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**Social development: follow-up to the International Year
of Older Persons: Second World Assembly on Ageing**

Follow-up to the Second World Assembly on Ageing

Report of the Secretary-General

Summary

The present report, prepared in response to General Assembly resolution 62/130, summarizes the results of the first review and appraisal of the Madrid International Plan of Action on Ageing, and provides an outline of a strategic implementation framework requested by the General Assembly. In its conclusion, the report offers a number of recommendations for consideration by the General Assembly.

* A/63/150.



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I. Introduction

1. The General Assembly, in its resolution 62/130 entitled “Follow-up to the Second World Assembly on Ageing”, encouraged Member States to strengthen their capacity to address national implementation priorities identified during the first review and appraisal cycle of the Madrid International Plan of Action on Ageing, 2002,¹ conducted from 2007-2008. In the same resolution, the Secretary-General was requested to report to the General Assembly at its sixty-third session on the implementation of the resolution. The present report is based on information from Member States in the form of national review and appraisal reports, information from the regional commissions of the United Nations on regional review and appraisal efforts, and other information available to the Secretariat.

2. Evaluating existing policies and legislation provides a good foundation for building capacity for policy development and implementation in the future. In addition to presenting findings emanating from the first review and appraisal of the Madrid Plan of Action, completed during the forty-sixth session of the Commission for Social Development in February 2008, the report also contains an outline of a strategic implementation framework for improving the implementation of the Madrid Plan in the coming years.

II. Results of the first review and appraisal of the Madrid International Plan of Action on Ageing, 2002

3. The global first review and appraisal of the Madrid Plan of Action took place from 2007 to 2008 during the forty-fifth and forty-sixth sessions of the Commission for Social Development. Reports of the Secretary-General prepared for those sessions as well as the General Assembly pointed out major developments and salient trends in the area of ageing since the Second World Assembly on Ageing was held in 2002 (E/CN.5/2007/7 and Corr.1), and summarized preliminary results of the review and appraisal process (E/CN.5/2008/7 and Corr.1). In addition, the regional commissions of the United Nations forwarded a note to the Commission for Social Development at its forty-sixth session on implementation activities in their respective regions (E/CN.5/2008/2).

4. Apart from the above, the Department of Economic and Social Affairs of the Secretariat prepared two major analytical reports related to the first review and appraisal of the Madrid Plan of Action. The first publication, the *World Economic and Social Survey 2007*,² was devoted to the theme “Development in an ageing world”, and provided a comprehensive analysis of trends and issues pertinent to ageing and its implications for economic and social development.³ The publication *Regional Dimensions of the Ageing Situation*³ highlighted regional priorities as well as policy developments in the context of the implementation of the Madrid Plan in the five regions covered by the regional commissions of the United Nations.

¹ *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. 02.IV.4), chap. I, resolution 1, annex II.

² *World Economic and Social Survey 2007: Development in an Ageing World* (United Nations publication, Sales No. E.07.II.C.1).

³ ST/ESA/318, available from http://www.un.org/esa/socdev/ageing/research_papers.html.

5. In preparation for the conclusion of the global segment of the first review and appraisal of the Madrid Plan of Action, the regional commissions conducted region-wide review and appraisal conferences, seminars and workshops. In October 2007, the High-level Meeting on the Regional Review and Appraisal of the Madrid International Plan of Action on Ageing was convened in Macao, China, covering Asia and the Pacific and resulted in the adoption of the Macao Outcome Document. In November 2007, the Economic Commission for Europe (ECE) Ministerial Conference on Ageing was held in León, Spain, and led to the adoption of the Ministerial Declaration "A Society for All Ages: Challenges and Opportunities". Also in November 2007, an Expert Group Meeting on Ageing in Africa was convened in Addis Ababa. Furthermore, in November 2007, the Regional Seminar on the Review and Appraisal of the Madrid International Plan of Action on Ageing covering Western Asia was convened in Amman. Finally, in December 2007, the Second Regional Intergovernmental Conference on Ageing was held in Brasilia, to discuss regional review and appraisal within Latin America and the Caribbean and resulted in the adoption of the Brasilia Declaration. The results of those meetings were presented to the Commission for Social Development at its forty-sixth session in February 2008 by the Executive Secretaries of the regional commissions or their representatives.

6. The Economic Commission for Africa (ECA) reported uneven results at best, with low levels of implementation of both the Madrid Plan of Action and the African Union Policy Framework and Plan of Action on Ageing, as well as low levels of awareness of the link between population ageing and development. African Governments generally acknowledged the challenge of population ageing and a few countries have attempted to mainstream the concerns of older persons into policy development, with some including ageing in their social development policies. However, effectiveness was limited owing to competing priorities for budgetary allocation and the lack of capacity of institutions to respond effectively. Social protection mechanisms received increased attention, as some countries have introduced or expanded their social protection programmes. However, formal social security coverage is often limited to civil servants and workers employed in the formal economy, and the vast majority of older persons across Africa rely on informal social protection. Yet such informal systems of social protection, both cash and in kind, from both family and community sources have declined in recent decades because of the erosion of extended family systems and rapid urbanization. There is a general lack of specialist services and personnel to meet the health needs of older persons. The special care and health needs of older persons have been compromised by rapid spread of HIV/AIDS in the continent. Though the number of older persons living with HIV/AIDS is increasing, they remain excluded from routine surveillance programmes and receive very little prevention, education and treatment services.

