and guarantees social welfare benefits to vulnerable older persons and seeks to engage older persons through associations of elders. The government has set up a Bureau of Empowerment for Older Persons in 2002 under the Ministry of Social Development and Human Security to take responsibility for implementation of the second national plan and the provisions of the Older Persons Act. A National Commission on the Elderly was set up in 2004 to provide directions and guidelines for various ministries to mainstream ageing into their work. Through a recent cabinet resolution (January 2007), the government has urged all provincial governments to expand community care for older persons through the extensive network of community

health and social volunteers in an effort to up-scale such pilot schemes run in a few selected areas.

***Implementation under MIPAA Priority Direction I: Older Persons and Development***

“Income security and social protection/social security are part of a foundation for economic prosperity and social cohesion” (Para 49, MIPAA). However, the fact remains that poverty gets deepened in old age due to life long poverty, lack of social security in view of their work in the informal sector, lack of productive assets and lack of savings. There has been a steady decline in the labour force participation rate of older persons from 31 per cent in 1990 to 26 per cent in 2007. Poverty in old age is higher (16.2 per cent) compared to the overall poverty rate (11.5 per cent). Anyone whose monthly income is less than 1,386 Baht ( approx. 40 USD) is considered to be below the poverty line, according to the latest poverty index in Thailand. There is a glaring variation among older men and older women in this regard. For example, only 16.8 per cent of older women are part of the current labour force as opposed to 38 per cent of older men.

Increasing economic security for older persons has been engaging the attention of the government as currently only 5 per cent of them receive a formal monthly retirement pension. Only around 30 per cent of the national work force is currently covered by the social security scheme introduced in 1998 which will provide old age pension. But this will benefit its contributors only from the year 2013 after contributing for a minimum period of 15 years. The government is now taking steps to widen its social security net by bringing the informal sector under its coverage. To assist those older persons who live in difficult circumstances, the government provides a monthly allowance (old age cash allowance) of 500 Baht (approx. 15 USD). The coverage of this social pension scheme, which was first introduced in 1993, increased significantly from 6.4 per cent of older persons in 2004 to 25.1 per cent in 2007. The implementation of this scheme rests with the local administration as per the decentralization policy of the government, which also allocates resources from its local budgets.

Figures in Tables 4 and 5 illustrate the commitment of the government in enhancing economic security of older persons in Thailand:

**Table 4: Larger Allocations for More Economic Security (mln baht)**

Year	Social pension (OACA)	% of budget	% of GDP	Official pension amount	% of budget	% of GDP
2004	1,588.71	0.14	0.03	23,701.37	2.06	0.37
2005	1,906.19	0.15	0.03	47,106.70	3.75	0.67
2006	3,911.56	0.30	0.05	51,239.71	3.80	0.65
2007	10,579.07	0.70	0.13	58,000.00	3.80	0.67

**Table 5: Coverage Improved but More Is Needed**

Year	Total older people in Thailand	Social pension beneficiaries	Percentage	Formal pension beneficiaries	Percentage
2004	6,270,000	400,600	6.4	282,898	4.6
2005	6,530,000	528,530	8.1	320,532	4.9
2006	6,570,000	1,081,202	16.5	324,344	4.5
2007	7,040,000	1,763,178	25.1	329,399	4.9

Sources: Office of The Decentralisation to Local Government Organisation Committee & The Comptroller General's Department, Thailand .

In addition, the government has instituted the Older Persons Fund in 2005 to be made available for older persons at the community level for credit and income earning activities through elders clubs. The government is also actively supporting various community-led initiatives such as savings group and community enterprises that provide welfare/protection for the disadvantaged older persons locally.

### **Implementation under MIPAA Priority Direction II: Advancing Health and Well-Being into Old Age**

“We commit ourselves to providing older persons with universal and equal access to health care and services, including physical and mental health services, and we recognize that the growing needs of an ageing population require additional policies, in particular care and treatment, the promotion of healthy lifestyles and supportive environments” (Article 14 of the Political Declaration of MIPAA).

The tax-financed universal health care coverage in Thailand benefits older persons in general. However, the issue of transportation to health centres and lack of care givers are reported as barriers to access these services. Temples and older people's associations are supported by the Thai Health Promotion Foundation to undertake activities related to health education, disease prevention, self-care, physical exercises and other socio-cultural and spiritual events and celebrations for and with older persons. Recently, the Ministry of Public Health has introduced a home health programme on a pilot basis by involving primary health care staff and the community health volunteers. But long-term care,

rehabilitation, long-term sustainability of the health care scheme and attitudes of service providers are noted as some of the problem areas.

### ***Older persons and HIV/AIDS – some indicators of progress***

Thanks to the sustained campaigns, national level studies and demonstrable projects by various civil society actors, there is now heightened awareness among policy makers about the multi-dimensional impact of HIV/AIDS on older persons. Financial support (500 baht a month) offered by the State to those living with HIV/AIDS is extended to all irrespective of age. The current National AIDS Plan makes an explicit mention of the need to give attention to mitigate the problems and impact of HIV/AIDS on older persons. Buddhist monks are playing a significant role by offering psycho-social and spiritual support to older persons who are affected or infected by the pandemic.

### ***Implementation under MIPAA Priority Direction III: Ensuring Enabling and Supportive Environments***

With the passing of The Older Persons Act, the state is encouraging adult family members to take care of their elderly parents/relatives by providing them with tax exemptions and other benefits. Attention is given to the training of health professionals complemented by educational programmes for family caregivers and the general public about the ageing process. Community volunteers are being deployed to provide psycho-social support to older persons who live alone.

The Older People's Associations (OPAs) are being strengthened to formulate action plans to improve the quality of life of older persons in the community. The decentralized governance, which is in vogue in Thailand since 2003, enables local administrations to integrate these plans into the annual plans and budgets of local governments. Multi-purpose activity centers for older persons are being promoted by local governments in a few selected areas to promote and demonstrate active and quality ageing.

At the national level, the government has initiated a review of the implementation of the Second National Plan for Older Persons and the results/findings will be fed into the process of revising and revitalizing the Plan. The National Statistical Organisation is currently conducting a national survey of older persons to obtain a clearer picture of the situation of older persons in the country and to use the data for necessary policy and programme formulations.

### **UNFPA's Role in MIPAA Implementation**

#### *UNFPA's Role in East and South-East Asia*

UNFPA has been actively engaged in supporting the implementation of MIPAA in countries of East and South-East Asia through the following:

- Support at policy and programme levels
- Review of progress in national plans and actions for older persons

- Evidence-based advocacy and research on population ageing issues. Support to collection, analysis and utilisation of data
- South-South cooperation and capacity development across the region on issues relating to older persons
- Pilot interventions in communities aimed at model development

To facilitate the review of progress in the implementation of the MIPAA in the East and South-East Asian countries, UNFPA's Country Technical Services Team (CST based in Bangkok) is promoting research and evidence-based advocacy. In 2006 it launched a series of publications (Papers in Population Ageing) and is assisting individual countries in undertaking in-depth country level situation analysis of population ageing or/and producing advocacy brochures on population ageing-related issues. These publications are available on CST's website: <http://cst.bangkok.unfpa.org>

#### *UNFPA's Role in Thailand*

UNFPA has been actively engaged in supporting the Royal Thai Government's efforts at implementing the MIPAA. The UNFPA Country Programme seeks to identify issues related to population ageing by gathering demographic, socio-economic and socio-cultural data, and information on health, services, policy, law enforcement, social security/rights and other related factors affecting older persons; strengthen capacity of relevant bodies to support older people; and improve the quality of life of older people through interventions, policy and advocacy. UNFPA has collaborated with the Thailand International Development Cooperation Agency (TICA) in supporting several training courses and workshops for health professionals and managers in the area of ageing. It is assisting the Bureau of Empowerment of Older Persons of the Ministry of Social Development and Human Security in preparing a three-year strategic plan (2007-2010) for older persons. In all these efforts, UNFPA works with the Department of Health, and CSOs such as Chiang Mai University, HelpAge International, Senior Citizens Council of Thailand (SCCT), Foundation for Older Persons Development (FOPDEV) and AgeNet.

UNFPA commissioned a study to examine the impact of HIV/AIDS on the economic, social, health and emotional status of older persons and supports a project on HIV/AIDS and older persons that seeks to influence the national AIDS prevention and control body to include the needs and concerns of older people affected and infected by HIV/AIDS. Efforts are under way to establish a database of older persons who are affected and infected by HIV/AIDS in selected villages to provide evidence to policymakers of the magnitude of the problem. A study was undertaken to identify emerging issues arising out of population ageing in Thailand and to review the national policies, plans and services for older people and their implementation. UNFPA has provided support to a study on the impact of rural-urban migration on older persons in Thailand.<sup>68</sup> It has also provided support for Thailand's 2007 Survey of Older Persons.

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<sup>68</sup> The study, Impact of Migration on Older Aged Rural Parents: Evidence from Thailand is due to be published later in the year.

## **GAPS AND PRIORITIES FOR FUTURE ACTION IN THE REGION**

### *Gaps and constraints*

- Low awareness of and sensitivity to ageing issues.
- MIPAA provides no additional resources for implementation. This means that resources have to be made available from within individual countries. Competition for resources is fierce and often older people's needs get overlooked.
- It is not legally binding and there is no ombudsman or treaty body to monitor government implementation. Few people have heard of it, both within governments, civil society and the United Nations (UN) system and the lobby holding governments to account is at present weak.
- Many sectors view demographic ageing negatively and do not acknowledge it as a consequence of social, health and economic achievements.
- Governments tend to over rely on family and community support to address some of the basic issues affecting the lives of older persons such as poverty, care and support. This is based on the premise that the majority of older persons in ESEAR countries live with families and that the family ties are reasonably intact.
- Inadequate understanding of national plans and policies at sub-national and local levels.
- Lack of capacities at national and local level.
- Older persons, by and large, remain passive and are not organised into powerful associations or fora to demand for their rights and entitlements and to actively participate in policy/programme formulation and implementation.

### *Suggested actions for improvement*

- Ensure that governments and civil society know about the plan and act on its provisions. Governments and civil society need to work together to understand MIPAA's provisions, publicise it and support its implementation.
- Mainstream older persons' issues in national poverty reduction strategies and establish or widen coverage of pension schemes.
- Organise and empower older citizens so that they are aware of their rights and entitlements and lobby their governments to put the policies into practice. Ensure their active involvement in policy formulation, implementation and monitoring.
- Eliminate discrimination, abuse, social exclusion and barriers to participation of older persons. Increase appreciation of contributions made by older persons.
- Strengthen capacity at community level to implement activities for older persons.

## 11. AGEING IN SOUTH ASIA – WITH A FOCUS ON INDIA

*Wasim Zaman, UNFPA Technical Team for South and West Asia*

### South Asia – Ageing Scenario<sup>69</sup>

By the year 2050 Asia will be home to almost two-thirds of the world's older people aged between 60 and 80 years. Available data suggest more than doubling of the absolute numbers of older people in Asia, from the current 322 million to 705 million in 2025 and for an increase in the proportion of older persons in the total population from 8.7% to 14.9% during the same period. By 2050 Asia's population of 60 years and above will grow to more than 1.2 billion, of whom around 700 million will be women.

The South Asian Association of Regional Countries (SAARC), includes eight countries: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. These countries together have a population of over 1.5 billion, of which about 1.2 billion people live in India.

India along with China has 2 out of every 5 older persons in the world. The countries of South Asia will also double their older population in the 30 year period between 1995 and 2005 which will have more women than men.

Among the geographic sub-regions of the world, South Asia has the second largest group of older people, the first being East Asia. All countries of South Asia, despite variations, are witnessing increasing absolute numbers and proportions of older persons. With reduced mortality, declining fertility and increasing life expectancy, unprecedented ageing of the population is inevitable in the South Asian countries in the coming years. This trend in ageing is also likely to be faster in pace and more compressed in time than that of Europe, North America and Australia.

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<sup>69</sup> UNFPA Technical Services Team for South and West Asia is currently conducting a Study of Ageing in South Asia. This section of the paper draws from the ongoing study which is being conducted by Mala Kapur Shankardass and Wasim Zaman.

**Table 1: Population Aged 60 Years or Older in Bangladesh, India, Nepal and Sri Lanka, 2002 & 2050 as per UN Data**

Country/ Year	Number (thousands)	Number (thousands)	% of total population	% of total population	% 80 years or older	% 80 years or older
	2002	2050	2002	2050	2002	2050
Bangladesh	7210	42547	5	16	7	10
India	81089	324316	8	21	8	15
Nepal	1438	6516	6	12	7	10
Sri Lanka	1857	6370	10	28	9	20

*Source: United Nations Population Division, 2002, Population Ageing 2002, Department of Economic and Social Affairs\*; United Nations Publication Sales No. E.02.XIII.2.*

Note: \*Data refer to: World Population Prospects: The 2000 Revision, vol. I: Comprehensive Tables (United Nations Publication, Sales No. E.01.XIII.8); vol. II: Sex and Age (United Nations Publication, Sales No. E.01.XIII.9); United Nations, Demographic Yearbook (various issues); National Statistics; United States Bureau of the Census, International Programs Center, International Data Base. The figures cited for 2050 are from the medium-fertility variant of the United Nations population estimates and projections as revised in 2000.

