

E c o n o m i c &  
S o c i a l A f f a i r s



# GUIDE

to the National Implementation of the  
Madrid  
International  
Plan of Action on  
**AGEING**



United Nations

## **Department of Economic and Social Affairs**

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## Introduction

The Madrid International Plan of Action on Ageing (MIPAA), adopted in 2002, constitutes a key global policy document concerned with the implications of population ageing and with the well-being and active participation of older persons at all levels. The present *Guide* offers national policy makers practical suggestions for the implementation of MIPAA. The scope of the Madrid Plan is rather broad, covering a variety of topics and incorporating 239 separate recommendations; this *Guide* addresses the most crucial areas requiring particular policy attention. For more detailed background information on all the issues, readers may refer to the complete text of MIPAA.<sup>1</sup>

The *Guide* takes two broad approaches towards actualizing MIPAA: the development of effective age-specific policies that facilitate the mainstreaming of older persons' concerns into all aspects of development and policy-making; and the application of a holistic intergenerational life-course approach that emphasizes equity and inclusiveness for all age groups. Within the present context, this involves including older persons in policies and policy-making in all relevant life domains rather than designing policies *for* or *about* older persons.

The *Guide* is primarily intended for use by national focal points responsible for developing and implementing national policies on ageing, including those deriving from the Madrid Plan, but it may also be of use to stakeholders such as the following:

- Other policy makers at different levels in a wide range of government departments (including those responsible for health, finance, environment, transport, education, family planning and labour);
- Older persons in general;
- Civil society organizations representing older persons or addressing issues relevant to this population group;
- Representatives of regional and international agencies working in all areas of development and policy-making, including donors and sponsors;
- Providers of care and services for older persons.

Enhancing living conditions for older persons is a top development priority everywhere, and evidence indicates that nations around the globe are strengthening their commitment to collective action within this context. Therefore, the *Guide* seeks to provide useful information for all countries regardless of the level of socio-economic development.<sup>2</sup> Because older populations and the circumstances they face

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<sup>1</sup> See <http://www.un.org/esa/socdev/ageing/secondworld02.html>.

<sup>2</sup> The terms "developed countries" and "developing countries" are gross overgeneralizations and do not reflect the complexities or variations characterizing national development indicators. Users are advised to think carefully about their own national contexts.

around the world are widely diverse, the *Guide* offers neither a single, specific blueprint nor a universal “toolkit” for implementing MIPAA, though reference is made to a range of instruments that may be helpful in some cases, and annex I lists sources of further information on various instruments. A selection of online resources on ageing is presented in annex II.

The *Guide* is intended both to provide a critical framework for the design of policies and procedures that can be used by policy makers, programme developers and stakeholders in the policy arena; and to offer general advice on ways MIPAA principles and recommendations may be put into action.

Key dimensions of the framework include:

- Consideration of all policy areas, not only those explicitly relating to older persons, and the use of an integrated human development approach;
- Acknowledgement of the extent to which older persons are integrated with other community groups and are affected by policies intended to address issues relating primarily to such groups. This is required to formulate strategies that support intergenerational cohesion;
- Eliminating negative attitudes and discrimination towards older persons by ensuring that they are not at a systematic disadvantage. This dimension promotes acceptance and a welcoming environment for older people;
- Recognition of the diversity in older populations and other community groups;
- The effective use of data and other empirical evidence to support policy development, review and implementation.

The *Guide* comprises a framework section, five sections relating to specific areas of concern, and two annexes listing resources that may be of interest to users. Section headings are as follows:

- Section 1: Conceptual framework for national strategies for implementing the Madrid International Plan of Action on Ageing;
- Section 2: Promoting a harmonious relationship between development and demographic change;
- Section 3: Making social protection work effectively for older persons;
- Section 4: Taking population ageing into account in health policy;
- Section 5: Exploring long-term care in different settings;
- Section 6: Promoting social inclusion and political participation for older persons;
- Annex I: Publications on ageing produced within the United Nations System;
- Annex II: Directory of ageing resources on the Internet.

## Section 1

# Conceptual framework for national strategies for implementing the Madrid International Plan of Action on Ageing

### 1.1 Who are older persons?

The standard policy development approach is to assign all those aged 60 or above the status of “older persons”. While attractively simple, such an approach can be misleading. Table 1 provides data relating to the 60-plus age marker for three different countries, including variations in the probability of surviving to age 60 and beyond. Essentially, because the connotations and implications of “sixty plus” vary widely between and even within countries, care must be exercised in undertaking intercountry and intracountry comparisons.

**Table 1. Indicators of population ageing, selected countries**

	<b>Japan</b>	<b>India</b>	<b>Senegal</b>
Percentage of the population aged 60+ (2007)	27.9	8.1	4.9
Life expectancy at birth (years) (2005-2010)	86.4 (women)	66.7 (women)	58.4 (women)
	79.1 (men)	63.2 (men)	55.8 (men)
Life expectancy at age 60 (years) (2005-2010)	28.1 (women)	18.9 (women)	17.1 (women)
	22.3 (men)	16.9 (men)	16.0 (men)
Healthy life expectancy at age 60 (years) (2002)	21.7 (women)	11.4 (women)	10.7 (women)
	17.5 (men)	10.8 (men)	9.9 (men)
Percentage of the population expected to survive to age 60 from birth (2005-2010)	96.1 (women)	76.6 (women)	63.2 (women)
	91.2 (men)	69.6 (men)	58.6 (men)

**Sources:** Calculated from data provided in the following: United Nations Population Division, *World Population Ageing 2007* (Sales No. 07.XIII.5); and World Health Organization, *World Health Report 2004: Changing History* (Geneva: 2004).

The increased presence of older persons within a population indicates policy successes in the areas of public health, education and social stability and is therefore an outcome to be celebrated. Ageing is a gradual process characterized by variations between individuals and groups. The conceptual understanding of old age is strongly influenced by sociocultural factors. Therefore, while national data based on a “sixty-

plus” definition may provide an objective point of reference, it is wise to maintain a degree of flexibility in identifying a country’s “older population”, taking into consideration the local context. Such an approach has practical implications:

- In countries such as Japan, some policies and activities might be more appropriately aimed at individuals aged 70 and above rather than at those in the 60-plus group;
- In countries such as Senegal, similar provisions might be considered for people who are younger than 60 years of age;
- It is important to recognize that there are many across the globe who are denied the fundamental human right of access to a reasonable lifespan, including survival to old age.

The older population is as diverse as any other age group, and in implementing MIPAA this diversity must be acknowledged and accommodated. The nature and extent of diversity among older persons vary within and between countries. The most obvious differences are likely to be linked to gender, ethnic or tribal affiliation, urban-rural residence, economic status, health and functional capacity, and levels of education and literacy. Aggregated demographic data at the national level can mask regional disparities within countries; detailed analysis is therefore required to prevent the inadvertent marginalization of any population group.

Social inequities may be inevitable, and Governments generally institute mechanisms to correct situations in which the economic system fails to produce what is considered an acceptable outcome in social or political terms. Socio-economic disparities can be taken into account in setting policy directions so that no group, including older persons, is systematically disadvantaged.

Governments have a responsibility to assess age-related risks and to provide protection against such risks. Income support, health-care services, and provisions for long-term care are among the comprehensive policy responses required to address disability, dependency, and other factors and conditions associated with ageing.

Government policies and regulations may be adopted to address perceived public risks; decisions within this context may represent a response to political pressure. Demands on Governments to regulate risks are growing around the world, with the regulatory agenda reflecting a greater emphasis on anticipated risk than on actual risk.

Many Western countries encourage competition, reasoning that market forces effectively provide consumers with more choices and ultimately ensure that goods and services remain affordable. The ability of older persons to compete in such an environment is sometimes limited; if socio-economic systems are not set up to accommodate the needs of the ageing population, intergenerational competitiveness for resources and control over policy processes may result.

In developing policies and promoting participation, care must be taken to ensure that all older persons are equally represented. Old age is just one element of diversity or identity that intersects with other characteristics such as gender and culture. Therefore, age should not be examined in isolation, but rather as part of a more complex picture.

## **1.2 The Madrid International Plan of Action on Ageing: a comprehensive agenda for an ageing world**

The United Nations has long promoted a reconceptualization of the role played by older persons in society, and of how the challenges of adjusting to an ageing world, including improving the quality of life of older persons, can be met. It has aimed, through its work, to showcase the ways in which older persons are agents of change and deserve to reap the benefits of progress and development.

The Madrid International Plan of Action on Ageing provides a bold new agenda for addressing both the challenges and the opportunities associated with ageing issues in the twenty-first century. Through MIPAA, Member States have committed themselves to pursuing policies aimed at enhancing the participation of older persons in society as citizens with full rights, including the right to age with security and dignity. For the first time, Governments have agreed on the need to link ageing to other frameworks for social and economic development and human rights, recognizing that ageing will be the most dominant aspect of the demographic landscape in the present century. Governments are increasingly recognizing that promoting and protecting all human rights and fundamental freedoms, including the right to development, are essential for the creation of an inclusive society for all ages.

MIPAA emphasizes the need to integrate the evolving process of global ageing with the larger process of socio-economic development, calling for an examination of policies on ageing from a developmental perspective. This emphasis reflects a contemporary view of ageing and older persons, focusing on equal treatment, empowerment, and respect for basic human rights.

MIPAA incorporates two core concepts:

- *A development approach* to population ageing through the mainstreaming of older persons into national and international development plans and policies across all sectors;
- *An intergenerational life-course approach* to policy that stresses equity and inclusiveness of all age groups across all policy areas.<sup>3</sup>

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<sup>3</sup> The life-course perspective represents an analytical framework geared towards highlighting the dynamic components of human lives, institutions and organizations, supporting an integrated policy approach that goes beyond a specific life phase and covers the whole life course. For more detailed information, see Ute Klammer and Saskia Keuzenkamp, *Working Time Options over the Life Course: Changing Social Security Structures* (Dublin: European Foundation for the Improvement of Living and Working Conditions, 2005).

Ageing cannot be viewed separately from social inclusion, gender advancement, economic stability, and poverty issues. As societies continue to grow older, ageing issues will have an increasing impact on economic and social welfare systems and on the lives of families and communities.

Responding to these emerging realities, the United Nations has called for “a society for all ages”. Such a move represents recognition of demographic changes towards an ageing world and of the profound impact these changes are having, and will continue to have, on society. The concept of a society for all ages is rooted in the Programme of Action of the World Summit for Social Development, adopted in Copenhagen in 1995. At the World Summit, Member States envisioned a “society for all” in which “every individual, each with rights and responsibilities, has an active role to play”;<sup>4</sup> achieving this goal represents the fundamental aim of inclusive social policies. With the integration of an age dimension into a society for all, the approach becomes intergenerational and holistic, whereby “generations invest in one another and share in the fruits of that investment, guided by the twin principles of reciprocity and equity”.<sup>5</sup>

Many countries already have a range of policies and initiatives that target their older populations. These are being extended, expanded, and in some cases redefined as governmental and other agencies become increasingly aware of the broad impact and implications of population ageing. In some cases, older persons may already receive a larger share of public spending than most other age groups because they benefit both from general services and infrastructure and from age-specific funding. In other cases, the older persons receiving the most funding are those who are ill and dependent. A third scenario prevails in many developing countries, where government spending tends to be heavily concentrated among older persons at the higher end of the socio-economic spectrum (particularly those with a history of formal sector employment), while spending on poor older persons remains very low, regardless of their level of need. The proportion of older persons receiving intensive health and aged care varies from one country to another.<sup>6</sup>

When formulating policies relating specifically to ageing, it is important to draw a clear distinction between older persons who require health care and treatment

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<sup>4</sup> United Nations, *World Programme of Action of the World Summit for Social Development*, chapter 4, paragraph 66 (available from <http://www.un.org/esa/socdev/wssd/agreements/poach4.htm>).

<sup>5</sup> United Nations Environment Programme and United Nations Educational, Scientific and Cultural Organization, *youthXchange* (website), Carrying the Torch: Shaping Tomorrow, “Demographic change: toward a society for all ages” (available from <http://www.youthxchange.net/main/demographicchange.asp>).

<sup>6</sup> In Australia around 6 per cent of those aged 75 years or above are in residential aged care, which accounts for the majority of aged care funding, and another 4-5 per cent receive subsidized support within their own homes or communities; the remaining 90 per cent receive little of this funding. Simply because they are stereotypically labelled “older persons”, however, the relatively healthy, independent majority risks being lumped together with those who are ill or dependent. (This analysis is based on information provided in *Australian Health and Ageing System: The Concise Factbook, March 2005*, published by the Australian Government’s Department of Health and Ageing).



services and those who do not. It must be remembered that such services need to be equally accessible to all members of society.

In many countries and cultures, older persons and ageing may be viewed negatively if labour force participation is considered the keystone of social and economic development. Where older persons are regarded as a group that does not participate directly in productive processes, they may not be seen as equal members of their communities. As a consequence, they might not enjoy opportunities equal to those of other age groups, especially in cases where public policy priorities are oriented towards the needs of the working population.

Such perceptions have important implications and consequences for the well-being of older persons all over the world. They reinforce the tendency to exclude the older population from social, economic and political decision-making processes and can constitute the basis upon which older persons are denied employment opportunities.

The situation of older persons in developing countries and some economies in transition is especially difficult. Economic, social, cultural and political changes occurring in these countries often have negative implications for older persons; within such contexts, feelings of alienation are more likely to emerge, and old-age social support and protection systems may weaken or collapse. In some developing countries population ageing is less pronounced, and older persons may receive little, if any, attention from policy makers. In such situations, the main challenge will be to raise the profile of population ageing in positive ways that accentuate the benefits to all of having older persons participate actively in the community (see section 6).

In Western countries with changing dependency ratios, social policy has sometimes framed ageing in terms of anticipated problems and demands on social security systems. While living longer is considered a personal issue, the costs of providing services and support for those who need it are often presented as an economic burden on society simply because there is a need to improve the affordability and sustainability of pension systems or alternative schemes. This narrow approach to conceptualizing older persons and the needs arising from successful ageing may reflect the personal attitudes and values of policy makers.

This *Guide* seeks to confront such views and propose alternative approaches in line with the MIPAA philosophy. As the most fundamental requirement for change involves eliminating negative attitudes and stereotypes associated with older persons, the *Guide* advocates the following:

- Viewing population ageing as a natural and positive outcome of development and believing that older persons can contribute in many ways to the well-being of their societies;

- Welcoming and respecting older persons' participation in all spheres (including productive employment) and recognizing the potential benefits accruing from their wisdom and experience.

Mass media can have a profound impact on social attitudes. Images glorifying youth and reinforcing negative stereotypes of older persons can leave the latter group marginalized. Older women in developing countries, who are already more vulnerable to political, social and economic exclusion than others, are perhaps the most seriously affected by media trends reinforcing the idea that the role and value of older persons in modern society are negligible.

People may be socially and/or economically disadvantaged at any stage of their lives. Many find themselves in impoverished circumstances because they are, for various reasons, unable to access adequate health care, education and employment opportunities, and social support services. Institutions set up to maintain law and order often fail to protect disempowered groups of all ages from the predatory behaviour of criminals. Clearly, a range of variables must be considered in developing social policy so that the most vulnerable members of society are protected, and unintended consequences are anticipated and avoided.

Policy makers must begin talking to, rather than about, older persons, listening to their assessment of their needs rather than guessing what services or resources they might require.

A policy emphasis on "ageing" represents a positive move away from the focus on "aged care" service structures towards a growing responsiveness to the real needs of people who are living longer and who remain connected and integral to their communities.

From a policy perspective, ageing must be regarded as a lifelong process that begins at birth. Age-adjusted policies and programmes that encourage workplace flexibility, lifelong learning, participation, and healthy lifestyles, especially during periods of transition (such as those occurring between childhood, youth, early adulthood, midlife and later life), can influence choices that have a cumulative impact. Clear priorities for old-age policies are in many ways represented by the challenges facing today's youth, who may have to reinvent themselves again and again in fast-changing societies, and who will need to cultivate healthy lifestyles, flexibility and foresight, continually upgrading their work skills and maintaining supportive social networks. An intergenerational approach to ageing is beneficial for society, providing an integrated policy framework and allowing the entire life trajectory to be considered in the context of policy analysis and evaluation. A society-wide phenomenon, ageing affects local and global patterns in areas as diverse as labour and capital markets, government pensions, social services, and traditional support systems.

Focal points<sup>7</sup> and other stakeholders should undertake activities designed to:

- Confront negative stereotypes and promote acceptance of ageing as a normal part of living;
- Identify and address age-related discrimination in all areas of policy and regulation;
- Provide older persons with real opportunities to share their ideas and opinions, encouraging them to use their voices in ways that will ensure they are heard by policy makers and community leaders;
- Facilitate the formulation of policies that promote self-sufficiency and the strengthening of capabilities rather than dependency by ensuring that criteria for access to services and support are focused more on health promotion and social inclusion than on illness and functional decline;
- Focus attention on the causes of vulnerability and social exclusion among older persons and the prevention or elimination of these factors.

### **1.3 Focal points on ageing: some specific functions and responsibilities**

In the face of competing demands and obligations and often insufficient human and financial resources, many countries have established focal points on ageing within various ministries dealing with social issues. The success of such focal points rests on their capacity to work with a wide range of government offices, to mainstream ageing issues into other relevant policy processes, and to collaborate with a variety of stakeholders. Focal points cannot function effectively without political support at the highest levels. A competent and devoted national focal point on ageing with clearly defined responsibilities can and should have a say within the formal government framework, effectively lobbying policy makers on issues pertaining to older persons and participating in the setting of priorities and the allocation of funds. In addition to engaging in advocacy, a focal point can serve as a coordinator, a repository of information, a spokesperson on ageing matters, and a link between the Government and civil society. The role and functions of focal points should be clearly defined upon their establishment to avoid confusion and a duplication of efforts. Obstacles to success among focal points often relate to the lack of a compelling interest in ageing, ignorance of relevant issues at the national level, and financial resource insufficiency.

A number of countries have established independent advisory bodies such as committees or commissions composed of representatives from academia, the private sector and non-governmental organizations (NGOs) to address ageing issues and the concerns of older persons. These bodies are typically charged with the task of assisting or advising Governments in developing and implementing policies and programmes; they can also serve as watchdogs for government policy-making since

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<sup>7</sup> Focal points on ageing are public sector offices charged with promoting and protecting the rights of older persons.

the needs of older persons are often overlooked in top-down approaches to governance. Advisory bodies are responsible for translating a wide range of facts, observations and opinions into policy recommendations, for evaluating and assessing the likely impact of proposed policies and suggesting possible changes, and for facilitating the close and regular monitoring of policy implementation at the local or community level.<sup>8</sup> Within the present context, it is important to emphasize the essential role of academic institutions and research centres in supporting the evidence-based design, monitoring and evaluation of policies and programmes on ageing (see box 1).

**Box 1. The Research Agenda on Ageing for the Twenty-First Century: facilitating evidence-based implementation of the Madrid International Plan of Action on Ageing**

The Research Agenda on Ageing for the Twenty-First Century is both a document and an ongoing project aimed at providing a solid scientific foundation for policy action on ageing, including evidence-based implementation of the Madrid International Plan of Action on Ageing (MIPAA). The content and structure of the Research Agenda are set up to support the policy recommendations of the Madrid Plan and are linked to the priority areas identified therein. Simultaneously, the Research Agenda encourages researchers to pursue studies in policy-related areas of ageing where the findings may have practical applications.

The Research Agenda identifies major priorities, critical research areas, key methodological issues, and requirements for implementation and follow-up. The most challenging yet promising priorities for policy-related research on ageing are given precedence in order to facilitate MIPAA implementation. The primary objective is to help policy makers, planners and researchers channel limited resources into the areas of greatest need and potentially produce the most fruitful results. The diversity in societies at different levels of demographic, social and economic development is recognized in the Agenda.

The Research Agenda is a joint project of the United Nations Programme on Ageing and the International Association of Gerontology and Geriatrics. It was developed through a series expert of consultations and presented at the Second World Assembly on Ageing in Madrid in April 2002. The United Nations General Assembly, in its resolution 57/177 of 18 December 2002, welcomed the adoption by the Valencia Forum of the Research Agenda on Ageing for the Twenty-First Century. In its resolution 60/135 of 16 December 2005, the General Assembly called upon Governments to consult and utilize the Research Agenda “as a tool for strengthening national capacity on ageing for the implementation, review and appraisal of the Madrid Plan of Action”.

**Note:** For the complete text of the Agenda see <http://www.un.org/esa/socdev/ageing/researchagenda.html>.

## **1.4 The scope of age-related policy planning and implementation**

As emphasized in the Madrid International Plan of Action on Ageing, older persons must be full participants in the development process and share fully in its benefits. The following suggestions can be used as a guide for reviewing planned and existing policies and programmes:

- Assess existing policies for service gaps, determining, for example, the extent to which the diverse needs of the older population have been taken into account as they relate to age, gender, socio-economic status, family status,

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<sup>8</sup> For more information refer to United Nations, “Follow-up to the Second World Assembly on Ageing: report of the Secretary-General” (A/61/167 and A/62/131).

health, geographical location, and other relevant factors. Reviews need to be conducted without bias, and conclusions should be drawn based on rigorous data and analysis;

- Where gaps are identified, consider whether any existing programmes would remedy the situation if they were enhanced and provided with more resources;
- Other, more cost-effective options that meet the needs of older persons may be implemented, perhaps in stages to ensure their economic sustainability and ongoing effectiveness.

Box 2 highlights additional factors requiring consideration in reviews of policies and their impact. Most countries have social policies in place for older persons, but the effectiveness of existing programmes may be limited by problems relating to one or more of the following:

- *Programme coverage.* Some programmes focus on a particular segment of society, concentrating, for example, on the urban formal sector while neglecting the informal and/or rural sectors. It is important that equity in the distribution of resources be a key element in determining the focus and extent of programmes at the outset;
- *Policy design.* Programmes designed long ago may not have assigned priority to equity or efficiency in relation to target groups and their needs. Anachronistic policies can be avoided through regular policy review. Policies should be reviewed every two to three years to maintain currency and identify emerging gaps;
- *The provision and distribution of programme funding.* The challenge for developing countries is to avoid replicating programmes that seem to work in developed country contexts but would be inappropriate or ineffective in other settings. The opportunity cost of implementing expensive programmes with limited scope can be quite high. For instance, a large hospital might be established in a capital city, but distance considerations and a poor transport infrastructure render its health services inaccessible to most of the target population. A decision such as this must be considered within the context of a country's overall priorities, which include meeting the often urgent needs of the non-urban and remote populations.

#### ***1.4.1. Ensuring that older persons' priorities are included in national development strategies and sectoral plans***

Where gaps have been identified and rigorously investigated, decision makers in the social security, social welfare, health, labour, civil works and/or other ministries can be approached with relevant new information and presented with options for policy change. Fiscal capacity considerations and/or implementation difficulties may limit the uptake of new policy options in some countries. Therefore, proposals must be evidence-based and contain implementation suggestions (including

staging and timeline details). Where it is necessary to respond more urgently to clearly defined areas of need, evidence-based arguments will need to be made.

### **Box 2. Considerations in assessing social policies and programmes for older persons**

Factors that should be considered in assessing various aspects of social policies and programmes for older persons are listed under the respective headings below.

#### *Social impact of programmes*

- The number of older persons covered by a programme or policy and the distributional impact on different population groups in a particular country (identified in terms of gender, socio-economic status, family status, health status, and geographical location);
- The adequacy of the benefits deriving from efforts to address identified needs or risks relating to older persons;
- Criteria that can be used in prioritizing the allocation of funds (the extent of coverage or urgency of issues, for example).

#### *Cost-effectiveness of programmes*

- Programme beneficiaries and benefits (cost-effectiveness in coverage of target groups);
- The cost of a programme or policy in comparison with the costs of other programmes or policies, and the comparative effectiveness of similar programmes or policies;
- Programme administration costs as a percentage of total costs and in comparison with administration costs for other programmes;
- Evidence of long-term social benefits and positive externalities associated with a programme.

#### *Governance issues related to programmes*

- The capacity of local authorities to implement and deliver programmes efficiently;
- Oversight of staff and other resources to ensure the efficient use of programme allocations;
- The availability of mechanisms that allow and encourage citizen participation and ensure equitable responsiveness to their concerns.

#### *Sustainability and affordability of programmes*

- The affordability of a programme now and in the future based on projections of costs, revenues and benefits;
- The alignment of a programme with the Government's medium-term sectoral plans and anticipated changes in allocations linked to shifts in development priorities. Medium-term expenditure frameworks (MTEFs) may offer an alternative;
- The need to investigate other possible sources of funding if a financing gap exists;
- The role of international transfers through general budget support and Sector-Wide Approaches (SWAs) as an increasingly important mechanism for financing social programmes for older persons.

**Source:** Adapted from Isabel Ortiz, "Social policy", National Development Strategies: Policy Notes Series (New York: United Nations Department of Economic and Social Affairs, June 2007).

### ***1.4.2 Securing budgetary allocations***

The following should be considered within the context of securing budgetary allocations:

- Perceptions held by policy makers about ageing societies can influence resource decisions and prompt fears that demands may outweigh the capacity to meet them. The key, in dealing with competing demands, is to establish clear priorities so that limited resources can be directed to cost-effective interventions that are likely to have a significant impact. The opportunity cost of funding any programme can be measured by assessing the comparative value of other programmes that, as a result, cannot be funded. Factors to be taken into account in evaluating the trade-offs within and across sectors should include programme development costs, cost-effectiveness, regulation, and sustainability;
- International aid is a possible source of external financing for low-income countries, provided macroeconomic stability is not compromised by debt; grants and concessional assistance are preferred options, particularly if they are provided within the contexts of budget support and Sector-Wide Approaches (SWAs);
- Fees and cost-recovery mechanisms were expanded in the 1980s and 1990s but have proved to be inappropriate in some contexts. Most programmes, particularly those targeting the poor, require some redistribution of wealth, especially if such programmes provide “safety net” services. According to the United Nations Children’s Fund and World Health Organization, user fees generally account for a very small portion of health budgets (rarely more than 5 per cent); however, they have been shown to have a negative impact on impoverished groups, who cannot afford to purchase health services;
- Financial commitments associated with each programme, including future liabilities, must be evaluated to ensure that they can be met. This is particularly important for pensions and health services, which must be organized carefully and responsibly by Governments as part of the redistribution of wealth.

Securing budget allocations usually involves negotiations with the Ministry of Finance, planning agencies, and other relevant authorities. Because of the competitive nature of the proposals put forward by the different ministries participating in the budgetary process, it can be difficult to draw attention to ageing-related programmes. Strategies for promoting older persons’ issues and agendas might include engaging civil society organizations, donors and the media in public discussions of budgetary allocations for social spending, or referring the matter for public expenditure review. Thematic budgets showing the distributional effects on older persons may be useful in garnering support.

### 1.4.3 Programme implementation arrangements

When the initiation or expansion of a social programme is being considered, it is important to identify the human and material resources and infrastructure required for successful implementation. Particular attention should be given to the following:

- The implementing agency must have sufficient staff with appropriate skills, clear plans and procedures for programme execution, and access to the necessary equipment and transportation;
- A programme is feasible only if older persons are able to access the service(s) provided. Steps should be taken to determine whether high transport costs, language barriers, a lack of documentation or information, or other obstacles are likely to restrict accessibility, and remedial action should be taken;
- Quality management systems need to be in place so that feedback can be received from programme clients. Complaint-handling processes should be accessible, trustworthy and transparent; oversight can be provided by ombudsmen or similar authorities;
- Initial consideration should be given to existing social services that may be able to support the operation of a new programme if provided with additional government assistance. If this option is not feasible, alternative delivery mechanisms can be explored.