7. The major challenge for social security programmes is to scale up the coverage and to address the issue of social exclusion. Most of the countries need to improve their health systems, to reorient health care and personnel towards meeting the needs of rapidly increasing older populations. There is a lack of data, information and ageing-specific policy research in most countries: thus, more evidence-based research and data collection are needed to guide the formulation of policy and justify bids for budgetary allocation. There is also a lack of participatory dialogue and decision-making processes involving all stakeholders, including older persons,

to improve the relevance of policies and plans and a shortage of cross-sectoral cooperation and coordination between public and private sectors and civil society organizations to strengthen and scale up effective interventions. Capacity limitations and constraints in public institutions and civil sector organizations to implement plans effectively also prevail.

8. To scale up regional and country implementation efforts regarding the Madrid Plan of Action and the African Union Policy Framework, ECA intends to (a) strengthen institutional and human capacities for managing the multiple challenges of ageing; (b) integrate ageing concerns in development plans and strategies, particularly poverty reduction strategies, and strategies for the development of health systems; (c) support research on ageing and development in Africa, particularly in areas such as the impact of climate change on the livelihood of people, especially in rural areas, continuing education, training and literacy, provision of housing and water and improvement of sanitation and health; (d) assist national Governments to support the implementation of policies and plans of ageing by allocating specific budgets for older persons' concerns; (e) support Governments to introduce mechanisms for all key stakeholders, including older persons, the full range of civil society organizations and the private sector, to engage in dialogue with the public sector to inform decision-making; and (f) assist Governments to investigate the scope for cross-sectoral cooperation and coordination and support between the public and private sectors and civil society to address older persons' concerns.

9. The Economic Commission for Europe recognizes both the numerous challenges, as well as the opportunities of ageing in the region where the proportion of older persons has been historically high and growing. To respond to the challenges that the ageing of population is posing for Governments, ECE was the first regional commission which developed a regional implementation strategy for the Madrid Plan of Action. The ECE Regional Implementation Strategy for the Madrid International Plan of Action on Ageing was approved at the Ministerial Conference on Ageing in Berlin in September 2002, just five months after the Second World Assembly on Ageing. The ECE Regional Implementation Strategy is a framework of 10 commitments aimed at supporting Member States in their efforts to respond adequately to the challenges and opportunities of population ageing in order to achieve a society for all ages.

10. The ECE secretariat has facilitated the implementation of the regional strategy through promoting partnerships with major stakeholders in the region, namely, Member States, civil society organizations and academia. A network of national focal points on ageing was established in 2004-2006 to exchange experience and support capacity development throughout the implementation process. A partnership with the European Centre for Social Welfare Policy and Research (Vienna) has been established with the support of the Government of Austria to provide substantive input for monitoring the implementation of the regional strategy.

11. The analysis of 35 national reports received by the ECE secretariat helped to reveal the major achievements, as well as the principal shortcomings of the implementation of the regional strategy. While significant progress could be noted in fulfilling all 10 commitments of the strategy, some commitment areas received considerably more attention than others. The commitments which enjoyed most attention, as reported by 35 countries, included commitment 4: Social protection

systems (16 countries); commitment 7: Quality of life, health and well-being (12 countries); commitment 5: Labour markets (8 countries); and commitment 2: Participation (5 countries).

12. The great majority of the reporting countries have either adopted or been drafting comprehensive national programme documents on ageing. Governments have emphasized the collaboration with civil society organizations, promoting a participatory approach to the implementation activities. Meanwhile, the application of the bottom-up participatory approach for the review and appraisal exercise at the national level, as recommended by the Commission for Social Development (see Economic and Social Council resolution 2003/14), has been limited.

13. The deliberations of the regional conference in León have also helped to identify priorities for future action on ageing in the ECE region: mainstreaming of ageing across all policy areas; promoting a positive image of older persons; empowering older persons and promoting their full participation; adjusting social protection systems to prevent and reduce poverty and social exclusion and to improve the quality of life at all ages; promoting policies that enable people to reach old age in better health and security and to live independently and with dignity; developing higher quality, sustainable social services as well as health and long-term care for older persons in need; promoting economic growth in an ageing society by making full use of the experience and abilities that older persons have acquired throughout their lives; promoting intergenerational solidarity; and designing family-friendly policies aiming at the reconciliation of work with family life in order to address challenges posed by very low birth rates and population ageing in the future. All in all, the León Declaration renewed commitments to the Madrid and Berlin agendas and reinforced a holistic approach to a society of all ages presenting both challenges and opportunities.

14. In the region of the Economic and Social Commission for Latin America and the Caribbean (ECLAC), numerous efforts have resulted in significant improvement of the situation regarding older persons, but progress has been highly uneven. On the positive side, income protection has played an important role on the agenda of many Governments, with the establishment of programmes to accord special protection to poor older persons who were not able to contribute to the formal social protection system. Governments also attempted to promote employment for older workers and encouraged productive initiatives. Increased attention was noticeable regarding gaps in health services and special efforts made to adjust health services to the needs of older persons. In particular, specialized care services have been reinforced, including hospitalization, outpatient care, as well as home care and emergency provision. Countries attempted to strengthen training in geriatrics and gerontology, including improved curriculums. Finally, the establishment of long-term care institutions has been much improved and additional regulations governing the establishment of such institutions have been adopted. Promoting enabling and supportive environments, the countries in the region have also concentrated on preventing abuse of and discrimination against older persons, as well as fostering social protection and family networks, and improving access to adequate housing.