The population of 60 years and older in Asia will grow by 3.1% in contrast to the 1.0% for the total population from 2000 to 2025. Different South Asian countries also reflect this characteristic based on their demographic transition. For instance, in India, as per the 2001 census, the annual growth rate of the older population is 3.01%, higher than that of the total population at 1.93% per annum. In Nepal, too, the older population has grown faster at 2.73% than the total population at 2.07% during the last two decades, 1981-2001. By the year 2040, older people will start to outnumber children and, by 2050, there will be 25% more older people than children in Asia. In South Asia, the proportion of the population aged 65 years and above, which was 3.88% in 2003, is estimated to increase to 5.7% in 2015. In contrast, the population under age 15 years that was 34.1% in 2003 is projected to be 29.3% by 2015. Sri Lanka is projected to take a lead in the South Asia region with the population aged 60 years or older projected to be 28% of the total population by 2050.

The change in age structures from 'young' to 'mature' to 'ageing' and to 'aged' societies in South Asia, shorter in duration and faster, comparatively, over the second half of the 20<sup>th</sup> century and first half of the 21<sup>st</sup>, has many policy relevant implications of which the respective countries have become conscious and are preparing themselves to face the challenges in diverse ways. An understanding of the ageing situation and its impact on dependency rates, potential support ratios, labour force participation, social security entitlement, recognition of gender differences in ageing is becoming important in the region.

In the first 50 years of the 21<sup>st</sup> century, while men are expected to have 10 years of increase in life expectancy, women can expect 12 years, that is, there will be an increase from 65 years of life expectancy to 75 years for men from 2000 to 2050 and for women

from around 68 years to 80 years in the same period. The implications of this for the South Asia region are manifold, particularly since women have a disadvantaged position in society and are at greater risk of widowhood, which brings with it low economic and social status. Feminization of ageing along with feminization of poverty requires appropriate policy responses.

**Table 2: Women as a Percentage of Population Aged 60 Years or Older, 75 Years or Older & 80 Years or Older in South Asia in Different Years**

Countries	In 1999 - % of Women Aged 60 yr. or older	In 1999 – % of Women Aged 80 yr. or older	In 1996 - % of Women Aged 75 & over	In 2025 - % of Women Aged 75 & over
Bangladesh	49	54	41	50
India	52	55	50	54
Nepal	49	52	52	56
Sri Lanka	52	52	51	59

*Source: 'Global Aging into the 21<sup>st</sup> Century', US Bureau of the Census December 1996, National Institute on Ageing and 'Population Ageing 1999', United Nations Population Division, Department of Economic and Social Affairs.*

Feminization of ageing in South Asia prompts special consideration. This is especially significant as women in most of these countries face various forms of disadvantages undermining their health and socio economic status compared to men. While sex ratios at older ages are more favorable to females, the narrower gaps in sex ratios in South Asian countries, compared to many other parts of the world require not only urgent policy measures to address the issue of the missing women, but also focus on the need to make the later years healthier and more secure.

The short and long term impacts of the demographic and epidemiological transitions as noticed in the South Asian countries are also manifested by:

- increased rural ageing compared to urban ageing, but with lesser development infrastructure available in rural sectors
- growth in older dependency ratios, with the possible coexistence of 3-4 generations, even 5 in case of Sri Lanka with implications of well-being of older people
- on the other hand, increases in nuclear household compositions with its implications for the aged members of the family
- changing intergenerational and intra-generational relationships and flow of income
- greater and longer labour force participation in the informal sector, but with less derived benefits

- inadequacy of prevailing social security provisions, insufficient and inadequate available health care services
- migration patterns leading to a larger ageing population in certain areas
- need for increased opportunities for participation of older people in development to meet the expectations for better quality of life for longer duration

Family support systems for older people, which are functioning in the respective countries are likely to continue to do so in the future but with changes in the support dynamics and relationships. Older peoples' role as care and support receivers needs to be identified along with care and support providers and this is seen to be the crux of changing intergenerational equations and transfers in the region. Increasingly, families in South Asian countries are under stress to support and care for older persons as a consequence of lower fertility rates, increased age of marriage, migration of adult children, growing participation of women in the labour force, greater desire for independence among older and younger generations.

The state of health in old age is a reflection of intervening factors throughout the whole course of one's life. Longer lives bring issues of quality of life to the forefront and a concern emerging in the region is how to keep increased years of life free from disabilities and ill health, particularly for older women who are more vulnerable to reproductive health problems and with increases noticed, for instance, in prevalence and incidence of chronic diseases, such as heart related problems, cancer and dementia among older people. The likelihood of increases in numbers of older people requiring health care services, including home care, makes the issues of ensuring older persons access to preventive and curative care and rehabilitation facilities pertinent. Adding the component of geriatric care in primary health services is a growing need in the region.

In recent years some countries in the South Asia region have witnessed a series of conflicts and disasters. While certain relief and rehabilitation measures have been developed for older people, for instance, in Sri Lanka and India at the time of conflict, tsunami and earthquakes, but giving due considerations to age specific requirements needs more focused policy inputs. Nepal and Bangladesh have yet to develop national awareness of older peoples' needs as a response to these challenges.

In the region, in the respective countries, there are emerging opportunities for new social and health care provisions, such as day care centres and 'home care' facilities, besides the need to develop special geriatric services. Governments have expressed commitment to enable older people to remain in their own homes and communities for as long as possible and are taking some innovative steps towards building social and health care support mechanisms at the community and family level especially in trying to meet the needs of the destitute and those staying alone. However, countries need to do much more in these lines.

In South Asian countries, mostly government workers and professionals are covered by formal pension schemes. These are less than 10% of the population. National old age

pension scheme or social assistance measures designed mainly from the 1990s require further strengthening for wider coverage and better distribution. The well-being of older people to a large extent depends on their ability to maintain a combination of assets, including income from state-provided pension, family support and their own productive activities, of which men have more access but women's opportunities need to be increased.

Opportunities for labour force participation and work activities with higher economic returns are increasingly being sought to evade poverty. Unemployment and lack of re-employment choice are matters of growing concern requiring policy interventions guaranteeing economic, social and political rights of older people, including elimination of all forms of discrimination on the basis of age. Doing away with retirement age, or allowing retirement in a phased manner or even raising the age of retirement are thus crucial decisions requiring due consideration.

The rapidly increasing number of older persons in the countries of South Asia has emerged as a matter of public concern, both at national and international levels. The respective governments as well as civil society and the international community are slowly responding by advocating, planning and implementing programmes and services for older people with a rights based approach. But far greater attention is needed and vulnerable groups within older population, such as ethnic minorities, refugees and displaced persons, need special policy considerations.

While NGOs are playing a strategic role to improve the quality of life of older persons and enabling them to participate in the development process, a review of local resources harnessed for being effective, international contributions and experience to facilitate the well being of older people is called for.

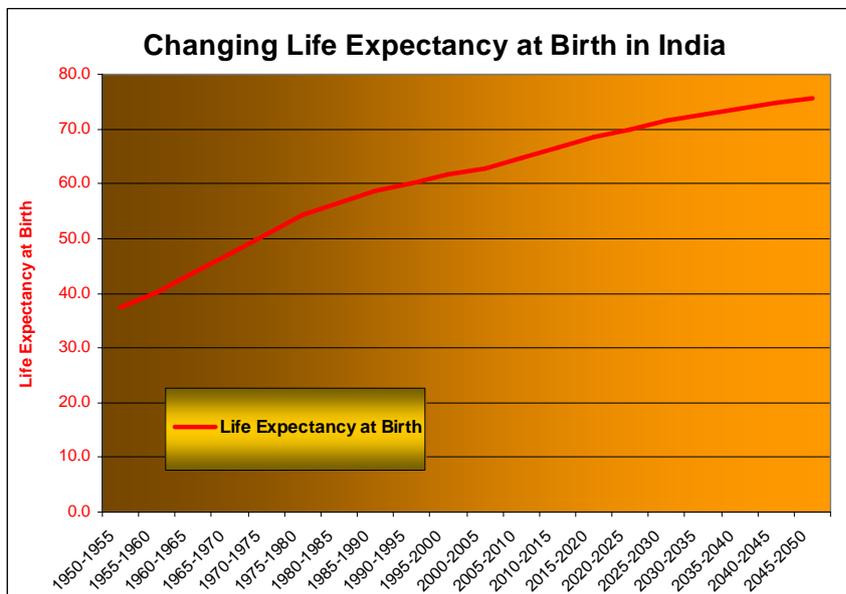
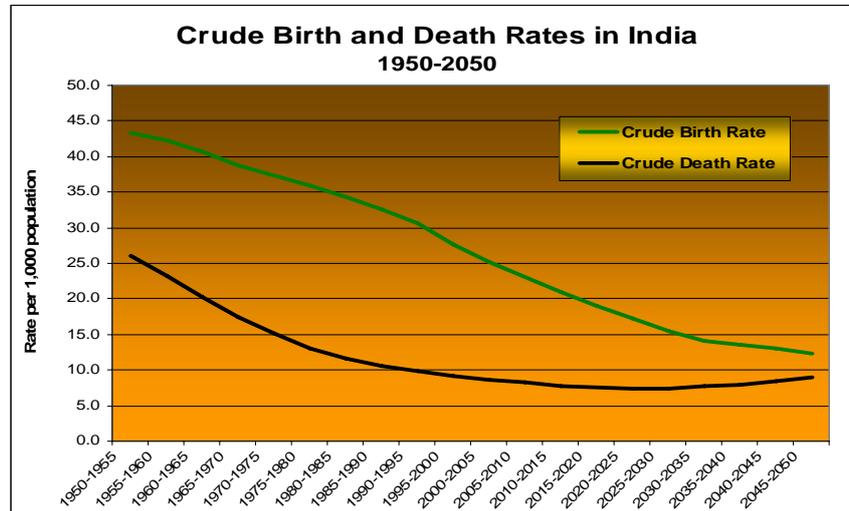
South Asian countries thus face the simultaneous challenges of ageing and development. Ageing issues need to be looked at in the context of persistent poverty and the exclusion of some segments of populations in these countries. These challenges of population ageing have serious implications for social, economic, gender, cultural, health and psychological aspects.

Sound evidence-based policies and appropriate actions are called for and it is necessary to move on these matters in an expedited manner. Various national level actions have happened, particularly after the Second World Assembly on Ageing. NGOs and civil society are becoming major actors in this area. But overall responses to the current and future needs of the ageing population are still slow in South Asia vis-à-vis the magnitude of the ageing phenomenon.

## Challenges of Ageing in India



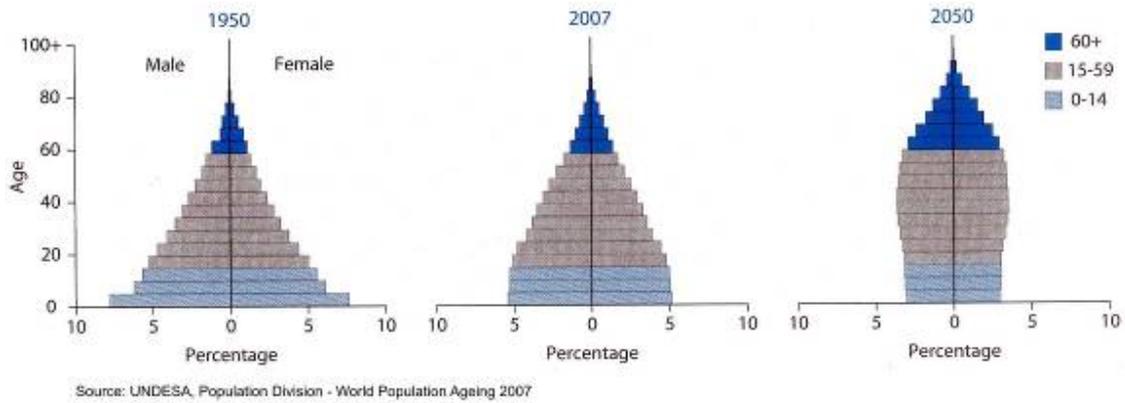
In India the crude birth rate (CBR) started declining around 1950, and has shown steady decrease. The crude death rate (CDR) has been steadily falling since the 1920s. The rapid decline of CDR has already passed. Currently the declining trend is tapering off, and is expected to reach its lowest levels around the year 2025, after which a slow increase will set in, largely due to increased proportions of old-age people amongst the total population.



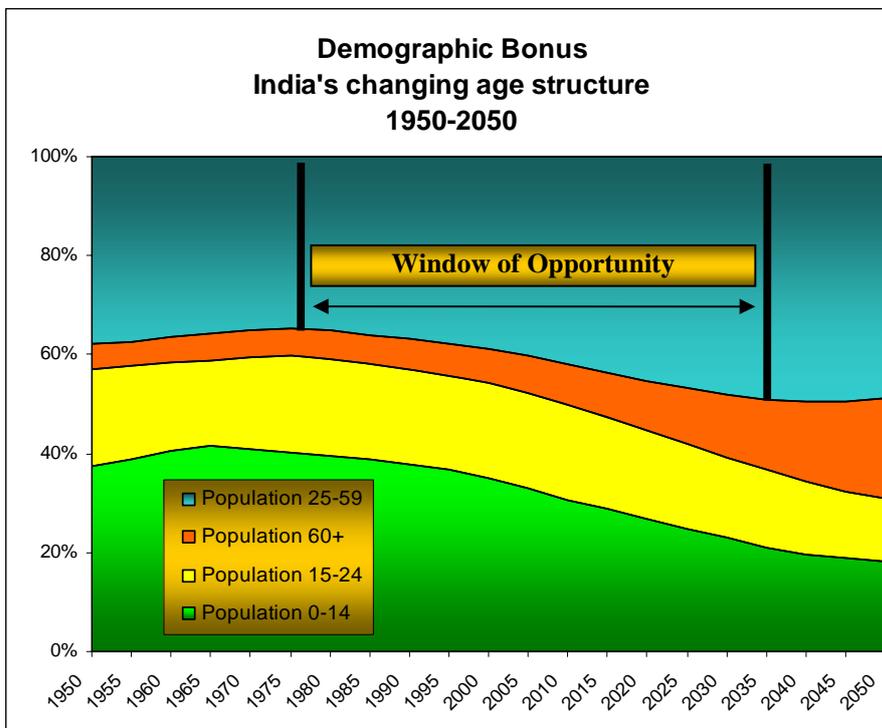
Source: Population Division, UNDESA – World Population Prospects, the 2006 revision

As the above graph shows with these changes in mortality, fertility and overall health and life conditions, life expectancy at birth is steadily increasing in India.

