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Second review and appraisal of the Madrid International Plan of Action on Ageing, 2002

Report of the Secretary-General

Summary

The present report has been prepared in response to the request of the Economic and Social Council in its resolution 2011/28. It assesses the second review and appraisal of the Madrid International Plan of Action on Ageing, 2002, at the international level. The report describes overall trends based on an analysis of the outcome of regional reviews and appraisals and highlights continuing gaps in, and challenges to, the implementation of the Madrid International Plan of Action.



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I. Introduction

1. The present report has been prepared pursuant to Economic and Social Council resolution 2011/28, in which the Council requested the Secretary-General to submit a report to the Commission for Social Development at its fifty-first session, to include the conclusions of the second review and appraisal exercise of the Madrid International Plan of Action on Ageing, 2002, together with the identification of prevalent and emerging issues and related policy options.

2. The report is based primarily on reporting from the regional commissions on their respective regional review and appraisal exercises and meetings, and builds upon the previous report (E/CN.5/2012/5), which offered preliminary findings of the second review and appraisal. The report summarizes and analyses regional findings and priorities, comparing them with those of the first review and appraisal, and regional priorities for the next implementation period. It also offers recommendations for the consideration of Member States on global priorities for the further implementation of the Madrid International Plan of Action on Ageing, 2002. Examples of specific policy interventions in Member States during the second five years should be seen as illustrative, not exhaustive, since the report has had to be selective.

II. Overview of the second review and appraisal process of the Madrid International Plan of Action on Ageing, 2002

3. The Economic Commission for Africa (ECA) organized a workshop in collaboration with the Department of Economic and Social Affairs of the Secretariat in November 2011 in Addis Ababa, to support national review and appraisal capacities for the regional review. The report of the African regional review of the implementation of the 10-year review of the Madrid International Plan of Action on Ageing, 2002, was completed in October 2012.

4. Concomitant with the findings of the first review and appraisal, implementation of the Madrid Plan of Action in Africa has continued to be weak, owing possibly to a lack of participatory dialogue with, and decision-making by, older persons, as well as limited human, financial and institutional capacity. Despite the lack of age-disaggregated data, a decline in the well-being of older persons in Africa has been observed in the five years since the first review cycle, owing mainly to demographic shifts; an increased burden of disease; abuse and neglect of the rights of older persons; economic, social and cultural changes; and the impact of HIV and AIDS. Some African countries have now recognized ageing as a development issue and have put strategies, policies, legislation and programmes in place.

5. The Economic Commission for Europe (ECE) organized a Ministerial Conference on Ageing with the theme “Ensuring a society for all ages: promoting quality of life and active ageing”, on 19 and 20 September 2012 in Vienna (see ECE/AC.30/2012/2). The meeting evaluated the implementation of the Madrid International Plan of Action and its regional implementation strategy and adopted the 2012 Vienna Ministerial Declaration (ECE/AC.30/2012/3). The Declaration delineated progress made and challenges encountered during the previous five years and charted the way forward to 2017. A non-governmental organization (NGO)

forum on ageing and a research forum on ageing preceded the Ministerial Conference and adopted, respectively, an NGO Political Declaration and the Vienna Research Forum Statement.

6. A synthesis report on the second implementation cycle of the Madrid Plan of Action was prepared by ECE for the Ministerial Conference, which highlighted positive changes, areas for improvement and emerging issues needing to be addressed. Member States reported major achievements in the areas of mainstreaming ageing. Ageing-related matters were being addressed in a more holistic manner, with a number of countries having comprehensive plans on ageing and institutional coordinating mechanisms in place. At the same time, Member States acknowledged that additional efforts were needed to implement the strategies that had been developed during the reporting period. Major achievements were reported in adapting social protection systems and promoting health and independent living. However, these were also mentioned as areas where important challenges remained. Another area of challenge has been adjusting labour markets, encouraging longer working lives by providing age-friendly working conditions, flexible working arrangements and age-appropriate training and retraining programmes. The majority of Governments reported strong involvement of civil society actors in the policy formulation process.

7. During the first review and appraisal in the ECE region, countries were similarly focused on their social protection systems and their reforms as well as on increasing retirement ages and on taking steps to promote the employment of older workers. ECE Member States were working on improving the provision of health care to rural areas, poor older persons, cultural minorities and migrants. The provision of quality care in institutions and in the home was another focus, in particular, the provision of benefits to caregivers, both monetary and in kind, through supportive services that allowed older persons to remain in the community and supported work-life balance for caregivers.

8. The Economic Commission for Latin America and the Caribbean (ECLAC) organized several events in preparation for the second review and appraisal of the Madrid Plan of Action, including: (a) a regional meeting for the follow-up to the Brasilia Declaration (2007) and the promotion of the rights of older persons (Santiago, 9-10 November 2011); (b) an international forum on the rights of older people (Mexico City, 26-28 March 2012); and (c) the Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, organized in collaboration with the Government of Costa Rica (San José, 8-11 May 2012). The Conference advocated mainstreaming ageing into the public agenda, with particular emphasis on demographic shifts, income security, solidarity and equality, health, caregiving and social protection, as well as the role of public institutions. Throughout the deliberations, the dimension of “equality and ageing” was introduced as a core value, while highlighting the need to set an equality agenda. The Regional Intergovernmental Conference resulted in the adoption of the San José Charter on the Rights of Older Persons in Latin America and the Caribbean.