15. Among the main issues that need to be addressed in the region are the low coverage in social protection mechanisms that is still prevalent as well as the quality of the benefits and services, which often fail to meet expectations. Inequalities that exist in access to health services remain a persistent phenomenon, preventing older

persons from full enjoyment of quality health care. Much more remains to be done in this area across the region. The issues of social inclusion and political participation of older persons are also very important and still much more needs to be achieved to improve the active participation of older persons and to promote positive images of ageing. Older persons still do not have the capacity to fully participate in decisions that affect their well-being, and their voice has not always been heard when Government programmes and schemes have been conceived or formulated. One of the critical challenges is to create a set of mechanisms at the national level to put into place the provisions established in national legislation and policies. Despite efforts to raise awareness on ageing issues, ageing has not been treated as a priority in public policies and the institutional mechanisms still fall short of expectations in this area.

16. In the Brasilia Declaration adopted at the Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean on 6 December 2007, the representatives proposed, *inter alia*, that legal frameworks and monitoring mechanisms should be created to protect the human rights and fundamental freedoms of older persons, whether they live in long-stay institutional facilities or in their own homes, and to facilitate the formulation and enforcement of laws and programmes for the prevention of abuse, abandonment, neglect, ill-treatment and violence against older persons.⁴ They further pledged to organize the necessary consultations with Governments in the region “to promote the drafting of a convention on the rights of older persons within the framework of the United Nations”.⁵

17. Major findings of the high-level meeting on the regional review of the Madrid Plan of Action, organized by the Economic and Social Commission for Asia and the Pacific (ESCAP), included an increase in the number of institutional mechanisms established as well as national plans, policies and strategies and monitoring with regard to demographic ageing. In addition, strong relationships have been forged between Governments and civil society organizations. Overall, an increase in the establishment or extension of social protection mechanisms are observable as well as of promotion of ageing-in-place initiatives with integrated home services and age-friendly environment initiatives. The creation of intergenerational solidarity programmes and an enhanced awareness by the media of ageing-related issues signify increasing attention given to older persons in the region.

18. Nevertheless, member States of ESCAP also identified a number of obstacles encountered over the last five years. There are still problems in mobilizing resources for ageing-related programmes, in increasing knowledge on ageing and the Madrid Plan of Action proper, as well as in capacity-building. Rural areas are largely left out of ageing initiatives. Owing to changing family structures and the higher prevalence of solitary living, family support for older persons is on the decline. A need for adopting a life-course approach to ageing and lifelong preparation for successful ageing was identified as a paramount goal for national policymaking. Owing to epidemiological transition and an increase in chronic health conditions,

⁴ Brasilia Declaration adopted at the Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean: towards a society for all ages and rights-based social protection (LG/G.2359, para. 13).

⁵ *Ibid.*, para. 26.

access to affordable and quality health-care services will be increasingly important in the future.

19. Based on existing challenges such as resource constraints, income insecurity, poverty and exclusion in old age, active involvement of all stakeholders to advance the implementation of the Madrid Plan of Action in the region is of paramount importance. Future priorities for action include: (a) increasing the level of integration and mainstreaming of ageing concerns in national policies and poverty reduction strategies; (b) establishing and strengthening multipillared social security schemes; (c) ensuring affordable, accessible, good quality age-friendly and culturally appropriate health, rehabilitation, palliative and social services; (d) developing age-friendly physical environments to promote ageing in place to ensure readily accessible facilities and health services at the community level; (e) promoting barrier-free physical environment, transportation, public facilities, services, and information and communications to meet the accessibility needs of older persons; and (f) designing policies appropriate to the needs of present and future generations of older persons.

20. Within the region covered by activities of the Economic and Social Commission for Western Asia (ESCWA), Government measures in the implementation of the Madrid Plan of Action included the setting up of national committees, which in most cases comprise representatives from the private and public sectors, and are usually headed by the Minister of Social Affairs. A number of countries have completed formulation of a national policy on ageing, or are in the process of elaborating an integrated social plan of action that includes ageing-specific policies. In many countries, existing general policies and programmes often cover plans and projects that target older age but these activities often remain uncoordinated. In general, provision of care for older persons continues to be welfare-based and service-oriented rather than signify a developmental, rights-based or participatory approach. In many countries of the region, health services have witnessed an increase in the number of specialized centres, day-care centres and mobile clinics, particularly in the countries of the Gulf Cooperation Council. Some countries have introduced geriatrics in medical faculties, and studies on ageing issues at schools and universities.

21. As a result of changing lifestyles and living arrangements, family members are less likely to provide care for frail older persons, particularly those with special needs. A high prevalence of widowhood has also led to an increase in the number of female-headed households, which causes vulnerability and may lead to various psychological and health problems. Owing to absent or insufficient old-age pensions, the majority of older persons continue to work after the legal age of retirement. The vast majority of Arab women do not work in the formal economy, and consequently older women are dependent upon the benefits of the breadwinner, when available.

22. In addition, there are persistent health challenges for older persons. High levels of chronic diseases prevail in some countries, with rates comparable to those found in the more developed countries. In other countries, mainly in Northern Africa, communicable and infectious diseases are in the majority. Older persons also report a high prevalence of difficulties in the activities of daily living. In addition, there is an overall lack of qualified cadre and geriatric specialists. Inaccessibility or unavailability of specialized home services has also been reported.

23. Public participation and legislative representation of older persons appear to be related more to the position of the older persons in society — often associated with economic and political power. Negative stereotypes of ageing and of older persons as frail dependent members are still prevalent. The lack of associations or civil society organizations that represent the interests or needs of older persons and that could advocate for their rights is noticeable. Integrating an ageing-related perspective in the development plans on a life-course basis that potentially could improve lifelong continuous education, better nutrition, or the adoption of a healthy lifestyle in younger years leading to a better quality of life during ageing is largely missing.