### India's changing age structure



- Population aged 60+ increases from 5.6% in 1950 to 20.7% by 2050
- In absolute numbers, increases from 20 million in 1950 to 330 million by 2050.



According to UN medium scenario population projections, the share of India's population who are of working ages will steadily increase over the period 1975-2035. This so-called "Window of Opportunity" or "demographic bonus" occurs during a period when the number of young age dependants decrease, while that of aged dependants remain relatively small.

Taken for India as a whole this Window is protracted, due to large differences between states. It necessitates investments in education and health care, and in order to reap its benefits, should be accompanied by employment generation. At the same time, however, the massive increase in elderly people that is to be expected over the coming decades requires safety nets for those elderly who may be left without savings, pensions, or adequate family-based support.

It may be noted that in the above graph the age group 15-24 is not considered as part of the working age population. The reason for this is that sustained economic take-off requires increasing proportions of young people to remain in the educational system for longer periods of time, pursuing secondary and higher education.

**Table 3: Census 1961, 1971, 1981, 1991 and 2001 data on older people**

Year	Population in Millions	Percentage (%) of Total Population
1961	25	5.6
1971	33	5.9
1981	43	6.5
1991	57	6.8
2001	77	7.5

*Source: Rajan, Mishra and Sarma, 1999, India's Elderly: Burden or Challenge, New Delhi, Sage Publication and Census 2001.*

**Table 4: Projected Ageing Scenario, 2051 (based on 2001 census and estimated for 35 States and Union Territories)**

Age	Population in Millions		Percentage (%) of Total Population	
	2001	2051	2001	2051
60 years and above	77	298	7.5 %	17.3%
70 years and above	27	126	2.9%	7.6%
80 years and above	5	32	0.8%	1.8%.

*Source: Rajan, SI, 2004, Chronic Poverty among Indian Elderly, CPRC-IIPA Working Paper 17.*

Table 3 provides absolute number of older people (60 years or over) and their percentages as that of total population for 1961, 1971, 1991 and 2001.

Table 4 projects the ageing scenario to 2051 for 60 years and above and then disaggregates it further for 70 years and above and 80 years and above.

### **Morbidities and Health Care**

- High prevalence of multiple diseases – communicable, life-style related and degenerative – pose enormous challenges for the old all over India.
- Non-communicable (life-style and degenerative) diseases are rapidly rising, irrespective of socio-economic status.
- The care for the disabled and immobile is also very limited in India.
- Perception of health in India is another issue of concern. Ill health is perceived as “normal” in old age. This has negative consequences.

### **Lack of Care**

- Family support systems for older people are under stress, although still functioning.
- Other care-giving alternatives are still limited.
- Extremely limited health care for the old -- particularly in the rural areas despite concentration of older people in rural areas (75% of India and 90% in some states).
- Increasing levels of abuse and crime against the elderly.

## **Feminization of Ageing**

Increasing proportions of elderly are women, due to:

- Greater longevity amongst women
- Husbands tend to be older than spouse
- Widowed women are less likely to remarry

What is important is that the women must not become victims of triple neglect and discrimination on account of gender, widowhood and age. Widowed or unmarried elderly women are less likely to have financial security and receive sufficient care and thus need to be protected by legal measures and socially accepted sanctions.

The social and cultural challenges indicated are generally true for many developing societies. India adds two particular issues to the equation:

- First, in many parts of India the sex-ratios at birth and amongst young children are severely lopsided in favour of boys. At this point in time it is difficult to predict how this will affect marriage patterns in the future, when there is likely to be a shortage of marriageable Indian women.
- Second, in Hindu society widowed women are even less likely to remarry than in most other societies. Hence, in India which is predominantly Hindu, the issue of vulnerable unmarried (widowed) elderly women is likely to become particularly severe.

## **Pensions and Social Security**

- Only one third of rural elderly and about 30% of urban areas are financially independent.
- Only 10% of the population is covered by social security benefits mainly in the formal sector.
- Limited social assistance schemes – vary from state to state.
- Significant recent government measures to expand pension and social security measures yet the coverage and its effects are minimal.

## **Other Emerging Ageing Issues in India**

The issue of breakdown of traditional family support systems is common throughout the developing world. It tends to be fuelled by younger generations pursuing economic opportunities elsewhere, leaving their elders behind. Erosion of traditional values often

accompanies this process. In India, traditionally the care for elders rests with the sons. While cultural values tend to be deep-rooted in India, rapid but uneven economic development poses a threat in this regard. Recent crime statistics for some of India's major metropolitan areas show unprecedented increases in crimes against elderly persons. It appears that elderly persons are increasingly seen as "soft" targets.

Accelerated ageing of population in rural areas due to:

- Movement of young people to urban centers
- Return migration of elderly persons from urban to rural areas.
- However, during the last three decades the growth rate of the urban 60+ population was more than twice that in rural areas.

Mortality and fertility declines tend to be more pronounced in urban areas, which suggest that issues of ageing would be more prominent in urban areas. Movement of young people from rural to urban areas changes this picture, however. With increasing urbanization, the older generations tend to be left behind in rural areas of origin, and hence the ageing process in those areas accelerates. With its vast rural areas, this challenge will become of major importance in India. Currently, some 80% of India's elderly live in rural areas, which makes service delivery a challenge.

### **India's Policy Responses**

Policy response in this context is mandated by the Constitution

- Article 41: "The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in case of old age".
- Social security is concurrent responsibility of Central and State Governments.
- National Policy on Older Persons 1999.
- Maintenance and Welfare of Parents and Senior Citizens Bill 2007. Places a legal obligation on children and relatives of senior citizens to enable them to live a safe and dignified life. It applies to all Indian citizens, including those living abroad.

The National Policy for Older Persons (NPOP) was announced in January 1999, with the primary objectives:

- encourage individuals to make provision for their own as well as their spouse's old age;
- encourage families to take care of their older family members;
- enable and support voluntary and non-governmental organizations to supplement the care provided by the family;

- provide care and protection to the vulnerable elderly people;
- provide health care facility to the elderly;
- promote research and training facilities, train geriatric care givers and organizers of services for the elderly;
- create awareness regarding elderly persons to develop themselves into fully independent citizens.

The budget allocation during 2003-2004 was INR 178 million which was revised and the allocation was INR 158 million, against which the expenditure was INR 165 million. As regards the implementation of the Scheme of Integrated Programme for Older Persons, financial assistance has been given for 323 Old Age Homes, 281 Day Care Centers and 42 Mobile Medicare Units in different parts of the country during the year 2003-04.

The NPOP calls for the establishment of a number of regulatory bodies:

- Bureau of Older Persons at the Ministry of Social Justice and Empowerment;
- National Council for Older Persons (autonomous, headed by the Minister of SJ&E);
- National Association of Older Persons (autonomous, at National, State, and District level);

The NPOP further aims at mobilizing village panchayats to advocate different measures for giving effect to the policy.

According to the proposed law - the Maintenance and Welfare of Parents and Senior Citizens Bill 2007- any senior citizen who is unable to maintain himself on his own earnings or property shall have the right to apply to a maintenance tribunal for a monthly allowance from his child/relative. The maintenance tribunal may also, on its own, initiate the process for maintenance. State governments shall set the maximum monthly maintenance allowance. The Bill caps the maximum monthly allowance at Rs 10,000 per month. Punishment for not paying the required monthly allowance shall be Rs 5,000 or up to three months imprisonment, or both.

### **Some Initiatives for Supporting India's Elderly**

- National Initiative on Care for the Elderly: National Institute of Social Defence runs a series of trainings and diploma courses to educate and train persons to provide care to older persons in family and community settings.
- Annapurna Scheme: Provision of 10 kg rice / wheat per month for destitute elderly
- National Old Age Pension Scheme: Monthly pensions (INR 200) as social assistance to the poor amongst older persons

- NGO Initiative: Financial assistance to NGOs for establishing and maintaining Old Age Homes and providing non-institutional services to older persons.

The National Institute for Social Defense, an autonomous organization under the Ministry of Social Justice and Empowerment, has identified the special needs of the elderly and designed targeted interventions. It has launched Project NICE, an initiative on care for the elderly, which provides technical training and teaches care of the elderly through three-month and six-month courses, free of charge.

The Annapurna Scheme is aimed at covering those who are otherwise ineligible for the old age pension scheme. The Government has allocated a sum of RS. 100 Crores for its implementation. So far only 15 states have implemented this scheme.

Under NOAPS the amount of monthly benefits was raised from INR 150 to INR 200 in the year 2006. Its implementation remains problematic, however, particularly with respect to identification of eligible beneficiaries.

Although the Government of India spends around 6 percent of its revenue expenditure for pension to its employees under the heading of non-developmental expenditure, the amount allocated for National Old Age Pension Scheme and Annapurna Scheme together comes to only 0.6 %.

The Plan Scheme is a revision of the former scheme titled “Assistance to Voluntary Organisations for Programmes relating to the Welfare of the Aged”. Under the new scheme, up to 90% of the costs of relevant programmes is subsidized by the Government.

### **India after the Madrid International Plan of Action on Ageing**

- 11th National Plan of India (2007) emphasis – on multi-faceted approach to the problems of the elderly.
- Significant increase in health related and other interventions for improvement of the quality of life of the elderly – both at national and state levels (with variations).
- Major involvement of NGOs and civil society.

### **Conclusion**

- New opportunities to implement sustainable public policies and programmes
- At state level different scenarios prevail. State specific policies and action is needed

- Feminization of the elderly population poses unique challenges in India, requiring special provisions
- Accelerated ageing in India's rural areas and also continuing needs of older people in urban areas need priority attention

At the national level, the statistics indicate that India's comprehensive NPOP is a timely policy response. Its implementation at state and local levels is expected to become the real test of its adequacy, however. States and districts where the ageing process has been slow so far tend to be the least developed as well, with potentially the greatest ageing challenges in the not-too-distant future. In several other states, such as Kerala and Tamil Nadu, the ageing process is well underway, and the NPOP provides a belated policy framework for concerted action.

The NPOP recognizes the plight of elderly women in India and states "Special attention will be necessary to older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age." Its implementation does not mention any measures specifically addressed to elderly women, however.

The NPOP does not address the issue of accelerated ageing in rural areas, beyond mention of the need to ensure that long-term savings instruments reach both urban and rural areas.

## 12. AGEING IN ARMENIA: COUNTRY PERSPECTIVE

*Ms. Anahit Martirosyan*

*Ministry of Labor and Social Issues of the Republic of Armenia*

*Mr. Garik Hayrapetyan*

*UNFPA Armenia Country Office*

Dear Colleagues,

It is a pleasure for me and my colleague from the Ministry of Social and Labor Issues, Ms. Anahit Martirosyan, to greet you today at this session organized by UNFPA and present you the ageing situation in Armenia.

Our presentation is designed from the point of view of a single country rather than from the regional perspective. For this reason it is more focused on concrete country and examples includes specific recommendations. We will present UNFPA involvement in the process of mitigating the ageing processes in Armenia, will highlight some statistical data on ageing, its socio-economic implication and future planned activities, and finally we will present the existing social support system of the country.

Armenia is a small country in the South Caucasus with a territory of only 28,200 sq. km, 3.2 million population, a poverty level of 29% and 32% unemployment.

UNFPA started its activities in the country in the field of population and development in 2005, when the first 2005-2009 country programme was signed. The main objective of the programme is to strengthen national capacity for implementing poverty reduction policies, which takes into consideration population dynamics. To achieve this objective the following activities are envisaged:

- Research and training
- Technical assistance in policy formulation
- Advocacy

Since 2005 much work has been done to insure that population and development issues, including ageing, are prioritized. UNFPA supported the development of the state demographic concept (2007-2015) of the Republic of Armenia. Population projections for the Poverty Reduction Strategy Paper (PRSP) review were implemented and demographic indicators were revised. A survey on “Family Institution” was conducted to find out changes in family formation after gaining independence in 1991. Last but not least, demographic issues were included in the drafting of the National Security Strategy, with the support and advocacy of UNFPA and demonstrated that there was an internal threat to the country.

Demographic trends in Armenia changed drastically after 1991. The war, economic hardship and energy crises caused behavioral change in the family constitution and formation. The natural growth rate has fallen five-fold and fertility rate decreased twice. As a consequence, ageing in Armenia became a serious concern. Currently, the 65+ population comprises around 13% of the population and in the next 5 years, when the post Second World War baby boomers will enter this age, it will increase to 20%.