There are four main delivery mechanisms for social service provision:

- *Public sector entities* such as central line ministries and local government authorities have been shown internationally to be effective in achieving expanded coverage, poverty reduction and social inclusiveness;
- *Private sector or market-based entities* have proved capable of efficient and effective service delivery to a range of socio-economic groups;
- *NGOs and charitable institutions* have been established and/or subsidized by Governments to provide community-based or targeted services, particularly to the most vulnerable populations;
- *A combination of these three options* may be warranted in some contexts; for example, private and charitable sector operators may form partnerships for the optimal delivery of certain services.

Each mechanism has its limitations. Where public-private partnerships are established, care must be taken to ensure that the programme design is workable, regulatory requirements are clearly identified, and potential threats to sustainability are anticipated as far in advance as possible. Programmes carried out by all providers require close monitoring to ensure that the purpose for which the programme is funded remains central to the programme's purpose.



In developing policies on age mainstreaming, the following questions must be considered:

- Are the diverse needs within the older population (relating to age, gender, socio-economic status, family status, health, and geographical situation) taken into account?
- Does the proposed policy promote the inclusion or perpetuate the exclusion of older persons vis-à-vis the rest of the population?
- What are the long-term policy perspectives and how do they affect and support people throughout their lifespan?

### **1.5 Age mainstreaming: a central plank of the Madrid International Plan of Action on Ageing**

MIPAA emphasizes the importance of mainstreaming both as a means of realizing the objectives of the Plan of Action and as an end in itself. In its broadest sense, the process of mainstreaming could involve consideration of all aspects of diversity related to age, with as much attention given to young children, youth and younger adults as to older persons.<sup>9</sup>

Mainstreaming the concerns of older persons into the development agenda essentially entails assessing the implications for older persons of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making older persons' concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres. It basically involves moving away from targeting older persons as a separate, marginalized group towards integrating policy approaches to ageing across all sectors.

Successful mainstreaming should ensure the comprehensive social integration of older persons deriving from the realization and protection of their rights, the recognition of their value to society, and guarantees of social justice and equal opportunities. It may sometimes involve integrating a particular issue into all aspects of social, political, economic and cultural life. A key argument for supporting this approach is that anything that improves the circumstances of older persons will benefit all of humanity both now and in the future.

A participatory, bottom-up approach that involves older persons in policy development and implementation ensures that their concerns are identified and mainstreamed more effectively.<sup>10</sup> Issues such as income, employment, education, and

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<sup>9</sup> More detailed information on mainstreaming the concerns of older persons into the development agenda is available on the United Nations Programme on Ageing website (<http://www.un.org/esa/socdev/ageing/documents/mainstreaming/positionpaper.pdf>).

<sup>10</sup> For more information, refer to United Nations, "Guidelines for review and appraisal of the Madrid International Plan of Action on Ageing: bottom-up participatory approach" (available from <http://www.un.org/esa/socdev/ageing/documents/MIPAA/GuidelinesAgeingfinal13%20Dec2006.pdf>).

health care are particularly important to older persons and might therefore be assigned priority in the mainstreaming process. Successful mainstreaming requires the following: (a) the collection and analysis of data relating to the living conditions of older persons; (b) awareness-raising, advocacy and education regarding ageing issues; (c) indicators of development for policy review and appraisal; (d) assessment of the impact of current laws and programmes targeting older persons; (e) the mainstreaming of older persons' concerns into new legislation and policies that may affect them; (f) budgetary provisions for addressing ageing concerns; and (g) national coordination and international cooperation to advance the mainstreaming process.

### **Box 3. Mainstreaming ageing in Uganda**

Understanding ageing issues is a prerequisite for developing capacity for mainstreaming. The entry point can be any sector with national prominence. In Uganda, mainstreaming the concerns of older persons grew out of work in the health sector and was initially facilitated through the Ministry of Health. In 2003, a cross-ministerial, multisectoral working group was formed and charged with mainstreaming ageing into health and nutrition policy. The group was led by the Ministry of Health but included representatives from the Ministry of Agriculture, the Ministry of Finance Planning and Economic Development, the Ministry of Gender, Labour and Social Development, and two local NGOs. Among other things, the group reviewed existing sectoral policies, including the Poverty Eradication Action Plan, to identify gaps and entry points for the inclusion of ageing concerns and conducted a health and livelihood survey of older persons in six districts.

Review and research findings were shared across departments. Attached to these findings were policy recommendations relating not only to health and nutrition but also to HIV/AIDS, social protection, water provision, training, and local government. The Government of Uganda has designated this programme part of its national implementation of MIPAA. The exposure of the working group members to ageing issues and their participation in reviewing policies outside their sectors created a body of experience on ageing across departments and sectors.

**Source:** HelpAge International (information available from <http://www.helpage.org/>).

## **1.6 Strengthening regional and international cooperation**

MIPAA underscores the need for enhanced, targeted cooperation in the field of ageing. Regional and international collaboration and the exchange of ideas and expertise can create unique opportunities for integrated social policy development, particularly in developing countries.

Through cooperation and exchange, Governments can share successful experiences and enhance efficiency in policy development. Regional cooperation is particularly appropriate when countries in the same geographical area are facing similar challenges that might be best addressed through the collaborative examination and design of strategies and policies.

#### **Box 4. Examples of regional and international cooperation from Latin America**

Cross-border cooperation relating to the collection and sharing of evidence indicating “what works” in ageing-related fields and to the identification and application of best practices is occurring in Latin America at the level of intergovernmental organizations and within the context of other multilateral efforts. For example, Bolivia, Colombia, Ecuador and Peru (the Andean Community) are working together to strengthen and harmonize their social security systems. The countries that make up the South American Common Market (MERCOSUR) have produced an important labour and social declaration and have set up arrangements covering reciprocal social security entitlements and joint health and safety inspections. Alternativa Bolivariana para los Pueblos de Nuestra América, or ALBA (which includes Bolivia, Cuba, Ecuador, Nicaragua and Venezuela), has developed some regional social policies to address urgent health problems, illiteracy, and emergency relief requirements among its member countries; legislative priorities that are to be addressed in the near future relate to the production of goods for mass consumption, housing, salaries, pensions, utilities, and support for the rights of women, Afro-descendants and indigenous populations. The Caribbean Community (CARICOM) has developed regional agreements on social security and health.

A number of regional cooperation projects focus specifically on ageing issues. In 2004/05, the ministers of health of Argentina, Chile, Uruguay and Canada were involved in an international cooperation project relating to integral services for dependent older persons. This technical cooperation programme, coordinated by the Pan American Health Organization (PAHO), provided a forum for exchanging country experiences, which led to the development of a common regulatory framework aimed at unifying the goals and activities undertaken by each Southern Cone nation.

International research projects have been undertaken in different parts of the region. Among the most noteworthy are the following: a project on the social exclusion of dependent persons living in long-term care institutions, supported by the Inter-American Development Bank and PAHO and carried out by national teams from Argentina (ISALUD Foundation), Chile (Catholic University of Chile) and Uruguay (Catholic University of Uruguay); empirical investigations in cities in Brazil and Argentina within the framework of the World Health Organization’s Global Age-Friendly Cities Project; and the pioneering cross-national research project known as SABE (Survey on Health, Well-Being and Aging in Latin America and the Caribbean), supported by PAHO and conducted in seven cities in the region. SABE has been used extensively in the preparation of policy documents throughout the region and has provided a core dataset as a basis for MIPAA implementation.

In 2005 and 2006, government, NGO and media representatives, researchers and professionals from several South American countries participated in the National Alliance for Caregiving’s planning activities leading up to the Pan American Conference on Family Caregiving. The Conference, held in Miami, Florida, from 29 November to 1 December 2006, introduced family caregiving issues into the policy agendas of most South American countries.

The National Institute of Statistics and Census in Argentina and the National Institute of Statistics in Chile have produced monographs and sets of indicators relating to older persons using data from the most recent national census results.

The ECLAC Sessional Ad Hoc Committee on Population and Development is monitoring the regional strategy for MIPAA implementation across Latin America.

**Sources:** Bob Deacon, Isabel Ortiz and Sergei Zelenev, “Regional social policy”, UN DESA Working Paper No. 37 (New York: United Nations, June 2007); and Nélica Redondo, “National capacity development in the field of ageing in South America”, a paper prepared for the Expert Group Meeting on Policies on Ageing at the National Level: Challenges of Capacity Development, Sliema, Malta, 13-15 June 2007.

International support has been provided for technical assistance programmes aimed at increasing national capacity-building. The Division for Social Policy and Development of the United Nations Department of Economic and Social Affairs has been implementing a capacity-building project aimed at integrating older persons in development goals and frameworks through the implementation of the Madrid Plan. The overall approach involves promoting the integration of an ageing perspective into national development frameworks. In recent years, regional commissions such as the Economic Commission for Latin America and the Caribbean (ECLAC) and the Economic and Social Commission for Asia and the Pacific (ESCAP) have provided technical support for MIPAA implementation at the national level.

The United Nations Development Assistance Framework (UNDAF) is the common strategic framework for the operational activities of the United Nations System at the country level, providing a collective, coherent and integrated United Nations response to national needs and priorities within the framework of the Millennium Development Goals and commitments emanating from international conferences and summits and major United Nations conventions. Efforts should be made to ensure that issues relating to older persons and the need to implement relevant actions within the context of MIPAA are adequately reflected in the UNDAF.

## Section 2

### **Promoting a harmonious relationship between development and demographic change**

The global increase in human longevity is one of the most impressive achievements in recent history. Nonetheless, the negative effects arising from the ageing of human societies are widely feared. Thanks to the alarmist and largely reactionary nature of debates on ageing and development, a negative paradigm on population ageing has emerged. In this paradigm, later life is often associated with dependency, vulnerability, an inherent lack of capability, and poor quality of life.<sup>11</sup> This paradigm ignores the diversity that characterizes older persons and dismisses their contribution to the well-being of society. The perception of older persons as burdensome must be revised. There is little evidence from historical data of the 1990s or from aggregate data on changes in spending as a share of GDP among countries registering growth in the 65-plus age group to support any consensus on increased health costs associated with ageing. In fact, as a result of better general education, astute health policy, and improved medical technology, people are not only living longer but are reaching “old age” later in life.<sup>12</sup>

With recognition of the differences in ageing experiences as a point of departure, the role of public policy is to build the capacities of and promote opportunities for older persons to contribute to society and to be included in social life in the broadest sense. It is fundamentally wrong for any society to define its development solely in terms of economic performance and efficiency while neglecting to acknowledge the critical importance of those interactions and interlinkages between key elements of society that ensure balance and cohesion.

#### **2.1 Linking into wider development agendas**

Local and global thinking about development evolves over time. It is essential that trends and priorities in wider development policy are well understood so that the opportunities they generate may be exploited. In the past, development was mainly thought of in terms of economic progress. In recent decades, however, new approaches have emerged with different implications for older persons (see table 2). Within the context of these and other evolving approaches, concerns about the impact ageing and economic performance have on one another represent only a small portion of the range of variables that warrant consideration.

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<sup>11</sup> Peter Lloyd-Sherlock (editor), *Living Longer: Ageing, Development and Social Protection* (Geneva: United Nations Research Institute for Social Development, 2004).

<sup>12</sup> Peter Sheehan, “Health costs, innovation and ageing”, Working Paper No. 9, Pharmaceutical Industry Project on Equity, Sustainability and Industry Development (Melbourne: Centre for Strategic Economic Studies, Victoria University of Technology, August 2002), pp. 5-6 (available from <http://www.cfses.com>).

**Table 2. Different approaches to development and their relevance to older persons**

<b>Approach</b>	<b>Definition</b>	<b>Some implications for mainstreaming</b>
Economic development	Promoting structural changes that will foster long-run economic growth.	Enabling older persons to realize their full economic potential and removing or reducing the need to adopt policies that promote dependency in later life.
Sustainable development	“Development that meets the needs of the present without compromising the ability of future generations to meet their own needs.” <sup>a</sup>	Ensuring that current development does not harm the well-being of future cohorts of older persons.
Human development	“Creating an environment in which people can develop their full potential and lead productive, creative lives in accord with their needs and interests.” <sup>b</sup>	Including older persons in human development, including education and training opportunities and promoting good health.
Poverty reduction	Reducing the number of people living on very low incomes is the first of the Millennium Development Goals and is the principal objective of international development agencies such as the World Bank.	Understanding the causes and consequences of poverty in later life.  Mainstreaming older persons into the Millennium Development Goals.

**Sources:** <sup>a</sup>World Commission on Environment and Development (Brundtland Commission), *Our Common Future* (Oxford: Oxford University Press, 1987); and <sup>b</sup>United Nations Development Programme, “Human development reports: the human development concept” (available from <http://www.hdr.undp.org/en/humandev/>).

When designing overall policy agendas, Governments and other stakeholders must consider their impact on the well-being of individuals at all stages of the life cycle. Policies that, for example, support safe and rewarding working conditions, promote healthier lifestyles, and ensure friendly and enabling environments for all age groups reflect a life-course perspective that will ultimately benefit everyone.

It is important to mainstream older persons into national development agendas and to ensure that inclusive social policies are part of the wider development process.<sup>13</sup>

## **2.2 Ageing as an opportunity for development: winning arguments and changing minds**

The phenomenon of demographic ageing generates both threats and opportunities for human society; the outcome depends on how early and how well population ageing issues are integrated into development agendas and related policies. As implied previously, certain negative beliefs and assumptions about ageing prevail within the public discourse. These are largely based on unfounded perceptions that need to be empirically challenged and revised. The few countries that have carried out extensive research on the links between ageing and development

<sup>13</sup> For more information on this subject see the United Nations Department of Economic and Social Affairs’ forthcoming “Social policy guidance note”, which focuses on more comprehensive social policies.

have come to the conclusion that ageing is not a threat.<sup>14</sup> Nonetheless, the view that older persons constitute a millstone around society's neck persists and is often associated with the following:

- Discrimination against older persons in the workplace and in other contexts;
- Policies that assume the incapability or incapacitation of older persons and effectively serve to increase or reinforce their dependency in later life;
- The exclusion of older persons from decision-making, both generally and in areas that directly affect their well-being;
- The failure to recognize the important contributions older persons have made and continue to make, and the concomitant failure to build upon those contributions;
- The failure (even in wealthier countries) to promote the well-being of *all groups* of older persons, including the very poor, those at risk of abuse, those belonging to ethnic minorities, and those with limited education.

Sadly, these prejudicial beliefs and actions have a cumulative effect on older persons, leading them to internalize negative attitudes about themselves and often resulting in their withdrawal from society.

In contrast, positive views about the value of older persons and their participation in society increase the potential for progress and contribute to more effective and extensive mainstreaming. To change unconstructive attitudes, the following should be emphasized:

- Population ageing is a natural outcome of socio-economic development;
- Older persons are a resource for continuous economic growth;
- Population ageing can easily be integrated into development agendas and related policies.

Focal points are advised to do the following:

- Review and assess existing evidence and, where necessary, conduct further research;
- Develop persuasive, evidence-based arguments that challenge negative views;
- Debunk public claims made about any “burdens” imposed by ageing populations and focus on the rights older persons share with other age groups, including the right of equal access to socio-economic opportunities;

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<sup>14</sup> In some settings, the potential opportunities are starting to be acknowledged; the United Kingdom House of Lords Select Committee on Economic Affairs, in “Aspects of the economics of an ageing population” (vol. 1—report, 5 November 2003, pp. 14-15), states that “the extent of potential interaction between demographic structure and the economy is vast. ... We conclude that population ageing does not pose a threat to the continued prosperity and growth of the United Kingdom economy” (see <http://www.publications.parliament.uk/pa/ld200203/ldselect/ldeconof/179/179.pdf>).

- Identify elements of legislation, policies, discourse, and discrimination that are founded on unsupported negative characterizations of older persons;
- Select a limited number of key issues upon which to focus relevant efforts;
- Facilitate the formation of stakeholder alliances to develop particular interventions in key areas. The composition of stakeholder groups will vary according to the area being addressed;
- Work more generally with key opinion makers (such as the media and publishers of school textbooks) to reinforce elements of the national culture in which old age is viewed positively.

### **2.3 Poverty reduction and older persons**

Over the past decade, poverty reduction has been a central concern of global development policy. In low-income countries, two key poverty-reduction frameworks are the Millennium Development Goals and the Poverty Reduction Strategy Papers; the situation of older persons is not directly addressed in any of the former, and most of the latter make little if any reference to their needs. There is a risk that older persons will be marginalized unless efforts are made to address their specific concerns in policy documents at both the national and global levels. In developed countries, it is important to distinguish between absolute poverty (usually linked to an income poverty line) and relative poverty (usually linked to average earnings for all age groups in a particular country).

Older persons need to become a more visible target of development programming if the international development goal of halving the number of people living in absolute poverty by 2015 is to be achieved. Giving greater attention and priority to older persons will enhance their well-being and that of their families and contribute to the wider processes of development.

In some developing countries and economies in transition, poverty reduction strategies identify older persons as a target group and include specific measures for alleviating poverty among the ageing members of society. However, a lack of funding often prevents the implementation of such provisions, and many older persons continue living below the poverty line. In a number of countries, older persons residing in rural areas constitute one of the most vulnerable segments of society (see box 5).

Poverty reduction among older persons should not be regarded solely as a concern of developing countries; poverty can have a devastating impact on the older residents of developed countries as well. Targeted social policies can be vehicles for positive change in all national contexts.



### **Box 5. Rural ageing in developing countries: a quest for policy solutions**

As a result of declining fertility levels and advances in medicine, nutrition, and technology, the ageing of society is occurring quite rapidly in developing countries. Many of these countries do not have the resources or policy experience to address ageing-related issues effectively. The ageing of rural societies is often expedited by the migration of rural youth and young adults to cities for employment and the return of older persons to rural areas upon retirement. Because the social service infrastructure is relatively weak and geriatric support virtually non-existent in most rural areas across the developing world, older individuals are likely to face serious difficulties if their families do not commit to safeguarding their well-being.

Population ageing gives rise to major social and economic challenges that, if not addressed properly, can threaten efforts to promote sustainable agriculture and rural development. Research conducted by the Food and Agriculture Organization of the United Nations in various rural settings reveals the following:

- Rural ageing places an enormous burden on scarce household resources and community services;
- Older persons in rural areas are often in poor health after a lifetime of hard physical labour and frequently suffer from high levels of stress and uncertainty about the future;
- Older rural residents are particularly vulnerable to poverty and malnutrition, as they are often incapable of making independent use of productive resources such as land and water;
- Older persons in rural areas tend to be dependent on their families and/or neighbours, particularly when they have no earned or pension income, savings, or access to remittances;
- The emigration of young adults and the high rates of AIDS-related mortality among certain age groups have altered the demographic structure of rural households and communities. Growing numbers of older persons are acting as heads of households, farm managers, and guardians of young children—all at a stage of their lives when they might once have expected to be receiving care themselves.

In communities short of young workers, older residents must look after crops and livestock. In many cases, they are unable to farm effectively on their own, and there is no possibility of hiring labour or using animal power or mechanized equipment. Older persons often have relatively little formal education and are frequently discriminated against in terms of access to rural credit facilities, agricultural extension services, and supplies such as modern farm implements and improved seeds and fertilizers. Older women, including widows, are often denied access to agricultural land, with negative consequences for their economic and social well-being. Factors such as these can reduce the agricultural productivity of an area, leading to higher overall levels of poverty and malnutrition.

While population ageing needs to be addressed at multiple levels, the situation of older rural residents is particularly urgent. Developing countries often have sizeable rural populations, but very few have effective policies on rural ageing. The following policy mix might answer many of the challenges arising within this context:

- Eliminating discrimination against older persons (especially widows and other older women) in terms of access to and control over agricultural resources;
- Encouraging and enabling older rural residents to continue working, producing food, and earning an income when they are able to do so;
- Fostering a culture in which individuals are encouraged to accumulate personal savings during their prime working years to serve as a resource base in old age;

**Box 5. (cont'd)**

- Developing viable public schemes—such as the provision of social pensions and specialized health and nutritional assistance—to reduce poverty among older rural residents;
- Maintaining and enhancing traditional systems of family and community support for older persons.

Interesting opportunities often emerge in connection with rural population ageing. Many older rural residents have extensive knowledge and experience and can serve as invaluable sources of information on traditional agricultural practices, natural approaches to healing and health maintenance, and coping with various challenges in food production. Their intergenerational role is crucially important, particularly when they are charged with caring for and guiding young people whose parents have moved to cities or have died prematurely. Since population ageing trends in rural areas (and the aspects and effects of this process) are certain to continue in developing countries for years to come, agricultural and rural development will be increasingly dependent on the contributions made by older persons. Policy makers must find better ways to ensure that older rural women and men live free from economic hardship and are able to lead healthy, productive lives.

**Source:** Libor Stloukal, “Rural population ageing in developing countries: issues for consideration by FAO” (Food and Agriculture Organization of the United Nations, April 2004) (available from [http://www.fao.org/sd/dim\\_pe3/pe3\\_040401a1\\_en.htm](http://www.fao.org/sd/dim_pe3/pe3_040401a1_en.htm)).

Supporting labour market participation among household members is a critical component of poverty reduction efforts. In Namibia and some other African countries, providing a household with a social pension allows certain of its members (especially women) to pursue educational and employment opportunities. Four out of five countries in Southern Africa that provide social pensions (including Lesotho, one of the poorest countries in the world) are making better progress than other countries with regard to the Millennium Development Goal targets of halving poverty and hunger, increasing rates of primary school completion, and achieving gender equality.

When designing poverty reduction strategies, it is important to acknowledge that poverty among older persons has an impact on other family members and therefore constitutes an intergenerational issue. Poverty at the household level—particularly when the primary caregivers are very old—remains one of the key factors contributing to the lack of early childhood development and malnutrition.<sup>15</sup> Poverty reduction is essential for empowering people of all ages and strengthening intergenerational solidarity. The public and private sectors should work together to develop the financial sector and support sound micro-pension (savings and work-related) schemes in order to protect older persons and their dependants from poverty.

#### **2.4 Contributing to society: creating opportunities and eliminating barriers**

Ageing is often characterized as a process involving a socio-economic transformation in which those who were once productive become non-productive or dependent. In reality, most older persons continue to participate actively in society, contributing to their households, to the lives of younger family members, and to their

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<sup>15</sup> Chronic Poverty Research Centre, *Chronic Poverty Report 2004-05* (available from [http://www.chronicpoverty.org/resources/cprc\\_report\\_2004-2005\\_contents.html](http://www.chronicpoverty.org/resources/cprc_report_2004-2005_contents.html)).

communities in ways that cannot be measured in monetary terms. Rather than producing commercial goods and services, they may provide services of recognized social value; many older individuals are involved in counselling, mentoring, child care, peer care, end-of-life care, and other volunteer activities, and a significant number serve as role models through their political participation and community leadership. Financially unremunerated endeavours such as these provide substantial human and economic benefits, but they generally remain unrecognized in national and even local analyses of development factors.

National policy priorities should include encouraging active participation by older persons in social and economic life, wherever possible, and promoting their contributions in whatever forms they may take. To achieve the desired outcome, it will be necessary to challenge any negative paradigm of ageing that depicts older persons as a burden and ignores the vital role they play in their communities and societies.

Certain factors may limit or preclude participation by older persons. In order to better understand the opportunities and constraints existing in a particular country, it might be useful to analyse the processes involved in encouraging or discouraging older persons from participating and determine the extent to which they are already engaged in economically and socially productive activities.

#### *Using available data on older persons' contributions*

A small number of countries have already conducted surveys focusing on older persons' employment and other contributions. Focal points should make an effort to determine whether these surveys are robust, representative, and cover the full range of potential contributions.

Standard surveys of economic activity and labour market participation provide an indication of general trends but are likely to understate older persons' real economic contributions for the following reasons:

- Some surveys assume that all pensioners are, by definition, economically inactive;
- Research from some countries suggests that older workers are over-represented in the informal economy, and rates of labour participation in this sector tend to be underreported in many standard surveys;
- Surveys usually focus on income-producing work, overlooking other economic contributions. Research from developed countries shows that older persons are disproportionately represented in the voluntary sector. Other contributions include unremunerated housework, caregiving, and the provision of accommodation to younger family members.

Household surveys represent a good alternative or complement to labour force surveys. Depending on their detail and design, they may identify some contributions

not recorded in labour surveys. One disadvantage is that household survey data are less likely to be age-disaggregated and may require careful analysis by a trained statistician.

### *Developing surveys of older persons' contributions*

Assessments of older persons' contributions can take many different forms, ranging from small-scale exploratory research to large quantitative surveys.<sup>16</sup> The range of information that can be collected is also very broad and might include, for example, data on preferences and on actual participation in paid and unpaid work (see below). Focal points must clearly identify the main purpose of a survey or research project and determine whether it is necessary to represent the entire older population or to focus on one or more subgroups.

#### **Box 6. Using indicators properly**

The demographic dependency ratio (DDR) is a widely used indicator that provides information about the age distribution of a population and can be a helpful tool for understanding population change. However, references to “dependency” within such a context are inaccurate and can lead to the erroneous assumption that all older persons are entirely unproductive and dependent. Clearly, great care must be taken in interpreting and analysing dependency ratios. Some cautionary notes include the following:

(a) DDRs come in different forms; children up to the age of 14 or 15 may be lumped together with older persons over the age of 60 or 65, or the two groups may be measured separately. A clear distinction must be made between the total dependency ratio and the old-age dependency ratio. The total dependency ratio may, for example, disguise the fact that the child dependency ratio is declining at the same time that the old-age or elderly dependency ratio is increasing;

(b) DDRs are based on the assumption that all individuals between the ages of 15 and 64 make an economic contribution. Using available data, focal points should assess how true this is for their own countries, since many people of working age may remain in education or be unemployed;

(c) DDRs are also based on the assumption that older persons make no economic contribution. Again, focal points should determine how true this is for their countries. Assessments will require the review and analysis of existing data, a re-examination and cross-referencing of available evidence, and possibly the collection of additional information through, for example, interviews, focus groups or questionnaires.

Issues to be explored in relevant surveys might include the following:

- How do patterns of economic engagement vary across the older population? Gender gaps in labour force participation and earnings may be very different between the older and younger populations—and even among diverse groups of older persons. In some developing countries a significant proportion of very old people continue to work and represent a highly vulnerable subgroup;
- Are older persons employed in appropriate activities? In poorer countries they may be engaged in labour that is physically demanding and hazardous to their

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<sup>16</sup> It may be helpful to refer to international surveys of older persons' working preferences and behaviour (such as the SHARE survey, available from <http://www.share-project.org>).

health. Focal points may find the concept of “decent work” developed by the International Labour Organization useful within this context;

- What are the work preferences of older persons? Some may wish to work but face a range of age-related barriers (see below). Equally, some of those who are working may wish to stop, change jobs, or engage in a different type of work but are having difficulty making the transition;
- What can be learned about the wider contributions of older persons to society, including volunteer activities?

#### ***2.4.1 Policies to promote employment for older persons***

In the past decade, many countries have become aware of new challenges emerging as a result of population ageing and are giving greater policy attention to the ageing of the workforce, focusing particularly on the age structure of the working population. Positive change can be managed through the implementation of appropriate policies and measures, including those aligned with the following goals:

- Providing suitable working conditions, as well as employment opportunities, for an ageing workforce;
- Maintaining and promoting the health and working capacity of workers as they age;
- Developing the skills and strengthening the employability of older workers.

The broad policy aim should be to ensure that older workers who wish to stay in their jobs or find new employment may do so.

Extending working lives is important both for financing national social protection systems and for preventing poverty in old age. It assumes particular significance for women, many of whom have spent their lives as caregivers, and for those who have been engaged in physically demanding and/or low-paid work.

Challenges relating to the ageing of the workforce are being addressed in a number of countries. Concerns about the sustainability of pensions, economic growth, and the future labour supply have stimulated a range of policy processes and recommendations to support the goals of longer working lives and later retirement.