9. Since the first cycle of the review and appraisal, the rights of older persons have occupied an increasingly prominent role in the ECLAC region, including the drafting of a regional convention on the rights of older persons through the Organization of American States (OAS). Inequality has continued to be a common element that runs through the region, including in the distribution of social security,

pensions and health-care coverage. Demographic transitions in Latin America and the Caribbean have been changing the structures of families, which are becoming smaller and more diverse. Families have often been overburdened by the need to take on new caring responsibilities without adequate support.

10. The Economic and Social Commission for Asia and the Pacific (ESCAP) has carried out several activities in preparation for the second review and appraisal cycle, including: (a) the Regional Seminar on Health Promotion and Active Ageing in Asia and the Pacific (Bangkok, 15-16 November 2010); (b) the Regional Forum on Elderly Care Services in Asia and the Pacific (Nanjing, China, 21-22 January 2011); (c) a regional survey on ageing 2011; (d) a preparatory meeting for the intergovernmental meeting on the second regional review and appraisal cycle (Beijing, 22-24 November 2011); and (e) the Asia-Pacific Intergovernmental Meeting on the Second Review and Appraisal of the Madrid International Plan of Action on Ageing (Bangkok, 10-12 September 2012), at which Member States adopted the Bangkok statement and a report (E/ESCAP/MIPAA/IGM.13) that noted progress in the following areas: developing national plans on ageing; establishing national coordination mechanisms and focal points on ageing; strengthening social protection systems; engaging the active participation of older persons in policy formulation and review; ensuring accessible and affordable health-care services; providing geriatric and gerontology training; enhancing the mobility of older persons through affordable and accessible transportation options; and developing community care and residential services.

11. The ESCAP region, however, has continued to confront challenges, namely: allocating the necessary resources to fully implement national plans and policies on ageing; addressing the gender dimensions; promoting employment opportunities; expanding social protection coverage; increasing investment in health-care provision; enacting and enforcing specific legislation to protect the rights of older persons; and introducing measures to address violence and abuse against older persons. In comparison, the first review and appraisal cycle had shown that, although many countries had developed long-term plans, policies and national mechanisms on ageing, insufficient funds and inadequate expertise and knowledge had hindered efforts to develop more effective interventions. Income security in old age, raising public awareness of the benefits of active ageing, and intergenerational solidarity had occupied the policy agenda in most Member States. Many Governments had involved major national stakeholders in partnerships to enhance the effectiveness of joint efforts.

12. In preparation for the second review and appraisal of the Madrid Plan of Action, the Economic and Social Commission for Western Asia (ESCWA) carried out several activities in 2011: (a) preparation of a social policy brief entitled “Reinforcing social equity: mainstreaming ageing issues in the process of development planning in the ESCWA region”; (b) issuance of a technical paper entitled “Demographic profile of the Arab countries: analysis of the ageing phenomenon” (E/ESCWA/SDD/2011/Technical Paper.9); and (c) preparation of guidelines for Member States on the drafting of national reports required for the second review and appraisal. The Second Regional Review Meeting of the Madrid Plan of Action on Ageing was held in Beirut on 7 and 8 December 2011, and resulted in recommendations that provided the basis for developing a road map for full implementation of the Madrid Plan of Action (see E/ESCWA/SDD/2011/WG.8/2/Report).

13. Concurrent with the findings of the first review and appraisal, much of the Arab region has continued to take a welfare approach to the issue of older persons, with little progress made in enabling older persons to participate in, and benefit from, development processes. Governments have continued to focus their efforts on the health issues of older persons; yet, while significant progress has been made in some countries, others have witnessed a decline in life expectancy at birth compared with the first review period. This may be attributed to, inter alia, the repercussions of the global financial crisis, the popular uprising witnessed by a number of countries in the region, as well as other circumstantial obstacles, including political instability and armed conflict. Despite these challenges, several ESCWA countries have made strides in legislation targeting older persons and have registered progress since the first review, including by reducing taxes paid by older persons, widening the scope of coverage of health insurance and social security, as well as establishing national committees and specialized departments on ageing.

III. Major trends

A. Income security

14. Older persons in Africa have benefited the least from economic growth and development and were among the poorest, making up the majority of people who lived in poverty. Although many countries have now introduced social protection measures for older persons, the majority of them did not have pensions or social protection and tended to continue to work until advanced ages, mostly in the informal sector. Owing to exclusion, inequality and subjugation, older women were worse off than their male counterparts.

15. ECA has noted that the incidence of deaths among the middle generation, especially from HIV and AIDS, has had multiple impacts upon older people. Along with bereavement, they lose their possible source of external financial support for their old age, and their ongoing income-generation responsibility has often been coupled with care responsibilities for adult children and grandchildren, which have heightened their financial burden.