The most important reason for this change is out migration from the country. In 1990-94 almost half a million people, mostly able-bodied, left the country. Because of this emigration, Armenia experienced negative growth until 2003, at which time it became positive, registering an increase of 1,900 people. Though out migration decreased considerably, the balance was still negative in 2006 (-6,900).

Another reason for ageing in Armenia is the sharp decrease of live births and fertility rate. In 1990 the number of live births was 80,000 per year; currently it is only 37,000 per year. We can see the same tendency with the fertility rate, which stood at 2.4 in 1990 and is currently 1.4. In addition to this, life expectancy increased by almost 3 years from 70.6 years (in 1990) to 73.4 years (in 2007).

What will we have as a result of this situation in the coming years? The result will be a drastic shift of age groups from 33.3% of young people and 12.3% of old people in 1950 to 15.2% of young and 33.2% of old people in 2050. This shift will result in an increase of the dependency ratio to 40% in 2050 from current 17% and the potential support ratio will become 2.6 from the current 5.8.

The situation will further deteriorate with the current trend of labour force participation of persons aged 65+, which decreased from 30.8% in 1990 to 16% today and the changing family structure. While two to three family households prevailed in the 1960s (about 60%), today only less than 20% of households consist of two and three families. This means that the traditional strong social safety net in Armenia is weakening and heavier burdens will be put on the State to ensure that the elderly are properly cared for.

If we make a summary of the demographic situation in Armenia in general and ageing in particular, we will notice that the *natural growth rate* and fertility rate had *fallen twice since 1990*, the *migration balance is still negative*, *life expectancy increases* approximately 2 years per decade, the share of the *older population adds up to 0.5% per year*, and *dependency and support ratios will grow almost twice by 2050*.

This situation forces us to think of possible socio-economic implications for the country for the coming years. Armenia needs to be prepared for the increased pressure on social support systems, which will cause cuts in benefits, tax increases, later retirement age. The health care system will be further burdened by increasing disability, frailty and chronic diseases. The traditional family safety net will have to take some increased pressure. And of course it will have serious consequences for the poverty level among the elderly, as even

today the average pension in Armenia is 15,000 AMD (<50 USD) while the minimal consumption basket is around 23,000 AMD (>68 USD).

It is obvious from the above-mentioned figures that the demographic situation in Armenia is quite serious since the number of elderly people in our society is quite high. It means that there is a need for a comprehensive policy to address all issues in relevant spheres, which includes ensuring a decent life for elderly people.

To help the Government of Armenia address this urgent issue, the UNFPA Country Office will support relevant data collection, provide technical support for the development of policies and strategies, implementation of legal review and capacity building and advocacy.

The government, in its turn, is very keen on addressing the issue and already has done a lot to prevent the negative consequences of ageing in the country. One of the main steps toward this prevention is the provision of social services to the elderly, and facilitating their involvement in active public life and increasing quality of life. These services are provided at homes for the elderly, at home and at day-care centers. More than 10,000 elderly people in the country receive such services from state and non-state organizations.

Different services are provided to elderly people through these centers, among which are services for everyday necessities, medical assistance, social-psychological and legal consultations. Measures are taken to ensure their active public life as well. Older persons periodically participate in cultural activities, different meetings and discussions, celebrate all holidays and birthdays, go on excursions, etc.

Through the self-elected groups from among themselves, the elderly people take part in the decision-making process concerning their life and activities in the institution where they live.

One of the positive and progressive changes in the sphere of social protection of elderly people is that before entering care institutions, the elderly have to get the opinion of the local social service agency. This is done during a home visit, after a thorough evaluation of social-economic, family, health and psychological conditions of the elderly citizen. This contributes to an individual approach for providing services in conformity with the needs of older persons.

According to the new law, all people aged 65 years and over are served in dispensary-polyclinic institutions free of charge. Elderly people also have the right to receive medicine under privileged conditions. This amendment partially improves the procedure of providing medical assistance to elderly people. If the elderly person belongs to another socially vulnerable group, for example, disabled, he/she receives assistance for that group as well.

In order to ensure more effective policy and targeted activities, it is very important to have good coordination and cooperation with different actors and organizations in the field. There is already positive experience of cooperation between the government and NGOs. In 2007, for the first time, the government provided a grant from the State budget to the NGO called “Mission Armenia” and a grant is already planned for the 2008 State budget. This provides services in different regions of the country (nutrition assistance, health services, individual trainings and consultation, cultural events, etc.)

Despite cooperation with local organizations, the cooperation and assistance of international organizations is highly appreciated and donor coordination is very essential. In this regard I would like to express our gratitude to the UNFPA office in Armenia for their efforts, assistance and cooperation as a result of which the “Concept Paper on Demography” has been designed, a “Family Survey” has been conducted and published and the “Concept Paper on Ageing” is in the process of being designed.

Here, I would like to underline one thing—that the involvement of different national, governmental institutions in the process is very important and I am very glad that we have successful involvement of the National Parliament in all these activities which is a guarantee for one of the core factors—efficient legislative basis.

During this spring there was a joint mission of UNDESA and UNFPA to Armenia, as a result of which a needs assessment was conducted and valuable recommendations were presented for further national policy design and implementation mechanisms. This year Armenia was granted 3 scholarships for training at the International Institute on Ageing in Malta. The assistance and cooperation of all these organizations is extremely important for the country and has its obvious positive impact.

Despite the above-mentioned activities carried out in the country, there are lots of difficulties, gaps and issues to be addressed to ensure effective MIPPA implementation. There are a number of factors: Firstly is the country’s readiness and comprehensive approach. Secondly is the assistance and cooperation of donor organizations. For example, currently we face difficulties in this respect, as the State resources and the resources of the UNFPA Armenia office are limited for addressing such essential issues. For instance there is an urgent need to conduct a country-wide survey on ageing.

We still have to make lots of efforts in this direction, but with the assistance of different donor organizations we can design a model, which can be shared with other countries in the region with the same problems of ageing. This principle will promote MIPAA implementation not only at the national level, but in all the countries of the region as well.

This is the way we can strengthen solidarity between generations and ensure social-economic security for elderly people. These needs must be addressed quickly since time is running out and we must face reality.

### 13. INTEGRAL INTERGENERATIONAL POLICIES, THE MEXICAN EXPERIENCE

*Cristina Gomes, UNFPA*

#### **Introduction**

The demographic transition implies that populations are surviving longer, twice as long as decades or a century ago. However, the ageing process varies among and within societies. Populations are ageing much faster in the developing world<sup>70</sup>, which will concentrate the vast majority of the elderly in the world, and these countries have not yet been able to surpass economic stagnation, poverty and inequalities.

In ageing and poor societies governments face complex challenges to achieving their democratic commitments: generating welfare for all the citizens with scarce resources and integrating their participation in the process of design, implementation and evaluation of public policies.

The rapid ageing process of Latin American populations imposes more complex challenges on government, which must combine achievements in democratic and human rights commitments, as well as in improving welfare and participation of all citizens, women, generations and ethnic groups, integrating them in development.

The elderly present the highest absolute and relative rates of growth, while adolescent and youth growth rates will be negative in one or two decades. These changes will take place in a short period of time, imposing strict limits on government agenda, which should account for all generations, each one with multiple and changing demands. According to these trends, policies must embrace a changing and diverse population, implementing and evaluating innovative and dynamic policies to generate the highest social impact on every generation over time.

Currently it is important to prepare youth and adult generations for their ageing process, promoting welfare, tolerance and rights for all age groups, healthy behaviours and practices, and intergenerational solidarity. At the same time, it is important to focus on the poorest elderly persons, who have aged without the capabilities, resources or social security rights needed to live in dignity and to attend to their needs.

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<sup>70</sup> The demographic transition in Latin America and the Caribbean presents important differences, when compared to Europe. First, the beginning of the transition –it began in the middle of the XX Century, while in Europe, it began in the XIX Century. Second, the speed of the transition - it was much more rapid in Latin American and Caribbean (50 years), while in Europe it took more than a century. Third, development in Latin America and the Caribbean began at the same time as the introduction of new technology, especially public infrastructure of water and waste, vaccines, antibiotics and modern contraceptive methods (Livi Bacci, 1992).

In ageing and non-egalitarian societies, policies should be inter-sectoral and intergenerational, and the participation of civil society should be an important mechanism in preventing conflicts among generations, in supporting governments and in ordering the needs of all age groups, in local and national contexts, with participative decisions.

The elderly will increasingly become more numerous and preponderant social agents, and the roles they play in societies will become increasingly important every year and will transform decisions on the distribution of resources in public policies, changing the age consideration in elections and social and participation processes.

However, in the Latin American and Caribbean region most of the elderly have limited capabilities and empowerment, since they were not able to access the educational system, which was universalized in the 1950s or 1960s, after they passed the age for attending primary school. Therefore most of them are currently illiterate or have incomplete primary education. Likewise, their political participation has been marked by authoritarian values and practices of manipulation.

Culturally, the elderly have widely invested their expectations, practices and resources in raising children, and they expect to receive reciprocity in care and support from their families. However, their children and grandchildren have adopted modern values; many of them have migrated to cities and have formed their own families and are supporting adolescent and young children, and therefore cannot satisfy the elderly's expectations.

As a result, including in indigenous areas, elderly people are not valued as they expected, in family, social, economic and political spheres. Therefore, their daily needs and the possible mechanisms for promoting their participation have to be identified in order to increase their capacity as social actors to contribute to the construction of a pluralistic, transparent and egalitarian society.

In accordance with these aims, the international community adopted the Madrid International Plan of Action on Ageing, which aims to strengthen the independence and autonomy of the elderly, intergenerational relationships and exchanges, the participation and citizenship of the elderly and self-fulfilment and dignity. In accordance with this commitment, the Mexican government has implemented and evaluated a programme to support the elderly who live in extreme poverty. The results of this programme are discussed in this article, as a good example of promoting equity and the well-being and dignity of the elderly, which should be repeated by other countries.

## **The Context of Ageing in Latin America and the Caribbean**

### **Rapidly Increasing Life Expectancy for All, But With Inequalities**

The pace of population ageing is much faster in the developing world, which will concentrate the vast majority of the elderly in the world and those countries have not yet been able to overcome economic stagnation, poverty and inequalities.

In Latin America and the Caribbean the elderly over 60 make up less than 10 per cent of the total population, but with a higher growth rate, compared to other age groups. The high growth rate implies that they will double their proportion every two decades. The accelerated growth in the number and proportion of elderly will occur in a short period of time and will have social and economic implications for society, imposing strict limitations on state action, and demanding special attention and strategic forecasting and planning.

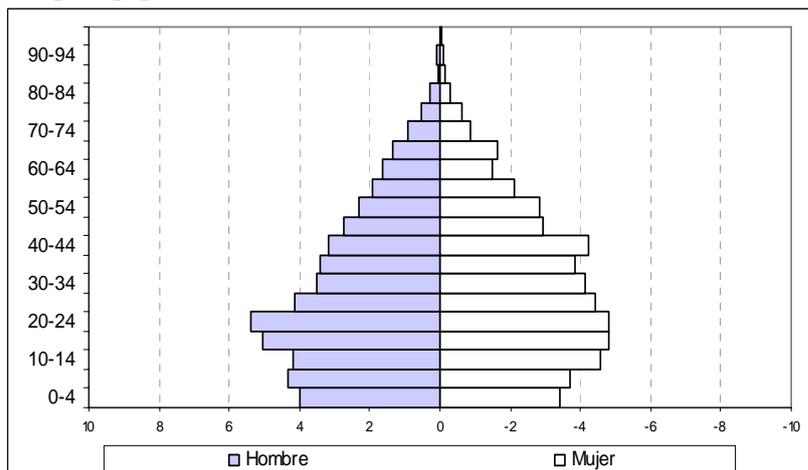
Moreover, Latin America and the Caribbean is the region with the highest inequality index in the world, with extremely diversified population structures and ageing processes, according to area of residence, economic situation and educational level. Achievements in life expectancy are unequal within and among countries, generating different population structures and societies, and social actors with very different life expectancies, fertility rates, migration profiles, life courses, histories and perspectives, all creating very complex and demanding challenges.

The impact and interrelation of demographic dynamics with economic, social, cultural, and family processes in unequal societies result in radically distinct ageing processes, changes and challenges, as well as socio-demographic and economic inequalities among the elderly, families and regions.

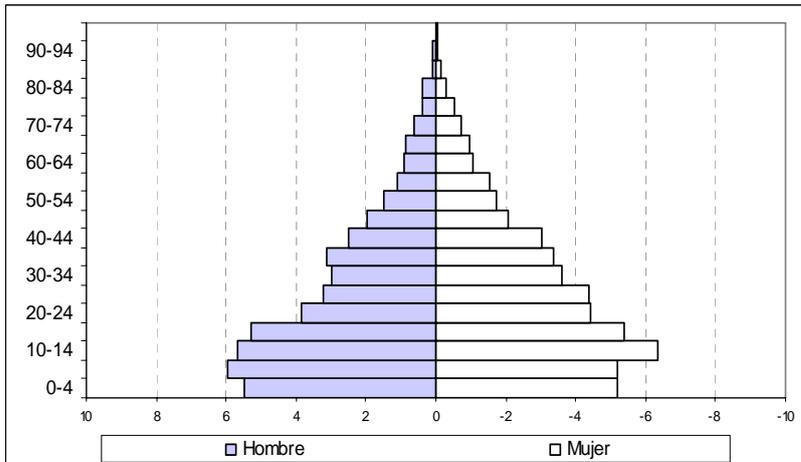
In the Mexican case, one out of every four households has at least one member over 60 years of age. The elderly are more numerous and population ageing is occurring more rapidly in rural areas due to the internal and international migration of youth. However, the elderly and their households are not poorer, compared to other households without elderly.