24. Support has been provided by ESCWA and other organizations of the United Nations system to assist Member States in the region. Joint efforts could be enhanced with all partners sharing responsibilities, and promoting an integrated social policy, premised on equity, equal opportunity and intergenerational solidarity and human rights. Policies should aim at providing adequate social security and health care in old age and enabling older persons to remain active and to live independently in their own communities. Activities of the United Nations entities should uphold and facilitate the setting of a social support system, both formal and informal. In addition, enhancing the abilities of the family to take care of older persons within the family environment, promoting active participation and mainstreaming ageing policies in development, and generating research and data for the benefit of evidence-based policies/programmes are of essential importance.

25. Overall in the United Nations regions, considerable strides have been made by the Member States in implementing policies that benefit older persons. Policy efforts made by Governments were often wide-ranging and innovative, and focused on (a) establishing new social protection mechanisms (such as social pensions in some developing countries or reforms to stabilize existing retirement and pension schemes in the more developed regions); (b) extending health-care benefits to older persons; (c) adjusting labour markets and care systems to correspond to accelerated demographic ageing; (d) increasing the participation of older persons in various areas of society, including promoting the employment of older persons; (e) giving attention to training in geriatrics and gerontology; (f) preventing discrimination against and abuse of older persons; (g) establishing intergenerational solidarity programmes; and (h) enhancing the awareness of ageing-related issues.

26. Along with these achievements and efforts, commonly mentioned obstacles to the full implementation of the Madrid Plan of Action included: (a) limited coverage of older persons by formal social protection schemes, particularly in developing countries, coupled with declines in informal systems of social protection owing to migration and changes in family structures; (b) lack of access to adequate care and health services for older persons; (c) insufficient participation of older persons in political, economic, social, and cultural areas of societal life; (d) limited possibilities for older persons in continuing education and training; (e) a need to improve independent living arrangements of older persons to allow ageing in place; (f) investment in empowering older persons to claim their rights as citizens; (g) greater participation by older persons in evaluating current policies and programmes concerning demographic ageing; (h) an increased focus on the needs of rural older persons; and (i) a need to enhance mainstreaming of concerns of older persons. Lack of age-disaggregated data, and existing capacity limitations represent a major stumbling block.

27. The potential to overcome these obstacles is promising, judging from the most recent responses from an ongoing survey by the United Nations on world population policies which reflected Governments' level of concern regarding the transformation of the age-structure of the population, especially the growing proportion of the population age 60 or over.⁶ According to the survey, in 2007, more than half of reporting countries described population ageing as a major concern, which demonstrates a growing commitment to the issue of population ageing. Developed countries identify population ageing as the second most critical demographic issue, after the HIV/AIDS epidemic, with four fifths of those countries considering population ageing to be a major concern. Among developing countries, 45 per cent had a similar assessment of population ageing, although that varied considerably by region. Among countries in Latin America and the Caribbean, for instance, 70 per cent considered population ageing to be a major concern.

III. Capacity development: national and international aspects

28. The Madrid Plan of Action emphasized that enhanced and focused international cooperation could further the implementation process and called upon the international community to assist developing countries and countries with economies in transition in their implementation efforts. The road map for the implementation of the Madrid Plan of Action (A/58/160, sect. III) identified national capacity-building and mainstreaming of ageing into national development agendas as two major facets of the implementation process. In the light of the recommendations of the Madrid Plan, essential elements of national capacity development in the area of ageing include legal and institutional infrastructure; availability of human resources; mobilization of financial resources; research, data collection and analysis; and a sound policy process, including the use of mainstreaming (see A/61/167, sects. I and II). In its resolution 61/142, the General Assembly encouraged Governments to pay greater attention to building capacity to eradicate poverty among older persons, particularly older women, by mainstreaming ageing issues into poverty eradication strategies and national development plans.

29. Several United Nations entities have been active in the area of capacity development in the follow-up to the Second World Assembly on Ageing. Most of these entities have been working within their traditional areas of expertise, including data collection and analysis (Population Division of the Department of Economic and Social Affairs as well as the United Nations Statistics Division, United Nations Population Fund (UNFPA)); formulation and promulgation of national population policies and programmes, including on issues related to demographic ageing, and training of personnel (UNFPA); provision of recommendations to individual Member States on how to strengthen their national employment and labour-market policies (International Labour Organization (ILO)) and to promote the integration and participation of older persons in rural development and food security strategies (Food and Agriculture Organization of the United Nations (FAO)). The World Health Organization (WHO) has focused its attention on several capacity-building initiatives encompassing primary health-care services for older persons, support for active ageing in urban areas (an "age-friendly cities" project), and integration of health and social care policies. The World Bank has been providing substantive and

⁶ *World Population Policies 2007* (United Nations publication, Sales No. E.08.XIII.8), p. 10.

technical support for countries undertaking reforms of their pension systems. The regional commissions of the United Nations have worked to elaborate and promulgate regional implementation strategies for the Madrid Plan of Action, including approaches for the first cycle of the review and appraisal of the Plan. However, lack of resources has made direct technical assistance to Member States sporadic at best.

30. Several international non-governmental organizations (NGOs) have been working with Governments and national NGOs towards mainstreaming ageing into national development planning (HelpAge International) and promoting evidence-based policy design and implementation (the International Association of Gerontology and Geriatrics, and the International Federation on Ageing).

31. Since the adoption of the Madrid Plan of Action, the Department of Economic and Social Affairs has assisted several Member States in their implementation of the Plan. The focus of technical cooperation is to develop or strengthen national capacity to respond to the challenges and opportunities of population ageing. Two sources for financing technical cooperation activities have been utilized: the Department's Regular Programme of Technical Cooperation and, since 2006, a Development Account project entitled "Capacity-building to integrate older persons in development goals and frameworks". Countries where activities have taken place include Armenia, Cameroon, Egypt, Grenada, Kazakhstan, Kenya, Kyrgyzstan, Moldova, Senegal, Saint Kitts and Nevis and Trinidad and Tobago.