16. The Declaration on Employment and Poverty Alleviation in Africa, adopted by the African Union Summit held in Ouagadougou in 2004, followed by subregional meetings held in Zambia and Cameroon in 2006, have initiated more awareness in Africa on the issue of social protection. Thereafter, some African countries established new social protection programmes and discussed expanding those already in existence. Indeed, social protection in Africa has become an effective tool for combating poverty, including among older persons. Notably, Mozambique has developed a policy to implement social protection programmes for older persons. Ethiopia has drafted its National Social Protection Policy aimed at alleviating poverty, vulnerability and exclusion and promoting the well-being of vulnerable groups, including older persons. Ghana has implemented the Livelihood Empowerment Against Poverty (LEAP), a cash transfer programme that has provided conditional and unconditional cash grants to extremely poor people and those above 65 years of age. However, several of the new programmes have been pilots funded by donor organizations, United Nations agencies and NGOs. This raises issues of sustainability if donations were to be reduced or discontinued.

17. Social protection and security have constituted a large share of the public expenditure in ECE countries, and sustaining social protection systems has therefore been a priority for the region. Several countries, including Austria, Canada, the Czech Republic, Ireland, Israel, Lithuania, Malta, Poland, Serbia, Spain, the former Yugoslav Republic of Macedonia, Ukraine and the United Kingdom of Great Britain and Northern Ireland undertook pension reform initiatives by increasing required contributory periods, limiting early retirement, increasing the retirement age and equalizing the retirement age between men and women. Several Member States reported that they provided social assistance payments when pension levels acquired through contribution-based systems fell below minimum subsistence levels.

18. Many ECE countries have been paying specific attention to developing policy frameworks that address demographic ageing from a labour market perspective, with emphasis on extending active working lives. For example, France adopted an action plan for employment of older persons for the period 2006-2010. In other countries, legal frameworks were established to ensure equal treatment and non-discrimination based on age or disability. Additionally, pension legislation was being adjusted by some Member States to facilitate working beyond retirement age. In several countries, employers have benefited from subsidies when recruiting older unemployed workers. Adjustments to the workplace and allowing for more flexible work arrangements have been equally encouraged. For example, in Lithuania flexible working schedules for older women have supported reconciliation of family and work. Some countries, including Cyprus, Lithuania, Portugal, the Republic of Moldova and Serbia, supported entrepreneurial opportunities for older persons.

19. Similarly, one of the new developments in the ECLAC region has been the growing number of countries, including Brazil, El Salvador, Mexico, Paraguay, Peru and Uruguay, seeking to eradicate ageism in employment through job training and the dissemination of databases and information on jobs for older persons. Other countries, including Costa Rica and Honduras, have promoted access to entrepreneurial loans for older persons.

20. Another significant advance in Latin America and the Caribbean has been broadening access to social security by creating non-contributory pension programmes for older persons. In Guatemala, the economic contribution programme has been providing pensions for older adults not covered by social security. In 2009, Panama began giving a bonus to persons aged 70 or over with no retirement income. That same year, El Salvador established a basic pension for persons aged 70 or over with no pension or other source of income. Similarly, Peru's National Solidarity Assistance Programme "Pensión 65" has been providing a monthly income to households with older members since 2011. In 2012, the Bolivarian Republic of Venezuela rolled out a programme to cover more than 675,000 older persons, and similar initiatives have been under way in Anguilla and the Bahamas.

21. In Asia and the Pacific, some countries, including Armenia, Bangladesh, China, India, Kazakhstan, Maldives and Viet Nam, have reported progress in strengthening social protection systems through income support, social pension and food security schemes. In addition, countries including Australia, Indonesia, Japan and Mongolia have established legislative frameworks and provisions to strengthen social protection for older persons.

22. While the social pension in Nepal has ensured a minimum income for older persons, guaranteeing access to the pension remains a challenge due to failure to

issue identification documents. Since 2009, Thailand has had basic universal social pensions available for persons over 60 years of age. Brunei Darussalam has a universal, non-contributory pension scheme, which has been complemented by a monthly financial, needs-based assistance allowance. Uzbekistan has developed policies on access to housing, food security and medical care. However, there has continued to be a lack of comprehensive pension coverage in the region.

23. The second review and appraisal has revealed that the main obstacles impeding older persons from gaining and retaining employment in the ESCAP region have been age discrimination, mobility and accessibility. In that regard, several Member States have been undertaking efforts to promote employment for older persons by removing barriers to employment, for example, expanding work opportunities and providing career counselling and re-employment programmes.

24. In Western Asia, economic resources have continued to be a major determinant of the extent of provision of income security, social protection and poverty reduction measures for older persons. This has ranged from limited to higher coverage, the latter being in Jordan, Iraq, Lebanon, Oman and Qatar, which have upgraded their social security schemes, safety nets and pension funds.

25. The region has continued to face challenges in terms of coverage, since most pension systems were available only to former civil servants, and a rising proportion of people have been working without social insurance coverage, including those working in the agricultural and informal sectors, the rural population, the non-working segment and the large proportion of older persons with disabilities.

26. In the prevailing financial climate, economic conditions in most countries of the ESCWA region have been an obstacle to job creation for older persons. The official retirement age has continued to be set at 60 years of age, with few exceptions, such as for judges in Egypt. Actions to provide employment opportunities for older persons in most ESCWA countries have been difficult to implement, especially given that current legislation, as well as public opinion, has given youth priority over older persons as the main target for labour market initiatives.

27. Older women in the Arab region have faced a double burden. They have continued to constitute a vulnerable, marginalized group, in that social and cultural customs and traditions have not encouraged them to work away from home or the family. They often live alone and have endured widowhood and deteriorating financial circumstances, which have compelled them to work in the informal sector or to accept charity to meet their basic needs.