**Population pyramids according to poverty level: Mexico**

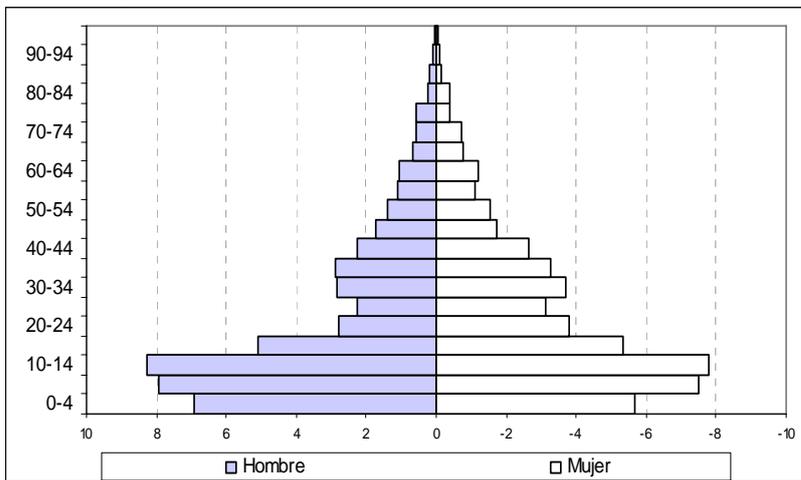
**Non-poor population**



### Moderately poor population



### Extremely poor population



## The Impact of Ageing and Generational Availability on Family Diversity

### Three or Four Generations Can Survive at the Same Time

Population survival and reproduction define the availability of children, adolescents, youth, adults and elderly men and women, as well as the probabilities of marriage, kinship, family and institutional structures and relationships. Currently, several generations survive at the same time, and surviving more allows them to reconsider their plans for the future, and to re-negotiate their roles in institutions, networks, obligations and stereotypes. (Hareven and Kanji, 1998; Elder, 1987). The security of a long life-expectancy allows for the likelihood of individuals planning and choosing life styles and trajectories.

## **A Gendered Ageing Diversifies Family Structures**

Once social actors are living longer and longer, simultaneous coexistence among different generations —grandparents, parents and grandchildren— have been possible and longer. Currently, parents can live until their last child leaves the parent's households, and live on longer as elderly couples. As women have a higher life expectancy and a lower probability to remarry in adult and older ages, elderly women are increasingly more numerous than men; and female widowhood is more frequent and long-lasting in old age, as are one-parent and one-person households headed by elderly women. In Mexico, one out of three female heads of household are over 60 years of age.

## **Most of the Elderly and their Grown Children Live Separately**

In Mexico, individuals over 60 years of age rarely have parents, but they have numerous children and grandchildren, who mostly do not reside with them. The co-residence between generations is principally between parents and their younger, single-adult children. Grown children who live separate from their elderly parents are older, married and have had less children than their parents. Although three generations may live at the same time, the different generations choose to be married and to live in separate households.

## **Co-residence as a Combination of Ageing and Poverty**

Ageing changes and diversifies family structure. The proportion of extended households with an elderly person is increasing, as well as that of one elderly-person households, as a result of ageing and female widow trends. (Uhlemberg 1978, 1986; Young, 1987; Gomes, 1999).

The elderly live in smaller and one-generation households, with a maximum of two members, without children. But the elderly who are not poor and live in rural areas are likely to live alone, in one-person households, while extremely poor households are larger and extended, with an average of five members, joining children, youth, adults and elderly. All the arrangements with children are more frequent amongst the poor, and the higher the number of children, the higher the poverty level of the household. The presence of children is much more important in determining the poverty of households, with respect to the presence of youngsters, adults or elders (Gomes, 2006).

Most of the elderly are the heads and the main economic providers of their households. Elderly men are the economic providers and give monetary resources to their relatives, especially their spouses and children. Elderly women are mostly economically dependent on national and international remittances from emigrant children. However, in family networks women assume a central role, supporting every generation with services, gifts and care. Only one out of every four elderly persons needs daily support in heavy domestic work, services and care. Elderly men play the provider role and women their domestic role in exchange networks and relationships. Family and intergenerational exchanges reproduce

gender differences, and evidence the lack of institutional pensions and health support for the elderly in Mexico, particularly for women (Gomes, 2007).

Furthermore, contrary to the idea that multigenerational families are predominant in traditional and agricultural cultures, currently, extended households with elderly, adults and children in co-residence, are more frequent in urban areas. It is an important mechanism brought into play by extremely poor families in urban areas.

The largest extended elderly arrangements, with over 6 members on average, are urban and extremely poor. In Mexico, poverty brings people to live together, in multigenerational households, mainly in urban areas.

However, there is a disturbing exception: one-person elderly households are more common among extremely-poor elderly than among the moderately poor. Probably, this is related to the social and familial isolation of the extremely poor elderly.

The availability of resources allows the decision between establishing a separate and independent household or co-residence. However, throughout the various phases of the life course, the presence of children and their co-residence with elders, as well as the isolation of the elderly, are important characteristics related to poverty in rural and urban areas, and need special attention in poverty reduction strategies.

### **Household Make-up and Poverty**

The presence of several dependent persons of different generations affects collective well-being. For example, the number of children and the presence of elders with disabilities can increase expenses and generate chaotic situations during macroeconomic crises or in the event of illness.

In Mexico poverty is related to the presence of children in the household, but not necessarily to the presence of an elderly person. First, the elderly are not as dependent as children, and second, they assume an important role as economic contributors to the family economy, whether they live alone or share their income and housing with other generations.

### **Combining Diversity of Households with Diversity of Income**

Higher life expectancy increases the availability of children for co-residence with the elderly, but the migration of grown children decreases it. Economic support is very important in intergenerational exchanges in Mexico. National and international remittances between relatives are the main source of income for women over 60 years of age. Ageing diversifies family arrangements, and moreover diversifies sources of income: salary, pension, national and foreign remittances and subsidies, all of which vary by gender.

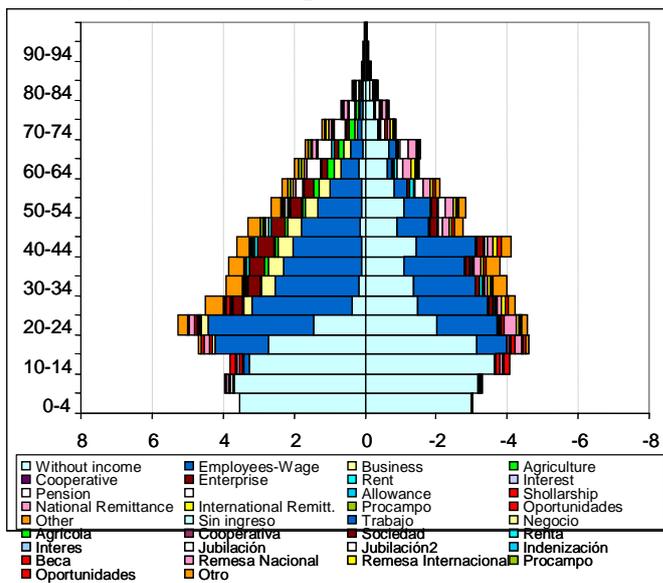
Therefore, changes in the size and availability of each generation interact with the availability of resources and migration, and both of them impact upon exchange contracts among generations. Families have developed complex networks of informal support, which mainly include economic transfers or remittances, but also include donations, gifts and services exchanged among relatives and friends.

Co-residence, remittances and exchanges are family alternatives in a context of scarce institutional resources for older people.

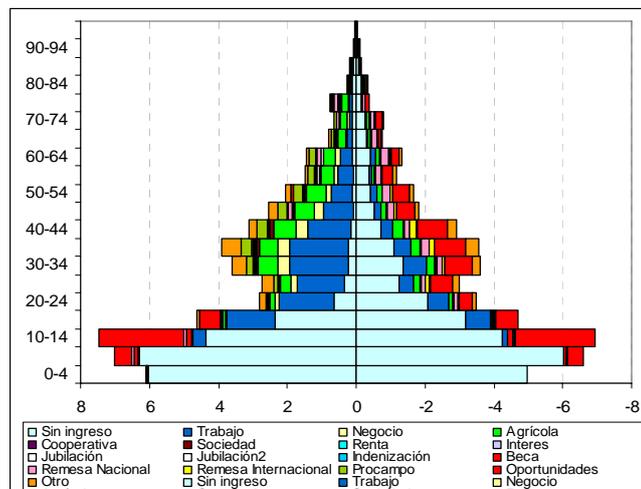
### Ageing Diversifies Sources of Income in Unequal Societies

In Mexico the non-poor population is older, while the poor one has a high proportion of children and a lack of young adults, mainly because they migrate from rural areas to cities and to the United States. Resource distribution also varies: the poorest adults show a lack of formal wages in adult life and an absence of every type of income in every age, except subsidies from the government, particularly from the Oportunidades Programme. This is in contrast to the non-poor population, which concentrates formal wages and pensions. Relatives support ageing members without income, through national and international remittances, which are usually sent to elderly women.

### Income Pyramid: non-poor



### Income Pyramid: extremely poor



### Elderly Men and Women Are Active Members of Family and Societies

Although the elderly are supposed to be 'dependent' on their relatives, most of them are the heads and economic providers of their households, including widows and separated women. Most elderly men have an income, mainly from the informal labour market, and a few have a pension or agricultural support from the government (Procampo). Elderly men are economic providers and give monetary resources to their relatives, especially their spouses and children. These data demystify stereotypes about the elderly as a burden or as the respected patriarch of the family only due to culture. Although elderly women are mostly dependent; most of them do not work or get pensions, and mainly receive national and international remittances from relatives, they are the main actors in family exchanges and relationships (Gomes 2007).

### Inequalities by Area of Residence and by Poverty Level

Elderly activity, family and social roles are observable in both urban and rural areas. However, in rural households, in spite of the lack of income from labour or social security, the elderly are more often heads of household and more frequently poor than in urban areas. The important role assumed by the elderly in the household suggests that there are other factors, apart from ageing, determining the family's burden of dependence.

### The Relative Contribution of the Elderly Income

The elderly are generally the heads and the main economic contributors to their household economy, mainly in rural areas, where the pension system is absent. It has been supposed that the elderly would be less dependent in urban than in rural areas. However, the results

show an opposite trend, related to a higher concentration of rural elderly people in subsistence agriculture, and the much lower value of their income compared to urban areas. Extended households with elderly in urban areas can be extremely poor, even with the higher availability of wages and pensions, because they divide their income among other vulnerable members.

### **Inequalities by Gender in Older Age Groups**

In Mexico 60 per cent of elderly men are heads of their households; 40 per cent of them have a salary; and 30 per cent of them receive a pension. Women are most often dependent. They are mainly spouses or other relatives of the head of household; most of them have never participated in the labour market, and today very few receive a pension, mostly as widows (Gomes, 2001). As a result, elderly women who are widows and heads of household have scarce resources; only 10 per cent earn a salary, and 10 per cent receive a pension.

Depending on the resources of the elderly, they can live alone or co-reside with grown children. Co-residence of parents and children is more likely among households with a higher per capita income and with elderly women. Ageing, poverty and gender inequalities shape household structures.

Due to the lack of institutional resources, families have developed complex networks of informal support, including economic transfers such as national and international remittances, donations and gifts among relatives and friends (Gomes, 2001; Wong et. al., 2000), as well as physical and emotional support and exchanges of services. These networks guarantee status and social relationships, and promote the capacity to negotiate and assume an important role in the informal exchanges.

### **Most Elderly Do Not Co-reside with Children, But They Exchange a Lot**

Most of the support exchanged does not occur between generations, but rather among elderly spouses, who collaborate with each other, with men as economic providers and women in domestic roles, reproducing gender differences. Exchanges between generations also reinforce the traditional female roles, with women taking care of the family, adding female roles and making domestic activities routine (Chant, 1991; Varley, 2001).

Few of the Mexican elderly have parents, but when they do, most of them offer some type of support for their parents, mainly money and services. The Mexican elderly have numerous children who mainly live in separate households, but a majority (two-thirds) of them live in the same city, which facilitates economic, physical and emotional exchanges between generations (Gomes, 2007).

Almost all the elderly exchange money, mainly, but also services, gifts and child care. Support is exchanged mainly among spouses and with children, but they are most likely given and received by women. Money and gifts are exchanged by both sexes, but women

are likely to receive money from every relative, and to give services and care to children and grandchildren, reproducing their invisible and unpaid work throughout their life-course. Apart from poverty conditions, elderly women are in the centre of the family relationship exchanges, contributing more with non-economic resources for different relatives and generations. Such women who have developed domestic skills and roles often offer services and take care of grandchildren, and they are well accepted by other generations in co-residence. However, many elderly women with housing and resources prefer to live alone, and don't work or care for children and grandchildren on a daily basis (Gomes, 2007).

On the other hand, men receive services from every relative, and provide mainly money for everyone and gifts for their wives (Gomes, 2007). However, the male role depends on having some kind of income, a more common situation among men than among women. Elderly men are not viewed as domestic collaborators, and sons in-law are very suspicious in accepting them at home. Men are more often abandoned, living as homeless or in institutions (Varley, 2001).