The European Union has been addressing issues relating to the ageing labour force since 1990. Increasing the employment participation rate for older workers was identified as a key priority in the Lisbon Strategy adopted in 2000. Many European countries have since designed specific national policies and different measures to promote new values and improve working conditions and rates of employment among older workers (see box 7).<sup>17</sup>

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<sup>17</sup> For more information, refer to the following reports: European Union, Social Protection Committee, “Promoting longer working lives through better social protection systems” (available from

### **Box 7. Promoting the National Age Programme in Finland**

Finland has experienced the same demographic shifts as most other European countries and has been forced to deal with its rapidly ageing workforce. The Finnish Government has made it a point to address the difficulties faced by older workers, who have traditionally been excluded from the labour market in spite of their extensive skills and experience.

In 1996, a special committee set up to look into the situation issued a report on increasing the employability potential of older workers. Its recommendations served as a basis for the National Age Programme, 1997-2001. Carried out cooperatively by various ministries and social partners, the Programme included training, organization, information and research projects as well as a system for monitoring the impact of these activities. Some of the major objectives were to enforce regulatory amendments and to modify social values and attitudes so that the economic contributions made by older workers would be seen in a more positive light. Another aim of the programme was to raise the average retirement age.

Training, information and legislation were important features of the Programme. Employers were encouraged to retain older workers, and best practices in the management of an ageing workforce were disseminated nationally. In order to raise awareness of the dangers associated with the shrinking of Finland's workforce, special seminars were held to educate top management and personnel departments. The Finnish Institute of Occupational Health instructed managers on what companies could do to keep older workers healthier through counselling and the implementation of lifelong learning programmes. On the pension-benefit side, Finland also made early retirement more costly for companies, requiring that they pay 80 per cent of early-retirement benefits. As a result of these policies, the average retirement age is rising, and the proportion of those aged 55-64 in the workforce has jumped from 36 to 50 per cent.

A key to Finland's policy success was the collaboration between government bodies at different levels, including the ministries of social affairs, health, labour, and education and the government-run Institute of Occupational Health, with its close connection to industry.

Another key element was the strong emphasis on the concept of *age management*. The goal was to persuade Finnish companies of the benefits accruing from good management practices adapted to each period of their employees' working lifespan (from labour force entry to exit). Policies also encouraged companies to devise programmes that would improve workers' health, skills and knowledge on an ongoing basis.

In parallel, the pension system was reformed; early-retirement schemes were eliminated, and the minimum retirement age was increased from 53 to 57 years. During the most recent stage of pension reform, the Government began rewarding workers staying on the job longer, boosting pension benefits by as much as 40 per cent for those willing to delay retirement until age 65 or longer.

**Source:** European Foundation for the Improvement of Living and Working Conditions (available from <http://www.eurofound.europa.eu/>).

Policies promoting the employment of older workers must be linked to the revision of pension and early exit schemes, which in their present form may bar or discourage older persons from remaining in salaried employment. Focal points should consider these effects as part of their review of formal social protection schemes

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ec.europa.eu/employment\_social/social\_protection/docs/working\_longer\_en.pdf); and United States General Accounting Office, "Older workers: policies of other nations to increase labor force participation" (February 2003) (GAO-03-307) (available from [www.gao.gov/new.items/d03307.pdf](http://www.gao.gov/new.items/d03307.pdf)).

(addressed in greater detail in section 3). In countries where generous early retirement benefits are common, employment rates for older workers tend to be low. When developing national policy, it is important to consider the compatibility of pension legislation with the desirability of having people work beyond the statutory pensionable age.

Some countries, such as Australia, Finland and Japan, are taking a more flexible approach to pensions and retirement. Focal points should ensure that policy makers are aware of international experiences and are willing to consider developing similar strategies if they are compatible with national priorities. Data on older persons' work preferences (see above) may be used to support such efforts.

#### *2.4.1.1 Age discrimination*

Research from developed countries already dealing with the ageing of the workforce shows that where ageist attitudes are prevalent in the workplace, unjustified age discrimination becomes a common practice. Age discrimination against older workers can occur across all employment practices and processes, including recruitment, promotion, training, development, and redundancy.

In most developing countries there is a paucity of data on age discrimination. Where such data are scarce there may be a need to conduct surveys of attitudes and experiences, bearing in mind the subjectivity of responses and the limitations inherent in the data collected. The following approaches may be used to obtain the necessary information:

- Questioning employers about their recruitment practices; in some countries, many enterprises will not employ older persons, even if the State offers them financial incentives to do so;
- Assessing employer attitudes by comparing responses to curricula vitae where age is not specified to those where it is. In research carried out in some developed countries, this technique has been successfully used to demonstrate the extent of discrimination;
- Talking to older workers about their own experiences with different forms of discrimination, perhaps drawing questions from similar surveys of sex discrimination.

Negative attitudes about age may also be found in the voluntary sector. For example, older persons may be barred from leadership roles in civil society organizations on the basis of their age. If age discrimination is seen to be occurring, these organizations and the national or international donors supporting them should be pressured to address the situation.

#### **Box 8. Tracking age discrimination in recruitment**

A model for identifying discriminatory practices and their magnitude may be constructed based on the French “discrimination barometer”, a mechanism established for the regular monitoring of discrimination in recruitment. Various indicators constitute a framework for analysing and tracking the evolution of discriminatory behaviour within different sectors, job types, and even regions. The general approach is to compare the results of an employment interview for a reference candidate (a man aged 28-30 years with a typically French name, for instance) with those for other types of candidates.

Recent surveys have shown that age bias is the most prevalent form of discrimination. A male candidate aged 48-50 years is three times less likely to receive a positive response from a potential employer (and seven times less likely if applying for an executive position) than a male candidate between the ages of 28 and 30. Employment discrimination linked to disability or ethnic origin appears to be less common than that associated with age.

**Source:** Observatoire des Discriminations, Baromètre 2006 (available from <http://www.egalites.net>).

Many older persons who have never been formally employed are denied opportunities for socio-economic participation in a number of other areas; in developing countries in particular, they may not be eligible for loans and financial services or for land and property ownership. Some large microcredit schemes automatically bar older persons from taking out loans on the grounds that they are “not creditworthy”. Governments and NGOs need to tackle discrimination in all these areas in order to enhance opportunities for older persons to make an economic contribution.

In addition to collecting data on age discrimination, focal points and other stakeholders should:

- Promote the establishment of a supportive legal framework for cases of age discrimination, taking cues from successful legislation on gender, racial, disability-related and other types of discrimination in employment;
- Raise the profile of age-based employment discrimination among key stakeholders, including older persons’ groups, labour unions, labour ministries and employers’ associations;
- Sensitize employers and educate them about the need for long-term workforce planning and the positive contributions older workers can make within the workplace;
- Consider specific policy interventions to end old-age discrimination. Examples from developed countries include age discrimination legislation, employment subsidies, awareness-raising activities, and targeted training programmes. There is no consensus about which approach is the most effective; selecting the best option(s) for a country requires careful consideration.



#### 2.4.1.2 *Other barriers*

Pervasive negative stereotypes about the capacities of older persons can be a serious barrier to their participation in society. It is often asserted, for example, that older persons do not have the appropriate skills for many forms of economic activity.<sup>18</sup> This may be true in some cases and not in others. In developing countries, many older persons lack literacy skills and a formal education. In both developed and developing countries, the skills retained by older workers may have become obsolete. Where this is the case, a key objective in age-friendly policy is ensuring that older persons have as many opportunities as other age groups to acquire or develop new skills and competencies. Two arguments supporting the allocation of resources in this area include the following:

- Eliminating discrimination enhances the potential economic contribution of older persons. It is wasteful not to tap into the potential of the expanding older population;
- Illiteracy represents an infringement of older persons' rights and serves as a barrier to many different forms of participation and citizenship that could further enhance social cohesion and productivity.

It is necessary to ensure that older persons are given equal access to training and continuing education opportunities (including student grants and loans). This will require focal points and other stakeholders to liaise with officials from the ministries of education and labour and other State institutions in their countries.

People of all ages have the capacity to learn new skills and undergo personal and professional development if appropriate training is made available. Older persons may require financial and psychological support to undertake retraining and move to employment more suited to their individual interests and capacities.

Many countries have discovered the benefits of retaining older persons in the labour force. Doing so on a meaningful scale requires the design of appropriate lifelong learning policies that encourage the continuous updating of skills and work capacities and enable workers to remain productive and competitive in the labour market until their later years.

Poor health in later life can be another important barrier to economic participation. When age bias is apparent in health policy (see section 4), action should be taken to emphasize the potential economic benefits of improved health in later life.

Incentives must be created that encourage employers to make the workplace age-friendly and to support older workers experiencing health problems. Innovative employers are able to work around cases of "poor health" by exploring job redesign or providing part-time job opportunities.

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<sup>18</sup> Age- and gender-specific literacy data for all countries are routinely published by the United Nations Educational, Scientific and Cultural Organization.

#### ***2.4.2 An enabling work environment and transportation system and the concept of universal design***

Older persons with physical, sensory or cognitive impairments may be excluded from economic and social participation because of environmental, architectural or other physical barriers, such as a lack of wheelchair access. These barriers may exist in the workplace or within the public transport system (where trains and buses do not allow low-level entry, for example). Focal points may wish to review disability mainstreaming initiatives to ensure that older persons' concerns are not overlooked.

A wide variety of assistive devices may enhance the capacity of older persons to participate in the workplace and beyond. These may range from relatively simple items such as age-friendly agricultural implements to more sophisticated instruments such as adapted computer keyboards and software.

It is important to avoid policies that frame ageing and disability as related concepts. While disability is sometimes experienced by older persons, assumptions about disability accompanying ageing should be discouraged. The fact is that older persons usually operate at a functional capacity normal for their age. Problems may arise if individuals with greater functional capacity than that of older persons use it to disadvantage those who are less physically robust.

Creating a friendly urban environment is important for enabling older persons to stay active. To achieve such a goal, the needs and perspectives of older inhabitants can be mainstreamed into the policies and activities of government departments concerned with transport and housing, for example. There has been almost no research on transportation-related challenges faced by older persons in poorer countries, where both public and private transport infrastructures are less well developed. In many countries transportation has received more attention in disability mainstreaming initiatives than in ageing initiatives. Given that older and disabled persons experience many of the same difficulties with regard to transportation, it may be useful to work with entities involved in disability mainstreaming to ensure that older persons' concerns are included in, but not fused with, disability concepts. *Global Age-Friendly Cities: A Guide*, published by the World Health Organization (see box 9), includes an age-friendly transportation checklist that may be used as a frame of reference for policy development and advocacy within this sector.

It may be possible to promote the concept of universal design, or “design for all”, at a national level.<sup>19</sup> This involves taking the specific needs of older persons into account when designing products and services that will be used by them. “Design for all”, if adopted as a general principle, helps to ensure that environments, products, services and interfaces of all types enhance to the quality of life of people of all ages and abilities.

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<sup>19</sup> The American Society of Interior Designers website provides a list of seven principles guiding universal design (see <http://www.asid.org/leadership/Platform+Issue+-+Design+for+All.htm>).

### **Box 9. Global age-friendly cities guide**

*Global Age-Friendly Cities: A Guide* is a recent initiative undertaken by the World Health Organization to increase age sensitivity. Thirty-five cities in 22 countries participated in the study, including Istanbul, London, Melbourne, Mexico City, Moscow, Nairobi, New Delhi, New York, Rio de Janeiro, Shanghai and Tokyo, with all continents represented. The *Guide* can be used by every city, regardless of its current level of age-friendliness, to monitor and improve any aspect of urban life for older persons.

As indicated in the *Guide*, there are a number of easy ways to make a city more age-friendly. Affordable measures that can be implemented expeditiously by any city include lowering transportation costs, providing special customer service such as separate queues, holding public events at convenient times, ensuring the availability of courteous and helpful service providers, promoting and supporting the development of job opportunities for older persons, and providing clear information about health and social services.

The *Guide* represents the culmination of one of the first research projects on ageing across culturally diverse countries and cities done from an active ageing and public health perspective. Older persons themselves participated actively in the project, making decisions on what an age-friendly city was or could be. About 1,500 older individuals described the advantages and disadvantages associated with eight aspects of city living: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, information and communication, and community support and health services. Older persons' concerns and ideas were complemented by the views of some 750 caregivers and service providers.

**Note:** For more information see  
[http://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf).

### **2.4.3 Older consumers**

Older persons make key contributions to development not only through their participation in the labour force, caregiving, and volunteer activities, but also in the capacity of consumers.

In many developed countries substantial business opportunities are emerging, particularly in the service sector, to meet the needs of the ageing population (see box 10). Older persons are more likely than the members of other age groups to be homeowners, offering additional opportunities. Studies from Japan and the United States have highlighted the importance of spending by older persons in sustaining aggregate demand, which in turn strengthens the overall performance of the economy.

**Box 10. Meeting the needs of older consumers: examples from Japan, Germany, and the United States of America**

Some assistive products have been developed by Japanese companies for frail and care-dependent older persons. One device currently on the market measures a user's blood pressure and temperature and then transmits the results to a local health database; a local medical service provider intervenes if anything seems amiss. Another product line consists of interactive robots that can talk, sing and play quiz games with older persons to alleviate loneliness. Other robots have been designed to assist older persons at a later stage of ageing with physical functions such as bathing or lifting.

During the 2006 Senior Citizens Day festivities in Germany, a computer for older persons was introduced that featured a larger font for improved readability and offered older users the option of listening to e-mail messages rather than reading them.

Age-appropriate housing has been expanding in the United States and other developed countries. This kind of housing offers older persons who are dependent on wheelchairs or other devices maximum accessibility and mobility. It also incorporates features that can be modified depending on the health status of the occupants of individual units. Retirement communities provide an age-adequate living environment in which residents may enjoy complete independence or receive levels of support ranging from light assistance to comprehensive care. These retirement communities have transformed the age profile of entire states; Arizona and Florida, for example, are now among the oldest American states in demographic terms.

In poorer countries older age groups may not have such a significant impact on consumption trends. Here, the key issue may be reducing poverty and ensuring that older persons' basic consumption needs are being met.

Focal points and other stakeholders should focus on the following:

- Promoting communication between private companies and older consumers to ensure that the consumption needs and preferences of the ageing population are being satisfied;
- Ensuring that private and public enterprises are effectively monitored and regulated so that all older persons receive a fair deal as consumers. Action should be taken to determine whether older persons enjoy the same degree of consumer protection as other age groups and whether they encounter any particular obstacles in availing themselves of such protection. Older consumers must be given the opportunity to make well-informed choices about goods and services and be able to hold businesses accountable when things go wrong;
- More specifically, making sure that contracts, advertisements, sales techniques and warranties do not confuse, frighten or mislead older persons, and that older consumers are given adequate time to consider and reconsider their contractual undertakings;

- Ensuring that poorer and more vulnerable older consumers, in particular, are not overlooked and discriminated against. It is important to ascertain, for example, whether older persons living in remote rural areas or poor urban neighbourhoods have access to a range of retail products at competitive prices, and whether insurance arrangements unfairly discriminate against certain groups of older persons;
- Paying particular attention to older persons as consumers of health and care services (see sections 4 and 5 for more detailed information).

Ageing is a privilege and a societal achievement. It is also a challenge that will affect all aspects of society in the twenty-first century. Addressing this challenge successfully requires the combined efforts of the public and private sectors in the development and application of effective approaches and strategies.

## **Section 3**

### **Making social protection work effectively for older persons**

#### **3.1 What is social protection?**

Social protection is a broad and complex concept that has been interpreted differently across countries. However, the following is true in most national contexts:

- Short- and long-term social contingencies or risks are covered through programmes for regular health care, long-term health care, pensions, family allowances, unemployment, professional training, poverty reduction, social services and assistance, and advocacy for the rights of vulnerable groups;
- The programmes are administered, funded, and delivered by the public and/or private sectors and/or civil society organizations;
- Conventional regulated programmes are based on the insurance mechanism that characterizes social security as well as market-based insurance schemes and the payment of contributions. Other forms of traditional social protection include the provision of informal or unregulated care and support by immediate and extended families and communities;
- Some programmes involve the transfer of financial and non-financial resources to groups considered poor and vulnerable;
- Objectives extend beyond poverty prevention to include protection against key risks and the protection of social rights through laws and regulation.

Traditionally, direct social protection for older persons has taken the form of retirement pensions or similar schemes involving income support. Grandparents who have become the main caregivers for children and youth may receive cash transfers that provide or supplement family income if certain conditions are met, such as children attending school, receiving immunizations, and visiting health-care providers regularly. Older persons can be directly or indirectly affected by virtually all social protection programmes, even those targeting other groups; in many developing countries, for example, indigent residents of all ages may be eligible for cash transfers.

Older persons often constitute one of the most vulnerable groups in society and face risks other than the loss of income, including frailty, discrimination, neglect, and even harassment. These risks may be reduced through various social protection strategies, including long-term health-care support, close oversight, and co-residence with family members or friends. For these reasons, it is important to regard old-age social protection as more than just the development of pension programmes.

In most nations, social protection encompasses the following: a system of social security funded through contributions from employers, workers and the Government; public health-care and other public-led social assistance programmes;

and support schemes that target vulnerable populations and are aimed at poverty reduction. Its components include the following:

- Social insurance, designed to mitigate the negative effects of major social risks (including poor health, old age, disability and unemployment);
- Social assistance financed out of general public revenues, such as conditional or unconditional transfers of cash or goods, subsidies, housing assistance or price support mechanisms;
- Other support schemes such as food security programmes, social funds, and disaster prevention and management.

These traditional forms of social protection are complemented by market-based instruments such as insurance policies that can be purchased individually or by employers, informal arrangements among family members to support persons in need, and the action of civil society through community-based organizations. These interventions should be included as elements of the system of social protection of any country. Often, however, they are neither acknowledged nor supported by Governments.

Depending on the specific risks and needs of the older population in a particular country and the quality of the national infrastructure in the implementation of social protection legislation, a customized combination of social protection policies might provide the necessary security. However, pensions and social transfers are still likely to be considered the primary forms of social security for older persons in many countries. Some countries have introduced basic, non-contributory pensions for older residents; such initiatives must be administered appropriately and their impact on contributory pension programmes assessed, with minimum pensions guaranteed, to ensure that they do not contribute to the weakening of partially and fully funded pension schemes that rely on personal savings for retirement.

In developing countries in which a relatively low proportion of the labour force operates within the formal sector, policy makers and other stakeholders face the difficult challenge of designing effective instruments for long-term savings, including savings for retirement. Often, a substantial portion of the family income is spent on the younger members through investments in education or real estate, for example, in the expectation that these children and youth will later reciprocate by providing their ageing parents with financial and other types of support. In many developing countries that have adopted private, fully funded individual accounts, the specific features of the labour market have become major obstacles to increasing coverage; those who have been contributing consistently to their individual savings accounts, however, have seen their balances increase and have benefited from the relatively high rates of return over time.

Human rights are important in the context of social protection. Transfers and other forms of social assistance should be regarded as a legal right, with measures taken to promote awareness of entitlements and facilitate access to benefits.

Awareness of rights preserves the dignity and enhances the participation of the poorest people, while also strengthening relations between citizens and the State. A rights-based approach<sup>20</sup> in framing public policy provides a normative base for development. In such a context, older persons are seen not simply as needy individuals requiring assistance, but as citizens with rights and entitlements. The State and society at large have an obligation to ensure the respect, protection and promotion of human rights.<sup>21</sup>

### **3.2 Identifying key risks and responding with appropriate social protection**

Older persons may be susceptible to risks that are directly associated with age, including frailty, the loss of earned income, and certain forms of illness. They are also exposed to risks that may affect the population in general, such as crop failures or flooding. Although older persons may not be the only group facing these more general risks, they are often particularly vulnerable to them. For example, older persons with special care needs will be especially affected by family and household disruptions following large-scale emergencies and natural disasters. Similarly, economic downturns and inflationary processes will disproportionately affect pensioners and other vulnerable groups.

It is important to identify specific risks faced by older persons and their families. Understanding the nature of these risks facilitates the design of effective social protection interventions. Table 3 provides some examples of the strategies various countries have adopted to address such risks. Because the range of risks is quite diverse, it may be necessary to maintain an eclectic approach to research and data collection and a flexible approach to policy-making.

Older persons' organizations and other concerned NGOs should be involved in identifying risks and developing appropriate policy responses. Such bodies are likely to be particularly aware of the different groups comprising the older population and of the diverse challenges they face.

In any examination of current and potential country-level interventions, the following should be considered:

- Which groups of older persons (and which groups within the general population) are most affected by the risks these interventions target?
- Do these interventions make the best use of available institutional structures (be they government agencies, community groups, or private companies)?
- How do these interventions contribute to positive ageing for all older persons?

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<sup>20</sup> Defined as explicit recognition of the full range of human rights reflected in binding national and international agreements.

<sup>21</sup> For more detailed information see Economic Commission for Latin America and the Caribbean, "Report on the application of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing" (LC/L.2749[CRE-2/3]), pp. 31-42.



**Table 3. How understanding risk promotes effective social protection strategy development**

<b>Risk</b>		<b>Response</b>
<b>Poverty</b>	Research in Thailand indicated that older persons living alone in rural areas experienced especially high levels of economic vulnerability.	This led to the establishment of a limited national programme for the provision of targeted emergency grants.
<b>Excess mortality</b>	Epidemiological research in the United Kingdom found that that winter deaths among older persons were significantly higher in the British Isles than in other countries with similar climates. Further research identified poorly heated homes as the key reason.	These findings prompted the development and implementation of a programme providing winter fuel payments for older persons.
<b>Increased demands for grandparenting</b>	With the rapid rise in the number of children and youth orphaned as a result of AIDS in South Africa, older persons are increasingly assuming guardianship of their grandchildren and often find it difficult to bear the attendant financial burden. Traditional social protection has mainly been targeted at mothers.	Foster care grants were introduced to support extended family care providers, including grandparents. Legal recognition of the caregiving role of grandparents is being supported within this context.
<b>Funeral costs</b>	Surviving spouses and other family members may be economically vulnerable and therefore unable to pay funeral expenses, which can be substantial in many developing countries.	Informal funeral associations are prevalent in rural districts of countries such as Ethiopia and Tanzania. In some cases, they have diversified their activities and provide a range of micro-insurance and micro-credit services.
<b>Neglect</b>	Because of increasing economic pressures, older persons may be neglected by their offspring, even in cases of intergenerational co-residence.	Laws have been enacted and institutions such as the Tribunal for the Maintenance of Parents in Singapore have been established to ensure filial piety through legal means.
<b>Catastrophic health spending</b>	The Medisave national health insurance programme in Singapore failed to provide comprehensive protection for older persons or other groups, as high-cost treatments for major or chronic illnesses were inadequately covered.	An additional insurance fund, MediShield, was created specifically to deal with high-cost illnesses. However, coverage remains limited for persons under 65, and premiums rise quite sharply with age.

### **3.3 Addressing poverty risk and income insecurity in old age**

A lower standard of living—and in some cases impoverishment—deriving from reduced labour market participation is a key risk faced by almost all older persons. As their socio-economic status declines, some older individuals are compelled to accept poorly paid employment. The risk of income reduction in later life has led all countries to establish income maintenance programmes for older

persons that typically involve the provision of a pension. Publicly supported pensions can be earnings-related (dependent on wage levels and years of work) or universal (based on age and residency, not contributions).

In some developed countries State pensions ensure old-age income security for a significant proportion of the population, while in developing countries relatively few have access to retirement pensions. Statistics published by the International Labour Organization indicate that the vast majority of the world's working-age population do not have the kind of pension protection that will allow them to deal effectively with health, disability and income risks in old age. Substantial numbers of older persons are currently in this situation and must rely on work and on their families and communities for income and other forms of support. Limited job opportunities, low wages, and physical impairment can seriously affect the earning power of those seeking employment. Circumstances such as these are not conducive to long-term income security and increase the risk of poverty among older persons.

Countries with formal pension systems have been more successful in reducing old-age poverty. In rural north-eastern Brazil, the proportion of households in which older persons were receiving a pension rose from 55 per cent in 1981 to 89 per cent in 2001; during the same period, the proportion living below the official poverty line fell from 65 to 35 per cent.

**Box 11. How poor are the elderly?**

Older persons are often poor, but just how poor are they? Measuring poverty among the older population can be a challenge, as empirical data are often scarce, and those that are available are generally not comparable across countries or regions because different conceptual and methodological approaches have been used for data collection and analysis.

There is no consensus on whether old age is predictably associated with poverty and should therefore be targeted on a categorical basis for social assistance. Some studies from Europe and Latin America show that the situation of older persons is broadly representative of that characterizing the population as a whole,<sup>a</sup> whereas surveys from Africa indicate that, in 9 out of 15 countries, households with older members are more likely to be poor.

There may be significant disparities between rural and urban populations and among different ethnic groups. Every effort should be made to obtain accurate poverty data on older persons, taking into account their diverse circumstances.

It is also important to keep in mind that poverty estimates derive largely (or even exclusively) from income data; factors such as variations in basic consumption needs between different age groups are rarely considered in assessing the economic situation of older persons. It is sometimes claimed that consumption needs are lower for older persons than for other age groups, but the opposite is usually true; the costs of household heating and buying essential medications, for example, can be particularly high for older individuals. All needs-related variables must be taken into account before an accurate picture of the economic circumstances of older persons can be obtained. Consideration should be also given to whether older persons are provided essential services at full market cost or at subsidized rates.

**Source:** <sup>a</sup> Edward Whitehouse, "How poor are the old? A survey of the evidence from 44 countries", Pension Primer Paper No. 1 (Washington, D.C.: World Bank, 2000).

A major challenge for every country is to ensure that pension programmes have the capacity to provide all older persons with effective support both now and into the future. In some developing countries, important pension reforms have been undertaken but no provisions have been made for guaranteed minimum payments, rendering older persons (especially women) particularly vulnerable to poverty. Special attention should be given to those who are likely to be placed at a disadvantage by any mandated scheme.

It may be asserted that in countries with good levels of coverage by formal pension systems or old-age public transfer programmes, older persons are less affected than the rest of the population by relative poverty. In many developing countries, particularly in regions such as Africa or Latin America, only salaried workers in the formal employment sector or in some specific professions are eligible for pension benefits, leaving large segments of the population vulnerable to financial insecurity in their later years.

In countries with low rates of occupational or retirement pension coverage, other social policy instruments may be brought into play to ensure that older persons have access to cash and/or in-kind assistance. Social pension programmes, which provide small cash grants to poor older persons not usually covered by contributory schemes, may represent a particularly attractive option for middle- and low-income countries (see box 12). Such schemes are known to have improved the economic situation of older persons in Bangladesh, Bolivia, Brazil, and other countries. Existing social pension programmes that do not provide adequate income or coverage may need to be expanded. Such schemes can be financed in different ways, including through general taxation, special levies on specific activities or sectors, or the imposition of an earnings-based “solidarity” tax or contribution by those participating in employment pension programmes.<sup>22</sup>

Governments need to design social protection schemes that can be carefully monitored in terms of costs and outcomes. A flexible, pragmatic approach should be maintained so that any necessary adjustments may be made to these schemes.

Remittances from migrant workers abroad constitute an important source of funds for families, helping them to meet their consumption needs. The proportion of remittances sent to parents and grandparents at home varies. Evidence indicates that remittances may create opportunities to build retirement funds and other forms of long-term savings.

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<sup>22</sup> United Nations, *World Economic and Social Survey 2007: Development in an Ageing World* (Sales No. E.07.II.C.1).

In order to ensure that sound decisions are made with regard to income provision for older persons, the following questions should be considered within each country context:

- Is the poverty rate higher among the older population than among the rest of the population?
- What level of social protection do contributory schemes provide for older persons?
- Are the types and levels of social assistance benefits provided for older persons appropriate and adequate?
- Should non-contributory pensions be means-tested and restricted to the most vulnerable older persons, or should they be provided as part of a universal scheme covering the entire older population?