28. Provision of financial support for older persons in need has continued to take place in a cultural-religious context, mostly in the form of charity and family obligations. While some countries, including Jordan, Iraq and Qatar, have issued directives for the financial support of very poor older persons, including free health insurance and monthly financial assistance, there is urgent need for Arab countries to put the necessary legislation in place to provide formal pension entitlements and social protection, as well as income-generating job opportunities for older persons wishing to work.

B. Health and well-being

29. Older persons in Africa have been heavily afflicted by communicable and non-communicable diseases, including malaria and sicknesses associated with old age, with an additional burden falling on those who are poor and live in rural areas. The HIV and AIDS epidemics have severely impacted older persons, especially in sub-Saharan Africa. Older persons have been both affected and infected, since Government interventions have not targeted this age group. Many are caregivers with limited — if any — Government assistance, which has aggravated their health condition further as they face stress and malnutrition.

30. Much of Africa has continued to have large human and material resource gaps in public health systems. Within those systems, there has been discrimination against older persons. Often, facilities have been situated too far from older persons' places of residence, and transportation has generally been too expensive, inadequate or unavailable.

31. Several ECE countries have developed integrated strategies or plans on health care for older persons. Since medical insurance has provided health-care coverage in many countries of the region, some Member States, in efforts to reduce inequalities in access to health care, have provided a range of services free of charge, or at reduced prices, for older persons in need. Most countries have been providing a continuum of care, ranging from support for independent living, home-based care and geriatric and palliative care, as well as institutional care. Several countries have expanded services for those suffering from Alzheimer's disease and dementia. Yet, ensuring access to affordable services has continued to be a challenge. Governments have agreed on the need to enhance programmes for health promotion and disease prevention. Across the ECE region, efforts have been undertaken to enhance service quality, as well as the capacity of care staff. Coordination of services for older persons has, however, remained a major challenge, as has the need to promote better-integrated health and social care services. Some Governments have improved legal frameworks to meet the increased role of the non-profit and private sectors.

32. Recent initiatives reported by Member States include a Russian Federation federal law of 2010 aimed at reducing inequalities in access to health and social services. In the United States of America, the Affordable Care Act, signed into law in 2010, calls for comprehensive health reform that would include older persons. Norway has compiled a care plan with specific measures in long-term care up to 2015, such as increasing the number and strengthening the competence of health personnel and investing more resources in nursing homes and community-care housing.

33. In Latin America and the Caribbean, health-care institutions focused on older persons have become increasingly active, as evidenced by the growing number of older persons covered by health-care plans, insurance and programmes. In 2011, Ecuador launched an inter-institutional plan of action for the health of older persons, including active and healthy ageing. Uruguay, also in 2011, rolled out its national health promotion strategy, with a chapter devoted to older persons. Several initiatives were undertaken in the English-speaking Caribbean, such as the National Plan for Healthy Ageing in the Bahamas. Chile took a big step forward in 2012 when it eliminated the 7 per cent co-payment for pensioners, which is expected to benefit nearly 1 million older persons.

34. Several countries and territories have put noteworthy drug-access programmes in place for older persons, including: Antigua and Barbuda, Argentina, British Virgin Islands, Belize, Costa Rica, Cuba, Dominica, Dominican Republic, Mexico, Paraguay, Saint Vincent and the Grenadines and Venezuela (Bolivarian Republic of). Nicaragua recently committed to implementing a national plan for better care of older persons and improved provision of drugs and prostheses.

35. Within the ECLAC region, the English-speaking Caribbean has had a longer tradition of home-care services, including in Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Dominica, the former Netherlands Antilles and Trinidad and Tobago. While some countries have tended to focus on regulating long-term care facilities, others have ventured into residential care policies. In most cases, however, regulation has been weak and has usually been consigned to administrative measures, which has often resulted in the failure to fully guarantee the fundamental rights and freedoms of older persons.

36. Health-care systems in the ECLAC region face a shortage of specialized medical professionals, compounded by emigration of health-care workers from the English-speaking Caribbean. In addressing this shortage, some countries have added geriatrics to their university-level specialization programmes, while others have provided in-service training in geriatrics and gerontology. Training for caregivers has been more common in the English-speaking Caribbean countries, but these programmes have tended to be ad hoc, small in scope, and not always part of an institutional framework.

37. Most housing-related action in Latin America and the Caribbean has targeted people living in situations of poverty; Uruguay has been one of the countries of Latin America that has made the most progress in this regard. There have been many other initiatives in the region, either through the provision of subsidies for home improvement (Saint Lucia and Saint Vincent and the Grenadines), or by providing Government-owned housing at low rent or free of charge (Aruba and the Bahamas). Other Member States have provided services for maintaining housing, such as cleaning services, basic household items and discounted utility rates (the Bahamas and Barbados). A few countries have offered free transportation, while others have offered discounts. Yet, many of these programmes have faced oversight challenges or have involved considerable red tape, discouraging uptake by older persons.