### **Relating Ageing and Poverty**

Poverty is considered not only the lack of economic resources, but also having disadvantages related to individual capabilities, as in education, ethnicity, old age, physical incapacity and illness. These disadvantages can reduce the possibility of earning or of maintaining the level of income, of assuming family and social responsibilities, of converting current income into new capabilities and of promoting welfare (Sen, 2000).

The households with elderly members who cannot contribute to the shared economy are often extremely poor. In rural areas, each additional child sharing the household budget doubles the likelihood of being poor. In urban areas, the presence of one elderly person over 75 years of age and extended households increase poverty also. Elderly households without pensions have twice the probability of being extremely poor in urban areas, and three times more in rural areas (Gomes, 2006).

The poorest elderly, with a lack of formal resources, are at a disadvantage in intergenerational, family and community arrangements, devalued in their family roles and exchanges, sharing housing and informal support. Poor elderly women depend on the family network and interchange of resources, and poor men are likely to live alone and abandoned. Poverty makes it difficult to obtain support and being elderly makes them even less attractive to supporters (Young, 1987; Chant, 1991, Varley, 2001; Gomes, 2001; Gomes, 2006).

Although these results only refer to Mexico City, there is a higher number and percentage of elderly heads of households in rural localities, where the role and dynamics of support networks are specific, due to the lack of institutional support, income and to the subsistence economy, and due to the migration of adult generations to cities and to the United States.

In rural and urban contexts, family support complements the lack of economic resources and institutional support, with accentuated gender differences and disadvantages for women, who help several generations of relatives by providing services and physical support to adult generations, covering part of their needs for services and child care and offering gifts.

The ageing process itself is characterized by an accumulation of social, economic, physical function and health status losses. These weaknesses have led some authors to suppose that the elderly are family and social dependants.

However, in Mexico less than one out of five elderly persons are economically dependent, and only one out of four is dependent on support in their daily activities, mainly in doing heavy housework and food shopping, tasks which can in the end be done by non-co-resident children. However, a few of them have important limitations, and need help to take a shower and to use the restroom, to dress and to get into bed, to prepare food and to eat and to take medicine and to manage money, and children have to move across the city or the community to help them. Half of these needs are satisfied by children, with grandchildren and spouses helping as well. Women are the central actors in service and care exchanges.

Although informal support plays a role in mitigating inequality, it is not enough to solve the problems which stem from the ageing process in a context of historical social and gender inequality.

### **Ageing, Poverty and Social Policy**

The rapid ageing process in Latin American and the Caribbean will have important social, economic and institutional implications for societies. Therefore, integral policies and strategies to reduce poverty have to articulate support for families with children, adolescents and youth and, at the same time, for elderly families and for multigenerational families, to prevent competition and conflicts between generations, strengthening the efforts made by families to generate welfare for members of all ages.

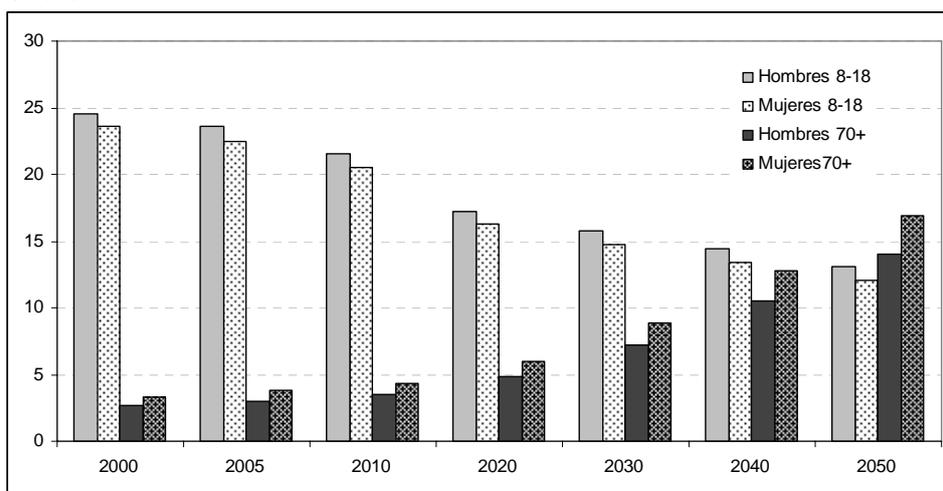
To eliminate generational, gender and social disadvantages, the Mexican government adopted some recommendations of the Madrid International Plan of Action on Ageing (2002). An elderly component was integrated in the strategy for reducing poverty, the Oportunidades Programme. Oportunidades has been in operation since 1997 and currently this programme covers 5 million households and 25 million people, representing 25% of the total Mexican population, and 100% of the extremely poor population. Poor families with children and teens studying from the third grade of primary school through high school, roughly from eight to eighteen years of age, receive the benefit, on the condition of attendance at school and health services, with the objective of investing in new generations' capabilities and of guaranteeing their well-being until their adult and older ages, stopping the cycle of poverty across generations.

According to population projections, this group between eight and 18 years of age has already stopped growing in absolute and relative indicators. Moreover, it is important to consider that in situations of extreme poverty, this decrease is slower with respect to the non-poor population, due to the higher fertility rates of the poorest women. It is expected that children and adolescent beneficiaries would have a permanency of 10 years in the programme.

On the other hand, in March 2006 a new component was integrated into the Oportunidades Programme, to support the elderly over 70 years of age who live in extreme poverty.

Compared to poor children, the poor elderly beneficiaries have a shorter duration in the programme. In Mexico elderly men live on average to 73, and women live to 77.9 years of age. As the elderly receive the benefit only after 70, on average they will remain in the programme for 3 to 8 years. This period would be shorter for the poorest people, due to their shorter life expectancy. The graph shows expected changes in the relative weight of both groups of beneficiaries of the Oportunidades Programme, and their evolution over the next decades.

**Estimated proportion of children and youth (8-18) and elderly (70+) in the Mexican population, 2000 to 2050**



Source: Own estimations based on population projections of the National Council of Population.

Increasing life expectancy will imply a higher duration of the elderly beneficiaries in the programme, until oldest old age. Policies will cover a growing target population, which will live longer and longer, with changing demands to be covered by policies in a permanent and dynamic process.

Women live longer than men, and should continue two times longer as beneficiaries. Oldest old and female expenditures and behaviour profiles will increasingly impact the programme's performance and evaluation. Therefore, gender and generational indicators

and approaches are basic to the evaluation of every sector involved in the programme, combined with family and context diversity.

### **The Mexican Programme for the Poor Elderly**

In March 2006, a new component was created in the Oportunidades Programme to include the elderly who live in extreme poverty, and this new component was evaluated in July 2006. The programme covers almost one million elderly over 70 years of age, 100% of the elderly living in extreme poverty. Each poor elderly person receives a monthly stipend of US\$50.00. The elderly who live with beneficiary children receive their benefit through the same adult women (title-holder), and other elderly people receive their benefits directly.

The support is conditioned on compliance with co-responsibilities, such as going to a doctor's appointment in the public health service every 6 months, for prevention and timely detection of health problems. The stipend requires a certification of the co-responsible in June and December, which also serves to validate that the elderly are alive (proof of life).

The elderly component of the Oportunidades Programme integrates efforts among institutions, legislation and family structures to address the needs of the elderly and to reduce inequalities and discrimination, promoting elderly well-being and tolerance and rights for all generations. The objective is to improve diet and the consumption of other basic goods, to mitigate diseases and disabilities, and to promote a better quality of life for the poorest elderly.

Therefore, the programme impacts not only the welfare of the elderly but, in the event of co-residence, it also impacts the welfare of all the members of the household, along with exchanges between households of elderly relatives, mitigating intergenerational conflicts and revealing previous conflicts, helping to promote tolerance.

The elderly component was evaluated four months after implementation, with a combination of quantitative and qualitative methods, conducting a survey, interviews and focus groups with the elderly and their relatives, and interviews with the health and programme personnel. The quantitative approach involved a national survey, and the qualitative method was applied in six municipalities, according to their regional location, population size, indigenous and migration characteristics and according to the access to and availability of health services. The quantitative and qualitative results corroborate each other; different actors interviewed have similar perceptions about the welfare of poor elderly and about the barriers they face in their domestic and social lives, as well as in the Oportunidades Programme.

From March to July 2006 the economic support achieved an improvement in the consumption of food, medicines, private medical consultants and exams, clothes and domestic and individual hygiene products and services for the elderly. Particularly, indigenous women were able to buy shoes for the first time in their life, as well as new

clothes. Some of the elderly used the benefit to pay off electricity and water accounts, some paid old debts, and others were able to save or invest a part of the benefit to buy products to sell in small business. Moreover, the programme has had a positive impact in the self-esteem, autonomy and in family relationships between generations.

### **Socio-demographic Characteristics, Illiteracy and Religion**

Most of the poor elderly interviewed are illiterate. Almost all of them have married at least once, but less than half are currently married. The majority of them are widowed. Most of them are Catholic but do not go to church. Many of them buy candles and seek out priests particularly when they are sick. In the indigenous municipality of Chachihuitán many of them did not know how to answer what religion they practiced. Even though all of them talked about a god, many of them mixed their religious beliefs with beliefs in praying and witch doctors (curanderos).

### **Health Status, Co-morbidity and Functionality**

In the first evaluation of the Oportunidades Programme in Mexico, health emerges as the most important concern among the poorest elderly.

The ageing process is accompanied by an epidemiologic transition, and the elderly come down with and accumulate chronic and incurable diseases. As observed in the national profile, the poor elderly interviewed in the evaluation suffer from hypertension, diabetes, cancer, kidney problems, headaches, nervous illnesses, frequent diarrhoeas, stomach aches and fungus in the epidermis. Other, less frequent illnesses are anginas, bladder problems, ulcers, heart problems, colitis, hernia, herpes, Parkinson's and cysticercoids.

In the indigenous municipality of Chalchihuitán, the elderly cannot name their health problems in modern medical terms. Language and culture are barriers for the translation of technical terms that they cannot understand, and add more difficulties to the lack of access to health services, medical diagnosis and exams.

Most of them show symptoms of degenerative arthritis: pain in the feet, heels and hands and cramps in extremities. Arthritis is combined with a loss of physical strength, reduced vision and difficulty in walking, and some of them must use a walking stick. Several of the elderly fall frequently, sometimes resulting in fractures.

The elderly show progressive losses in physical and functional abilities, such as in physical strength, sphincter function, vision, hearing, chewing and walking abilities, which frequently cause falls and fractures. Functional losses limit their ability to move at home, in streets, in public transportation, in public and in private spaces, and complicate their socialisation. Contextual factors play an important role in limiting the elderly's mobility. Inclined, irregular and wet places increase the risk of falling and fractures.

Diseases, falls and disabilities cause more difficulties in marginalised contexts, with geographic and economic barriers, large distances to access health services, precarious and irregular floors and terrains that make it difficult to move about inside and outside the house or to access commerce to acquire medicines and food. The high cost of transportation is an additional complication.

Some poor elderly people use eyeglasses, but most of them were gifts from relatives, not prescribed by a physician. Therefore, although there are poor elderly who have and use eyeglasses, that does not mean that they can see well, as they have not had an exam or a prescription for the glasses they use.

The loss of teeth affects nutrition and has limited the diet of the poorest elderly. In Mexico, most of the poor elderly lose their teeth, and since they do not have dental prostheses, they have difficulties in chewing, and many of them have eliminated protein sources, mainly red meat, from their diets because of toughness.

### **Perceptions of Health Status and Gender**

Most elderly men declare that they are in good health, but when we probe more deeply, they indirectly express their pains and physical problems. On the contrary, women easily talk about all their illnesses and pains. These differences by sex are related to socially constructed gender roles. Men are embarrassed about or deny their weaknesses and illnesses.

*“Nothing, I am fine at the age of 78. I am alright, very well. I don’t have pains. I only get tired a lot, my knees, feet, from my knees down...I cannot walk very well, because I had a surgery” “Now I don’t feel good... Because I have a temperature, and also these things that I just got in my legs”*

However his spouse said,

*“Now he is very sick, he couldn’t fix the bed by himself, he has a problem in the prostate... he has cancer”* (she spoke in a low voice, so the man couldn’t hear).

### **Limitations to Movement, Scarce Water and Hygiene**

For both sexes, advanced age and pain in the extremities and hips are clear limitations to movement, to changing clothes and to taking a shower. Particularly in contexts where the elderly do not have indoor plumbing, a bathroom, a shower or a heater inside the house, and where they do not have the economic resources to pay for fuel (gas), they have to take great pains to carry water and wood. These limitations, combined with joint pain and physical limitations, cause them to take a shower only one or two times a week.

Participating in daily social activities stimulates the elderly to wash and maintain hygiene. The elderly who go to church or have some social activities and relationships try to take care of their appearance, and they are more likely to take showers.

### **Urinary Incontinence**

Urinary incontinence is a frequent health problem among the elderly, affecting the well-being and the social life of the elderly person and of the family group. Moreover, urinary incontinence generates risks for an infection and the complications of certain chronic illnesses. Nonetheless, this problem is not taken into account by the health personnel, nor in the sources of information and research about the well-being of the elderly.

*“Oh, no, I have a weak bladder, and I feel very irritated. Then I feel like urinating, and then... yes, sometimes when I am walking in the street, and you know that there is nowhere... sometimes I urinate myself without noticing... I change my clothes and I have a shower”.*

However, the same person declared not taking frequent showers.