#### **Box 12. Social pensions and older persons**

Social pensions have attracted increased attention from policy makers in recent years and are sometimes linked to wider social protection programmes through which poor households receive limited cash transfers. New schemes have been introduced in a range of countries, including Bangladesh, Bolivia and Zambia. It is essential that research be carried out to establish the effectiveness of such programmes in these distinctive settings.

A number of developing countries, notably Brazil and South Africa, have been operating large-scale non-contributory pension schemes for their older populations. In South Africa it is estimated that almost 2 million people receive social pensions, at a total cost of around 1.4 per cent of GDP. In Brazil, social pensions provide for around 5 million older persons, costing about 1 per cent of GDP. Both schemes pay older persons US\$ 3 a day on average.

Not surprisingly, research has shown that these pensions have had a significant impact on poverty and economic vulnerability among beneficiary households. In Brazil, poverty among rural recipients of social pensions stands at 3.5 per cent but would be as high as 51 per cent in their absence.\*

There is evidence that the impact of social pensions is not limited to older persons but extends to their households and families. In addition to providing income, social pensions may produce a range of indirect benefits, including improved health and educational status among younger household members. In Bolivia, higher caloric consumption and lower school drop-out rates have been observed among rural households benefiting from the universal pension programme. In South Africa, social pensions have been shown to mitigate the impact of the HIV/AIDS pandemic on pensioner households.

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

### **3.3.1 Means-tested transfers**

In practice, most national social schemes are means-tested; by restricting eligibility for benefits, Governments can control expenditures and ensure that everyone has an adequate income later in life. Narrow targeting is often used to

provide support for older persons who are particularly vulnerable, such as widows or older individuals living with their grandchildren.

It is argued that narrow targeting of the older poor allows Governments to reduce poverty more effectively and at a lower cost than in broadly targeted programmes. However, narrow targeting often has hidden costs, and once these are factored in, the most finely targeted policy may not have any more effect on poverty than a broadly targeted one.<sup>23</sup>

Another difficulty arises in targeting the poorest. In countries at the lower end of the socio-economic spectrum older persons often live with their families, and an equitable distribution between household members might not be achievable.

To address the most urgent concerns within the present context, the following is recommended:

- Reasonably reliable “short-cut” assessments need to be carried out simultaneously with more rigorous and costly evaluations, as existing data and methods of analysis are inadequate and do not provide an accurate picture of programme costs and benefits;
- Targeted schemes should be designed so that incentives for promoting self-sufficiency and escaping poverty are not undermined or destroyed.

### **3.3.2 Universal pensions**

Age and citizenship constitute the only eligibility criteria for universal social pension programmes—unlike retirement pension schemes, which require previous labour market participation and include a contributory component. One example of a universal social pension programme is that implemented in Namibia, where every citizen becomes eligible for benefits at age 70, regardless of occupational status.

The benefits of social pensions for older persons include the following:

- They ensure food security and can facilitate access to other forms of social protection, including health services. In South Africa, a net positive impact on women’s health was observed among those receiving such pensions,<sup>24</sup>
- They redistribute income more equitably between men and women. Women often live longer but tend to be more vulnerable than men in their later years, in part because they have less access to contributory pension benefits and may face discrimination in terms of property and inheritance laws;

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<sup>23</sup> Dominique van de Walle, “Targeting revisited”, *World Bank Research Observer*, vol. 13, No. 2 (Washington, D.C.: World Bank, 1998).

<sup>24</sup> A. Case, “Does money protect health status: evidence from South African pensions”, first draft of National Bureau of Economic Research Working Paper No. 8495 (2001).

- The self-confidence of recipients increases as their status within the household improves; this is particularly true for older women.

It may be asserted that universal pensions are not affordable for poor countries with limited public budgets; however, research and analysis indicate that the majority of developing countries, including most low-income countries, have sufficient budgetary resources to implement a scheme offering benefits equivalent to the international (extreme) poverty line.<sup>25</sup>

Other concerns that have been raised about the possible negative effects of universal social pensions relate to work incentives and saving behaviour, reductions in intergenerational transfers, and the opportunity costs of this policy vis-à-vis other social policies.

A particular concern is that universal pension entitlements are often limited to individuals aged 70 years or above, yet many of the poorer groups in society may not reach this age. Nepal has a universal scheme, but the minimum age requirement of 75 is seen as excessively high in relation to life expectancy in that country. Similarly, in Viet Nam, universal social pension recipients are only eligible for benefits up to the age of 85. One alternative might be to lower the age of entitlement while also linking benefit provision to some form of poverty assessment; such an approach would likely enable social pension programmes to reach those older persons most in need.

### **3.4 Key issues of concern**

In recent years, pension systems across the world have been the subject of increased policy debate, and many have been targeted for reform. In a number of developed countries, the focus has been on ensuring the sustainability of pension programmes in the light of demographic trends and on adapting pension systems to longer life expectancies. In many developing countries, a key concern is that pension systems be financed equitably to provide for *all* older persons. In the ongoing discourse, the roles of the public and private sectors have been critically discussed, with reforms reflecting important political decisions. Some countries have created new private pension systems with defined, mandatory contributions and fully funded individual savings accounts, while others have introduced parametric reforms in their traditional pay-as-you-go systems that increase the retirement age and standardize benefits that were excessively generous for certain professional groups. In many developing countries, long-term savings instruments have been added to the financial opportunities offered by microfinance institutions.

It is impossible to fully appreciate the implications of these issues without a comprehensive understanding of the various pension schemes operating in a country. Close attention must be given to the most detailed provisions of public schemes, employer programmes, individual retirement plans, and other types of pension

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<sup>25</sup> United Nations, *World Economic and Social Survey 2007: Development in an Ageing World* (Sales No. E.07.II.C.1).

arrangements, as seemingly minor technical changes can have a potentially significant impact on the welfare of older persons who rely on pension payments.

Key issues requiring consideration in the design and monitoring of pension policies are highlighted below.

#### *Social inclusion*

- What proportion of the present workforce is currently enrolled in pension schemes? What is the corresponding enrolment rate among older persons?
- What are the key features of groups who are not enrolled? Are women or older migrants underrepresented in pension programmes? If so, to what extent? How are individuals working in the non-organized/informal sector protected?
- Can coverage of future cohorts of older persons be predicted based on current levels of inclusion in pension schemes?

#### *Entitlements*

- Are all older persons fully aware of their entitlements? How is the relevant information provided to them?
- What is the age of retirement, and how does it vary between different schemes and different groups? What are the grounds for these variations? Are they equitable?
- What is the anticipated life expectancy beyond retirement for different groups of pensioners? Are more wealthy recipients unfairly advantaged?
- Other than age, what factors influence retirement? A minimum period of contribution? Falling below a means-tested threshold?
- Where means testing is applied, is the determination of eligibility carried out fairly and without compromising older persons' dignity?
- Are retirees barred from continuing to work for pay?

#### *Benefits*

- Do current and projected pension values cover the real living costs of older persons and their families? Have the pension benefits of widows been taken into consideration?
- How are benefits calculated? As a percentage of the final salary, indexed with average wage levels or the cost of living?
- Are benefits calculated accurately and paid out on time?

### *Financing*

- Is financing sustainable so that the needs of both present and future cohorts of older persons can be met?
- Are older persons unfairly affected by policy decisions emanating from concerns about pension system sustainability—for example, by changes in retirement ages or by altered eligibility for certain benefits?
- Are pension fund managers and administrators accountable to all stakeholders? Are all relevant concerns and developments communicated regularly and transparently in a way the public can understand, and is reference made to both current and future pension system prospects?

### *Disbursements*

- Are social transfers regular and predictable? Is there a developed financial system (with bank branches everywhere that allow the use of electronic cards, for example) to ensure that older persons have easy access to their pensions on a monthly basis to cover their basic needs?
- Is the banking system sufficiently developed to support monthly transfers? If not, Governments may opt for yearly payments (as does the Bono Solidario, or Bonosol, programme in Bolivia), semi-annual payments (perhaps using postal services to transfer funds, as is often done in India), or even the use of microfinance institutions. NGOs, schools, health centres or other established community institutions may be used for pension disbursement in remote locations (such as those in Mozambique and Zambia).

More generally, focal points will need to determine how pension systems are established and who sets the rules. This can sometimes be an obscure process; it may be difficult to differentiate between political expediency and economic imperatives. A key objective is to ensure that all stakeholders are well informed and are able to participate in pension policy development and reform.

The following actions are required to ensure that older persons are effectively engaged in, and benefit fully from, all aspects of the process, from the development of pension policy to the receipt of secure benefits:

- Ensure the formal representation of older persons and pensioners in all decision-making bodies. Such representation should reflect the diversity of the older population in a particular country;
- Encourage the production and dissemination of information about pensions in forms that will be easily understood by the entire population. Appropriate use can be made of the media;
- Train organizations representing pensioners and older persons in technical areas such as pension finance and management so that they are able to effectively engage with policy makers;



- Enact legislation to protect the rights of individuals vis-à-vis private pension funds, such as those offered by employers or sold commercially by financial institutions.

### **3.5 Mainstreaming concerns of older persons into pension and social security programmes**

Since older persons are usually the main beneficiaries of pension and social security programmes, it is sometimes assumed that their concerns are automatically mainstreamed within these contexts. The fact is that many older persons are ill-informed about pension policy, poorly served by it, and exert little influence over it.

In many developed countries almost all older persons are pensioners, and the great majority of pensioners are older persons. However, this situation is starting to change as a result of early retirement and increases in the age at which old age begins.

In many developing countries the overlap between old age and pensioner status is less clear. First, only a small proportion of the older population may be receiving a pension; older persons (especially women) who have experienced a lifetime of poverty and limited participation in the formal labour market are unlikely to be pensioners. Second, there are pension schemes for specific groups, such as senior civil servants, that allow workers to retire well before the age of 60.

In the developing country scenario, a key issue for those attempting to mainstream older persons' concerns into pension policy development and administration is whether older persons without pensions have a stake in the pension system. It is often claimed that they do not, since they may not have made direct financial contributions to a pension fund. However, there are several important counter-arguments:

- Not all “contributory” pension programmes are funded entirely by worker contributions; financing may be obtained through a variety of direct and indirect channels;
- Some older persons may have made contributions to one or more pension funds during their working lives, but not enough to entitle them to pension benefits;
- The formal economic sector often benefits from informal activities (such as unpaid caregiving), so it may be asserted that informal workers indirectly contribute to formal pension schemes.

Pensioners may have a special interest in the operation of pension funds; however, focal points should ensure that all older persons, including non-pensioners, are represented.

### **Box 13. Implementing cash transfer projects**

The Government of Uganda recently began collaborating with other Governments, donors, NGOs, research institutions and international agencies to develop a pilot cash transfer programme to inform the development of social protection measures aimed at poverty reduction. The Ministry of Gender, Labour and Social Development, which spearheads the Social Protection Task Force, and the Ministry of Finance, Planning and Economic Development are the State entities most actively involved in this initiative.

With support from the United Kingdom's Department for International Development (DFID), the Chronic Poverty Research Centre and the Ugandan centre for Development Research and Training put together a proposal for a pilot cash transfer scheme for the Government to consider. The proposal recommends that the programme target those individuals most vulnerable at the community level. To enrich the discussion, HelpAge International worked with the Social Protection Task Force to convene a panel of experts to explore the possibility of incorporating a "categorical transfer" component in the programme and to support the piloting of a social pension scheme within this framework should such an option prove feasible.\*

The Government and the main donor (DFID) are keen to include older persons in national poverty reduction responses and support the inclusion of a social pension pilot in the cash transfer scheme under development. Older persons are recognized as a vulnerable group, and the Ministry of Gender, Labour and Social Development has struggled to mainstream ageing into policies that affect them. Throughout this process, important evidence has been shared on the cost, implementation, administration, and political support of both vulnerability and categorical transfer schemes. To further build capacity in these areas, the Government of South Africa has invited the Ugandan Task Force to attend a training course conducted by the Economic Policy Research Institute on the design of cash transfer programmes.

The inclusion of a social pension scheme in the proposed cash transfer programme in Uganda represents an important project with the potential to inform other such initiatives in the region.

\*The African Expert Panel on Social Protection in Uganda was held in Kampala on 15 and 16 March 2007. Panelists included representatives from the Governments of Uganda, Kenya, Zambia and the United Kingdom, as well as experts from the South African Economic Policy Research Institute, International Labour Organization, Ugandan centre for Development Research and Training, Uganda Reach the Aged Association (a national NGO), and HelpAge International.

## **3.6 Families and social protection**

Certain cultures place a high value on the care of elder relatives. Families and households are an important source of informal social protection for older persons, especially in developing countries; in many cases, such support can be more substantial than that formally provided by the State. This is reflected in the lower proportions of older persons living alone or in institutions—and is sometimes given as a reason for not developing extensive pension programmes. Unfortunately, the personal and financial security that families have traditionally provided for their ageing members in many societies is no longer guaranteed; in fact, it is likely to decline with changes in family size, social attitudes, and economic circumstances.

Although co-residence is typically associated with the provision of financial support for older persons, research shows that the relationship between living

arrangements and informal social protection is not straightforward. Where affordable housing is limited, living together is less likely to be a matter of choice. In some situations, overcrowding may compromise older persons' privacy and increase their vulnerability to abuse. It cannot be assumed that sharing a household automatically guarantees an older person social protection by family members. These relationships must be explored through qualitative surveys in a variety of settings before any conclusions can be drawn.

It is also important to assess the relationship between households and formal social protection policies. An older person's pension income may be shared with other members of the family; in such cases, the direct financial benefit for the targeted beneficiary is diluted, though this disadvantage may be offset by the older person's improved status within the family and his or her increased access to other resources and support. The dynamics of this situation may be affected by gender; for instance, an older woman may be more likely than an older man to share pension income, and cultural factors may determine the impact this has on her status within the family.

## Section 4

### Taking population ageing into account in health policy

#### 4.1 Ensuring equitable access to adequate health services

##### 4.1.1 *Starting points*

Most national constitutions acknowledge that all age groups have the right of equal access to health services. However, the reality is that budget limitations and the scarcity of public resources compel all countries to establish health-care priorities. A major goal in policy development and review is to ensure that vulnerable or disempowered groups such as older persons are treated fairly and without discrimination in any resource prioritization framework.

To understand the challenges emanating from the health sector it is first necessary to identify the nature of the health-care system. Essentially, interrelated agencies in both the public and private sectors are set up to provide services to people who need them, including older persons. In order to identify services of special relevance to older persons and to address those policies relating to such services, key points of entry to the health-care system need to be found.

As in other areas of mainstreaming, an essential starting point is to establish an effective focal point—namely, a government office with appropriate expertise, strong “upstream links” to key figures within the Government and international bodies, and solid “downstream links” to champions of change in key institutions at both the local and national levels.

Challenging negative attitudes policy makers and health professionals may have towards older persons represents the first step in any effort to ensure the fair distribution of resources. There is evidence that age discrimination lies at the heart of many resource allocation and service access decisions in the health sector.<sup>26</sup> Part of this discrimination relates to the perception of older persons as being less economically productive than younger people and therefore somehow less worthy of professional care and resources.<sup>27</sup> Another factor is simply age itself; older persons may not receive adequate medical treatment because they are seen to be approaching the final years of their lives, and questions arise regarding the relative cost and effectiveness of any health intervention.

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<sup>26</sup> One example might be the exclusion of older persons from tests and experiments on new drugs, resulting in a lack of information on their impact on older persons.

<sup>27</sup> See the report by Tracey McDonald entitled “For their sake: Can we improve the quality and safety of resident transfers from acute hospitals to residential aged care?” (September 2007) (available from <http://www.agedcareassociation.com.au>).

The following are important basic considerations when designing health-care policy for older persons:

- Fair access to health services is a fundamental human right. National constitutions do not discriminate between age groups. Policies that do not guarantee all segments of the population equitable access to health resources can be challenged on both ethical and legal grounds;
- Investing in health maintenance for older persons may reduce their need for care and enable them to continue to contribute to society. Policies that prevent disease and disability and promote health and well-being benefit all age groups. Healthy ageing begins in pregnancy and childhood.

The changes older persons experience in their physical and mental abilities are part of the normal ageing process. Preventive measures and medication can help them adapt to these changes and enjoy a decent quality of life despite the inevitable frailty that comes with advanced age. One of the dangers inherent in interpreting normal physiological changes as medical conditions is that growing old is perceived as a deficiency when in fact it is occurring just as it should after a long life. Promoting public acceptance of the idea that older persons are comparatively frail but can benefit from health maintenance and illness prevention strategies challenges negative stereotypes and encourages the belief that they deserve equal access to health services. There is great value in undertaking educational and awareness-raising campaigns aimed at health sector professionals to help eliminate any tendency towards prejudicial stereotyping.

Population ageing poses new challenges for the health sector. One of these challenges relates to the epidemiological transition currently under way in developing countries, in which the predominance of acute infectious diseases is giving way to the predominance of chronic diseases often associated with the ageing process. In order to plan for their future health-care needs, including increased demand for specific services among the growing older population, countries need to establish appropriate indicators and to initiate targeted epidemiological studies on the evolving health situation within their population.

#### **4.1.2 Data sources and collection strategies**

##### *4.1.2.1 Epidemiological data*

Epidemiological trends vary from country to country and are far from uniform. Robust epidemiological data are increasingly available for developed countries but remain relatively scant for developing countries. In any examination of relevant international developments and reports, the following should be borne in mind:

- There are important variations in the health status and profiles of older persons in different countries (see table 1 in section 1). It should not be assumed that trends in one country are directly comparable with those in

others. However, information from other countries does provide a useful place to begin thinking about what may be happening in the country in which the focal point operates;

- Older populations are diverse, and health profiles of older persons vary significantly even within countries. These differences may be based on factors or characteristics such as sex, culture, religion, level of education, occupation, geographical location and/or socio-economic status.

Possible sources of useful epidemiological data are identified in the subsections below.

#### *Existing age-disaggregated data*

Age-specific epidemiological data can provide an indication of the level of priority certain health problems should be accorded. In some countries, for example, infectious diseases may be particularly prevalent and have the potential to cause serious harm to vulnerable groups, including older persons.

Many smaller countries have not yet begun building a national epidemiological database, but for those countries that are in the process of doing so, it is important to ensure that the data are gathered and analysed correctly. In assessing the quality of epidemiological data, the following must be considered:

- Is the sampling rigorous?
- Are the data based on self-reporting? Several problems are associated with this approach, the most notable one for older persons being that they may not declare the full range of their health problems for various reasons;
- Do the data come from a clinical assessment? Assessment tools and scales used by clinicians are drawn from a range of sources; it may be worthwhile to identify which assessment tools were used and whether these have been independently validated. If they have, and all clinicians are using the same tool(s), comparisons can be made and assumptions drawn from the results.

#### *General data*

Demographic and health surveillance systems in many developing countries and public health observatories in a number of developed countries may provide extensive health-related data but not in an age-disaggregated format. Sources such as these provide some background and baseline information against which it may be worthwhile to conduct local surveys to establish what is happening with a particular group, location, or health occurrence. Even in developed countries it is difficult to arrange for aggregate data to be age-disaggregated; it often takes several years before even basic demographic data are available from the national census.

### *Ongoing data collection*

Health systems routinely collect data on key incidents, service utilization, and disease prevalence, among other variables. Surveys usually include age as a variable, and it is possible that other variables associated with the care of older persons could be included if required. A strategy for gathering evidence to support the development of health policy for the ageing population might be to identify key surveys and have the variables of greatest interest included in subsequent reporting processes.

### *New surveys targeting older persons*

Surveys can be undertaken by health services or by universities or other entities commissioned to investigate specific areas of interest. Survey developers can select from a range of approaches according to the type of information sought. There are many different methods available, but they usually fall into one of two major categories, as elaborated below.

*Quantitative* surveys on older persons' health constitute one approach. Statistical data analysed descriptively and inferentially can provide a firm basis upon which arguments can be mounted for the reallocation of resources—for example, where some groups are shown to be disadvantaged by certain processes or events. This type of analysis is invariably required in support of submissions recommending the distribution of financial resources. In deciding on whether to pursue a quantitative survey approach, it is useful to consider the following:

- Developing, testing, distributing, collecting, collating and analysing the surveys can be both expensive and time-consuming, so the process as a whole must be driven by a clear purpose. For example, this type of analysis constitutes an essential factor in recommendations and decisions relating to the distribution or reallocation of resources;
- Statistical data presented without reference to the context in which respondents are operating can be misleading, as it is virtually impossible to interpret or assess results with any precision when all aspects of the situation are reduced to numbers.

*Qualitative* approaches are frequently used to complement quantitative approaches, providing the context so valuable in interpreting statistical findings. Combining the two approaches can effectively strengthen the voice of the ageing population within the policy arena, as elaborated in the following:

- Providing older persons and their families with opportunities to express their own views with regard to priorities and services enables them to gain a better understanding of policy processes and to participate in health policy development;
- Identifying case-study exemplars can add weight to policy submissions and debates. Personal accounts relating to intended and unintended consequences of policies can be persuasive in the policy development process.

#### 4.1.2.2 Data on health services

In most countries, health expenditure accounts for a substantial proportion of GDP. It is therefore not surprising that sophisticated systems have been put in place to account for this funding, including data systems designed to monitor the efficiency and effectiveness of all aspects of health service provision. In many instances, access to data is limited to protect the privacy of patients and ensure confidentiality. Operating within this framework, researchers and others charged with examining health service data to obtain information on or relating to older persons must be systematic and thorough. One approach is to divide the task conceptually into supply and demand categories.

Data on the *supply side* reflect the range and quality of services available for older persons. Ideally, there should be a positive correlation between this information and the epidemiological profile of the population; however, this may not always be the case.

A thorough audit of the health sector is the first step. This involves gathering information on the following:

- Public, private and other service providers, including traditional healers;
- Large hospitals and mid-sized clinics as well as primary care providers such as community medical practitioners, nursing clinics, and therapists;
- Levels of staffing and staff skills in each of these types of services, and approximations of the types of cases and services involved;
- Systems available to facilitate the provision of medications as well as medical supplies and equipment.

Services and activities of particular relevance to older persons can be identified from the range of services and personnel available, providing some indication of whether the allocation of resources is based on equity or other criteria. Ideally, where the older population is relatively large, there should be evidence that health services have been tailored to their needs as identified in the epidemiological profile, with a system in place to address the types of health problems they have or are expected to develop. Part of this service “customization” would include ensuring that clinicians and others have appropriate skills in the areas of aged care, health promotion, mental health, rehabilitation, chronic illness, geriatric medicine and psycho-geriatrics.

In some countries, information on the supply of health services may be inadequate, insufficient or inaccessible. Should this be the case, it is best to proceed as follows:

- Focus on health issues and services that are in any way connected to health conditions known to occur most frequently within the older population;



- To the extent possible, identify services and activities of particular relevance to older persons. Most health services are mainstreamed, rarely catering exclusively to the older population; rehabilitation and palliative care services, for instance, are also meant to benefit younger age groups.

The *demand side* of health services comprises older persons' access to, utilization of, and satisfaction with health processes and outcomes. It may be that a complete picture of demand for services can only be assembled from data gathered directly from older persons, perhaps as part of a comprehensive household survey of their well-being and living conditions.

In countries in which access to health services may be limited owing to high costs, geographical considerations, a lack of medical insurance, or other factors, focal points might investigate whether older persons at least have access to medications. Field studies among older persons will reveal whether barriers exist that interfere with their access to various types of health-care services and medicinal drugs.

#### **4.1.3      *Predicting future health demand***

Various types of data may be used to generate projections of the future health-service needs of the population. The evolution of health demand is expected to vary considerably from one country to another depending on demographic trends. Countries in which the ageing population is becoming increasingly dominant will experience a decline in infectious diseases along with a progressive increase in non-communicable or chronic diseases. This dynamic will create new challenges in terms of health-care service requirements. Health systems might need to undertake extensive, ongoing reforms to accommodate the changing needs of the population and to ensure the appropriate management of an ever-widening range of medical conditions. Health expenditure and policy priorities must be firm enough to allow careful plans to be drawn up for achieving both short- and long-term health service goals.

Population ageing and increased health spending do not necessarily go hand in hand. Projections of future health costs for an ageing population are very uncertain; much depends on how health service systems are designed, managed and financed.<sup>28</sup> In endeavouring to predict future health service demand it is necessary to carefully examine the following:

- The structure of the health system and the way health-care services are provided to older persons;
- The way in which the health-care system is financed in both the public and private sectors, and how these sectors interact in service provision;
- The possibility of developing special programmes for older persons, in particular those geared towards health promotion and maintenance.

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<sup>28</sup> Most studies concur that population ageing would likely be directly responsible for an increase in public health expenditure of approximately 1 to 3 percentage points of GDP over several decades.

Key to the success of any country's health services is the skill base within the health sector. There is a worldwide shortage of qualified physicians and nurses, and these sought-after professionals are increasingly leaving their native lands to pursue better career opportunities abroad. Countries that have acknowledged the shortfall in medical personnel and the attendant health challenges and implications might find it useful to identify their current and anticipated human resource needs within the health sector and to collaborate with the education and training sectors to ensure that sufficient numbers of qualified health professionals are available to meet domestic demand. Planners must identify strategies for attracting and retaining doctors and nurses. It is essential that the changing age profile of a country be taken into account when evaluating the potential for producing sufficient numbers of clinicians and other professionals to meet evolving health service needs.

In many countries, geriatrics and care approaches for older persons are not well developed. Clinical staff often lack specific knowledge of age-related health issues and the expertise necessary for optimal service provision. A number of universities and training institutions have introduced geriatrics and gerontology into their medical and academic programmes, but much remains to be done to build the essential foundations for effective elder care.

#### ***4.1.4 Tackling inequalities in access to health services***

One important factor limiting older persons' access to health services is cost. Some countries have a universal health insurance system financed through payroll taxes, and private health insurance may be available as well; other countries use different approaches to fund health care. In all countries, there must be a system in place to ensure that adequate health coverage is provided for the entire population, including older persons.

Often identified as a group with complex needs, older persons are particularly vulnerable to inequitable treatment within the health system. Where discrimination is observed, systems designed to eliminate the risk of unfair treatment should be set up.

## **4.2 Policies, initiatives and reforms**

The health sector is highly complex; contributing factors include the following:

- The vast array of agencies involved—especially in developing countries, where NGOs, donors, and the traditional sector are often prominent;
- The diversity of policy goals across local, national and international agendas and the variety of service delivery systems, particularly if the health sector is substantially decentralized. In decentralized systems, health-care approaches may be tailored to the needs and interests of a particular area, but local variations can create particular challenges for mainstreaming.

#### **Box 14. Health services in Argentina, Chile and Peru**

**Argentina** was a pioneer in the field of ageing, incorporating a declaration in support of the rights of older persons in its 1949 national constitution. Homes for older persons were established throughout the country, and a law was passed that provided social pensions to vulnerable and excluded residents over the age of 60. Changing priorities in subsequent decades led to reversals in social policy, and the important progress made in the development of social protection schemes for older people was suspended. Recently, however, in an effort to create programmes that will advance the goals of the Madrid Plan, Argentina has adopted a number of key initiatives to strengthen health and long-term care for older persons and ensure their right to an active life. The Ministry of Social Development has designed four educational programmes that will enhance the effectiveness of health professionals, social workers and community leaders, and of caregivers and other individuals whose careers, occupations, family situations or vocational interests involve interaction with older persons. These initiatives include a two-year postgraduate programme in gerontology, a programme for the prevention of abuse and harassment, a programme focusing on social volunteerism, and a national programme aimed at improving residential care for older persons. In 2006, the Consejo Federal de los Mayores was established to mainstream the collaboration of older persons, their representatives, and local governments in the definition, implementation and assessment of public policy affecting the well-being of this population group. Access to health care for older persons is provided through the social security system. Price discounts on medications are far-reaching and freely available to people without resources or with prevalent chronic diseases. A number of programmes were instituted in 2002 to meet the basic needs of older persons, including Remediador, which supplies free generic medications.