38. The ESCAP region has emphasized the importance of ensuring an enabling and supportive environment for older persons. Bangladesh, China, Japan, Mongolia, Thailand and Viet Nam have established affordable housing for older persons and incentives to encourage age-friendly housing. Australia, Indonesia, Japan and Mongolia have stressed the need to create a more supportive and enabling environment by enhancing the mobility of older persons, adopting universal design policies and establishing a barrier-free environment.

39. Several measures were adopted in the Asia-Pacific region to ensure that older persons have access to health care. China extended its health-care programme to rural areas and Brunei Darussalam offered free universal health care. Maldives, Mongolia, Myanmar, Thailand and Viet Nam established geriatric services and gerontology training for health-care providers. Armenia, Bangladesh, India, Japan, Myanmar, the Philippines and Thailand provided support for community-based care for older persons.

40. Despite the commitment of ESCWA Member States to ensuring progress in the health and well-being of older persons, including through the enactment of legislation widening the scope of health insurance coverage in some countries, the quantity and quality of health-care services have been inadequate, with geriatric treatment and home care mostly unavailable.

41. Older persons have had different living standards in the region, mainly due to health and gender differences. Many Arab women of working age have not participated in the labour force and, consequently, have less access to health insurance benefits later in life in comparison with men. This has been especially significant as older women in the ESCWA region tend to experience health problems as a result of inadequate health care earlier in life, including as a consequence of poor nutrition and the health risks faced during their childhood and reproductive years.

42. In a region where the health-care focus has continued to be on infectious diseases and where the training of specialists in geriatric health and social care has been rare, the health care provided for older persons has remained inadequate and medical insurance has offered insufficient coverage for older persons.

43. While Governments have continued to target older persons through initiatives for cultural and recreational activities, including reduced-cost public transportation in Egypt and Lebanon, there are still many shortcomings in arrangements made specifically for older persons in transportation, housing, infrastructure and roads. However, some countries, including Egypt and Jordan, have been successful in issuing directives on mobility and accessibility to public premises, as well as in establishing homes and clubs for older persons.

44. Most older persons in Arab countries live with their families and rely on their care. However, the international migration of younger generations, as well as changing family structures — moving from extended families towards the predominance of the nuclear family — is threatening to weaken that traditional support system for older persons, especially for older women, who tend to live alone as widows and suffer declining economic conditions.

C. Human rights

45. Lack of awareness of the human rights of older persons, age discrimination and marginalization, gaps in social security provisions, as well as violations, abuse, neglect and lack of legal protection for older people have been identified as the major human rights challenges to older persons in Africa. However, several Governments and non-governmental organizations have allocated budgets to support homeless older persons; this group often includes older women accused of witchcraft, who have been relocated to rehabilitation centres. South Africa has over the years passed legislation specific to older persons that has aimed at protecting their rights.

46. The African Union Commission has finalized a draft protocol on the rights of older persons. It is expected that the protocol would include the establishment of a council on ageing, which has been provided for in the African Union Policy Framework and Plan of Action on Ageing (2002).

47. Efforts have been made by some countries, including Ethiopia and Uganda, to ensure, by means of national plans of action or local government acts, the participation of older persons in decision-making processes on matters that affect their lives, through their representation at various levels of local government, from village to district level.

48. Member States in the ECE region have acknowledged abuse and violence against older persons as a challenge and have strengthened their legal frameworks, raised awareness, improved monitoring and provided support to victims. Many countries have adopted anti-discrimination legislation or relevant articles prohibiting age-based discrimination in their constitutions. Some have created additional institutions for oversight, such as an ombudsperson, and NGOs have played an important role in raising awareness about issues of discrimination and abuse. In Germany, the Federal Anti-Discrimination Office supports individuals maltreated for reasons including age, and has proclaimed 2012 the Year Against Old-Age Discrimination. In addition, an expert commission has been established to develop recommendations to reduce age-based discrimination.

49. In the ECLAC region, there has been significant progress in action against abuse and violence, previously addressed mainly through prevention campaigns. The recent scope of action has ranged from specific protocols, including policy guidelines for preventing abuse and defending the rights of older persons, such as those instituted in Peru, to new institutions, including a Prosecutor for older persons in the Dominican Republic, to special programmes in Argentina for preventing discrimination, abuse and mistreatment of older persons.

50. The ECLAC region has seen the launch of a growing number of socio-legal services for victims of abuse, for example in Peru, Brazil and the Plurinational State of Bolivia. Unlike other spheres of action, this has not been as widespread in the English-speaking Caribbean countries, with the exception of Trinidad and Tobago, where there is a help desk for reporting cases of abuse and guidelines for preventing mistreatment in long-term care facilities.

51. In this regard, Mexico City has established a network for preventing, detecting and addressing violence against older persons that has been operating in close cooperation with social organizations. It set up an inter-institutional group for preventing, detecting and addressing violence against older persons. In 2010 the group created a specialized agency to care for older persons who have been victims of violence, and it is currently drafting a care protocol.

52. In the Asia-Pacific region, the importance of developing legal and policy frameworks to further promote and protect the rights of older persons was cited as a priority for action. There is need to develop inclusive social protection systems, giving particular attention to older persons vulnerable to poverty and social exclusion and to older women facing discrimination.

53. ESCWA highlighted the need to move towards a rights-based approach that perceived older persons as active members of society who could be enabled to participate in, and benefit from, development processes.