32. As a result of a joint Department of Economic and Social Affairs-UNFPA advisory mission to Armenia in 2007, the Government has decided to develop a national strategy on ageing based on evidence obtained from a national survey on ageing, which was completed in June 2008. The data will be presented at a workshop later in 2008.

33. In 2007 the Department also organized a mission to Cameroon that engaged the Government and civil society in a needs-assessment exercise. The Government is currently conducting a survey of NGOs working on ageing issues in the country as a prelude to carrying out participatory stakeholder consultations in each region to provide input to the drafting of a national plan of action on ageing. A needs assessment was also undertaken in 2007 in Grenada and a workshop was held to produce a first draft of a national plan of action on ageing. Following consultations with Department staff, the Government of Kyrgyzstan established an inter-ministerial working group that produced a draft plan of action on ageing. In Senegal, a workshop was held in 2007 which produced a draft plan on a national policy on ageing. And in June 2008, a stakeholder workshop was conducted to assist the Government of Saint Kitts and Nevis to revise and finalize a draft policy on ageing initially produced in 2005. The needs assessment missions undertaken to Moldova in April 2008 and to Kazakhstan in June 2008 helped those Governments to identify priorities for further action on ageing. Follow-up activities in Moldova will include assistance for establishing an analytical centre to support policy development. In Kazakhstan, envisaged activities are focused on mainstreaming ageing into demographic policies and programmes.

34. To help Governments in their capacity development efforts, the *Guide to the National Implementation of the Madrid International Plan of Action on Ageing*⁷ has

⁷ Available from <http://www.un.org/esa/socdev/ageing/documents/papers/guide.pdf>.

been prepared by the Department of Economic and Social Affairs in cooperation with leading scholars and practitioners in the area of ageing. The *Guide* presents a framework that can be used by Governments and other stakeholders to develop effective age-specific policies and to mainstream ageing concerns into all aspects of development and policymaking. It covers such areas as promoting a harmonious relationship between development and demographic change; making social protection work effectively for older persons; taking account of population ageing in health policy; exploring different aspects of caregiving and service provision in different settings, and ensuring the social inclusion and political participation of all older persons.

35. Apart from the above-mentioned *Guide*, a preliminary technical online publication prepared in the context of Development Account activities aimed at integrating older persons in development goals and frameworks and based on the experience of the Department of Economic and Social Affairs working with Governments at the national level since 2003 is now available.⁸ Subject to feedback from stakeholders and experience obtained at the country level, it may be amended and expanded.

36. In the course of capacity development activities, a number of key constraints regarding the capacity of countries to address the issues of ageing of their populations have been identified. Chief among these are a lack of capacity to develop specific, comprehensive policies on ageing; a scarcity of ageing-specific data and information; insufficient awareness of the benefits of social inclusion and the integration of older persons; a lack of tangible efforts to engage or include older persons in policy processes; difficulties in translating existing strategic documents into concrete implementation measures; and resource constraints.

37. Based on an analysis of information gathered during the first cycle of the review and appraisal, it is possible to envisage the principal content of future technical cooperation activities. Those activities should be aimed at assisting Governments to incorporate mainstreaming, participatory and evidence-based approaches as essential tools for designing, and implementing and monitoring policy and programmes on ageing. In order to assist Governments in developing and utilizing these approaches, technical cooperation measures should focus on training as one of the most effective capacity-building mechanisms. It is expected that focused international cooperation would help consolidate limited funding and improve coordination in technical cooperation activities between traditional partners, such as the Department of Economic and Social Affairs, UNFPA and the regional commissions, and simultaneously encourage new multilateral and bilateral donors to become engaged.

⁸ Available from http://www.un.org/esa/socdev/ageing/documents/building_natl_capacity/guiding.pdf.

IV. Outline of a proposed strategic implementation framework for future implementation of the Madrid International Plan of Action on Ageing

38. The General Assembly, in its resolution 62/130, requested the Secretary-General to submit to the Commission for Social Development at its forty-seventh session a strategic implementation framework, based on an analysis of national activities since 2002, in order to provide identification of policy priorities for the future, including the identification of measures for international cooperation to support national implementation activities.

39. As noted in Commission for Social Development resolution 46/1,⁹ the Secretary-General is requested to consult with Governments and intergovernmental organizations, including organizations of the United Nations system, taking into account the contributions of academia and non-governmental organizations, in particular those that work with and for older persons, on the substantive and practical content of the framework.

40. To facilitate the consultation process, a general outline of the strategic implementation framework is provided in the present report. Comments, feedback and recommendations regarding the proposed framework are welcome so that it can be refined to better correspond to the needs of all stakeholders.

A. Purpose and objectives of the framework

41. The strategic implementation framework strives to identify a specific focus for the next stage of the implementation process and proposes measures to streamline the implementation of the Madrid Plan of Action towards the end of its first decade in 2012. In that regard, the strategic implementation framework should be viewed as a promotional document rather than a technical one.

42. Whereas the *overall* objective of the framework is to provide guidance to Member States in the implementation of the Madrid Plan over the next several years, it underscores a number of more *specific* objectives as well. The first review and appraisal exercise provided an opportunity for stocktaking and an analysis of lessons learned; the framework will build on those findings and help to chart a course for the next phase of the implementation process. To that end, the framework will focus on two *major dimensions* of the implementation process: determining key priority areas to focus on in the second half of its first decade; and building national capacity on ageing issues.