In **Chile**, a system of universal health-care access with explicit outcomes (AUGE) was established as part of the country's health-care reform programme. This system covers 56 areas of health care, 39 of which pertain to older persons who are beneficiaries of the public insurer (FONASA) or private insurers (ISAPRES). Coverage of pathologies also includes pharmacological treatments. Beginning in 2006, co-payments were eliminated under the public health-care scheme for persons older than 60. Health policy for older persons is geared towards preserving their functional capacity. The main policy goals include maintaining or recovering physical, psychological and intellectual autonomy and preventing mortality when causes of illness or infirmity are known. The Ministry of Health administers a number of programmes that support the rehabilitation and treatment of older residents. Older persons who are disabled are visited by health professionals in their homes (approximately 60,000 beneficiaries), and those who are poor receive a social pension of approximately US\$ 38 per month. Older persons who can transport themselves visit community centres that offer primary medical attention. During this monthly visit, they receive food packages provided under the Golden Years programme and are given a physical check-up as per guidelines specifically validated for Chile under the framework of a technical cooperation project with the Pan American Health Organization (PAHO).

In **Peru**, a similar programme for disabled older persons is run by EsSalud, the public social security institution. PADOMI, an office of EsSalud, administers a residential health-care programme that benefits approximately 30,000 disabled pensioners (persons aged 65 or over) in metropolitan Lima and its districts; these individuals represent 1.8 per cent of the 65-plus population. The programme was initially created for disabled persons at least 80 years of age, but in the past few years, it has expanded its coverage to include persons aged 65 and over. These individuals are visited monthly by one physician and twice a month by a certified nurse (visits may be more frequent depending on the condition of the patient). One of the goals of PADOMI is to educate families and caregivers about patient health conditions and incorporate them into the health team.

**Sources:** Alicia Kirchner, *La Bisagra: Memoria, Verdad, Justicia, Organización Social* (Ministerio de Desarrollo Social de la Nación Argentina, Septiembre 2007); Government of Chile, "Aplicación en Chile de la estrategia regional de implementación para América Latina y El Caribe del Plan de Acción de Madrid sobre el envejecimiento, documento resumen" (Santiago: Servicio Nacional del Adulto Mayor, Octubre 2007); and María Amparo Cruz-Saco, "In opposite directions: demographic transition and old-age pensions in Peru", *Apuntes*, No. 58/59 (segundo semestre 2008).

It is understood that not all health policy initiatives are directly concerned with older persons or make reference to direct or indirect consequences for this group. Nonetheless, it is wise to begin all initiatives with the assumption that any policy—even one targeting another group such as mothers and children—can have an important impact on older persons, their families, and their communities.

#### ***4.2.1 Identifying policy initiatives***

Focal points should begin by identifying existing policy initiatives that have been especially influential in their own countries. In recent years, several important developments have occurred in global health policy that have guided local and national policy developments. Not all of these initiatives are complementary, and the health sector may already be working to reconcile divergent priorities emerging from national and international sources. It may be wise, where possible, to work within current policy frameworks rather than promoting the development of new or parallel frameworks.

Examples of influential policy initiatives are provided below.

##### *Health sector reform*

Health sector reform—a package of measures aimed at improving financial and organizational efficiency within the health-care delivery system—involves the following:

- Decentralizing services and management;
- Establishing cost-recovery mechanisms such as user fees for specified services;
- Changing hospital management processes;
- Prioritizing cost-effective interventions and targeting services to those who most need them.

Health sector reform is likely to have a significant impact on older patients. Careful consideration should be given to factors such as the following:

- Management incentives to reduce average periods of hospitalization may jeopardize the well-being of older patients, who often require longer recovery periods;
- Approaches to monitoring service efficiency need to be age-friendly. One of the most widely used cost-effectiveness tools, the disability-adjusted life year (DALY), places an intrinsically lower value on the health of older persons than it does on “economically and socially productive” age groups.

### *Disease-specific programmes*

Some initiatives target particular health conditions. For example, the sixth Millennium Development Goal focuses on combating HIV/AIDS, malaria, and diseases such as tuberculosis. Some disease-specific (or “vertical”) programmes receive more political priority and resources than do others.

#### **Box 15. HIV/AIDS and older persons**

In some countries it was initially assumed that the older population would not be seriously affected by the HIV/AIDS epidemic, as sexual activity within this group was believed to be quite limited. This supposition was reflected in the exclusion (until recently) of individuals over the age of 50 in the routine collection of international data on HIV/AIDS prevalence. Research findings are now challenging these ideas. In a recent study from the United States,<sup>a</sup> for example, 73 per cent of those aged 57-64 years, 53 per cent in the age group 54-74, and 26 per cent of those between the ages of 75 and 85 reported having been sexually active in the preceding 12 months.

Many doctors do not test older persons for HIV during routine check-ups and may miss some cases. Symptoms of HIV and AIDS can be mistaken for pains associated with normal ageing. Another complicating factor is that older persons are less likely to discuss their sex lives and drug problems with their doctors. In spite of these diagnostic challenges, there is growing evidence that HIV/AIDS prevalence within the older population (including those recently infected and those who have received treatment and are surviving into their later years) is far from negligible.

Older persons are often excluded from disease prevention campaigns. A recent survey in Cambodia organized by HelpAge International<sup>b</sup> showed that members of the older generation were ignored in HIV/AIDS campaigns and knew less than younger generations about most diseases. It is important to raise awareness among older persons, as many of them may be caring for infected family members.

Studies from both developed and developing countries reveal the extent to which older persons are indirectly affected by the HIV/AIDS epidemic; financial hardship, guardianship responsibilities, and the illness and death of a child or grandchild are only a few of the challenges older adults may face in these circumstances. Recently, the focus in both research and policy has shifted to the role of grandparents as caregivers for children and youth orphaned by AIDS. However, this is just one of many ways in which the epidemic may affect older persons. Much depends on the local context; in former socialist countries, for example, where fertility rates are much lower, the care of young family members whose parents have died as a result of HIV/AIDS is likely to be of secondary concern.

**Sources:** <sup>a</sup> S.T. Lindau and others, “A national study of sexuality and health among older adults in the U.S.,” *New England Journal of Medicine*, vol. 357, No. 8 (2007), pp. 762-774; and <sup>b</sup> HelpAge International, “The impact of HIV/AIDS on older people in Cambodia” (2007) (available from <http://www.helpage.org>).

Key issues to consider include the following:

- Which health programmes currently receive the most political support and resources?
- Do the targeted conditions affect older persons, and if so, how? Remember that older persons may be affected in indirect ways (such as through the death or illness of another household member), as well as more directly;
- Are older persons mainstreamed into most health programmes? Programmes may be of *potential* relevance to older persons, but this potential may not be

realized if only younger age groups are targeted. In box 15, this tendency is explored as it relates to HIV/AIDS.<sup>29</sup>

- Do programmes deflect attention and divert resources away from health conditions of particular relevance to older persons? Available data show that even in low-income countries, older persons experience higher rates of mortality from chronic conditions such as stroke, heart disease and cancer than from infectious diseases, yet these conditions (along with mental health problems) are still assigned low priority globally and on many national health policy agendas.

## 4.2.2 *Specific care issues*

### 4.2.2.1 *Primary health care and health promotion*

Primary health-care schemes in most developed countries are paying increasing attention to older persons and their needs. In the majority of developing countries, however, primary health care remains largely focused on other groups, such as mothers and young children, or on providing care for acute episodic conditions rather than on the chronic care needs specific to older persons. The World Health Organization has formally acknowledged the critical role primary health-care centres play in the health of older persons worldwide and has emphasized the need for these facilities to be accessible and adapted to the needs of older populations.<sup>30</sup>

A key objective for each country is to identify affordable primary health-care interventions for conditions that occur frequently within the older population. Examples might include offering diabetics nutritional advice and providing aspirin for persons with cardiovascular disorders.<sup>31</sup>

High rates of morbidity in old age are often related to the lack of early detection of serious health conditions and diseases (such as colon cancer). Older persons are often diagnosed and hospitalized in the advanced stages of disease, making treatment more difficult and the results of any intervention less certain. Providing free tests and health examinations to older persons and mounting campaigns for the early detection of diseases such as cancer can reduce morbidity and mortality and help contain health-care costs. France, which offers free biennial mammogram screenings for women between the ages of 50 and 74, is one of a number of countries that have successfully implemented early detection campaigns and report positive results.

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<sup>29</sup> Valuable resources relating to HIV/AIDS and ageing were produced in connection with the United Nations Department of Economic and Social Affairs' Policy Workshop on HIV/AIDS and Family Well-being, held in Windhoek, Namibia, from 28 to 30 January 2004 (see [www.un.org/esa/socdev/family/Meetings/hiv2830jan04.pdf](http://www.un.org/esa/socdev/family/Meetings/hiv2830jan04.pdf)); and the United Nations Department of Economic and Social Affairs' Policy Workshop on HIV/AIDS and Family Well-being in South and Southeast Asia, held in Bangkok from 6 to 9 December 2005 (see [www.un.org/esa/socdev/family/Publications/workshop\\_aids\\_asia.pdf](http://www.un.org/esa/socdev/family/Publications/workshop_aids_asia.pdf)).

<sup>30</sup> It may be useful to review the World Health Organization guide entitled *Towards Age-Friendly Primary Health Care* (2004) (available from <http://whqlibdoc.who.int/publications/2004/9241592184.pdf>).

<sup>31</sup> See World Health Organization, *Keep Fit for Life: Meeting the Nutritional Needs of Older Persons* (available from [www.who.int/nutrition/publications/olderpersons/en/index.html](http://www.who.int/nutrition/publications/olderpersons/en/index.html)).

The primary health-care approach encourages a shift in policy focus away from expensive, curative interventions towards health promotion and disease prevention. It also promotes the development of linkages between formal service providers and wider community structures. A well-developed primary health-care infrastructure can help bridge the divide between agencies concerned with health care and those focused on broader social services and welfare support.

Primary health-care centres, to which people can self refer, play a critical role within the health-care system. It is estimated that 80 per cent of front-line health care is provided at the community level. Most preventive health care and screening for the early detection and management of disease, as well as the bulk of ongoing health management, care and treatment, takes place in the primary health-care setting.

The World Health Organization suggests adopting a life-course approach to active and healthy ageing, which is defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age”.<sup>32</sup> Health promotion, including interventions targeting earlier stages in the life course as well as specific interventions for older persons, can contribute significantly to improved health in later life. Research findings indicate that continuing to exercise, obtaining adequate nutrition, and avoiding falls, for example, have a strong positive influence on older persons’ health. Despite such evidence, health promotion remains a relatively low priority in many countries—especially in terms of resource allocation. Greater success in influencing resource allocation for health promotion can be achieved by developing alliances with advocacy groups pursuing similar goals, and by educating decision makers and health professionals about the proven benefits of health promotion for older persons.

It may be beneficial to move beyond standard approaches to health promotion. Research has shown the positive effects of a variety of practices on health and longevity. For example, steps might be taken to encourage or facilitate the creation of sports associations that reach out to persons of all ages.

#### 4.2.2.2 *Mental illness*

Although considerable progress has been made in identifying and understanding mental health problems in older persons, much remains to be done in terms of strengthening the knowledge base and developing appropriate health responses. In many countries, relatively little is known about mental illness within the older population, and those affected may experience social exclusion or be denied access to relevant health services. In some African countries, older persons with mental diseases are believed to be involved in witchcraft and are progressively excluded from community life and even murdered in certain cases. Campaigns designed to raise general awareness of mental health issues could improve the lives of

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<sup>32</sup> World Health Organization, *Active Ageing: A Policy Framework* (WHO/MNH/NPH/02.8) (Geneva: 2002), p. 12.

older persons and their families; particular attention should be given to depression, which is reversible, and the dementia syndromes, including Alzheimer's disease. While not reversible, many dementias can be treated, and caregivers should be given the information they need to provide the best possible care.

Older persons with progressive dementia symptoms may require increased personal assistance with everyday activities such as washing, bathing and dressing. The use of day centres where care and therapeutic activities are provided represents one cost-effective solution for meeting the needs of such individuals. These centres may be run by local health authorities, social services or voluntary organizations, and may include facilities to provide respite for caregivers.

Policy should be focused on the provision of comprehensive support, which is likely to necessitate the training and education of health professionals and family caregivers. The most effective mental health services are usually:

- Comprehensive in terms of scope, with a holistic or “bio-psycho-socio-cultural” approach to assessment, treatment and management;
- Staffed by competent and knowledgeable health professionals;
- Supported by informed families and communities;
- Tailored, flexible and responsive to individual needs (culturally appropriate and delivered at home or in other convenient settings, for example);
- Provided by a multidisciplinary team.

#### 4.2.2.3 *Palliative care*

Palliative health-care services have grown increasingly important in developed countries over the past few decades, though it appears that more attention has been devoted to end-of-life care for people with AIDS than for older individuals. Palliative health services for older persons tend to be less available in developing countries than in developed countries. A key issue for poorer nations is whether essential drug protocols include key palliative care drugs such as morphine.

It would be useful to identify the types and extent of palliative care services provided by State and non-State agencies and by individuals; hospice care, hospital-based services, and support for caregivers should be addressed within this context. Key concerns relating to the development of appropriate palliative care include the following:

- Whether older persons are less likely than younger people to receive palliative care;
- Whether older persons are more vulnerable to the inappropriate withdrawal of life-sustaining therapy and the withdrawal of fluids in order to hasten death.



A review of end-of-life care policies and protocols should indicate whether the rights and dignity of older persons are being respected. This review should also include a careful examination of approaches to ethically complex issues such as assisted suicide.

#### 4.2.2.4 *Reproductive health care*

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all areas relating to the reproductive system and its functional processes. Although this aspect of health care focuses primarily on women in their reproductive years, it is also concerned with disorders of the reproductive system in older women. Regular health monitoring is particularly important in this field, as exposure to various sexual and reproductive health risks can have long-term consequences. It has been shown, for instance, that the health of an older woman is strongly influenced by high fertility during her reproductive years and the access she has had to reproductive health services throughout her life.

Reproductive activity can affect older persons in a number of other ways. For example, high levels of fertility may reduce the capacity of households to meet the care needs of older persons, and looking after multiple grandchildren can prove increasingly burdensome with advancing age.

In some cultures, older persons can influence the reproductive behaviour of younger generations (see box 16).

**Box 16. Helping grandmothers to help mothers: an innovative mother and child health programme in Senegal**

The Christian Children's Fund, an international NGO, recognizes that grandmothers constitute an important source of information on breastfeeding and nutrition for new mothers. Several years ago, the Fund developed a pilot nutrition education intervention to strengthen their role, organizing group discussion sessions in which grandmothers, community leaders and pregnant women participated. The intervention was highly effective, leading to significant improvements in nutritional and breastfeeding practices in the target villages and strengthening grandmothers' self-esteem and community networks. Despite the success of this scheme, older persons remain largely excluded from maternal and reproductive health programmes in Senegal and other countries.

**Sources:** Judi Aubel and others, "Strengthening grandmother networks to improve community nutrition: experience from Senegal", *Gender and Development*, vol. 9, No. 2 (2002), pp. 62-73 (available from <http://www.grandmotherproject.org/>); and Judi Aubel and Douangchan Sihalathavong, "Participatory communication to strengthen the role of grandmothers in child health", *Journal of International Communication*, vol. 7, No. 2 (2001), pp. 76-97.

### 4.2.3 *Mobilizing resources, engaging in advocacy and building partnerships*

Once priority interventions have been identified, it is important to ensure that they are highlighted in key policy documents affecting the health sector as a whole. Relevant policy instruments may include the following:

- National health plans, which are available for most countries but tend to be more comprehensive and detailed in developed countries;
- Sector Wide Approaches (SWAs), adopted by some developing countries with high levels of dependence on donors and NGOs. The aim within the health sector is to coordinate and prioritize interventions across various State and non-State agencies and to pool funds to support particular projects;
- Poverty Reduction Strategy Papers (PRSPs), sections of which explicitly address health policy.

Box 17 provides an example of a priority intervention strategy established for the health sector in the United Kingdom. In this case, the interventions were developed as part of a wider service framework. This model of prioritizing interventions may prove helpful in establishing links between different interventions and in providing an overall rationale for any strategy being developed.

#### **Box 17. The United Kingdom's National Service Framework for Older People**

The National Service Framework for Older People, established in 2001, is a “10 year programme of action linking services to support independence and promote good health, specialized services for key conditions, and culture change so that all older persons and their caregivers are always treated with respect, dignity and fairness”.

The Framework was developed by policy makers and academics in consultation with older persons, caregivers and health professionals. As well as setting general service standards, the Framework addresses key health issues affecting the older population, including strokes, falls and mental illness. Objectives are focused, costed and time-bound. For example, all general hospitals treating stroke victims were to conform to national standards by setting up specialized stroke services by April 2004. Certain provisions are controversial; some leading geriatricians have criticized the National Service Framework for emphasizing the need to reduce hospitalizations of older persons.

**Source:** United Kingdom, Department of Health, *National Service Framework for Older People: Executive Summary* (March 2001) (available from <http://www.dh.gov.uk/assetRoot/04/05/82/95/04058295.pdf>).

Alliances are needed between agencies with key responsibility for developing health protocols and those setting priorities for health service provision. In the United Kingdom, for example, the National Institute for Clinical Excellence (NICE) provides guidance to the National Health Service about the appropriateness and affordability of new and existing medicines and treatments. In this way, NICE has considerable influence on the range of services provided by the State and on how those services are distributed.

Mainstreaming activities need not be limited to the public sector; the voluntary and private sectors play key roles in the health systems of all countries and need to be included as well. The “private sector” may comprise a very diverse group of health providers, including the following:

- Small clinics;
- High-tech hospitals;
- Private health insurers;
- Pharmaceutical companies;
- Traditional healers.

In poorer countries, limited State provision of health services often obliges residents to rely primarily on private and traditional service providers. In developed countries, private companies often target richer groups with promises of higher-quality care. Steps should be taken to bridge the gap between public and private health care, creating an area of overlap in which private, profit-driven enterprises in the health sector are given opportunities and incentives to promote public health. One policy initiative that might be particularly beneficial would involve partnering with pharmaceutical companies in order to make drugs more accessible for the poorest segments of the population, including older persons.

Whatever the situation, it is important that the capacity of the private sector be mobilized to the best advantage of all older persons. This may involve the following:

- Ensuring that private providers are adequately informed about older persons’ needs and preferences, and about ways in which they can work closely with the public sector;
- Assessing how well the private and voluntary sectors are regulated and whether they help meet the needs of all older persons, regardless of their socio-economic status, race, sex, age, religion, or cultural background.

Most importantly, as in all areas of mainstreaming, efforts are needed to ensure that older persons are kept fully informed of the activities of service providers and are encouraged and given opportunities to participate in the development of policies relating to health service provision. One strategy would be to organize discussion forums and disseminate information through representatives of older persons from diverse backgrounds. Above all, older persons’ concerns and priorities should be treated as a starting point for focal point activities, and not as an afterthought.

## **Section 5**

### **Exploring long-term care in different settings**

#### **5.1 Starting points**

Long-term care may be broadly defined as material, instrumental and emotional support provided formally or informally over an extended period to individuals in need, regardless of age. The need for long-term care is greatest among older persons with chronic health problems and younger people with permanent disabilities. The residential dimension of long-term care, including alternative forms of housing and long-stay accommodation, is especially critical.

In some countries, families traditionally bear the responsibility of providing adequate care for all dependants; in such settings, government intervention remains minimal, and commercial long-term care facilities are rare. In other countries, some services may be available, but only in urban areas, and only for wealthier families. Where wide-ranging long-term care services are already in place, concerns sometimes arise regarding the capacity to meet demand and the financial sustainability of care services as the number of frail older persons increases.

In every country, it is often the spouse or other family members who provide the bulk of long-term care for older persons, irrespective of living arrangements. Living alone, which is common in developed countries, does not mean an older relative is experiencing family neglect, nor does co-residence with adult children and grandchildren in developing countries guarantee adequate care. The nature of family support provided in developing countries may differ in fundamental ways from that provided in developed countries; physically demanding, hands-on care is typically required in the former, while in the latter, where extensive public services are often available, emotional and psychological support are of primary importance. Family support is usually consistent with the wishes of older persons themselves, who generally prefer to remain at home for as long as possible, surrounded by familiar people and possessions.

The need for long-term care increases with age. In developed countries, most individuals aged 85 years and over report having one or more functional limitations. Chronic disabling conditions may appear at an earlier age in developing countries, where working conditions are harder and lifelong poor health more prevalent. Many of these chronic conditions are preventable or manageable through behavioural changes or improvements in sanitation and other environmental conditions.

Long-term care is more likely to be provided by women than by men. Caregiving responsibilities can place women at a disadvantage; those providing full-time care may be denied the opportunity to enter the labour force and earn an income to meet their own current and old-age needs. It is also known that women are more likely than men to be alone in the last part of their lives and are therefore less likely to have a spouse to care for them if they become ill.

Government involvement in the organization and maintenance of long-term care has become an essential component of the care economy. State neglect of long-term care needs can exact high socio-economic costs, including the following:

- Reduced participation by women in the labour force because of caregiving responsibilities;
- A growing preference among women to remain single in cultures where marriage means taking on the role of caregiver for parents, in-laws, children, and other relatives;
- The neglect or abuse of older persons by family members who feel trapped in the role of caregiver;
- Premature or inappropriate placement of older persons by families in residential care or other institutions, including “long-stay” wards of hospitals.

The public, private, and religious/charitable sectors all have a role to play in providing long-term care. The regulation and coordination of long-term care services across different sectors is vitally important to their overall success.

In formulating or reviewing long-term care policy, the following key questions need to be addressed:

- If there is a national long-term care policy, how is it being implemented, and what provisions exist for determining and monitoring the quality of services?
- If there is no national long-term care policy, are there relevant policies at the regional, district and/or local level? Do they ensure that appropriate services are available both for older persons and for younger people with disabilities?
- Are there comprehensive national or local databases of long-term care providers and services?
- Is long-term care well coordinated across government, private, faith-based and voluntary organizations and other agencies?
- Is long-term care provision managed well in terms of being supported by a sustainable financing strategy?
- Do long-term care services provide care, treatment, support and protection for older persons while also respecting their lifestyle and care preferences?

## **5.2. Assessing levels of need for long-term care**

### **5.2.1 Needs and preferences**

#### *5.2.1.1 Inferring need from general data on the age structure and status of the older population*

For conditions such as dementia-causing diseases, there is a close relationship between age and prevalence that does not appear to vary significantly across

countries. In such cases it is possible to estimate current prevalence and predict future prevalence using simple age data. For most forms of disability, frailty, and limited functioning, however, the link with chronological age is not as direct; other factors, including education, gender, and socio-economic conditions, may also have an important impact.

#### *5.2.1.2 Surveys of functional capacity*

Surveys need to incorporate an age breakdown of the target population and data on functional abilities. Steps must be taken to ensure that data on levels of functioning—such as the ability to eat, bathe, dress, make simple meals, and secure basic provisions—are being collected for the country. It is important that these surveys be methodologically valid and reflect the diversity of younger and older populations that may need long-term care. Research in which older persons themselves are involved as active participants could also provide valuable insight into their long-term care preferences. Once data are collected and analysed, it is critical that the findings be communicated to policy makers and other key stakeholders.

#### *5.2.1.3 Surveys of older persons' preferences*

Data on care and lifestyle preferences should not be considered reliable or robust unless they genuinely reflect the views of older persons (rather than cultural expectations or decisions made by younger relatives). Because of the particular challenges associated with data collection and interpretation in such surveys, participatory research approaches may be useful.

The research currently available from developed countries indicates that older persons' long-term care preferences and priorities include maintaining close contact with children, remaining at home or “ageing in place”, retaining a sense of independence, and having the freedom to choose care arrangements from a range of options.

### **5.2.2 The capacity of family caregivers**

It is often asserted that families are able to provide adequate long-term care for almost all older persons, particularly in developing countries; however, there is no firm evidence to support such a claim. Cultural imperatives regarding the fulfilment of filial obligations can obscure the fact that some families are, for various reasons, not capable of caring for older relatives. In situations such as these, viable alternative arrangements may need to be made. One issue worth researching further is whether certain categories of older persons are particularly vulnerable to exclusion from family care.

Data on living arrangements are not necessarily the best indicator of the need for care. As suggested previously, residing alone may reflect a preference for independent living rather than social isolation, while being part of a large household does not necessarily guarantee good care. It is impossible to obtain a clear picture of

what is occurring in a particular setting unless quantitative data on household structures and living arrangements are considered in conjunction with the findings of qualitative and other research on family support, including the stresses experienced by family caregivers. This combined information can be used to help identify trends with specific relevance for different groups of older persons in a particular country. Examples of trends that require further investigation include the following:

- The increasing numbers of very old people living alone, since this could signal vulnerability unless long-term care services are available;
- Rapid changes in the family structure owing to factors such as rural-urban migration, HIV/AIDS mortality, and rapid socio-economic change, all of which can undermine the capacity of households to provide adequate care for dependent family members;
- Increasing numbers of aged married couples living alone, which leaves older spouses with major caregiving responsibilities at a time in their lives when their own health may be deteriorating;
- Growing numbers of older persons left to rear orphaned grandchildren because of parental deaths from HIV/AIDS, war, famine or substance abuse.

### **5.2.3 Older persons as caregivers**

In all countries, older persons play an important role in the care economy, looking after the well-being of other older persons, young grandchildren, and sick or disabled family members. The care provided by older women is especially critical, though the contributions of some older men should be acknowledged as well. There are several issues relating to care provision by older persons that need to be considered.

#### *5.2.3.1 The well-being of older caregivers*

Like most other informal caregivers, older persons may willingly accept caregiving responsibilities because of their emotional ties to the care recipients. In some cases, however, older persons may be given little choice, such as when their children die or migrate, leaving behind grandchildren. Caregiving can place a particularly heavy physical, emotional and financial strain on older persons. In Botswana, Malawi, Namibia, South Africa, Tanzania and Zimbabwe, up to 60 per cent of orphaned children live in grandparent-headed households. In Thailand, older persons care for about two thirds of young adults who are terminally ill with AIDS, and almost half of all orphans live with their grandparents.

As older persons live longer, caregiving tasks will increasingly fall upon the shoulders of spouses who are themselves quite old and fragile. The stresses and burdens of care provision may accelerate the deterioration of the spouse's own health. Are policies in place to support older caregivers? If so, how effectively do they address their needs? Policy should focus simultaneously on meeting the personal needs of older persons and on strengthening their effectiveness as caregivers.

### **Box 18. Training programmes for older caregivers**

HelpAge International and its partners have designed three- to five-day training programmes targeting older persons who provide care for individuals living with HIV/AIDS. Participants acquire skills that will allow them to deal with opportunistic infections, basic hygiene and nutrition requirements, feeding and bathing responsibilities, repositioning patients in bed, and the emotional and psychological needs of care recipients.

Trained older persons not only care for their own children but also provide advice and support to others in the community. They make referrals to tuberculosis clinics and other services using information supplied during the training programmes. Caregivers receive kits containing painkillers, cleaning detergents, linens, gloves, and other items to supplement their care work.

This initiative creates an avenue for HelpAge International and its partners to link up with key organizations that promote home-based care work, such as State ministries of health, Red Cross societies, and other non-governmental and faith-based organizations; these entities support the programmes with skills and sometimes the replenishment of the care kits. As a result of its experience with targeted training programmes, HelpAge International advocates the development of inclusive and sensitive home-based care standards and guidelines to address the needs of older caregivers.

**Source:** Amleset Tewodros and Tavengwa M. Nhongo, "Innovative programmes that address the impact of HIV/AIDS on older persons in sub-Saharan Africa", *Journal of Aging & Social Policy* (August 2006).