54. Jordan's country report noted that in 2008 the National Centre for Human Rights had prepared a report, intended to be periodic, on the situation of older persons, based on field visits to homes, in cooperation with the Ministry of Social Development. Jordan, Palestine and Qatar have set up programmes to target

violence against older persons. However, less than half of the national reports received at the second regional review meeting addressed Government action to ensure the human rights of older persons. Therefore, there is still a need to enact legislation and strengthen legal efforts to eliminate elder abuse, especially for groups that are particularly vulnerable or in vulnerable situations, including older women, older persons in rural areas, refugees and migrants.

55. Participation of older persons in public life and legislative activities within the region has been low and is usually based on the individual's political or economic power. Older persons' participation has often been confined to the level of community and voluntary activities and services. In Egypt, for example, committees overseeing activities for older persons must include at least two older persons in deciding on monthly planning and members' subscription and admission fees. A review of the national reports received by ESCWA has shown that, in 2012, a draft law was proposed in Palestine encouraging the participation of older persons in various economic, social and cultural activities, making use of their competence and experience. Even when older persons have participated actively in society, such as in the recent uprisings in a number of Arab countries, that participation has remained unrecognized.

D. Policy frameworks

56. While there has been an increase in the number of African countries developing policies specifically addressing older persons, from 13 countries in 2007 to 20 countries in 2011, many of those policies have not been systematically mainstreamed into national development strategies and policies, such as poverty reduction strategy papers or national budgets. Several have remained in draft form, or have had minimal implementation.

57. The region has demonstrated the power of positive collaboration among stakeholders, such as local governments, faith-based and civil society organizations and the private sector. In the Gambia, for example, the Department of Social Welfare collaborated with partners such as the World Health Organization, the Age Care Association and the Ageing with a Smile Initiative to provide key intervention strategies for older persons. Uganda's National Policy for Older Persons 2009 offered a policy framework and direction for all interventions geared towards older persons, including health accessibility, research on health needs, and mainstreaming health issues of older persons in existing training curriculums for health workers.

58. Several ECE countries have developed new ageing-related strategic frameworks to streamline policymaking in the future. Armenia and the Republic of Moldova have benefited from ECE assistance in mainstreaming ageing, developing road maps providing concrete guidance based on a thorough analysis of the country situation. Some countries have established national-level multi-stakeholder bodies providing advisory services to the Government that have included older persons or their representatives. In addition, several countries have included in their national review and appraisal processes the views of both civil society organizations representing older persons and of individual older persons themselves.

59. Since the first review and appraisal of the Madrid Plan of Action, several ECLAC countries have made serious efforts to enhance the participation of older persons. Costa Rica, for example, established a consultative forum comprised of

leaders throughout the country who were consulted on actions to be taken by the Government. Regional committees for older adults in Chile included authorities and representatives from civil society organizations. In 2012, Uruguay established a national institute for older adults (Inmayores) and created a consultative council with representatives from organizations of older persons.

60. Some countries have encouraged older persons to participate in designing national plans. For example, in Brazil, the national conference on the rights of older persons has brought together more than 1,000 participants, on a biennial basis, to define policy guidelines. The Plurinational State of Bolivia has deployed a consultation strategy for its national plan to be drafted and validated jointly with civil society organizations. Uruguay consulted older persons in drafting its national plan for old age and ageing, as did the Dominican Republic with its 2010-2030 national development strategy and Peru with its 2006-2010 national plan for older adults.

61. One new development has been the creation of organizations of older adults to advocate for their rights. Some examples are the Association of Independent Retirees and Pensioners (AJUPIN) of Nicaragua, the National Network of Older Adults (REDAM) in Uruguay, the National Association of Older Adults of Bolivia (ANAMBO) and the National Association of Older Adults of Honduras (ANAMH). There are strong older-adult movements in the Bolivarian Republic of Venezuela, Guatemala, Paraguay, Peru and Puerto Rico that have won passage of targeted legislation in their favour, or blocked regressive measures impacting their rights.

62. Most Governments in the Asia-Pacific region have established national coordinating mechanisms to ensure multisectoral responses to population ageing. In several countries, the head of Government or Vice-Premier has served as chair of inter-ministerial committees, reflecting political commitment at the highest level. Armenia, China and Myanmar have undertaken more targeted data-collection and research measures to better inform policy implementation and evaluation.

63. Several countries in the ESCAP region have noted the importance of partnerships between Governments and civil society to ensure the effective design and implementation of policies for older persons. Fiji developed a national policy on ageing for 2011-2015, the first national policy on ageing in the Pacific, through wide consultations, collaborative discussions and awareness-raising with relevant stakeholders, including older persons. India has collaborated with civil society institutions and non-governmental organizations in the operation of day-care centres for older persons.

64. ESCWA Member States, while committed to modifying or introducing policy frameworks for the implementation of the Madrid Plan of Action, have been confronted with setbacks such as budgetary constraints and shortage of data. Many countries of the region have formulated the relevant drafts of new laws, but have fallen short on adoption and implementation.