43. Although the focus will be on national implementation activities, another objective of the framework is to improve international cooperation on ageing, including the institutional capacity of the United Nations system to support national policy efforts on ageing. This will include, for example, maintaining and strengthening the role of the United Nations focal points on ageing to enable them to fulfil their responsibilities for furthering the implementation of the Madrid Plan of

⁹ *Official Records of the Economic and Social Council, 2008, Supplement No. 6 (E/2008/26), chap. I, sect. C.*

Action following the priorities and approaches to be outlined in the strategic implementation framework.

B. Structure and major elements of the framework

44. It is proposed that the strategic implementation framework be structured according to the following four elements. First, the framework would determine *key priorities* to focus on in the next five years. Secondly, there would be a selection of *principal approaches* to advance within those key priority areas. Next, the framework would place emphasis on developing national targets and indicators to measure progress in the implementation process. Finally, it would suggest measures to improve international cooperation on ageing.

1. Determining key priority areas to focus on in the next five years

45. In determining future national action on ageing, it is first essential to confirm the priority directions and goals of the Madrid International Plan of Action on Ageing. Although all of the goals and objectives described in the Madrid Plan of Action remain valid, Member States may choose to select specific priorities on ageing as their primary focus in the near future. This will enable countries to channel their efforts and resources to areas where they are needed most, and have the greatest potential to show measurable results over the next five years of the implementation process.

46. In selecting a limited number of priorities to focus on, Member States should place particular emphasis on choosing those that are realistic, feasible and have the greatest likelihood of being achieved in the years ahead.

47. The priorities on ageing may be determined in part by which stage of the ageing process a country is in — whether it is the midst of rapid ageing (as in most developed countries), moderate ageing (as in many middle-income countries), or slow ageing (as in most low-income countries). Figure 1 indicates that the pace of demographic ageing from 2005 to 2025 will vary by country, with the population aged 60 or over in some countries expected to grow slowly (less than a 2-percentage point change), in others moderately (between 2 and 6 percentage points), while in others rapidly (over 6 percentage points). Although the majority of countries currently have less than 10 per cent of their populations aged 60 or over, this will shift considerably by 2025, when older persons will constitute at least 10 per cent of the populations of most countries, and more than 20 per cent in a rapidly growing number of countries. Figure 2 provides the actual (2005) and projected (2025) distribution of persons aged 60 or over. In the context of that anticipated demographic transformation, the following are illustrative examples of the types of priorities that countries may wish to choose.

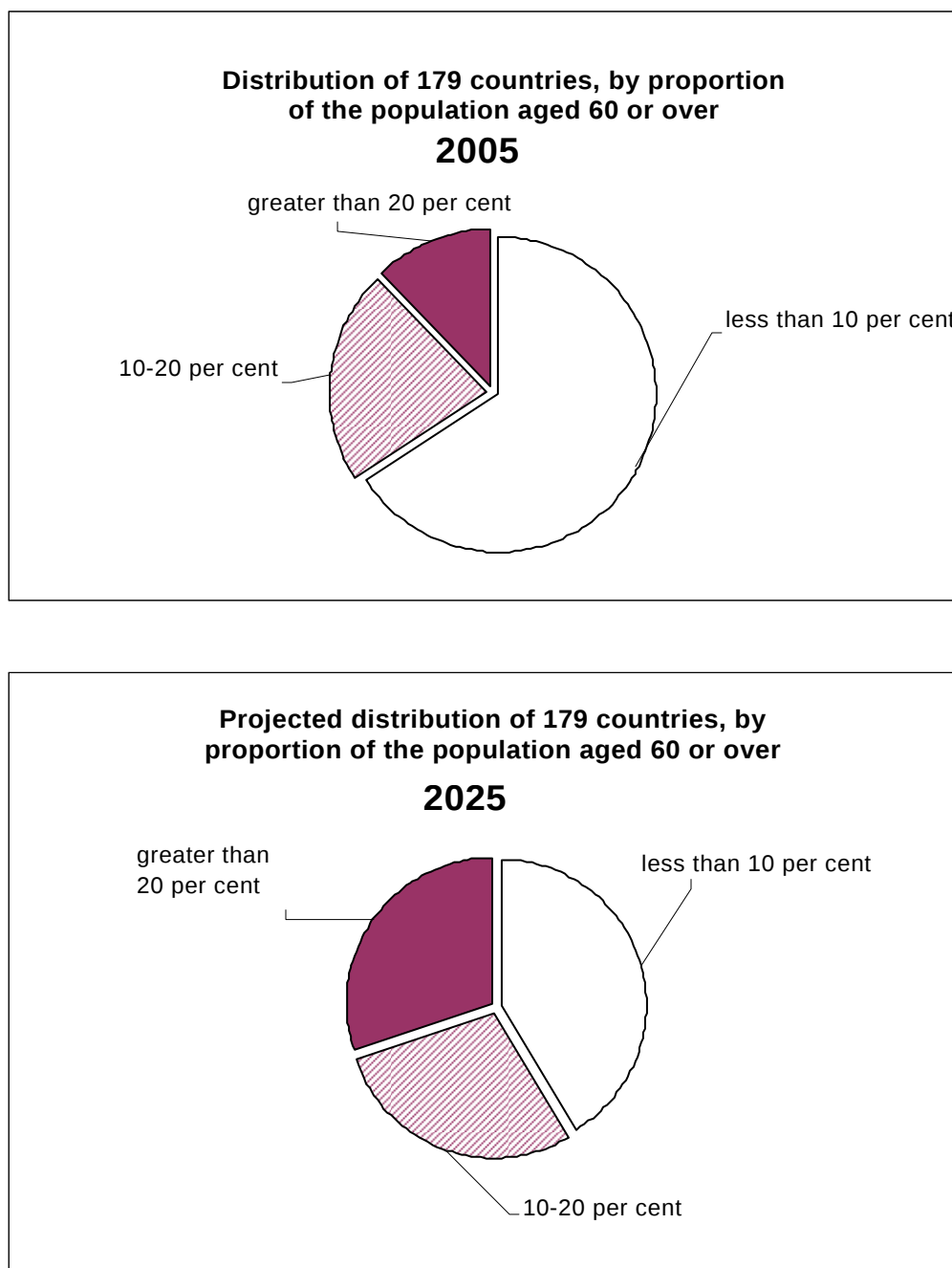
Figure 1

Percentage point change in population aged 60 or over for 179 countries, 2005 to 2025