#### *5.2.3.2 The well-being of older care recipients*

Many older persons receive care from other older persons, including their spouses, offspring or neighbours; the children of older persons, who may themselves be members of the older population, are increasingly taking on care responsibilities in four- or five-generation extended families. In many countries, this trend is likely to accelerate owing to both reductions in the supply of alternative caregivers (as women of working age increasingly engage in salaried employment and as the population of relatively healthy older persons expands) and increased demand for care (as rising numbers survive to extreme old age). Extended longevity for both sexes means that greater numbers of older spouses will be struggling to take care of each other as they grow more frail and become increasingly vulnerable to illness and disability. Health problems in the dominant caregiving spouse may have a negative impact on both spouses.

#### *5.2.3.3 Promoting more positive attitudes towards older persons*

The contribution of older individuals to the care economy often goes unrecognized. Drawing attention to the crucial role they play as caregivers may increase the value society places on older persons. In countries with a high prevalence of HIV/AIDS, increased attention is being directed towards older persons caring for their orphaned grandchildren. Actions that might be taken to acknowledge and effectively support the efforts of older caregivers include the following:

- Recognize and acquire a better understanding of the role older persons, and particularly older women, play as caregivers;
- Ensure that older caregivers have access to HIV/AIDS-related information and training;



- Develop policies and programmes to respond to the identified needs of older persons and their families; for example, provide for the education of orphaned children and the material and economic needs of affected families and households.

### **5.3 The need to diversify long-term care policies for older persons**

Traditionally, long-term care policies have focused exclusively on the provision of institutional care (in nursing homes or residential hostels) when an older person has no family or when family members are unwilling or unable to provide care at home. Increasingly, however, decision makers in many countries are incorporating a range of options within the long-term care policy framework, recognizing that a combination of residential and domiciliary or home care can allow older persons to remain with their families for longer periods. Long-term care policies should support interventions that help older persons live comfortably within a community either independently or with their families; for example, health maintenance services could be made available for both frail and active older persons.

A key challenge is to devise a range of long-term care strategies to ensure that effective and flexible combinations of support services are available and that older persons and their caregivers are offered real choices. Appropriate services provided along a continuum of care and support can maximize the independence and minimize the dependence of people as they grow older and more frail. Table 4 features examples of commonly applied long-term care strategies, which range from simply providing information to offering institutional and residential alternatives.

Given the realities of family care in both developed and developing countries, as well as the need for countries to provide sustainable long-term care services, it makes very good sense to support family caregiving arrangements for older persons. The experience of developed countries is that the provision of formal services does not reduce family caregiving; in fact, many of the services in table 4 involve some measure of family support.

#### ***5.3.1 Identifying the right mix of long-term care options for each country***

The extent of residential, family and community care provided for older persons varies across countries. There is no set formula indicating how much of a particular type of care is required per 100 people aged 65 or over. Comparing the overall supply and distribution of long-term care in different countries within a region might prove useful. If differences are large, focal points might discuss the reasons for their occurrence with their counterparts in these countries; this could strengthen the arguments of focal points when long-term care policy is developed in their countries.

Inadequacies in long-term care provision can result in lengthy hospital stays for older persons. It is now widely recognized that older persons do not fare well in hospitals; the longer the stay, the greater the risk of health deterioration. Appropriate long-term care arrangements could mean improved health and reduced costs.

**Table 4. Collecting data on the supply of different long-term care options**

Care option		Basic data	More advanced data
<b>Institutional care</b>	Long-term hospitalization	<ul style="list-style-type: none"> <li>Geriatric beds per 100 people aged 65+</li> <li>Average length of stay in hospital (total population)</li> </ul>	<ul style="list-style-type: none"> <li>Average length of stay in hospital (disaggregated by age group)</li> <li>Reason for hospitalization</li> </ul>
	Nursing homes	<ul style="list-style-type: none"> <li>Places per 100 people aged 65+</li> <li>Eligibility criteria</li> </ul>	<ul style="list-style-type: none"> <li>Location of providers (rural/urban)</li> <li>Cost of provision</li> <li>Type of provider (State, private, NGO, other)</li> </ul>
	Residential homes (hostels)	<ul style="list-style-type: none"> <li>Places per 100 people aged 65+</li> <li>Eligibility criteria</li> </ul>	<ul style="list-style-type: none"> <li>Location of providers (rural/urban)</li> <li>Cost of provision</li> <li>Type of provider (State, private, NGO, other)</li> </ul>
<b>Care in the community</b>	Sheltered housing (assisted living facilities, board and care homes, warden housing, extra care homes, collective housing, foyer logement)	<ul style="list-style-type: none"> <li>Places per 100 people aged 65+</li> </ul>	<ul style="list-style-type: none"> <li>Location of providers (rural/urban)</li> <li>Cost of provision</li> <li>Type of provider (State, private, NGO, other)</li> </ul>
	Day centres (senior centres)	<ul style="list-style-type: none"> <li>Number of centres</li> <li>Range of activities</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of people aged 65+ who attend frequently, occasionally or never</li> <li>Location of providers (rural/urban)</li> </ul>
	Home visits <ul style="list-style-type: none"> <li>Health workers</li> <li>Home help</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of people aged 65+ receiving visits</li> <li>Budget</li> </ul>	<ul style="list-style-type: none"> <li>Location of providers (rural/urban)</li> <li>Cost of provision</li> <li>Type of provider (State, private, NGO, other)</li> </ul>
	Short stay/ respite care	<ul style="list-style-type: none"> <li>Places per 100 people aged 65+</li> </ul>	<ul style="list-style-type: none"> <li>Amount and type of care</li> <li>Location of providers (rural/urban)</li> <li>Cost of provision</li> <li>Type of provider (State, private, NGO, other)</li> </ul>
	Rehabilitation services	<ul style="list-style-type: none"> <li>Types of services offered</li> <li>Budget</li> </ul>	<ul style="list-style-type: none"> <li>Amount and type of care</li> <li>Location of providers (rural/urban)</li> <li>Cost of provision</li> <li>Type of provider (State, private, NGO, other)</li> </ul>
	Welfare benefits for caregivers	<ul style="list-style-type: none"> <li>Number of benefits</li> <li>Value of benefit(s)</li> <li>Nature of entitlement(s)</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of beneficiaries aged 65+</li> </ul>
	Other policies of relevance	<ul style="list-style-type: none"> <li>Nature of policy</li> </ul>	

If community care options are limited, the only alternative for older persons may be to accept premature placement in hospitals or residential care. In developed countries, only those with the most debilitating health problems are eligible for nursing home placement. Some countries require a review by an interdisciplinary team before nursing home residency can be considered. In many developing countries, it is destitute older persons who are forced into institutional care, whether they have serious health problems or not. Focal points need to determine whether this is an appropriate option given long-term care resource limitations.

### **5.3.2 *Community services***

People the world over generally prefer to remain at home and maintain their independence for as long as possible. Adequate primary care and community-based service networks are key to the realization of these goals.

#### *5.3.2.1 Rehabilitation services and the management of chronic diseases*

There is strong evidence that rehabilitation services can significantly improve the functional capacity of older persons, especially after a stroke or a bone-fracturing fall. Services may include physiotherapy, the modification of living environments and/or counselling. Therapies such as strengthening postural stability to improve balance and the effective medical management of chronic conditions such as diabetes and lung disease, which can lead to disability, are equally important. The availability and quality of these services for older people should be assessed, and the key role they can play in the long-term care mix should be emphasized. All are likely to improve the quality of life of older persons and reduce overall long-term care costs.

#### *5.3.2.2 Care/case managers*

An important long-term care function is performed by care or case managers, who can inform older individuals and their families about appropriate services and help monitor care provision over time. They can also play a critical role in coordinating care where service systems are fragmented.

#### *5.3.2.3 Home visits*

Different types of home visits can greatly benefit older persons. Community nurses and health aides are trained to provide a range of appropriate health and care services. Home help aides usually assist with household chores such as cleaning or meal preparation, though in some countries they are qualified to carry out simple health tasks as well. Health visitors can play a very important role in the early detection of health problems and in identifying household safety hazards such as scatter rugs or electrical wires over which older residents can trip.

Volunteers may be mobilized to make friendly visits to older persons living alone in the community to help prevent the isolation and loneliness that can lead to depression and early death.

**Box 19. Home visits for prevention**

In Finland, a case management and service coordination model “packages” the services of various stakeholders and providers to meet client needs. The model comprises needs assessment, service planning and resourcing, advisement, care coordination, and advocacy. In several municipalities this has become the standard approach to supporting and facilitating home-based care and services for older persons.

In the town of Jyväskylä, for instance, all residents aged 70 years or over receive an initial visit from a day-centre worker or manager. This visit may activate one or more services provided by various stakeholders and/or the setting up of services that may be activated later as particular needs become acute. Social work, rather than a medical or nursing approach, informs this model; the purpose is to activate needed services and, in doing so, to empower older persons. All services provided are backed up by an interdisciplinary team, and the model is supported by an Internet database (seniori-info) and public awareness campaigns. Evidence indicates that preventive home visits constitute a successful intervention.

**Source:** Finland, Ministry of Social Affairs and Health, *Strategies for Social Protection 2015: Towards a Socially and Economically Sustainable Society* (Helsinki: 2006).

*5.3.2.4 Sheltered housing*

Sheltered housing schemes take many forms and are largely confined to developed countries. Essentially, they offer shelter plus some services, including one or more daily meals and various personal care options. They represent a compromise between independent living and residential care and are provided by public, private, religious/charitable and voluntary sector operators. Informed awareness of these schemes will contribute to the development of appropriate national policies.

*5.3.2.5 Benefits for caregivers*

Family caregivers must receive ongoing support if they are to remain effective in this role. Research in the United States has shown that targeted services can help reduce stress among caregivers and enable them to maintain a healthy and supportive environment for older dependants longer than might otherwise be possible.

Many developed countries offer financial and other benefits to informal caregivers to compensate them in some small way for their loss of income-generating opportunities. Benefits may include tax exemptions or credit towards pensions. As noted previously, the majority of caregivers are women whose absence from the labour force to fulfil caregiving responsibilities may result in the lack of adequate provision for their own later years. Some developing countries offer care-related benefits for child care but not for the care of frail older persons.

### 5.3.3 *A word about institutional care*

Although long-term care services are widely available in developed countries, only around 4-6 per cent of the population aged 65 years and over are in residential aged care. The average age of entry into high-care facilities is usually around the mid-eighties.

In many countries, institutional care carries a social stigma and is considered a last resort by older persons and their caregivers. Nursing homes and other forms of institutional care are usually viewed as the polar opposites of family care. However, they should be seen as part of a continuum; there are times when nursing home placement is the only recourse. It is important that policy makers understand the need for these services and the role they can play in the long-term care mix. While institutional care should be considered only after family and community care options have been exhausted, its role in the continuum of care is still very important. There may be a point at which the demands and stresses on formal and informal caregivers become too great. Families attempting to provide all levels of care for older persons risk fragmentation and a deterioration in the health of all concerned.

Nursing homes that are well-regulated and well-monitored provide a high level of residential care; they constitute the most intensive form of institutional care, with qualified health professionals available at all times. Lower-care residential services, sometimes known as hostels, provide a significant amount of support and protection for older persons experiencing mental confusion or physical difficulties such as incontinence. Families that try to provide these levels of care at home often find that they do not have the skills or resources to prevent or deal with malnutrition, injuries, or the manifestations of physical or mental deterioration.

It is important that developing countries avoid repeating the mistakes of the more affluent countries that simply built numerous institutions for older persons while failing to consider how preferred options such as home-based or community care might be further developed and strengthened. In many cases, community care offers an effective compromise, with options all along the independence-assistance continuum. Even where institutionalization is the only alternative, adapting to the local culture is likely to produce better results than strict adherence to previously established patterns. Homes organized around a village community concept, for example, may be much more welcoming than hospital-style nursing homes.<sup>33</sup>

Some of the key issues focal points might wish to explore relate to access:

- How do older persons access residential care services?
- How is eligibility for residential aged care determined? Are certain groups of older persons given priority on the basis of care needs or other factors?

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<sup>33</sup> For more detail, refer to United Nations, "Follow-up to the International Year of Older Persons: Second World Assembly on Ageing", report of the Secretary-General (A/62/131).

- In accessing residential aged care, what advantage (if any) do older persons who are “well” have over those who are very frail or chronically ill?
- To what extent is residential care limited to the destitute?
- How effective is the system of referral and the communication of essential information between the different health and aged care agencies involved?
- Is information about alternative services widely available?
- What eligibility criteria are appropriate in a particular country for entry into residential aged care?

Other issues requiring careful consideration relate to the capacity and quality of services provided by different institutional care providers:

- What provisions exist for the regulation, inspection and accreditation of residential aged care facilities?
- Is the staffing situation such that the care and treatment needs of residents are fully met? If not, can the deficiencies be identified and remedied?
- Have satisfaction surveys been conducted among the residents? Are they representative, robust and reliable? Are they acted upon by service providers?
- What happens when service providers do not comply with relevant standards and regulations?
- Is information on quality and satisfaction shared with consumers so that they can make informed decisions about care options?
- Are the rights and responsibilities of older persons openly discussed and agreed upon by all concerned?

Nursing homes, hostels, and other forms of residential care are integral to the local community. There should be no sharp divisions between institutional, community and home-based care; services can be supported across several agencies. For instance, in-home services such as meal deliveries can be organized by residential aged care providers, and day centres for older persons living at home may be located on the grounds of aged care facilities where occupational therapy and other rehabilitation services are provided.

#### **5.4 Organizing services**

In organizing long-term care services it is first necessary to become familiar with the full range of services offered and to identify their focus and quality and their capacity to meet the diverse needs of the older population. If these combined service resources can be assessed in relation to current and predicted levels of demand, there is a possibility that comprehensive coverage and economies of scale can be achieved.

If a country has sizeable racial, ethnic or religious minorities, the focal point may wish to consider tailoring long-term care services to their needs so that they

regard the services as culturally acceptable. Sensitive care can be provided for minority groups through ethno-specific services. However, caution should be exercised to ensure that this approach does not contribute to ethnic isolationism or discourage mainstream contact with other groups in society.

It is important to identify the differences in urban and rural circumstances and to adapt care provision to local needs. Delivering long-term care services in rural areas is particularly challenging and requires flexibility and innovation. Here focal points may wish to consider tapping into existing outreach resources such as agricultural extension and health workers, mail service providers, and community volunteers. In Scandinavian countries, for example, rural postal workers serve as an early warning system for problems affecting isolated older persons.

Existing services should be built upon wherever possible. By multi-skilling health workers so that they are able to take on the additional responsibilities of assessing the well-being of older persons and providing basic counselling or simple treatment, there is a chance that older persons will receive appropriate support sooner than might otherwise be the case. Maternal and child health workers, for example, are in a position to assess older persons who are sole, primary or secondary caregivers for children in the knowledge that their well-being is critical to the well-being of their young charges.

#### ***5.4.1 Staffing issues***

A strong and adequately trained long-term care workforce is critical to the well-being of frail older persons. However, the relatively low wages (stemming from mandated limits on service subsidies and user payments) and low occupational status associated with long-term care in many developed countries can discourage qualified workers from entering the field. Staff shortages exist practically everywhere in developed countries and are projected to increase as the number of older persons in need of such care grows.<sup>34</sup> Shortages of skilled workers can jeopardize the well-being of older persons whether they are living at home or receiving some form of institutional care.

A common response in many developed countries has been to look overseas for health professionals and other long-term care workers. Often, registered and licensed practical nurses are willing to leave their home countries and relocate elsewhere because of higher salaries, better working conditions, and the prospect of greater safety or respect for themselves and their families. Some accept positions in nursing homes as care workers or serve as live-in workers in older persons' homes while they wait for their professional qualifications to be recognized by their host countries or work to obtain additional qualifications that may be required for certification.

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<sup>34</sup> See, for instance, Kristin Smith and Reagan Baughman, "Caring for America's ageing population: a profile of the direct-care workforce", *Monthly Labor Review* (United States Department of Labor, September 2007), pp. 20-26.

In some instances, migrant care workers face formidable cultural and linguistic barriers in their host countries. Since much long-term care is hands-on, the ability to communicate appropriately with older residents is critical to the quality of their care. Some countries, including Australia, administer an English language and cultural awareness test to immigrants who want to work and live there.

The globalization of the long-term care workforce presents both risks and opportunities for source and destination countries. A number of key questions should be considered by labour-sending and labour-receiving countries in the development of policies on the recruitment of qualified and unqualified health-care workers from abroad.

Questions to be considered by destination countries include the following:

- Should immigration eligibility policies for unqualified workers be liberalized to mitigate long-term care workforce shortages?
- Can migrant workers be used effectively to address the diverse care needs of ageing populations in developed countries?
- To what extent are foreign long-term care workers, especially those providing in-home care, operating illegally in developed countries? Those working outside the formal employment system may be vulnerable to exploitation, including long hours, low wages, and abuse from clients, co-workers and managers.

Source countries often have different priorities and need to give some thought to the following:

- What is the projected long-term impact of losing qualified and unqualified health-care workers?
- Are developing countries' investments in health-care education being used to subsidize care in developed countries? To what extent are such expenditures and productivity losses offset by remittances?
- If large numbers of qualified professionals are leaving the country, what is being done to encourage them to remain? For example, are efforts being made to establish competitive levels of remuneration, expand employment benefits, improve workplace safety, provide tax incentives, or enhance professional status and respect? In countries that are or have recently been involved in conflict situations, are serious efforts being made to restore law and order?



### **5.4.2 Consumer choice**

In developed countries, the emphasis is on community care and on finding the best ways to expand options and choices for older persons. Innovations might include the following:

- Extending consumer-directed care through direct cash payments rather than the provision of public services;
- Expanding the types of services available to include, for example, home visits and night-sitting;
- Adding more housing options that come with a variety of support services;
- Providing small group homes in lieu of larger institutional facilities for persons suffering from dementia and other debilitating conditions.

### **5.4.3 Coordination of health and social services**

The interdependencies of health, social, and housing services and informal caregiving with long-term care make the coordination of services critical; it is the synergy between these aspects of care that can enhance the well-being of older persons the most. Such coordination may be problematic because health, social and housing services often operate out of separate ministries, are provided at different levels of government, and may be fragmented among the public, private and non-profit sectors. It is unrealistic to ask older persons and their families to reach out to a large number of separate organizations to coordinate their own care; quite often, they are not even aware of what services are available. Various forms of interministerial and intersectoral collaboration are required to establish an integrated framework for long-term care service provision.

Information and referral services are among the useful coordination mechanisms that have been created in some countries, with expert staff available to steer clients in the appropriate direction, but it is multidisciplinary or interdisciplinary assessment teams that evaluate, recommend and organize needed services.

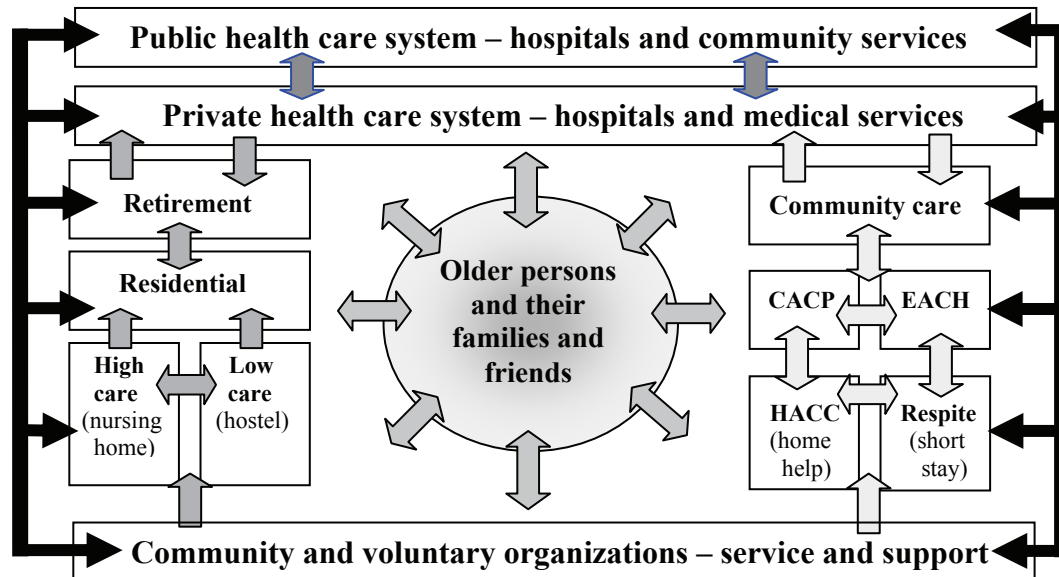
Strong partnerships between government and all other concerned agencies are essential for mainstreaming health and community services for older persons. Relevant priorities include the following:

- Developing and implementing public awareness campaigns to inform the community about service availability, eligibility and costs;
- Convincing professionals to revise their views on service “separateness” and developing a streamlined system for facilitating client referrals between service agencies;
- Promoting a system-wide understanding and appreciation of all services so that clients making contact at any point within the integrated system will be provided assistance in accessing other services.

**Box 20. A comprehensive and integrated system of health and aged care services (Australia)**

Ideally, the services available for older persons should be incorporated into a large, integrated system of health, community and aged care services provided by all sectors. Within such a framework, it becomes possible for older persons and their families and support groups to exercise a degree of choice in accessing services that best fit their requirements. Residential aged care is but one aspect of a comprehensive range of services offered to older persons. The Australian system of health and aged care represents one example of service collaboration and coordination, as depicted in the diagram below.

**Diagram: Australian health and aged care system**



**Notes:** CACP = community aged care packages (no nursing or treatment)  
EACH = extended care at home (includes nursing and treatment)  
HACC = home and community care

**Source:** Tracey McDonald, "Transferring knowledge to the 'pointy end' of aged care", presented at the Better Practice events held by the Australian Government's Aged Care Standards and Accreditation Agency in Sydney on 24 and 25 August 2006.

#### **5.4.4 Protecting the rights of older persons**

Special attention must be given to safeguarding the rights of frail older persons, as they are invariably defenceless and particularly vulnerable to abuse. Sadly, the situations that place older persons most at risk are living at home with abusive family members and living alone at home in an unsafe neighbourhood. This type of abuse is difficult to detect because it occurs in the privacy of older persons' homes and often goes unreported.

Mechanisms that have been developed to protect the rights of residents in institutional care settings—in addition to official regulations and inspections—include formal family members' committees to maximize consultation, ombudsman programmes, prominently displayed bills of rights, and adherence to advance care

directives or living wills. The strongest protection, however, remains that provided by caring and attentive family members or friends who can become a voice and an advocate for an older person when extreme dependency sets in. Where this is not available, advocacy on behalf of older persons must be provided by long-term care service providers themselves.

## **5.5 Protecting older persons from abuse and neglect**

Although older persons enjoy civil rights in most countries, they may be unable to defend them in situations of abuse and neglect. Public awareness of the mistreatment of older persons has grown in recent years; however, it is not a new phenomenon. This infringement of basic human and citizenship rights continues to occur in both developed and developing countries. Surveys from Canada, Finland, France, the United States and the United Kingdom indicate that between 4 and 6 per cent of older persons living at home have experienced some form of abuse.<sup>35</sup> Abusive behaviour can be found among both family members and service providers.

The absence of common definitions in reporting incidents of elder abuse makes it virtually impossible to collect enough classifiable data and systematic evidence to assess the nature and extent of the phenomenon. This does not mean that the problem of abuse cannot be identified and fully understood. Unfortunately, frail older persons are extremely vulnerable to abuse and other destructive behaviours that endanger them or cause them harm. They are often the victims not only of direct forms of aggression, but also of neglect; their basic needs may be ignored, their dignity denied, and any social contact severely proscribed. Abuse can be physical, emotional, sexual, psychological or financial in nature. Research shows that the abuse of older persons generally occurs within a care relationship, either inside the home or in an institution.

Legal statutes and systems for reporting claims and substantiated instances of maltreatment may contribute to reducing elder abuse. In Australia, the reporting of accusations of abuse within long-term care facilities was made mandatory in 2007 following an incident of abuse in one of the country's aged care homes.

Every effort must be made to identify cases of abuse and to undertake appropriate interventions, which might include the counselling or training of family members or service staff or even the removal of older persons from abusive situations. Medical, psychological and financial assistance may be required. Focal points might wish to encourage or facilitate the provision of targeted services through existing health and social service networks.

Special hotlines and information centres represent important resources for informing older persons about their rights. Organizations of older persons might provide older victims with legal advice and other appropriate services.

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<sup>35</sup> Etienne G. Krug and others (editors), *World Report on Violence and Health* (Geneva: World Health Organization, 2002).

In many countries there has been a reluctance to recognize elder abuse as a major social problem and even a general tendency to deny that it occurs. In these situations, lessons may be drawn from efforts to mainstream the issues of child abuse and violence against women. Focal points on ageing should discuss effective strategies for highlighting the problem of elder abuse with their counterparts working in these areas, and steps should be taken to ensure that abuse against older persons is addressed within wider domestic violence response initiatives.

Starting points include the following:

- Reviewing current legislation on domestic violence and abuse. Does it deal with the specific vulnerabilities of older persons?
- Assessing how cases of reported abuse are handled by the legal system;
- Identifying key individuals responsible for coordinating policy on elder abuse or on abuse in general;
- Reviewing available data on abuse. Focal points should realize that reported levels are likely to reflect the “tip of the iceberg” in terms of true prevalence, as many instances of abuse go unreported;
- Convening meetings of older persons’ organizations and key stakeholders to discuss the issue of abuse and secure media coverage.

Key requirements for mainstreaming awareness of elder abuse include:

- Raising the general profile of this issue and ensuring that the general public understands the problem so that elder abuse is taken as seriously as, say, child abuse;
- Developing a supportive legal framework to encourage older persons to report abuse;
- Sensitizing and training key groups such as health workers and police to recognize and act on abuse—for example, by developing an education package on elder abuse for primary health-care professionals that includes a screening and assessment tool.

**Box 21. Preventing the abuse of older persons in the United States**

In an effort to underline society’s abhorrence of crimes against older victims and provide a deterrent to such behaviour, many state legislatures have created special legal provisions to address various forms of elder abuse. Laws criminalizing the abuse of older persons are in effect in all states and in the District of Columbia. Generally, these laws define the conduct that constitutes a specific form of abuse and may draw a distinction between abuses committed in a domestic setting and those occurring in an institutional setting.

In some states, elder abuse laws are incorporated into assault, battery, domestic violence and/or sexual assault statutes, with a sentencing enhancement imposed if the victim is over a specified age. Illinois uses a combined approach; there are separate laws for aggravated battery of a senior citizen and for criminal neglect or financial exploitation of an older person, but the victim’s age is included as a special classification under aggravated criminal sexual assault and abuse laws.

## 5.6 Financing long-term care

In all countries, it is important to consider how different long-term care options are financed and whether the funding available for such care is sufficient to meet the needs of older persons. Where private providers play a major role, consideration should be given to the extent of affordable options for poorer older persons. For government and voluntary sector schemes, focal points should consider whether services are universally available at little or no out-of-pocket cost or whether wealth and capacity serve to ration services. Where means-testing is applied, focal points should cost out relevant administrative expenses to determine whether providing universal benefits is that much more costly.

Some developed countries, including Germany, Israel and Japan, recognize that long-term care is a major life risk and have established long-term care insurance schemes under national social security programmes. This guarantees that all individuals will have access to such care regardless of their economic circumstances. Schemes differ in whether they provide services and/or cash benefits and in the types of services covered. Other countries are looking at private long-term care insurance as a means of financing long-term care. However, the cost of such policies can be high, particularly if one does not self-insure before reaching old age.