Urinary incontinence is very easily observable in the elderly because of their appearance and strong smells in their house. It is a visible health problem, although it is not explicitly declared. The problem emerges indirectly, when the elderly speak about washing their clothes. For most of them, it is very important to do it by themselves. They feel uncomfortable and dislike it when some relative tries to wash their clothes to help them. Washing clothes was also an important issue in focal groups.

*“I wash my own clothes whenever I can, but I do it, with my own hands, with one hand I hold the clothes and with the other I wash them.”*

*“...I wash my underpants, my pants, and I am angry when they (his daughters) want to wash them for me, I say no, thanks, I can do it alone...”*

Moreover, products as soap for washing clothes is a central expense for the elderly, identified as a basic product by elderly men and women.

### **Functionality and Dependency**

Although many elderly do almost all their daily activities alone, most of them said that typically, when they go outside the home, they need the company of a relative, such as a spouse, daughter-in-law, sister or grandchild.

Most of them can take their medications by themselves, but many need help to remind them of the schedule and times to take them.

The elderly with disabilities and serious dependencies resist talking about their limitations, although they have a poor level of health. Moreover, it varies according to sex. Women are more comfortable speaking about their health and functional problems than men.

### **Injuries in Domestic Chores**

Women suffer injuries, mainly burns and cuts, in domestic chores, particularly where their houses are located in irregular and sloping lands, and when household floors are irregular.

*“I slipped, I was on unstable land, and it was wet... I felt like I moved the bone of my hip”*

*“I just fell, close to that branch, on these stones; I fell on the stones... See... I hurt myself here... I hurt myself here, all around here”.*

*“Because of my sight I am hurting myself, I have hit myself, and I am getting very bad”*

*“I put the little saucepan over the flame, -I lit the log ... and I took the little saucepan in my hand and I did not see. I put the oil in the saucepan and I dropped the saucepan. It covered all this, my feet had hot oil, very hot oil. It fell on my foot and then quickly I grabbed the oil and poured cool oil, and because of this .... My foot is not bad now”.*

As a conclusion, risk factors, prevention practices, attending to diseases and disabilities and health care are central issues to be taken into account in strategies to reduce poverty and to promote the well-being, autonomy and dignity of the elderly poor.

### **Access to and Quality of Health Services**

Access to and the quality of attention to health services is a central issue, due to the combination of geographic, cultural and discriminatory barriers that poorest elderly face, particularly in rural areas and among indigenous groups. In several countries, studies on satisfaction with health services show that the elderly and poor groups under-declare that they are unsatisfied, due to their lower empowerment to recognize and to claim their rights. However, the poorest elderly in Mexico clearly demand improvements in access, in the treatment they receive from health-care personnel, in waiting time and in the availability of medicines, supplies for diagnosis and equipment in public health services.

The elderly component of the *Oportunidades* Programme integrates economic and health benefits. The objective is to guarantee prevention and attention for the poor elderly. However, the limited availability and quality of public services works as a barrier to reaching this objective.

Access to health service is precarious. In rural areas services are distant from smaller and isolated localities, roads are in bad condition, and public transportation is expensive for the extremely poor elderly. Moreover, in some localities it is necessary to walk for hours to access transportation, and the elderly with limitations in physical function, chronic diseases and poor health status, have more difficulties in moving and accessing health services.

The elderly, care takers and health care personnel agree about the precariousness of the health service conditions. They cite infrastructure problems and a lack of equipment, technology, trained personnel in medical specialties, supplies for diagnosis and medicines from the official basic packet.

*“If we need a blood or parasitological exam, we have to refer the patient to a second level clinic, in the capital. We don’t have a laboratory here, not even simple exams” (physician in indigenous municipality)*

Most of the poor elderly are unsatisfied with public health services. The main complaints are the lack of medicines and supplies, restricted schedules, long wait times, and in some cases, bad treatment by health care personnel.

They prefer to pay two dollars for a private appointment, where attention is faster and does not generate co-responsibility. They use the economic support of the *Oportunidades* Programme to pay, and they use public services only if they don’t have enough income or just to get medicines. The elderly with chronic illnesses use most of their economic support to buy medicines in private pharmacies.

In some municipalities the elderly also point out the absence of physicians and other health personnel in public health services. Some elderly also report that they have asked for preventive tests, like cervical-uterine and prostate exams, but some physicians have refused.

Likewise, according to national surveys, most of the elderly in Mexico have received only measurements of weight and blood pressure, but they have never had simple exams like hearing and vision tests, glucose level checks, cholesterol checks or preventative exams for cancer of the reproductive system (breast, cervical-uterine and prostate). These exams have been performed on almost none of the beneficiaries, who have never received any information about them, either. In the indigenous municipality, there are elderly persons who have never even been weighed or had their blood pressure taken.

The physician in the indigenous municipality affirms that he offers the basic preventive exams, but at the same time he confirms that he has exempted the elderly beneficiaries of the programme from co-responsibilities and health appointments, due to the difficult access; “It would be almost impossible for them.” They would have to walk large distances, sometimes more than two kilometres in the forest along difficult tracks, for more than two hours. There are mobile units to cover inaccessible localities, but the elderly are not informed about their visits, and isolated elderly remain uncovered.

To reach real results in the health component, it is important to eliminate medical obstacles, by developing specific training in geriatrics and gerontology, changing personnel attitudes, and promoting the monitoring of behaviour in the public health system.

The more complex aspect of the programme is in its link with the health sector and co-responsibilities. Some structural barriers in access to and quality of health services, like geographical distance and the cost of transportation and medicines have been overcome with the economic benefit. The elderly with diseases and disabilities have likely used the benefits to cover these costs and could overcome these barriers.

The only exception was the indigenous municipality in the mountains, close to the forest, where the largest distances and most precarious tracks without any kind of transportation make it extremely difficult for the elderly over 70 years of age to walk for more than two hours to access health services. Therefore, there is an agreement with the physician that exempts them from the responsibility of having at least one check-up every six months.

Moreover, there are informal taxes and/or obligatory community activities in order to access services (for example, direct payment for check-ups and medicines, indirect payment to support infrastructure services such as electricity and water for the clinic or directly helping by cleaning clinics). These informal commitments are considered irregularities by the programme's directors, but they are implemented by health and local government personnel who support the programme. Health personnel are responsible for recording and reporting when the elderly fail to comply with obligatory co-responsibilities like attending health check-ups and talks. In some municipalities health personnel abuse this authority and establish other non-written rules and irregular duties, and condition the continuance of the cash benefit on compliance with these irregular duties.

The elderly interviewed know and identify these irregular mechanisms very clearly, and they feel threatened that they will be reported as in-compliant and lose their economic benefits. Some of them refuse to participate, although they are afraid to lose the stipend. The pressure to participate in these activities is one of the most important beneficiary complaints. Most of these problems were confirmed by local *Oportunidades* personnel, who try to control irregularities by informing beneficiaries. Problems identified by the qualitative study are being monitored, particularly in the indigenous municipality.

As a result of these problems, beneficiaries are hardly interested in attending public health services and comply with health co-responsibilities. They establish irregular alliances directly and in confidence with some physician to register their check-up without attending and evade irregular commitments. The choice of a private physician gives additional advantages. They can register a regular check-up to maintain compliance with the regular co-responsibility, and moreover they can avoid both unsatisfactory health care attention and irregular co-responsibilities at public health services.

## **Co-responsibility**

Not all of those interviewed know about their co-responsibility to go to the doctor's appointments every six months. Those who are aware of the appointments sometimes forget the date, but they use their cards to keep track of their appointments and thus remember the day. Some interviewed commented that sometimes they don't go although they do remember it, because they don't feel well or they have memory problems. Additionally, some interviewed have been exempted from the monthly appointments, mainly those who have some handicap or who, according to the doctors, cannot get to the clinic.

## **Informative Health Talks**

The programme also includes informative and preventive talks at the health services. Women frequently attend these talks. Men generally report they have never gone, and the few who have gone did not like them, because they felt that the issues covered were for women. They did not pay attention and only went to comply with the co-responsibility.

*“Because we have to go to the talks...but honestly, I didn't feel comfortable going, it was all women there along with me and a few other men, but anyway, they just talked about their cooking business.”*

*“About food, women's health, about having to do I don't know what every six months, and that I need to be aware of my doctor's appointments, aware of cancer. I don't know why so many things, these are all women's things.”*

*“How to prepare food for children... for women with small children. I come just to comply. I went, that is all.”*

Moreover, women and many children attend the talks, and their noise makes it difficult to pay attention. Sometimes they don't find places to sit, and some of them forget the information they hear in the talks.

## **Losses, Companionship and Depression**

Ageing is also accompanied by family losses. Children leave home, an elderly spouse dies, and the other is widowed. On a social level, retirement and a decreased ability to work decrease income levels, and the elderly compensate economic losses with low consumption behaviour, with the exception of medicines, which are important expenses for the elderly. This combination of health, functionality, family, social and income losses are related to a high incidence of depression in old age (Gomes, 2006).

Every poor elderly person interviewed has stated that they feel sad due to several reasons, such as the loss of a partner, loneliness, missing their family and loss of physical function.

*“There are times when I get crazy ideas in my head and I want to run away but where will I go? Sometimes there are moments I become a rebel and some day I will do it. So many things that they do to me, so much desperation, I will have to run away I just have to”.*

*“I don’t know, maybe it is I don’t know, but I will not be a passenger any more. I see a lot of people that are laughing... with their gifts, something for their parents, their brother and sister, their children, whoever. It’s when you are hungry and you don’t even have enough for a taco, could you put up with it...”.*

*“I don’t know, sometimes because of my children, they are everywhere, sometimes they don’t come, and I have had some family problems”*

*“So yes (she gets sad)... because of my illness, when I am there, down, I feel alone, I don’t have firewood, I can’t find corn... I don’t have anyone... Today people told me to come and because of this I am here, it is because my son arrived”*

For most of the poor elderly women, the loss of the partner is followed by an economic instability that limits their possibility to cover their basic needs, like food and services. This is more common among women.

*“So I am thinking... I was so happy in my life when my husband was alive, I didn’t have problems. I didn’t have mortifications, neither with him nor with my children...”*

*“The problem is I am missing the basics sometimes, money. It is necessary to pay for electricity, gas. And, both of us sisters go, we are together, and she is sick, but nobody notices”.*

Health problems limit the occasional visits that elderly use to make friends and to meet relatives. Physical limitations contribute to weakening their links and social relationships. Moreover, the elderly show some intolerance, mainly with small children and adolescents, because they are tired. This is more frequent among men.

*“There are days that I would go so I go alone, the truth is that with age, there are times that I hate to go because of the music or the screams. I do like music but at this age everything sounds different. I nearly say that I am going but then I think and then I don’t go.”*

### **Partial Conclusions: Health Status and Services**

The poor state of health along with other risk factors, in addition to limited prevention programmes, are all main issues to be taken into account when developing health programmes for the elderly, given the rising incidence of chronic illnesses and handicaps within this age group. Due to the incurable nature of these illnesses, they accumulate states

of co-morbidity within this age group, as well as functional losses that are not necessarily related to any sickness, like the loss of physical strength, teeth, hearing, vision and control of the sphincter. These factors limit the well-being of the elderly and also promote depression.

Moreover, family and social networks play an important role in elderly physical and mental health. Loss of a partner, relatives, friends and family relationships affect the self-care and self-esteem of the elderly.

These interrelated problems indicate the need to integrate health care, preventive with curative components and physical with mental health. Moreover, it is necessary to establish synergies with improvements in domestic infrastructure and services and mechanisms to support domestic activities for handicapped elderly.

Improving quality in the attention to extremely poor elderly is a central issue, and it includes improvements in infrastructure, allocations and processes of health services, including training, sensitisation and monitoring practices of health personnel, promoting competent behaviours in the health services organization (Goins et al., 2006).

## **Family and Support Networks**

### **Exchange and Support**

The majority of the elderly express that they would rather live with a family member, because they need special support and to have someone to talk to, to not feel useless and to be able to help out.

The elderly with serious health problems are very demanding; they need help getting dressed, bathing, administering medicines, moving around the home, getting to medical appointments, etc.

Therefore, family and social networks play an important role in the physical and mental health of the elderly. Losses of spouses and other relatives, of friends and of family relationships affect their daily life, their self-care and their self-esteem.

Losses of family relationships and respect, when combined with disease, disability, immobility and isolation create a vicious circle between physical disability and depression, one of the more frequent and disabling syndromes among the elderly (Fleming et al., 1995; Roberts et al., 1997; Bazargan et al., 1995; Parmelee et al., 1992; Hoyl et al., 2000; Townsend et al., 2001; Fernández-Santos, 2002; Martínez De La Iglesia et al., 2002).

Local and national contexts also affect the physical and mental health of the elderly. Work and income, availability of social and recreational programmes, protection from excessive and catastrophic expenses in health and disability and access to quality health services are important contextual elements to guarantee the health and welfare of the elderly. (Ball, 1998).

Since the elderly's needs are numerous, chronic and complex, attending to them implies high time and economic costs. Therefore, the health state of this group depends on strengthening equity in access to and quality of health services, and on income distribution. Ageing in extreme poverty can be a permanent catastrophe.