Rapid ageing Increase greater than 6 percentage points 58 countries 6 per cent	Albania, Armenia, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Barbados, Belarus, Belgium, Bosnia and Herzegovina, Brazil, Brunei Darussalam, Bulgaria, Canada, Chile, China, Colombia, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Finland, France, Georgia, Germany, Greece, Guyana, Iceland, Italy, Japan, Kuwait, Lithuania, Malaysia, Malta, Mauritius, Mexico, Moldova, Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Korea, Russian Federation, Singapore, Slovakia, Slovenia, Spain, Sri Lanka, Suriname, Switzerland, the former Yugoslav Republic of Macedonia, Thailand, Trinidad and Tobago, United States of America
Moderate ageing Increase between 2 and 6 percentage points 74 countries 2 per cent	Algeria, Argentina, Bangladesh, Belize, Bhutan, Bolivia, Botswana, Cambodia, Democratic People's Republic of Korea, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Estonia, Fiji, Gabon, Gambia, Ghana, Haiti, Honduras, Hungary, India, Indonesia, Iran (Islamic Republic of), Ireland, Israel, Jamaica, Jordan, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lebanon, Libyan Arab Jamahiriya, Luxembourg, Maldives, Mauritania, Micronesia (Federated States of), Mongolia, Montenegro, Morocco, Myanmar, Nepal, Nicaragua, Oman, Pakistan, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Qatar, Romania, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Saudi Arabia, Serbia, South Africa, Sweden, Syrian Arab Republic, Tajikistan, Tunisia, Turkey, Turkmenistan, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam
Slow ageing Increase less than 2 percentage points 47 countries	Afghanistan, Angola, Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Grenada, Guatemala, Guinea, Guinea-Bissau, Iraq, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sudan, Swaziland, Timor-Leste, Togo, Tonga, Uganda, United Republic of Tanzania, Yemen, Zambia, Zimbabwe

Note: Data for all figures are derived from *World Population Prospects: The 2006 Revision*, Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (2007). The 179 countries represent United Nations Member States for which data are available.

Figure 2



Note: Data for all figures are derived from *World Population Prospects, The 2006 Revision*, Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (2007). The 179 countries represent United Nations Member States for which data are available.

48. Rapidly ageing countries may be inclined to pay greater attention to the promotion of healthy lifestyles and active ageing through a life-cycle approach to health and well-being. Aside from “adding life to years”, such an approach could help to stem escalating health-care costs, which is a major preoccupation among developed countries. Extending the number of years of healthy living could also relieve the potential care burden associated with the rising population of the “oldest old” aged 80 and over. Countries experiencing rapid ageing may also continue to make adjustments to their income security programmes, including pension plans and social security systems, so that they will remain viable for increasing numbers of retirees in the future.

49. Moderately ageing countries may choose to focus on constitutional and legislative changes to protect the rights of older persons, including provisions against neglect, abuse and violence. As older persons begin to constitute a significant portion of the population in these countries, it will become increasingly important to have a legal framework in place to protect their rights and guarantee their participation in decision-making over policies that affect them. At the same time, these countries may wish to bolster their efforts to promote more positive images of ageing, especially in economies in transition where older persons have not always been portrayed in a constructive way.

50. Slower ageing countries may consider placing added emphasis on ageing as a development concern, so that ageing issues become more integral to the achievement of development goals, particularly in view of the culmination of the Millennium Development Goals process in 2015. In so doing, policymakers in these countries could draw attention to the relationship between ageing and poverty, and work to ensure that poverty eradication efforts are geared towards benefiting older persons as well. Furthermore, these countries could give proper recognition and appreciation for the important social and economic contributions that older persons make to development, including in their roles as unpaid caregivers.

2. Selecting principal approaches for national policy actions

51. To help to advance the achievement of the priorities on ageing, Member States can choose four principal approaches for national policy actions on ageing. These four approaches may correspond to the following areas: awareness-raising; mainstreaming ageing; empowering older persons; and strengthening national capacity on ageing.

52. Although six years have passed since the convening of the Second World Assembly on Ageing, awareness of the Madrid Plan of Action remains limited. A number of initiatives can be advanced to draw greater attention to the plan’s multifaceted dimensions, including strengthening networks of national focal points on ageing, working with the regional commissions, and enlisting the help of the Department of Public Information of the Secretariat to expand media coverage on ageing issues.

53. Mainstreaming ageing into the broader policymaking discourse is also an ongoing challenge. While programmes and policies targeted specifically to older persons continue to be valid, it is also important for Member States, particularly those with limited resources, to incorporate an ageing dimension into broader social and economic development policies. Examples from countries that have successfully mainstreamed ageing concerns can be very useful in this exercise.

54. Empowering older persons to become full and active participants in society is at the core of the Madrid Plan of Action, and future implementation strategies could focus on two principal approaches: protecting the rights and dignity of older persons and ensuring positive yet realistic images of ageing and older persons in the society. Member States can ensure that a proper legal framework exists to defend the rights of older persons, guarantee that they have a voice in policymaking that affects them, and encourage the promotion of positive and balanced images of ageing.