65. Egypt, Iraq, Jordan, Kuwait, Lebanon and Qatar have set up national committees for ageing, comprising representatives from both public and private sectors. Several countries have established specialized departments and services for older persons in their respective ministries: Jordan's Family Welfare Programme reaches out to older persons at home by covering their health needs, and Egypt's Home Services Programme provides elder care through the Ministry of Social

Solidarity in the form of caregivers paid by the hour at a reasonable cost. Some Arab countries, including Bahrain, Egypt, Jordan, Qatar and the Syrian Arab Republic, have set policy guidelines for the formulation of national strategies on ageing.

66. Despite all these efforts, ageing still needs to be mainstreamed into the broader policymaking discourse of most Arab countries. Governments should strive to integrate in their development strategies policies that address the social, health and economic situation of older persons. Such policies would require a coordinated multisectoral approach involving line ministries, non-governmental and community-based organizations, as well as the private sector, to achieve a comprehensive, coordinated and effective framework. Member States should also draw lessons from the experience of those countries that have established an advisory board — dedicated to issues of older persons and composed of older persons and representatives of civil society organizations — to provide advice and play an oversight role in policy implementation.

IV. Future regional policy focus

67. The “Report on Ageing — Africa Region” produced by ECA emphasized the need for Governments to take more timely action in addressing the growing population of older persons. African Governments should consider mainstreaming the concerns of older persons into national development frameworks and poverty reduction strategies. There needs to be acknowledgement of the rights of older persons in national development agendas.

68. The regional report called for (a) engaging the public and private sectors, as well as civil society, in developing approaches to meet the needs of older persons; (b) raising awareness among families and communities, specifically by providing up-to-date information and research on the issue of ageing; and (c) including public spending and amending tax policies to take into consideration the needs and limited resources of older persons. African Governments should take into account, and promote, the potential contribution of older persons to economic activity and the community. Most importantly, Government policy and strategies should promote the preservation of the family and place a higher value on older persons as active members of the society.

69. More progress needs to be made in terms of policy implementation targeting the ageing population in Africa. The regional report mentioned other areas that deserved consideration, including the promotion of comprehensive data collection, analysis and research on the issue of ageing in order to address barriers, exclusion, inaccurate myths, negative attitudes from communities and the lack of empowerment of older persons, as well as laying the groundwork for policymaking and strategies.

70. Within the overall framework of a mainstreamed and integrated approach towards ageing, ECE Member States, based on the Ministerial Declaration, will continue to focus on a number of specific policy areas set out in the Madrid Plan of Action Regional Implementation Strategy framework. For example: (a) issues around health and elder care will remain high on the agenda, in particular with regard to better integration and coordination of social and health services, financial sustainability, promotion of independent living and ageing in place, developing integrated models of long-term care, supporting informal and family caregivers, and

preventing violence and abuse; (b) changes in labour market policies have aimed at allowing older persons to continue working, if they so wished, and at addressing the sustainability of pension programmes by increasing the retirement age and abolishing incentives for early retirement; (c) countries will continue working on life-long learning, to keep the ageing workforce well adjusted to change in the workplace; (d) gender considerations are to be given more importance when formulating and analysing policies, using gender impact assessments or gender budgeting, for example. In this regard, additional efforts will be required to facilitate reconciling work with family and care responsibilities.

71. Based on the San José Charter on the Rights of Older Persons in Latin America and the Caribbean, Member States have reaffirmed their commitment to spare no effort to promote and protect the human rights and fundamental freedoms of older persons, to work to eradicate all forms of discrimination and violence and to create networks for the protection of older persons. ECLAC Member States have committed to strengthening structures that manage pensions, in some cases outside the traditional scope of social security institutions, and by designing tools to select beneficiaries and provide transparency in the allocation of benefits. The Charter has emphasized the need to move towards greater coverage and improve the quality of services.

72. In the area of health, actions should centre on expanding coverage and access to health care. Efforts in the ECLAC region will concentrate on promoting personal autonomy in old age, both for persons with some level of dependence and those at risk. There needs to be urgent improvement in regulating long-term care institutions to protect the rights and freedoms of older persons. New issues, such as mental health, HIV and older women's health, should also be incorporated into public health agendas.

73. The ECLAC region intends to expand its efforts to promote the full inclusion of older persons in society and to remove the barriers of generational segregation. Special attention has been given to designing care for older persons and integrating social services as a pillar of social protection, while paying attention to promoting gender equality and respect for older persons' decisions.

74. Member States in the Asia-Pacific region have committed themselves to addressing the rights of older persons in legal and policy frameworks and to ensuring coordinated multisectoral responses and the mainstreaming of ageing issues into national policies and programmes. Special attention will be given to the implementation of specific national policies and programmes on ageing and to conducting regular reviews of national policies. Particular importance has been placed on establishing or strengthening national coordination bodies or mechanisms on ageing, both to promote and protect the rights of older persons and to coordinate resource allocations for ageing. Encouraging and promoting the removal of barriers to the participation of older persons in the labour market and the provision of financial support for elder entrepreneurship were highlighted.

75. In addition, Asia-Pacific Governments have declared that they would enhance national awareness, capacity and resources to respond to the demographic transition, to develop inclusive and universal social protection systems, with particular attention to the vulnerability of older persons to poverty and social isolation — including those in rural communities, those living in poverty, older women and the “oldest old” (aged 80 and above) — and to accord priority to mainstreaming the

gender dimension into national policy responses. Support for the formation of older persons' associations to provide effective community mechanisms for strengthening the voices of older persons and to enhance representation of older persons in policy formulation and implementation was seen as an important policy priority.