Family exchanges, particularly economic, care and service exchanges play a relevant role in supporting the poorest elderly. (Wong, 1999; Montes de Oca, 2001; Gomes, 2003). Care in attending to their physical and mental limitations and disabilities include basic daily needs, like cooking, eating, washing, cleaning house, using the toilet, dressing, taking medicines, etc. and take on an important time and economic value.

### **The Feminization of the Care**

Care and services are provided mainly by the spouses and daughters, who remain in contact and provide attention to elderly parents, unlike sons. Daughters provide personal and domestic care, while sons often provide economic support. (Spitze y Logan, 1990; Robles y Moreno, 1996; Montes de Oca, 2001, Gomes, 2007).

Care and support occur in co-resident arrangements or in parent-daughter households. However, the elderly living alone are likely prone to depression. They feel that no one looks after or cares for them in moments of crisis or if they are too sick or disabled to actively carry out their daily activities.

Other social networks, with non-co-resident relatives, colleagues at work, church, clubs, and neighbours generate exchanges for the elderly, sometimes with advantages for the elderly, while others generate abuse and exploitation. The elderly accept some abusive relationships due to their lack of confidence and desire to be accepted.

Healthy relationships with their environment and their formal and informal capabilities are determinants for their material, instrumental and emotional welfare.

In this way, the elderly component of the *Oportunidades Programme* has had an important impact on the welfare and self-esteem of the beneficiaries. With the economic support they are able improve their consumption of food, medicine, clothing and domestic cleaning and personnel hygiene products, and are able to pay for services (water and/or electricity). Moreover, some of them are eventually able to cover symbolic expenses such as religious commitments or supporting the education of their grandchildren. Others are able to pay off informal debts on food, and a few are able to save to buy basic and urgent needs (mattresses), or to invest in small business.

## **Use of Time and Entertainment**

Watching television, listening to the radio, going out for walks, and doing household chores take up most of the poor elderly persons' time. These activities are the centre of their daily life, are gratifying for them and contribute to invigorating their emotional and physical state, diminishing their depression and improving their mood and well-being. However, most of them can only turn on these machines, but they don't know how to change the channel or the volume.

An important aspect that the elderly manifested is that they don't like being still and even less being seated. They need to keep moving. They just rest for small periods of time when they are tired.

The few interviewees who have telephones at their homes said that they only use them to receive calls, and many of them are not capable of dialing a number on their own and they would need the help of another person in an emergency to call for help.

## **Use of Economic Support**

Economic support allows the poor elderly to increase their consumption of food, health products (medicines and medical services), services (gas, electricity, water) and hygiene products.

The use of the benefit varies between elderly who are healthy and those who are sick. Elderly persons with chronic illnesses spend a greater amount on health treatments, while the healthier ones spend more on food, clothes and hygiene. Some of them, who have access to infrastructure, spend more on services.

*“Well I feel happy because it means more help to get through daily life...”*

*“Yes, right! It's really important, because it's support for those who really need it. If I didn't have this opportunity I would have to go and beg for money, and that is all, so that's it sir”.*

Elderly women are an exception: even though they are sick and need to buy medicines, they always set aside a part for domestic use. The elderly women, who in general are the heads of household, administrate the stipend.

In some cases the elderly cannot separate their expenses, or whether their origin was the stipend or another source of income. This happens mainly in extended households, because all the income is kept in a common domestic fund, and it is difficult to identify different sources of the collective budget.

The elderly continue buying their food and medicines in the same places where they bought them before. Health expenses also have informal charges in the public health

services, such as paying for appointments and medicines or informal fees of collaboration (irregularities).

### ***Use of the Stipend in One-person Households***

The elderly who live alone also spend their stipend mainly on food and medicines. However, they have more freedom to make decisions regarding expenses on personal products. They can also decide if they want to buy food to prepare, or if they want to go out to eat, or if they buy prepared food, clothes and other articles.

*“Now I was able to buy my dress, underwear, and the next time I am going to buy sandals”.*

An undesired side of this freedom is that some of them do not follow their diets as recommended by doctors. When they eat in small restaurants or in the street, it is difficult to find diet products. They also consume unhealthy products, such as sodas, fats, alcohol or cigarettes.

### ***Use of the Stipend by Couples Living Alone***

In households where elderly couples live alone, the men transfer their stipend to the women, keeping a smaller amount for personal use or medicines. The woman is free to make decisions about the use of the support, and a female pattern is identifiable in different domestic expenses like food, medicines and household services, as well as in savings.

Elderly men demonstrate a proud and relaxed posture at being able to recuperate their role as economic providers, which improves their self esteem.

The use of the benefit is negotiated by the couple, but it is administered by the woman. Women's decisions seem to be shared with men when the couple lives alone. However, in extended households the power of decision of the elderly depends on their domestic position, as dependent or autonomous.

### ***Uses of the Stipend in Extended Households***

In extended households the stipend can be used separately by the elderly, or added to the common household budget, and be distributed among the collective expenses. Moreover, the elderly can divide the benefit for different uses, depending on their health status and family exchanges. In general they also spend it on food and medicines, but rarely to buy personal goods, like clothes, shoes, hats, etc.

## **Exchanges Generate Complex Situations of Use**

The elderly who were autonomous before receiving the benefit maintain their economic independence. Although they don't receive economic support, they receive gifts from children and grandchildren, generally personal goods like clothes and shoes. Therefore, some elderly who live in extended households don't buy these products because they receive them from relatives. Therefore, the use of the benefit for food and medicines is not necessarily related to a need or obligation to share the support, although sometimes the elderly could be receiving it like a gift.

On the other hand, some poor elderly persons are economically dependent, and receive support from children and other relatives, who buy food, medicine and personal goods for them.

## **The Programme Changes the Quantity and Quality of Consumption and Promotes Savings**

The beneficiaries continue buying the same kind of products they bought before receiving the support. The main changes are in the quantity of food they can buy after receiving the benefit. Moreover, some of them included milk, chicken, beef, fruit and vegetables in their diets. Meat is not frequently included in their diets, not due to high price, but because of the loss of teeth and difficulty in chewing "hard food".

Medicines are an important expense due to the lack of these in the health services. Half of the beneficiaries save a monthly amount to defray eventual medical emergencies in the future, or to buy eyeglasses, for example.

*"This money no, Oportunidades is for emergencies... I'm saving it just for any expense that comes up, so that I don't have to ask someone to borrow money when I get sick. I need to have some pesos saved up".*

Some of them also used the support to pay off debts:

*"There is a lady that sells chicken, she doesn't lend money. I pay her 20, 30 dollars the day I receive Oportunidades, and she charges it..., she does me the favour of lending us some chicken, and then she charges my account..."*

Some interviewees who live far away from the downtown spend part of the support in transportation, to comply with medical appointments (between US \$ 1 and \$9).

Along the U.S. border, temperatures are extremely high (over 40 centigrade). Therefore, air conditioning is necessary for the survival of the elderly. Migrant relatives give them used appliances from the U.S. Even so, the cost of electric energy to use the air conditioners is excessive for their income level. Therefore, along the border the benefit has been used to cover electricity expenses, improving the welfare of the poor elderly.

As a regular source of income, the benefit allows the poor elderly to use air conditioning longer, and water more frequently. In some cases the highest amount of the stipend is spent on electricity and water bills.

In the indigenous municipality expenses have been diversified and new products were included, including food, clothes, shoes and hygiene products. Although the indigenous spent the first support they received mainly on food and medicines, they also included hygiene products. Clothes and shoes were a more important expense, however, compared to other localities. Some indigenous elderly decided to buy clothes and sandals instead of greater quantities of food.

We could observe that their clothes were very worn out. The indigenous elderly have never used shoes in their life, and their feet and fingers are dirty, injured and contaminated with fungus. They have always walked barefoot.

Moreover, in the forest the weather conditions add risks, like frequent torrential rains and slippery lands. Therefore, in this region shoes and clothes are extremely necessary goods. The elderly are urged to acquire them to guarantee their physical welfare, and the support impacts on their welfare, allowing them to improve self-care and general health status.

### **Spending on Transportation**

In the more distant and isolated localities, the elderly spend a significant amount of the benefit on transportation, to access health services, town markets and pharmacies. In these contexts the programme has had a positive impact on the mobility and socialization of the poor elderly, furthermore facilitating the fulfilment of the co-responsibility. In medium and large cities transportation can be expensive for the poorest elderly, and the programme also facilitates social relationships and mobility of the beneficiaries.

### **Religious Use of the Support**

Mexican elderly are extremely religious, and some of them give a small part of the support to the church, when they go to Mass, paying 10 per cent of their monthly stipend or contributing for church parties and meetings. Some of them use part of the support to buy candles for their saints. For example, one interviewee spends about US\$3 per week in candles.

### **Intergenerational Supports**

Poor elderly with handicapped or unemployed children share the support with them, particularly buying food. Moreover, some of them give low-cost gifts like candies, or lend some money to children and grandchildren. In some cases they help pay important expenses to support their grandchildren's education.

Other, less frequent uses are things like buying furniture or a mattress, or investments like buying candies and soft drinks or plastic bottles to sell in the street or in small family businesses.

Saving the money has, as its main objective, to cover future expenses of possible health problems. And in some cases they save to pay for services or to buy basic goods such as mattresses.

Other elderly use informal systems of credit in the shops or local loans, which advance the delivery of food products to them. In these cases most of the first stipends they received were used to pay debts. Some of them went into debt to pay domestic expenses or to contribute to the domestic pool. Giving money to family members put them in a better position to make decisions in the household.

### **Safety and Future Planning**

The regularity of the stipend allows the elderly to feel more comfortable to satisfy their basic needs, to adopt habits of paying off loans, to ask for less borrowed money and informal support, and to save and make plans for the future.

*“A lot of things. Sometimes we have some necessity, we need help. We thank God because we get this support. I can tell you, when my son used to take a long time to come, or when he couldn’t come, I had to ask for money from this lady, and then I was worried about paying her, paying off my debt”*

The support represents a safe and regular income every two months, and it makes a difference, when compared to other incomes from the selling of small agricultural products, small business incomes or remittances, that are irregular and may halt for large parts of the year. This regularity gives them an economic and emotional security.

### **Perception of the Support**

All of the elderly feel happier and thankful for receiving the support from *Oportunidades*, mainly because most of them didn’t have any other source of income before, and are considered physically disabled for working. Moreover, some of them received no informal support from their relatives.

Some of them receive the support like a gift, not as a right, and seem content when they talk about the benefit. Others can evaluate the importance of the support to improve their well-being and justify it as a right, due to their advanced age and physical limitations. Other suggested the inclusion of medicines and support to improve housing conditions.

Besides the economic value, the support has a great symbolic meaning: in their speech this support has represented a source of power, independence and decision in the family and social environments. According to the discourse of different actors interviewed, including the elderly, their relatives and health and programme personnel, the benefit has empowered the poor elderly, promoting their dignity, autonomy and welfare.

## **Conclusion**

In Mexico, ageing in poverty is a challenge for government. The *Oportunidades* Programme has impacted the well-being of the elderly over 70 years of age, mainly by providing them with resources to satisfy their daily needs like food, medicines, hygiene products, clothes and shoes. Moreover the programme has increased their autonomy and decision-making ability with respect to savings and investments. Cultural and religious practices may also be made possible for some of them, and men and women perceive that they have been well recognized by their families, their communities and the State. Economic support can improve the well-being and promote the dignity of the poorest elderly.

Risk factors, prevention practices, attending to diseases and disabilities and health care are central issues to be taken in account in strategies to reduce poverty and to promote the well-being, autonomy and dignity of the elderly poor.

The elderly show progressive losses in physical and functional abilities, such as in physical strength, sphincter function, vision, hearing, chewing and walking abilities, which frequently cause falls and fractures. Functional losses limit their mobility, autonomy and socialisation. Contextual factors play an important role in isolation, falling and fractures, mainly in marginalised areas, with geographic and economic barriers, large distances to access health services, precarious and irregular floors and terrains.

Health services must be improved to strengthen this positive economic impact integrating other non-economic components that are central to the well-being of the poor elderly. The guarantee of check-ups, exams and medicines in a timely and appropriate way is the main weakness to be overcome in order to comply with the recommendations of the Madrid International Plan of Action on Ageing.

Designing, implementing and evaluating integral policies should reinforce families and caregivers with governmental support.

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## 14. Concluding Remarks

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As we take stock of progress in the implementation of the Madrid International Plan of Action on Ageing, we see that a lot has already been done. But there is so much more to do. We must renew our commitment to address the challenges of population ageing, and strengthen dialogue, partnerships and planning to improve the quality of life of older persons.

- We must start by looking at population ageing as a cause for celebration, not as a problem that will not go away.
- We must formulate and implement appropriate ageing policies and programmes to meet the needs of all older persons, especially the poor and most vulnerable.
- We must learn to recognize and address neglect, abuse and violence of the elderly.
- We must eliminate negative stereotypes of older persons as frail, disabled and dependent and replace them with positive images of ageing.
- We must acknowledge the many positive contributions that older persons have made and continue to make to their families, their communities and to society.
- We must promote active ageing and the empowerment of older persons.
- We must involve older persons in decision-making, especially when it comes to issues that affect them.
- And we must work together in partnership with governments, local communities, national and international NGOs, civil society, and the international community to meet the needs of older persons.

We would like to thank the organizers of the World Ageing and Generations Congress for inviting UNFPA to convene this Special Session and for giving us the opportunity to share our experiences.

We thank our panellists for their excellent presentations. And we thank all who participated in our Special Session.



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