55. Successful implementation of the Madrid Plan of Action hinges to a large extent on the capacity of national Governments to effectively respond to ageing issues. As such, considerable attention should be paid to raising national capacity on ageing, including by investing in human resources, building institutional infrastructure, mobilizing financial resources, and placing greater emphasis on research, data collection and analysis.

3. Setting national targets and indicators for measuring progress

56. The development of goals and targets is essential for measuring progress in the implementation process. Governments can begin by reaching consensus on a limited number of targets and indicators that are feasible to measure in the short and medium term. This would involve relying upon existing data and information sources — whether from Governments, NGOs, or international organizations — rather than trying to construct new ones. A next step would be identifying areas in which additional data collection is needed, and then developing a plan and a budget for gathering that information.

57. Targets should be accompanied by a time frame for implementation, along with a series of operational steps that would describe such things as: the purpose; the current situation; the lead agency responsible; data collection and research needs; strategies for disseminating information collected and analysed; training courses needed; institutional infrastructure required; and funding needs and possible fund-raising initiatives. A preliminary group of indicators has already been presented in the *Guidelines for review and appraisal of the Madrid International Plan of Action on Ageing bottom-up participatory approach*,¹⁰ and this can help to provide direction to countries as they set their own national targets and indicators for measuring progress in the implementation process.

4. Proposing measures to improve international cooperation on ageing

58. An added objective of the framework is to increase international cooperation to support national implementation activities. National capacity on ageing can be strengthened through various forms of international assistance, including the formation of partnerships at national and international levels; support for research and evidence-based policy; technical cooperation activities; training programmes; and financial assistance. These may involve technical advisory missions to Member States upon request, as well as multilateral and bilateral assistance to countries in carrying out policies and programmes on ageing. International NGOs such as HelpAge International as well as the International Association of Gerontology and

¹⁰ Available from <http://www.un.org/esa/socdev/ageing/documents/MIPAA/GuidelinesAgeingfinal13%20Dec2006.pdf>.

Geriatrics, and the International Federation on Ageing will also continue to play an indispensable role in advancing the global ageing agenda.

59. The framework can also explore the achievements of and obstacles to international cooperation on ageing, including the network of United Nations entities, regional commissions, international and national NGOs, bilateral cooperation and academia. Using those findings as a basis, Member States can determine what they want in terms of future international cooperation, which may range from additional assistance with national capacity-building to forums for exchange of information and experience.

C. Procedure for elaborating the strategic implementation framework

1. Build on major achievements

60. Through the first review and appraisal process of the Madrid Plan of Action, Member States were able to identify some of the major achievements in the area of ageing since 2002. Those included, for example, growing attention to the need for income security for older persons, resulting in the development of social pension plans in countries where they did not exist previously, as well as efforts to shore up pension plans in countries where they currently exist so that they will be solvent for future generations. Other achievements were the promulgation of a number of laws to promote the non-discrimination of older persons.

61. In planning for the next five years of the implementation process, Member States can build on those achievements. Part of this process involves identifying which policies and programmes were successful, and perhaps more importantly, determining why they were successful. In some cases, it may have been through the efforts of various stakeholders, including organizations of older persons; while in others, financial considerations may have been the decisive factor.

2. Focus on overcoming major obstacles

62. The strategic implementation framework can also benefit from examining the obstacles and shortcomings uncovered during the review and appraisal process. While solutions may not be readily evident, understanding the source of the problems can be an important part of developing a strategy for overcoming them.

63. Among the most persistent obstacles to full implementation of the Madrid Plan of Action include: a continued lack of political will to address ageing issues; a lack of financial and human resources; and a lack of preparedness for long-term care services for older persons. As part of the strategic implementation framework, Member States could attempt to devise strategies for overcoming those obstacles to increase the likelihood of successful implementation in the years ahead.

V. Recommendations for future action

64. Building on the lessons learned from the first global review and appraisal exercise, **the General Assembly may wish to recommend to Member States to devise strategies for overcoming obstacles to the implementation of the Madrid Plan based on life-course and intergenerational solidarity approaches in order to increase the likelihood of greater success in the years ahead.**

65. **The General Assembly may wish to request the Secretary-General to translate the *Guide to the National Implementation of the Madrid International Plan of Action on Ageing* into all official languages of the United Nations so that it can be used more effectively by Member States.**

66. As outlined in the strategic implementation framework, **Member States may wish to place particular emphasis on choosing national priorities that are realistic, feasible and have the greatest likelihood of being achieved in the years ahead. Member States may also wish to develop targets and indicators to measure progress in the implementation process. Additionally, Member States are encouraged to present their views on the outline of the strategic implementation framework so that they can be reflected in the final draft of the framework to be presented to the Commission for Social Development in February 2009.**

67. Furthermore, **the General Assembly may wish to recommend to Member States to increase awareness-raising of the Madrid Plan of Action, including by strengthening networks of national focal points on ageing, working with the regional commissions, and enlisting the help of the Department of Public Information to expand media coverage on ageing issues. To facilitate this, Member States may wish to reaffirm the role of United Nations focal points on ageing, to increase technical cooperation efforts, to expand the role of the regional commissions on ageing issues and provide added resources for those efforts, to facilitate the coordination of national and international NGOs on ageing, and to enhance cooperation with academia on a research agenda on ageing.**

68. **With regard to the celebration of the sixtieth anniversary of the Universal Declaration of Human Rights, the General Assembly may wish to request the Secretary-General to submit to the General Assembly, at its sixty-fourth session, a report specifically on the rights of older persons.**