### **Box 22. Long-term care policies in Japan and Germany**

Japan and Germany, two of the world's oldest countries in demographic terms, have introduced national long-term care insurance programmes. Each has taken different approaches to facilitating long-term care, and both have provided support for family caregivers to support ageing in place.

Japan is promoting individual independence and supporting families through measures that prevent or delay the institutionalization of older persons. The country has introduced a long-term care insurance plan under which systematic improvements have been made to create a high-quality care service infrastructure that responds to the needs of older persons requiring assistance. Efforts have included the training of individuals providing home-based services (such as home helpers) and the development of care-related facilities (such as special nursing homes). Amendments to the long-term care insurance law include provisions for effecting a shift in the existing care system to, inter alia, make it prevention-oriented and improve the quality of care.

The Federal Parliament of Germany, aware of the growing numbers of older persons in need of care, adopted a long-term care insurance scheme that entered into force in 1995. The insurance is mandatory, with monthly contributions shared equally by employers and employees, and covers services expected to be needed for six months or more. The ability to perform various daily or routine activities is considered when assessing needs relating to, for example, mobility, personal hygiene, meal preparation and housekeeping. The programme provides for informal care and ambulatory services at home, partial institutionalization, and full institutional care. The Government however, encourages home care over institutionalization. Beneficiaries can select from among three types of benefits that have different payment systems: (a) informal care services at home (cash payments made directly to informal caregivers); (b) formal care services at home (payments made directly to care providers); and (c) institutional care services (payments made directly to care facilities). The Ministry of Health, which administers the long-term care insurance programme, has projected that more than 3 million persons will be in need of care by 2040.

**Sources:** United Nations, "First review and appraisal of the Madrid International Plan of Action on Ageing: preliminary assessment", Report of the Secretary-General (E/CN.5/2008/7), p. 11; and Robert Venne, "Care and older persons: an international perspective", *Vital Aging*, vol. 13, No. 2 (June 2007).

A key message to policy makers in many developing countries is that care provision for older persons is usually labour-intensive rather than capital- or technology-intensive—and labour in these countries is often relatively inexpensive and widely available. In other words, there are fewer resource barriers to providing long-term care than to administering pension schemes and health services. With regard to financing options, focal points might consider the use of dedicated tax revenues from the sale of certain products. Some countries have used lottery revenues to subsidize health and aged care services.

## Section 6

### Promoting social inclusion and political participation for older persons

All individuals, regardless of age, have the right to full inclusion and participation in social, economic, cultural and political affairs. Previous sections of this *Guide* have emphasized the importance of the following for older persons:

- Participation in the labour force (income-generating activities);
- Participation in decision-making, especially (but not exclusively) when it involves policies that directly affect their lives;
- Participation as empowered consumers;
- Participation in the country's broader social and cultural life, challenging negative stereotyping and exclusionary practices.

These points provide a general framework for identifying key issues and priorities in political mainstreaming. The present section focuses on older persons' political inclusion and active citizenship, covering a range of activities and strategies that may be useful for focal points to consider. As always, focal points should look at other relevant mainstreaming initiatives and learn from them. Care should be taken not to borrow too directly from frameworks and systems established in other countries; while various features may be replicated, others may need to be modified or eliminated, and new components may have to be introduced.

The classical definition of citizenship relates to the implementation and enforcement of rights and obligations—a set of general concepts that may be subjectively interpreted to benefit select groups in society. A more contemporary understanding of citizenship derives from the principles of inclusiveness and active involvement. Among older persons, dynamic citizenship entails participation in political, social and economic affairs through the mobilization of tangible and intangible resources, with the aim of achieving the following:

- The transformation of informal rights into legitimate rights;
- The transformation of their potential and resources into effective action;
- The transformation of their political, social and economic environments at the micro and/or macro level.

Without the active political participation of *all* older persons, the scope for progress in most of the areas addressed in this *Guide* will be very limited. As a starting point, it is important to acknowledge that older persons can and should participate in the political decision-making process:

- At the individual level (as voters);
- At the group level (through organizations of older persons);

- At the government level (for example, as lobbyists or through participation in advisory bodies of older persons).

In many countries there has been a recent policy shift away from the top-down welfare approach towards older persons, with increasing emphasis being placed on their inclusion and active participation in decisions that may affect them. MIPAA requests Governments to ensure that older persons are fully aware of their rights and responsibilities. In many cases, Governments recognize the need for greater accountability towards this vulnerable segment of the population but seem to lack the capacity and/or experience to effect the changes that would enable them to enjoy full citizenship.

The *World Development Report 2004: Making Services Work for Poor People* identifies two ways for excluded groups to become politically empowered:

- The “long route” involves influencing the priorities of political parties and policy makers through voting;
- The “short route” involves exerting a more immediate influence on service providers, often at the local level, through lobbying and other forms of direct communication.

## **6.1 The “long route” to power**

### **6.1.1 Older voters**

Research from developed countries indicates that older persons tend to be very interested in politics. In countries with popular electoral processes, older citizens are more likely than younger citizens to cast their votes. A study of 15 European countries in the 1990s found that the average turnout among voters aged 60 years and above was 93 per cent.

The voting power of older persons becomes much more evident when the high turnout rate among older voters is considered in conjunction with the actual proportion of potential older voters in the total voting population than when older persons are considered solely in terms of their share of the total population. Table 5 provides a rough indication of the potential electoral strength of older persons in a range of countries. In Ghana and Nigeria, for example, the share of older voters in the total voting population was more than double the share of older persons in the total population in the year 2000.

Focal points can promote political inclusion by highlighting to politicians and others the increasing importance of older persons as a voter group or constituency.

Although it is extremely rare for older persons to be formally excluded from the electoral process, various factors may prevent some of them from voting. Focal points can use available data to determine which groups are excluded and then conduct further research to identify the main barriers to their political involvement.



Impediments to voting may include the following:

- *The lack of appropriate documents.* Older persons lacking identity papers and other official documents are generally not allowed to vote (or to access certain services); this problem is widespread in some developing countries;
- *Illiteracy.* In most countries, literacy tests for voters are a thing of the past. However, a lack of literacy skills can undermine older persons' confidence and their sense of entitlement to participate in elections. Modifying voting processes (for example, using images instead of text on ballots) may help;
- *Inappropriate methods or technology.* Postal voting has been shown to increase electoral participation among groups with mobility problems. Has this approach (or other remote options) been considered in each country?

**Table 5. The population aged 60 and above as a percentage of the total population and as a percentage of the voting population, selected countries, 2000 and 2020**

	Percentage of total population aged 60+ (2000)	Percentage of voting population aged 60+ (2000)*	Percentage of total population aged 60+ (2020)**	Percentage of voting population* aged 60+ (2020)**
<b>Brazil</b>	7.8	12.8	13.1	19.0
<b>China***</b>	10.1	15.0	16.7	22.3
<b>Ghana</b>	5.1	10.8	6.7	12.0
<b>Japan</b>	23.2	29.2	33.7	40.8
<b>India</b>	7.6	13.5	11.0	16.5
<b>Indonesia</b>	7.6	12.9	11.2	16.4
<b>Nigeria</b>	4.8	10.9	5.4	10.9
<b>Russian Federation</b>	18.5	25.0	23.6	28.9
<b>United Kingdom</b>	20.6	27.5	26.7	33.5
<b>United States</b>	16.1	22.6	22.8	30.3

Source: Calculated from United Nations data (2001).

\* The population aged 60+ as a percentage of the total population aged 20+.

\*\* Medium variant projection.

\*\*\* Excluding Hong Kong and Macao (Special Administrative Regions of China).

### 6.1.2 Voting and influence

Casting votes is one thing; whether those votes serve the interests of older persons is quite another. To some extent, the sensitivity of political decision-making to voters' real preferences depends on the quality of the democratic system in general. Focal points should determine whether older persons find it difficult to translate their votes into meaningful influence over the issues that concern them.

The strength of the connection between voting power and political influence may depend on the following:

- The extent to which mainstream political parties are aware of, and are willing to address, older persons' concerns. Focal points should discuss this issue with key politicians and examine party manifestos to identify the relevance of their policy platforms to older persons;

- The capacity of older persons to make themselves heard politically, and not just as voters. Focal points should assess the objectives, motives, and effectiveness of different pressure and lobby groups representing the interests of some or all older persons.

In developed countries, older persons' concerns are becoming an increasingly important factor in determining election results. In such situations, focal points should:

- Ensure that older persons perceive themselves as being able to influence the outcome of elections;
- Hold politicians accountable for their behaviour by, for example, publicizing any of their policy positions or decisions that run counter to the interests of older persons;
- Ensure that the growing influence of the older population is not seen in a negative light by other groups within the community.

There is sometimes a tendency to portray older voters as inherently conservative and self-interested, but evidence suggests otherwise. A recent survey of older voters in the United States indicated that 76 per cent were very concerned about corporate responsibility, and over half considered the environment a key issue. In recent elections in France and the United States, older persons strongly supported parties committed to radical welfare reform. A survey in several Latin American countries found that older persons placed a higher value on democracy than did youth. Surveys show that older persons' interests are shaped by intergenerational allegiances, making them unlikely to tilt political outcomes for selfish reasons.

## **6.2 The “short route” to power: advocacy and participation**

### ***6.2.1 Involving older persons in consultations at all levels of decision-making***

Older persons can play a more direct role in the decision-making process through mechanisms of consultation. These may take the form of special councils or advisory bodies where older persons are represented and consulted on policy matters of concern to them. A number of countries have established such mechanisms.

In Argentina, the Federal Council of Older Persons, comprising 12 provincial representatives of older persons' organizations, provides advice and coordination on policies directed at this population group. In Brazil, the National Council for the Rights of the Older Persons, consisting of 14 government representatives and an equal number of NGO representatives, is involved in establishing national policy priorities for older persons through the elaboration of relevant norms and guidelines. In Uruguay, similar advisory councils made up of older persons have been created to define and help develop specific policies for the older population.

**Box 23. Participation in New Zealand**

The Office for Senior Citizens in New Zealand regularly consults with older persons in the community through a network of 39 Volunteer Community Coordinators (VCCs). The VCCs bring together people from different cultures, backgrounds and community organizations to participate in projects that contribute to policy development. The VCC programme was developed in 1999 during the International Year of Older Persons. The VCC network serves as a crucial link between the community, the Office for Senior Citizens, and the Minister for Senior Citizens.

Another important consultative body is the Advisory Council for Senior Citizens, an independent entity consisting of five committed and community-minded older persons who have been appointed by the Minister for Senior Citizens. The Council participates in the development of government policy for older persons by providing confidential advice to the Minister. Members of the Advisory Council meet six times a year at the Office for Senior Citizens.

**Source:** New Zealand, Office for Senior Citizens, Ministry of Social Development, "Report from New Zealand/Aotearoa to the Commission for Social Development, United Nations, February 2007: Madrid International Plan of Action on Ageing".

Other countries have independent advisory bodies that may include researchers, representatives of older persons' organizations, NGO representatives, public opinion leaders, and/or other concerned parties. Unfortunately, there is little research or anecdotal evidence indicating that older persons are using these bodies efficiently and effectively to consolidate their power.

Focal points should undertake to ensure that the membership of these consultative bodies is genuinely representative of the diversity among the older population, with socio-economic, gender, ethnic, geographic, and other relevant differences taken into account.

Organizing senior citizens' forums is another way to give older persons a voice and the opportunity to develop a common platform. Such forums, which may be held at the local, regional or national level, provide a milieu in which the skills and experience of older persons can be harnessed for the purpose of recommending and planning needed services.

Consultation should be seen not simply as an exercise in democracy, but rather as a mechanism for improving services to meet the specific needs of older persons (see box 24). The cost savings associated with preventing the development of inappropriate services should not be ignored.

#### **Box 24. Older persons influencing health policy in the United Kingdom**

In March 1999, the Department of Health in the United Kingdom asked Help the Aged to assemble a representative panel of senior citizens from across England to act as a reference group on older persons' issues in the development of the National Service Framework for Older People (NSFfOP). The objective was to establish a comprehensive set of standards for all organizations providing health and social care for older persons. This represented a unique opportunity for older persons to become directly involved in developing policy.

Fifteen older persons from across England were invited to participate, including representatives from urban and rural areas and from ethnic minority communities, as well as individuals with specialized knowledge of conditions such as hearing impairment, arthritis and dementia. The group began by identifying priorities and establishing a broad agenda, which was then worked up into a report and presented to the Department of Health. Subsequently, the group continued to meet and decided to publish a short version of its key recommendations. "Our future health: older people's priorities for health and social care" was issued in 2001 and distributed to older persons' groups and health professionals across England.

**Source:** Help the Aged ([http://www.helptheaged.org.uk/NR/rdonlyres/5BDA5E97-A993-49F3-9B8E-74E20D6413B2/0/age\\_today\\_5\\_citizenship.pdf](http://www.helptheaged.org.uk/NR/rdonlyres/5BDA5E97-A993-49F3-9B8E-74E20D6413B2/0/age_today_5_citizenship.pdf)).

#### **6.2.2 Improved citizens' monitoring schemes**

Another "short route" to power may be exploited through the development and promotion of citizens' monitoring schemes, which seek to hold public and private service providers accountable for the quality of their services and to discourage discrimination against older clients. The introduction of such schemes can:

- Increase older persons' awareness of their civil and other legal rights;
- Generate interest and investment in improving the range and quality of services;
- Create a platform to inform politicians about older persons' concerns;
- Empower older persons through the processes of political engagement and community development.

Focal points should determine whether citizens' monitoring schemes or similar organizations in their countries represent the full range of diversity within the older population. Every effort must be made to ensure that older persons are fully aware of the commitment the Government has made to MIPAA and understand that they are in a position to monitor the progress of the Action Plan's implementation.

Organizations such as HelpAge International have supported a number of citizens' monitoring schemes<sup>36</sup> for poor older persons in developing countries. With the experience it has gained, HelpAge has come to recognize the importance of the following:

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<sup>36</sup> More detailed information on citizens' monitoring schemes may be obtained from the HelpAge International website (<http://www.helpage.org/Researchandpolicy/Rights-1/Resources>).

- Focusing on priority issues as identified by older persons themselves;
- Basing political activities on sound evidence; groups may need capacity training to learn how to collect, analyse and present this evidence;
- Allowing older participants time for adjustment and providing them with the necessary support (including tailored training programmes) in new initiatives.

**Box 25. Empowering older persons in India**

HelpAge India has helped more than 14,000 poor older persons from Uttar Pradesh, Madhya Pradesh and Jharkhand obtain State benefits they had not been receiving because of corruption, inefficiency, and poor publicity about the availability of services and entitlements. A survey conducted by HelpAge India revealed that 90 per cent of those eligible for the benefits were missing out. Very few older persons had even heard about them; in some areas, only one in four knew about the pension, and far fewer were receiving it.

The three-year Poorest Areas Civil Society (PACS) Programme has been empowering poor older persons to demand and exercise their rights. Working with local partners, HelpAge India has encouraged older persons to form *vridh sanghs* (older persons' groups). Each group is supported by a *vridh mitra* ("friend of the elderly")—typically a young man in his twenties with at least a basic education; this individual is employed full-time and receives a small salary to help the group organize meetings with local government officials and others.

As older persons have become aware of their rights, they have started taking up their cases with local officials. A number of groups have set up small resource centres that provide information about benefits. Some have proposed that, to make the system fairer, an older person should be present as an observer when lists of people below the poverty line are drawn up. Various groups have also begun to address other issues, such as primary education and children's health. While the support of the "friends of the elderly" has been vital, it is older persons themselves who have been the main driving force behind the project—showing once more that older persons are their own best advocates.

**Source:** HelpAge International (<http://www.helpage.org/Researchandpolicy/Rights-1/News/@64471>).

Citizens' monitoring schemes are part of a wider effort to promote participation and accountability in service provision and the policy process. In order to facilitate mainstreaming, focal points should ensure that older persons are free to participate in all these schemes, not just those specifically concerned with them.

Decision-making processes at the local level are not always transparent or clearly understood by vulnerable groups. Focal points will need to take steps to ensure that older persons possess the capacity to participate in these initiatives.

### **6.2.3 Working with pressure and interest groups**

In many countries, civil society organizations are very active in the field of ageing and are playing an increasingly important role in addressing relevant issues. They often introduce innovative local practices that could be generalized and developed to enhance the well-being of senior citizens nationally and internationally. Many are organized groups of older persons or retirees themselves or are

organizations advocating on behalf of older persons. Since they usually work closely with the older population, they have firsthand knowledge of their particular needs and circumstances. It would make sense to enter into productive partnerships with these NGOs in order to improve policies for older persons and make the decision process more democratic.

An important task for focal points is to map the full range of civil society groups that engage in activities relevant to older persons. Apart from the obvious question of their scale in terms of membership, funding and influence, focal points should ask the following:

- Which parts of the older population do they claim to represent? What is the basis of this representation?
- What is the role of older persons in these groups?
- Do they focus on particular issues (or just a single one)?
- What are their strategies and actions?
- Do they cooperate or work at cross-purposes with each other?

Once focal points have reliable data on these organizations, they should consider the role each might play in promoting the Madrid agenda. Contributions may vary depending on the fit between their areas of interest and the key priorities identified by MIPAA and focal points, as well as the organizational profiles of different groups and their political agendas. There are different ways to coordinate the work of all the partners—for example, through information exchange, regular meetings, and other joint efforts.

Opportunities to promote older persons' involvement in pressure groups that are not primarily concerned with ageing should be explored. Steps should be taken to ensure that such groups do not discriminate on the basis of age or other criteria in their leadership positions.

### **6.3 Raising the general profile of older persons**

Focal points should identify negative and stereotypical depictions of older persons by the mass media, including advertisers. Such representations can reinforce unfavourable attitudes in society at large and among older persons themselves. Working with the mass media is critically important in eliminating damaging stereotypes of older persons. Conferences, targeted information campaigns, and other public education strategies can promote more realistic views.<sup>37</sup>

Creating or exploiting opportunities to foster more a positive attitude towards older persons is essential. One effective approach involves organizing a rally or

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<sup>37</sup> The Office for Older Australians, a division of the Australian Government's Department of Health and Ageing, has created an online gallery of positive images of older persons. The site also provides information relating to positive and healthy ageing, work and later life planning, and health and care.

special event that can be seen as an opportunity to publicly discuss ageing-related issues. The International Day of Older Persons (1 October) may be a convenient starting point. Many countries have other days, weeks, or even months during which older persons are honoured.

Focal points should ensure that older persons are able to participate in local community activities and key events that are not exclusively concerned with ageing, such as those relating to health care, women's issues, and employment. Dynamic interaction between individuals of all ages working towards a common goal facilitates genuine integration and mainstreaming.

Relatively high rates of illiteracy and limited educational attainment constitute one of the major barriers to community participation and full citizenship among older persons. Older women in countries that have discouraged or failed to promote female education are particularly vulnerable to exclusion. Education and literacy deficits keep seniors from accessing and understanding information relevant to them; many remain unaware of their rights and entitlements. In Thailand, for example, the results of a survey indicated that fully half of those aged 60 years and over were unaware of the availability of social security benefits for older persons.

Education is a crucial tool for empowering older persons. Focal points should ensure that older persons are not excluded from illiteracy reduction programmes on the basis of age. In China, a "third age" education programme has given large numbers of older persons important learning and literacy opportunities (see box 26).

**Box 26. "Third age" education in China**

China offers continuing education to older persons. The University for Third Age (U3A) programme was started in 1983 in Jinan in Shandong Province. Old-age education networks have been set up at the township, city and provincial levels. Large numbers of older people now have the opportunity to improve their scientific and cultural knowledge, increase their pleasure in life, and enhance their capacity to contribute to social and economic development.

During more than two decades of development, old-age education in China has gradually been transformed from classroom teaching alone to a combination of learning via correspondence, television and radio, classroom teaching, and home-based tutoring. The content focus has gradually shifted from leisure education to a combination of education for pleasure and professional training. This furthers the objectives of old-age education—to offer knowledge, enrich life, strengthen morality, promote health, and serve the community. Learning, recreation and action are combined.

The U3A network in China has expanded to 25,000 institutions. The number of older persons making use of these educational opportunities has gradually increased to almost 2.5 million.

**Source:** China, Research Center on Ageing, "Demographic change in China: ageing of the world's largest population", Papers in Population Ageing, No. 4 (Bangkok: UNFPA Country Technical Services Team for East and South-East Asia, December 2007).

Increasing older persons' political and community involvement will help them:

- Strengthen their influence over the provision of goods and services and ensure appropriate societal and service delivery responses;
- Overcome barriers that restrict opportunities and ensure a better quality of life;
- Fulfil their individual needs;
- Protect their human rights, challenge stereotypes, and combat stigmatization.

The goal is to create a dynamic older population participating actively in the development of society through the continued use of their experience, wisdom and skills.



## Annex I

### Publications on ageing produced within the United Nations System

#### SECRETARIAT

- (n.d.) *International Year of Older Persons 1999*  
<<http://www.un.org/esa/socdev/iyop/index.html>>
- (n.d.) “Mainstreaming the concerns of older persons into the social development agenda”  
<<http://www.un.org/esa/socdev/ageing/documents/positionpaper.pdf>>
- (n.d.) *United Nations Principles for Older Persons*  
<[http://www.un.org/esa/socdev/ageing/un\\_principles.html](http://www.un.org/esa/socdev/ageing/un_principles.html)>
- (n.d.) *Vienna International Plan of Action on Ageing*  
<[http://www.un.org/esa/socdev/ageing/vienna\\_intlplanofaction.html](http://www.un.org/esa/socdev/ageing/vienna_intlplanofaction.html)>
- (1992) “Proclamation on Ageing” (A/RES/47/5)  
<<http://www.un.org/documents/ga/res/47/a47r005.htm>>
- (1995) “Report of the World Summit for Social Development” (A/CONF.166/9)  
<<http://www.un.org/documents/ga/conf166/aconf166-9.htm>>
- (2000) *Population Bulletin of the United Nations: Below Replacement Fertility*. Special Issues, Nos. 40/41 (Sales No. E.99.XIII.13).
- (2000) *Replacement Migration: Is It a Solution to Declining and Ageing Populations?* (Sales No. E.01.XIII.19)  
<<http://www.un.org/esa/population/publications/ReplMigED/>>
- (2000) *United Nations Millennium Declaration* (A/RES/55/2)  
<<http://www.un.org/millennium/declaration/ares552e.htm>>
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<<http://www.un.org/millenniumgoals/>>
- (2001) *Report on the World Social Situation 2001* (ST/ESA/277-E/2001/70)  
<<http://www.un.org/esa/socdev/rwss/index.html#2001>>
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- (2002) “Follow-up to the Second World Assembly on Ageing”. Report of the Secretary-General (A/57/93).  
<<http://daccessdds.un.org/doc/UNDOC/GEN/N02/439/32/PDF/N0243932.pdf?OpenElement>>
- (2002) “Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002” (A/CONF.197/9)  
<<http://daccessdds.un.org/doc/UNDOC/GEN/N02/397/51/PDF/N0239751.pdf?OpenElement>>
- (2003) “Expert Group Meeting on Modalities for Review and Appraisal of the Madrid International Plan of Action on Ageing, 10-12 November 2003, Malta: report”  
<<http://www.un.org/esa/socdev/ageing/documents/workshops/Malta/Maltareport.pdf>>

- (2003) “Follow-up to the Second World Assembly on Ageing”. Report of the Secretary-General (A/58/160).  
<<http://daccessdds.un.org/doc/UNDOC/GEN/N03/433/34/PDF/N0343334.pdf?OpenElement>>
- (2003) *Report on the World Social Situation 2003—Social Vulnerability: Sources and Challenges* (Sales No. E.03.IV.10)
- (2004) “Follow-up to the Second World Assembly on Ageing”. Report of the Secretary-General (A/59/164).  
<<http://daccessdds.un.org/doc/UNDOC/GEN/N04/436/07/PDF/N0443607.pdf?OpenElement>>
- (2005) *AIDS and the Family: Policy Options for a Crisis in Family Capital* (Sales No. E.06.IV.1)  
<<http://www.un.org/esa/socdev/family/Publications/aidsandthefamily.pdf>>
- (2005) “Follow-up to the Second World Assembly on Ageing”. Report of the Secretary-General (A/60/151).  
<<http://daccessdds.un.org/doc/UNDOC/GEN/N05/436/30/PDF/N0543630.pdf?OpenElement>>
- (2005) *Living Arrangements of Older Persons Around the World* (ST/ESA/SER.A/240)  
<<http://www.un.org/esa/population/publications/livingarrangement/>>
- (2005) “Policy Workshop on HIV/AIDS and Family Well-being, Windhoek, Namibia, 28-30 January 2004” (workshop report)  
<<http://www.un.org/esa/socdev/family/Meetings/hiv2830jan04.pdf>>
- (2005) *Report on the World Social Situation 2005: The Inequality Predicament* (Sales No. E.05.IV.5)
- (2005) *World Population Prospects: The 2004 Revision*  
<<http://www.un.org/esa/population/publications/WPP2004/wpp2004.htm>>
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- (2006) “Guidelines for review and appraisal of the Madrid International Plan of Action on Ageing: bottom-up participatory approach” (advance version issued without formal editing)  
<[http://www.monitoringris.org/documents/imp\\_glob/Guidelines\\_draft\\_final\\_June.pdf](http://www.monitoringris.org/documents/imp_glob/Guidelines_draft_final_June.pdf)>
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<<http://daccessdds.un.org/doc/UNDOC/GEN/N06/625/90/PDF/N0662590.pdf?OpenElement>>
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<<http://www.globalaging.org/agingwatch/docs/SGreviewMIPAA2006.pdf>>
- (2006) *Population Ageing 2006* (wall chart)  
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## **Annex II**

### **Directory of ageing resources on the Internet**

This directory lists a number of resources on ageing that are available free of charge on the Internet. They have been selected in the belief that they may be useful to decision makers involved in policy development, programme planning and service delivery related to older persons. Many provide an international perspective; others have mainly a domestic (national) audience but contain content thought to be adaptable to the situations of other countries.

The directory is organized alphabetically by topic; a complete listing of topics is provided below. Within each topic, one or more of the following types of resources are provided: general information; evidence-based guidelines; guidelines and best practices; bibliographies; databases; clearinghouses; training tools; electronic newsletters; and/or electronic mailing lists.

A number of resources appear under more than one topic heading because they are relevant to different subject areas. Some topics (such as falls, health promotion, mental health and HIV/AIDS) are actually subcategories of a much broader topic (in this case, health).

#### ***Topics***

<b>Active ageing</b>	<b>Health promotion</b>
<b>Advocacy</b>	<b>HIV/AIDS</b>
<b>Africa</b>	<b>Human rights</b>
<b>Age discrimination</b>	<b>Impact of population ageing</b>
<b>Ageing in the Arab world</b>	<b>Indicators</b>
<b>Ageing in general</b>	<b>Institutional care</b>
<b>Alzheimer's disease/dementia</b>	<b>Isolation</b>
<b>The Americas</b>	<b>Latin America and the Caribbean</b>
<b>Asia/Pacific</b>	<b>Livable communities</b>
<b>Caregivers</b>	<b>Living arrangements</b>
<b>Central and Eastern Europe</b>	<b>Long-term care</b>
<b>Demography</b>	<b>Mainstreaming</b>
<b>Development</b>	<b>Mental health</b>
<b>Developmental disabilities</b>	<b>National plans on ageing</b>
<b>Dying/palliative care</b>	<b>Nutrition</b>
<b>Education</b>	<b>Pensions/social security</b>
<b>Elder abuse</b>	<b>Physical activity</b>
<b>Emergency situations</b>	<b>Poverty</b>
<b>Employment</b>	<b>Research</b>
<b>Empowerment</b>	<b>Retirement</b>
<b>Europe</b>	<b>Rural ageing</b>
<b>Falls</b>	<b>Transportation</b>
<b>Gender</b>	<b>Urban ageing</b>
<b>Health</b>	

## **RESOURCES**

### **ACTIVE AGEING**

#### ***Active Ageing: A Policy Framework*** (WHO/NMH/NPH/02.8)

<[whqlibdoc.who.int/hq/2002/WHO\\_NMH\\_NPH\\_02.8.pdf](http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf)>

Intended to inform discussion and the formulation of action plans that promote healthy and active ageing. Developed by the WHO Ageing and Life Course Programme in 2002.

