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Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: priority theme: strategies for the eradication of poverty to achieve sustainable development for all

Statement submitted by the Society for the Psychological Study of Social Issues (SPSSI), International Association for Gerontology and Geriatrics (IAGG), International Network for the Prevention of Elder Abuse (INPEA), non-governmental organizations in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

We offer strong support for the 56th Session of the Commission on Social Development (CSocD) and completely agree with the priority theme of the Commission, Strategies for the eradication of poverty of achieve sustainable development for all. Further, we support the mission of the 13th Session to: Promote health — Keep the world safe — Serve the vulnerable. We offer several recommendations regarding how to enhance the Programme of Work for the 2019–2023 period of activity and achieve the stated strategic priorities.

We begin with affirmation of the need to take a proactive life course approach. Knowing from an ever-growing body of research that advantages and disadvantages are often cumulative, being proactive and taking a life course approach are essential. This approach was previously developed by the WHO Department of Aging and the Life Course in collaboration with multiple key stakeholders. This strategy and implementation plan was also endorsed unanimously by the United Nation member states in 2016, as well as by the Group of 8 nations.

Within the context of a life course approach, we recommend that the WHO pay particular attention to two groups: women and older people. The distinct contributions and needs of women of all ages and older people must be recognized. Women and many older people live within families, are committed to — and contribute to — the health and well-being of their families. Unfortunately, women of all ages and older people tend to be disadvantaged across multiple dimensions despite the critical role they play in their own health as well as the health of their families and their communities. In addition to young mothers, all mothers and other primary caregivers must be supported in terms of access to: child and adult education; adequate sources of income, such as paid employment and government monetary subsidies, including child care subsidies and late-life pensions.

Below, we provide five examples from the research literature to illustrate and elaborate on the two major recommendations listed above. Please note that these points/strategies are relevant to both developed and developing countries.

1. Data indicate that improved education of women translates into better financial circumstances for her family and community. Gains in financial resources, in turn, are reflected in outcomes related to better nutrition, more education, more preventive health care, better health over the life course, and better care in the face of illness. Moreover, these advantages are evident in both individual women and their families.

2. Increased access to public pensions has been shown to have an expansive effect on the health of both the individual and the multiple generations that are often present in families. Today, with the increased number of grandparents raising their grandchildren for various reasons, the reach of this resource can be considerable. In addition, there is evidence that financial resources in the hands of the elderly can decrease abuse and neglect of elders and other family members.

3. A world-wide migration trend of young adult and middle aged people from rural to urban areas has left many older people and young children behind with few resources. Older people continue to work the land well into old age, while children left in the care of their grandparents have little or no access to education, good nutrition, preventive health, vaccinations, etc. Creative interventions are called such as: development of labor and work cooperatives to ease the burden of all community members; publicly funded child care to both increase the resources available to children but also enhance the ability of their parents and other family

members to access/earn additional resources that then, in turn, contribute to the health and well-being of people of all ages.

4. Discrimination against women persists and must be challenged. As long as discrimination remains, women's rights are threatened or ignored and they are at undue risk for poverty. Educating women beyond primary school, removing discriminatory practices in employment, providing women with opportunities such as micro-financing projects that direct money specifically to women, giving women the rights to own property, assuring their access to family planning and health care, and protecting women from violence are among the empowerment strategies that could reduce poverty throughout their lives.

5. Finally, there is a need to address the fact that resources are often not available for those providing long term care for disabled or chronically ill children, adults and old people. These unpaid caregivers are often women and/or older people themselves.

In sum, the International Association of Gerontology and Geriatrics, The Society for the Psychological Study of Social Issues and the International Network for the Prevention of Elder Abuse join in urging the WHO to attend to the above mentioned issues, especially as the WHO works toward the achievement of the Sustainable Development Goals, including especially Goal 1, Goal 3, and Goal 5.