76. To advance health and well-being into old age, Member States have committed themselves to developing policies for promoting healthy ageing in their populations and to adapting health and social systems through an integrated continuum of care, including preventive care, acute care, chronic disease management, long-term care and end-of-life care. Adequate resources would be allocated for the training of caregivers, including informal caregivers and service providers. Geriatrics and gerontology would be included in the training curriculum of professionals in the health- and social-care service sectors and community-based and non-profit organizations, and the private sector would be encouraged to play a major role in the provision of care services.

77. Enabling and supportive environments should be ensured by supporting the active participation of older persons in society, including through increased investment in the universal design of housing, public buildings, public spaces and local infrastructure and by developing public and private partnerships on research and development of more effective products, services, medicines and technology for older persons, to enable them to participate fully in society. The heightened vulnerability and specific needs of older persons in natural disasters and emergencies should be recognized. Research on the causes, nature and extent of all forms of elder abuse and violence should be conducted and acted upon. The aim should be to enact laws and regulations to strengthen the protection of the rights of older persons and to eliminate all forms of discrimination, abuse and violence against them, including ageism in employment, health care and other settings. Promoting a positive image of ageing and of older persons through active engagement of the mass media, including recognition of the positive contributions made by older persons to their families, communities and society, should accompany these efforts.

78. Following the second regional review meeting in the ESCWA region, Member States were called upon to take advantage of the demographic window, in which the growth rate of the working-age population has exceeded that of the older and youngest population, by adopting appropriate economic and social policies.

79. The overall recommendations should focus on taking a modern, scientific approach to the issues of older persons, by: (a) adopting appropriate policies and action plans to take advantage of the demographic window of opportunity and specifically target older persons; (b) integrating issues of older persons, including through gender mainstreaming in development plans, as part of the formulation, implementation, monitoring and assessment of such plans; (c) establishing appropriate institutional frameworks to address the issues of older persons; (d) putting the necessary legislation in place to provide pension entitlements, social protection and health insurance for older persons; (e) establishing mechanisms to protect older persons from all forms of discrimination, violence and exploitation, to criminalize such acts and to prosecute the perpetrators; (f) providing accurate, reliable and timely data on older persons to facilitate the process of identifying the problems and challenges they face; (g) strengthening coordination between governmental, non-governmental and private sector entities for the implementation

of activities targeting older persons, and promoting private sector and civil society initiatives; (h) involving older persons in all stages of the development, implementation, follow-up and evaluation of policies and plans that affect them; (i) providing the required funding for the formulation, implementation, follow-up and evaluation of national policies for older persons from budgets earmarked for development; and (j) devising an emergency plan to meet the growing needs of older persons in situations that intensify discrimination against older persons, such as political instability, security upheavals and natural disasters.

V. Conclusions and recommendations

80. The second review and appraisal has highlighted several major challenges faced by older persons that were common to all or most regions and that undermined the social, economic and cultural participation of the aged, namely, age discrimination, abuse and violence, and access to age-appropriate health-care services, social protection schemes and labour markets. Regional specificities and variations have indicated the need for a broad-based — yet differentiated — strategy to address the issues of older persons at the regional level. The regional reviews could provide the basis for developing region-specific frameworks, based on South-South cooperation and the sharing of good practices to guide national-level implementation.

81. Overall progress in the implementation of the Madrid International Plan of Action on Ageing, 2002, has continued to be uneven, with several shortfalls. Recommendations adopted by the General Assembly and the Commission for Social Development over the past five years have not seemed to have had a significant impact on Member States' efforts in addressing ageing issues and concerns of older persons.

82. Gaps between policy and practice, and the mobilization of sufficient human and financial resources have remained a major constraint. It is not apparent whether there has been any significant improvement in the utilization of the bottom-up participatory approach by Member States in the second review and appraisal exercise.

83. It is doubtful that much progress would be achieved without significantly enhancing national capacities on ageing-related issues by forging stronger partnerships with civil society groups, including organizations of older persons, academia, research foundations, community-based organizations and the private sector.

84. It is evident that, 10 years after its adoption, the Madrid Plan of Action has made only limited headway in national and international development plans. Outlining the vision for the post-2015 development agenda would provide Member States and the United Nations system with the unique opportunity to anchor the issue of ageing at the core of the global developmental agenda.

85. This would involve identifying issues and approaches requiring improved system-wide coordination, taking into account the contributions of other concerned functional commissions of the Economic and Social Council, as well as requesting substantive inputs from different entities of the United Nations system.

86. The Commission for Social Development may wish to consider the analysis of regional perspectives on the implementation of the Madrid International Plan of

Action on Ageing, 2002, contained in the present report and to make the following recommendations:

(a) Member States are invited to set time-bound benchmarks for action at the national level based on the shortcomings and priorities identified at the national and regional levels of review and appraisal, in order to enhance implementation;

(b) Member States are invited to establish and/or strengthen partnerships with civil society organizations and organizations of older persons to improve policy formulation, implementation and monitoring in the area of ageing.

87. The Commission for Social Development might recommend the establishment of a working group with other concerned functional commissions of the Economic and Social Council to address system-wide coordination to mainstream ageing and strengthen capacity-building in developing countries.