#### ***The Future of Retirement: The New Old Age***

<<http://www.ageingforum.org/1/2/retirement/future-of-retirement>>

Annual reports for 2005-2007. The most recent report presents the findings of a survey of 21,000 people aged 40 to 79 years in 21 countries and territories regarding the contribution they are making to their families and society through their employment, volunteerism and other activities. Produced by HSBC Insurance with the Oxford Institute of Ageing.

#### **RespectAbility**

<[www.respectability.org/index.cfm](http://www.respectability.org/index.cfm)>

Provides research and programme models for overcoming organizational barriers to the civic engagement of persons aged 55 years and older, and for maximizing their involvement. A programme of the National Council on Aging in the United States.

#### **Senior Corps**

<[www.seniorcorps.gov/](http://www.seniorcorps.gov/)>

Provides information about national volunteer programmes for older Americans that are sponsored by the United States Government—including Foster Grandparents, Senior Companions, and RSVP, which have served as models for other countries. Senior Corps is a programme of the Corporation for National and Community Service.

### **CLEARINGHOUSES**

#### **Civic Engagement Program**

<[www.asaging.org/asav2/civicing/index.cfm](http://www.asaging.org/asav2/civicing/index.cfm)>

Provides information and resources promoting individual and collective action to facilitate participation by older adults in activities of personal and public concern that are both individually life-enriching and beneficial to the community. Created and administered by the American Society on Aging and funded by Atlantic Philanthropies.

## ADVOCACY

### GUIDELINES AND BEST PRACTICES

#### *Advocacy with Older People: Some Practical Suggestions*

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Designed to help communities and organizations explore ways to make older persons' voices better heard in ways that are culturally appropriate and sustainable. First published in 2000; reissued by HelpAge International in 2007.

## AFRICA

#### *African Union Policy Framework and Plan of Action on Ageing*

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Policy document committing African Union member States to the design, implementation, monitoring and evaluation of appropriate integrated national policies and programmes to meet the individual and collective needs of older persons in Africa. Jointly published by the African Union and HelpAge International.

#### *Building Blocks: Africa-Wide Briefing Notes—Supporting Older Carers*

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Explains why programmes designed to support orphans and vulnerable children need to focus more attention on the needs of older persons who care for them. Produced by HelpAge International and the International HIV/AIDS Alliance in 2004; available in English, French and Portuguese.

#### **“Policy Workshop on HIV/AIDS and Family Well-being, Windhoek, Namibia, 28-30 January 2004”**

<[www.un.org/esa/socdev/family/Meetings/hiv2830jan04.pdf](http://www.un.org/esa/socdev/family/Meetings/hiv2830jan04.pdf)>

#### **“Annex I: HIV/AIDS and family well-being in southern Africa: towards an analysis of policies and responsiveness”**

<[www.un.org/esa/socdev/family/Meetings/hiv2830jan04a1.pdf](http://www.un.org/esa/socdev/family/Meetings/hiv2830jan04a1.pdf)>

Includes recommendations for the development of a strategic policy framework to assist Governments in Africa in strengthening the capacity of families and family networks to cope with HIV/AIDS. Workshop sponsored by the United Nations.

#### *Population Aging in Sub-Saharan Africa: Demographic Dimensions 2006*

<[www.census.gov/prod/2007pubs/p95-07-1.pdf](http://www.census.gov/prod/2007pubs/p95-07-1.pdf)>

Examines population ageing by gender in 42 sub-Saharan African countries, with emphasis on the 50-plus, 60-plus and 80-plus age groups. Tables and figures are provided with projections to the year 2050. A special section examines the impact of HIV/AIDS on population ageing. Published by the United States National Institute on Aging and the United States Census Bureau in June 2007.

***Social Cash Transfers for Africa: A Transformative Agenda for the 21st Century***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

The report of a three-day intergovernmental conference on social protection held in Livingstone, Zambia, from 20 to 23 March 2006. The meeting brought together more than 100 ministers and senior representatives from 13 African Governments to explore new ways to tackle poverty and promote the human rights of the poorest people in Africa. Published by HelpAge International in 2006.

***Social Security Programs throughout the World: Africa, 2007***

<<http://www.socialsecurity.gov/policy/docs/progdesc/ssptw/2006-2007/africa/index.html>>

Updated biennially, this report provides descriptions of each country's social security system. Published in September 2007 by the United States Social Security Administration.

***Summary of Research Findings on the Nutritional Status and Risk Factors for Vulnerability of Older People in Africa***

<[www.helpage.org/Resources/Researchreports](http://www.helpage.org/Resources/Researchreports)>

Highlights some key issues affecting the nutrition and health of older persons. A compilation of summaries of reports and research surveys conducted by HelpAge International's Africa regional nutrition programme in partnership with academic and training institutions in a number of African countries. Prepared by HelpAge International's Africa Regional Development Centre in 2004.

**GUIDELINES AND BEST PRACTICES**

***Addressing Older People's Rights in Africa: Good Practice Guidelines***

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Designed to provide guidance for people working with older persons and those involved in human rights issues. Produced by HelpAge International.

**ELECTRONIC NEWSLETTERS**

***Ageing in Africa***

<[www.helpage.org/Resources/Regionalnewsletters](http://www.helpage.org/Resources/Regionalnewsletters)>

Highlights issues affecting older persons in Africa and provides updates on HelpAge International's regional activities. Produced three times a year by HelpAge International.

## AGE DISCRIMINATION

### **Action against Discrimination, Civil Society**

<[ec.europa.eu/employment\\_social/fundamental\\_rights/index\\_en.htm](http://ec.europa.eu/employment_social/fundamental_rights/index_en.htm)>

Website on non-discrimination in the European Union, created and maintained by the European Commission's Directorate General for Employment, Social Affairs and Equal Opportunities.

### ***Equal Treatment, Equal Rights: Ten Actions to End Age Discrimination***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Draws on consultations with older persons from developing countries and economies in transition to identify 10 concrete actions to ensure that older persons across the world benefit from the full range of internationally accepted human rights. Produced by HelpAge International.

### **International Federation on Ageing: Age Discrimination**

<[http://www.ifa-fiv.org/en/accueil.aspx?sortcode=2.12&id\\_article=408&starting=1&ending=50](http://www.ifa-fiv.org/en/accueil.aspx?sortcode=2.12&id_article=408&starting=1&ending=50)>

IFA policy section on age discrimination. Contains information on age discrimination legislation, including select pieces of legislation in full text and relevant work carried out by the NGO community.

## TRAINING TOOLS

### ***Combating Discrimination: A Training Manual***

<[ec.europa.eu/employment\\_social/fundamental\\_rights/pdf/civil/train\\_en.pdf](http://ec.europa.eu/employment_social/fundamental_rights/pdf/civil/train_en.pdf)>

Developed to provide training on European and national anti-discrimination laws and policies to NGOs in the 10 new EU member States and in Bulgaria, Romania and Turkey. Does not deal exclusively with age discrimination. Available in the languages of the member States. Prepared by the human european consultancy and Migration Policy Group for the European Commission in 2006.

## AGEING IN THE ARAB WORLD

### **“Ageing in the Arab countries: regional variations, policies and programmes”**

(E/ESCWA/SDD/2004/WG.1/2)

<[www.escwa.un.org/information/publications/sdd/docs/04-wg-1-2.pdf](http://www.escwa.un.org/information/publications/sdd/docs/04-wg-1-2.pdf)>

Examines demographic trends in ageing and their socio-economic consequences. Published by the United Nations Economic and Social Commission for Western Asia in 2004.

### **“The Arab Plan of Action on Ageing to the Year 2012”**

(E/ESCWA/SD/2002/WG.1/8)

<[www.escwa.org.lb/information/publications/edit/upload/sd-02-01.pdf](http://www.escwa.org.lb/information/publications/edit/upload/sd-02-01.pdf)>

Produced in 2002 in preparation for the Second World Assembly on Ageing.

## AGEING IN GENERAL

### ***Global Aging: The Challenge of Success***

<[www.eldis.org/static/DOC17927.htm](http://www.eldis.org/static/DOC17927.htm)>

This issue of the *Population Bulletin* examines the causes of global population ageing and related dimensions. Written by Kevin Kinsella and David R. Phillips and published by the Population Reference Bureau in 2005.

## DATABASES

### **AgeLine Database**

<[www.aarp.org/research/ageline/](http://www.aarp.org/research/ageline/)>

A database providing detailed summaries of more than 90,000 publications about ageing and the 50-plus population; focuses mainly on North America, but also includes considerable coverage of countries in other regions. Produced by AARP.

### **AgeSourceWorldwide**

<[www.aarp.org/research/agesource/](http://www.aarp.org/research/agesource/)>

A database providing descriptions of and links to almost 400 information resources in 25 countries. The resources are significant either in size or in their coverage of ageing issues and include clearinghouses, databases, libraries, directories, statistical resources, bibliographies and reading lists, reports, and Web “metasites”. Most have an Internet presence, and a growing number facilitate end-user searching through the Internet. Produced by AARP.

### **Resource Library of AARP International**

<[www.aarpinternational.org/resourcelibrary/](http://www.aarpinternational.org/resourcelibrary/)>

A searchable database of links to AARP and external documents related to ageing issues around the world. Economic security, health and long-term care, and livable communities are highlighted. Produced by AARP.

### **Evidence Database of the Center for Aging Policy**

<[socialworkleadership.org/nsw/cap/ebp.php](http://socialworkleadership.org/nsw/cap/ebp.php)>

Created to help scholars, policy analysts and advocates stay on top of the latest research and innovations in the field of ageing care; areas of focus include health care, social services and workforce issues. Brief citations are provided. Database is regularly updated by an advisory panel that filters, reviews and catalogues articles published in professional journals from around the world. Produced by the Social Work Leadership Institute at the New York Academy of Medicine.

### **Internet Resources on Aging**

<[www.aarp.org/internetresources/](http://www.aarp.org/internetresources/)>

A database providing links to some of the best Internet sites for persons 50-plus in the United States; also includes a number of international links. Produced by AARP.

### **Public Policy Clearinghouse of the Center for Aging Policy**

<[socialworkleadership.org/nsw/cap/ch.php](http://socialworkleadership.org/nsw/cap/ch.php)>

Provides a wide range of materials on ageing, social work and public policies produced by government agencies, NGOs, think tanks, news media and other sources. Results are presented in brief or full formats, with links to full texts where appropriate. Produced by the Social Work Leadership Institute at the New York Academy of Medicine.

### **CLEARINGHOUSES**

#### **Aging Everywhere**

<[www.aarp.org/international/map](http://www.aarp.org/international/map)>

An international clearinghouse of information on ageing populations worldwide. Updated regularly with newly published regional and country-specific research, reports and resources. Produced by AARP.

#### **Eldis Resource Guide on Ageing Populations**

<[www.eldis.org/ageing/index.htm](http://www.eldis.org/ageing/index.htm)>

Provides links to several hundred documents and various websites related to ageing. A resource of the Institute of Development Studies at the University of Sussex, United Kingdom.

### **ELECTRONIC NEWSLETTERS**

#### **AARP International News**

<[www.aarpinternational.org/news/](http://www.aarpinternational.org/news/)>

Provides information from sources around the world on issues relating to population ageing. Produced by AARP.

#### ***Global Action on Aging***

<[www.globalaging.org/quickgo.htm](http://www.globalaging.org/quickgo.htm)>

Weekly newsletter focusing on pensions, health, armed conflict and emergency situations, and rural ageing. Articles available in Arabic, Chinese, English, French, Russian and Spanish.

#### ***ILC Policy Report***

<[www.ilcusa.org/pages/newsroom/newsletters.php](http://www.ilcusa.org/pages/newsroom/newsletters.php)>

A monthly compilation of longevity news and trends in the United States and abroad. Produced by the International Longevity Center – USA.

## **ALZHEIMER'S DISEASE/DEMENTIA**

### **The Growing Challenge of Alzheimer's Disease in Residential Settings**

<<http://www.nia.nih.gov/Alzheimers/Publications/GrowingChallenge/>>

A comprehensive training programme designed to provide staff and managers of retirement communities, senior housing developments, assisted living facilities, and case coordination agencies with helpful information about Alzheimer's disease. Intended for use by staff developers and others involved in offering in-service training programmes on issues relating to older persons living in residential communities. Published by the Alzheimer's Disease Education and Referral Center, a service of the National Institute on Aging (one of the National Institutes of Health) in the United States.

## **EVIDENCE-BASED GUIDELINES**

### ***Management of Patients with Dementia: A National Clinical Guideline***

<[www.sign.ac.uk/pdf/sign86.pdf](http://www.sign.ac.uk/pdf/sign86.pdf)>

Examines evidence relating to all aspects of the diagnosis and management of dementia, including the role of complex psychological assessment, drug treatment, techniques such as reality orientation, and interventions for behavioural and psychological problems that develop later in the course of the disease. The Guideline also covers evidence relating to how patients and caregivers are best kept informed of changes in a patient's condition. Appendices contain diagnostic and assessment tools. Produced by the Scottish Intercollegiate Guidelines Network in 2006.

## **GUIDELINES AND BEST PRACTICES**

### **“Practice guideline for the treatment of patients with Alzheimer's disease and other dementias of late life”**

<[www.psychiatryonline.com/content.aspx?aid=152139](http://www.psychiatryonline.com/content.aspx?aid=152139)>

Summarizes data to inform the care of patients with dementia of the Alzheimer's type (referred to here as Alzheimer's disease) and other dementias associated with ageing, including vascular dementia, Parkinson's disease, Lewy body disease, and Pick's and other frontal lobe dementias. Published by the American Psychiatric Association in 2007.

## **BIBLIOGRAPHIES**

### **Social & Behavioral Research on Alzheimer's Disease and Dementia in Diverse Populations: An Online Bibliography**

<[www.aging.unc.edu/cad/bibliography/index.html](http://www.aging.unc.edu/cad/bibliography/index.html)>

Offers a comprehensive snapshot of social and behavioural research relating to Alzheimer's disease and other forms of dementia in all areas of the world. Produced by the University of North Carolina Institute on Aging's Information Center; updated in 2007.



## CLEARINGHOUSES

### **Alzheimer's Disease Education and Referral (ADEAR) Center**

[<www.alzheimers.org/>](http://www.alzheimers.org/)

Compiles, archives and disseminates information on Alzheimer's disease. A bibliographical database that includes a collection of 8,500 health education and information items relating to Alzheimer's disease may be accessed at [<www.nia.nih.gov/Alzheimers/Resources/SearchHealthLiterature/>](http://www.nia.nih.gov/Alzheimers/Resources/SearchHealthLiterature/). Sponsored by the National Institute on Aging in the United States.

### **Alzheimer's Resource Room**

[<www.aoa.gov/alz/>](http://www.aoa.gov/alz/)

Provides information about Alzheimer's disease and about working with and providing services to individuals with Alzheimer's; the site is for families, caregivers and professionals.

[<http://www.aoa.gov/alz/public/alzprof/ADDGS/ADDGS.asp>](http://www.aoa.gov/alz/public/alzprof/ADDGS/ADDGS.asp)

The Alzheimer's Disease Demonstration Grants to States (ADDGS) National Resource Center shares research-based practices that are effective in serving people with Alzheimer's disease and their families, and also promotes the integration of "lessons learned" from grantees' experiences into ongoing practice through case studies of successful programmes. In addition, the Center compiles relevant tools and information from across all ADDGS grant sites. Developed by the Administration on Aging of the United States Department of Health and Human Services.

### **Alzheimer Europe**

[<www.alzheimer-europe.org>](http://www.alzheimer-europe.org)

Provides information on different types of dementia, tips for caregivers, and European-wide action on dementia.

## TRAINING TOOLS

### **Demystifying Dementia Care: Education Package**

[<www.accreditation.org.au/DemystifyingDementia>](http://www.accreditation.org.au/DemystifyingDementia)

Designed to equip staff providing institutional/residential care with the knowledge and skills they need to care for and support residents who have dementia. Produced by the Aged Care Standards and Accreditation Agency in the United States.

### **Geriatric Mental Health Training Series**

[<www.nursing.uiowa.edu/hartford/nurse/core.htm>](http://www.nursing.uiowa.edu/hartford/nurse/core.htm)

A six-part training programme for care providers in long-term care settings. Two of the training modules review various types of dementia, particularly Alzheimer's disease, and model specific intervention strategies and communication techniques. A module entitled "Back to the A-B-C's" presents a problem-solving approach for behavioural and psychological symptoms of dementia. All modules contain a detailed lecturer's script, notes for instructors, slides, handouts, and suggestions for additional reading. These modules were developed for the John A. Hartford Center of Geriatric

Nursing Excellence of the University of Iowa to facilitate personal development and staff training.

***Knowledge and Skills Needed for Dementia Care: A Guide for Direct Care Workers***

<[www.dementiacoalition.org/pdfs/knowledgeandskills\\_dementiacare.pdf](http://www.dementiacoalition.org/pdfs/knowledgeandskills_dementiacare.pdf)>

Identifies special care-assistance skills that are important when working with a person with dementia in order to improve the quality of care. Competencies covered include knowledge of dementia disorders, person-centred care, care interactions, enriching the person's life, understanding behaviours, interacting with families, and direct care worker self-care. Produced by the Michigan Dementia Program of the Michigan Public Health Institute in the United States.

## **THE AMERICAS**

***Aging in the Americas into the XXI Century***

<[www.census.gov/ipc/www/agingam.html](http://www.census.gov/ipc/www/agingam.html)>

A wall chart, available in English and Spanish, providing demographic data and projections for the 65-plus population in the Americas for 1997 and 2025. Produced jointly by the Pan American Health Organization/World Health Organization, the United States National Institute on Aging, and the United States Census Bureau in 1998.

***Social Security Programs throughout the World: The Americas, 2007***

<<http://www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/americas/index.html>>

Updated biennially, this report provides descriptions of each country's social security system. Published in March 2008 by the United States Social Security Administration.

## **ASIA/PACIFIC**

***Access to Social Services by the Poor and Disadvantaged in Asia and the Pacific: Major Trends and Issues*** (ST/ESCAP/2240; Sales No. E.03.II.F.20)

<[www.unescap.org/esid/psis/publications/spps/11/SPP11.pdf](http://www.unescap.org/esid/psis/publications/spps/11/SPP11.pdf)>

Provides an overview of social services in Asia and the Pacific and analyses access to social services among poor and disadvantaged groups as target users. Addresses the need for social services, barriers to service access, and the quality, delivery and financing of social services in the region. Social Policy Paper No. 11, published by the United Nations Economic and Social Commission for Asia and the Pacific in 2002.

**“The Macao Outcome Document of the High-Level Meeting on the Regional Review of the Madrid International Plan of Action on Ageing”**

(ESID/HLM-MIPAA/Rep.)

<[www.unescap.org/esid/psis/meetings/ageingmipaa2007/MacaoOutcomeDocument.pdf](http://www.unescap.org/esid/psis/meetings/ageingmipaa2007/MacaoOutcomeDocument.pdf)>

The culmination of the regional Asia/Pacific conference held in Macao in October 2007 to review progress on MIPAA implementation and offer recommendations for the future. Published by the United Nations Economic and Social Commission for Asia and the Pacific in November 2007.

**Population Aging in East and Southeast Asia**

<[cst.bangkok.unfpa.org/](http://cst.bangkok.unfpa.org/)>

Provides links to 10 full-text reports on population ageing in the countries of this region. Published by the United Nations Population Fund/Country Technical Services Team for East and South-East Asia.

**“Shanghai Implementation Strategy” (E/ESCAP/1280)**

<<http://www.unescap.org/esid/psis/ageing/strategy/shanghai.pdf>>

Regional implementation strategy for the Madrid International Plan of Action on Ageing 2002 and the Macao Plan of Action on Ageing for Asia and the Pacific 1999. Published by the Economic and Social Commission for Asia and the Pacific in 2003.

***Social Cash Transfers for Asia: Ensuring Social Protection/Social Pensions in Old Age in the Context of Rapid Ageing***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Report of a three-day intergovernmental seminar on social protection held in Bangkok from 29 to 31 January 2007. Published by HelpAge International in 2007.

***Social Security Programs throughout the World: Asia and the Pacific, 2006***

<<http://www.socialsecurity.gov/policy/docs/progdesc/ssptw/2006-2007/asia/>>

Updated biennially, this report provides descriptions of each country's social security system. Published in March 2007 by the United States Social Security Administration.

**ELECTRONIC NEWSLETTERS**

***AgeNews Asia/Pacific***

<<http://www.helpage.org/Resources/Regionalnewsletters>>

Raises awareness about the contributions, needs and rights of older persons in Asia and the Pacific and highlights the activities of HelpAge International within the region. Published four times a year by HelpAge International.

## CAREGIVERS

### ***Building Blocks: Africa-Wide Briefing Notes—Supporting Older Carers***

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Explains why programmes designed to support orphans and vulnerable children need to focus more attention on the needs of older persons who care for them. Produced by HelpAge International and the International HIV/AIDS Alliance in 2004; available in English, French and Portuguese.

### **“Consumer direction and choice in long-term care for older persons, including payments for informal care: How can it help improve care outcomes, employment and fiscal sustainability?” (DELSA/HEA/WD/HWP(2005)1)**

<[www.oecd.org/dataoecd/53/62/34897775.pdf](http://www.oecd.org/dataoecd/53/62/34897775.pdf)>

Reports the detailed results of research on choice carried out as part of a long-term care study under the OECD Health Project, which was to be published under the title “Long-term care policies for older people”. OECD Health Working Papers, No. 20; prepared by Jen Lundsgaard.

### **“The road to recognition: international review of public policies to support family and informal caregiving”**

<[http://www.caregiver.org/caregiver/jsp/content/pdfs/op\\_2003\\_the\\_road\\_to\\_recognition.pdf](http://www.caregiver.org/caregiver/jsp/content/pdfs/op_2003_the_road_to_recognition.pdf)>

Policy brief prepared by Anne Montgomery and Lynn Friss Feinberg and published by the Family Caregiver Alliance in September 2003.

### ***Forgotten Families: Older People as Carers of Orphans and Vulnerable Children***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Policy report incorporating case studies on innovative ways of dealing with some of the difficulties faced by older-headed households, emphasizing the impact appropriate technical support and minimal additional resources can have. Produced by HelpAge International and the International HIV/AIDS Alliance in 2003.

## CLEARINGHOUSES

### **National Family Caregiver Support Program: Resource Room**

<[www.aoa.gov/prof/aoaprogram/caregiver/caregiver.asp](http://www.aoa.gov/prof/aoaprogram/caregiver/caregiver.asp)>

Provides information, fact sheets, guidelines, research findings and tools for both family and professional caregivers to ease caregiving burdens. Though designed with older Americans in mind, a number of the resources may be of use beyond United States borders. A product of the Administration on Aging of the United States Department of Health and Human Services.

## TRAINING TOOLS

### **Caregivers Count Too!**

#### **A Toolkit to Help Practitioners Assess the Needs of Family Caregivers**

[caregiver.org/caregiver/jsp/content\\_node.jsp?nodeid=1695](http://caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1695)

Designed for programme administrators and practitioners to sharpen awareness of family caregivers as an at-risk population whose own physical, emotional and financial problems need to be identified and assessed, and to provide practical tools for conducting such assessments. Developed by the Family Caregiver Alliance of the National Center on Caregiving in the United States.

## CENTRAL AND EASTERN EUROPE

### ***A Generation in Transition: Older People's Situation and Civil Society's Response in East and Central Europe***

[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)

Draws on consultations with older people in the region, providing case studies and a set of principles to strengthen civil society responses to their needs. Published by HelpAge International in May 2002.

### ***I Like the Age I Am: Empowering Disadvantaged Older People to Combat Discrimination in South East Europe***

[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)

Describes the South East Europe Network (SEEN) programme, created to address the exclusion and discrimination of older persons in the region; details the global and regional context of its objectives and the lessons learned; and provides recommendations for action. Published by HelpAge International in 2007.

## DEMOGRAPHY

### **The Human Life-Table Database**

[www.lifetable.de/](http://www.lifetable.de/)

A collection of population life tables covering many years and a multitude of countries. Most of the life tables are for national populations and constitute official outputs published by national statistical offices. Some of the life tables include statistics on specific regional or ethnic subpopulations within countries.

### **The Human Mortality Database**

[www.mortality.org/](http://www.mortality.org/)

Provides detailed mortality and population data from 33 countries/areas for researchers, students, journalists, policy analysts and others interested in the history of human longevity. The countries and areas included are relatively wealthy, as the Database is limited to populations for which death registration and census data are virtually complete.

***Population Aging in Sub-Saharan Africa: Demographic Dimensions 2006***

<[www.census.gov/prod/2007pubs/p95-07-1.pdf](http://www.census.gov/prod/2007pubs/p95-07-1.pdf)>

Examines population ageing by gender in 42 sub-Saharan African countries, with emphasis on the 50-plus, 60-plus and 80-plus age groups. Tables and figures are provided, with projections to the year 2050. A special section examines the impact of HIV/AIDS on population ageing. Published by the United States National Institute on Aging and the United States Census Bureau in June 2007.

***World Population Ageing: 1950-2050*** (ST/ESA/SER.A/207; Sales No. E.02.XIII.3)

<[www.un.org/esa/population/publications/worldageing19502050/](http://www.un.org/esa/population/publications/worldageing19502050/)>

Prepared by the Population Division of the United Nations Department of Economic and Social Affairs as a contribution to the Second World Assembly on Ageing in 2002.

***World Population Ageing 2007*** (Sales No. E.07.XIII.5)

<[www.un.org/esa/population/publications/WPA2007/wpp2007.htm](http://www.un.org/esa/population/publications/WPA2007/wpp2007.htm)>

Analyses the implications of population ageing for social and economic development around the world. Data are provided primarily in the form of figures and tables. Only tables and the executive summary can be downloaded from the Internet; the full report may be purchased through the United Nations Publications office. Produced by the Population Division of the United Nations Department of Economic and Social Affairs.

**“World population monitoring, focusing on the changing age structures of populations and their implications for development: report of the Secretary-General”** (E/CN.9/2007/3)

<<http://daccessdds.un.org/doc/UNDOC/GEN/N07/212/85/PDF/N0721285.pdf?OpenElement>>

Prepared by the Population Division of the United Nations Department of Economic and Social Affairs in 2007; available in all six languages of the United Nations.

***World Population Prospects: The 2006 Revision***

<[www.un.org/esa/population/publications/wpp2006/wpp2006.htm](http://www.un.org/esa/population/publications/wpp2006/wpp2006.htm)>

Provides considerable statistical data on population ageing around the world. Produced by the Population Division of the United Nations Department of Economic and Social Affairs.

**DATABASES**

**International Data Base**

<[www.census.gov/ipc/www/idb/](http://www.census.gov/ipc/www/idb/)>

Provides a variety of demographic and socio-economic data for most countries of the world and for selected territories, broken down by age and sex. Summary or detailed data and projections are available for the period 1950-2050, and static or “active” population pyramids may also be accessed. Users can aggregate selected countries into chosen regions. Countries can be ranked by population for any year between

1950 and 2050. Download options are available. Produced by the United States Census Bureau of the Department of Commerce.

## **DEVELOPMENT**

### ***The Ageing and Development Report***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Reports on the circumstances of older persons in developing countries and economies in transition, with chapters on economic security, health, family and community life, poverty, gender and emergencies. Includes information on demographic trends and ageing in specific countries and regions. Summary available online in English, French and Spanish; full report available free of charge. Published by HelpAge International.

## **ELECTRONIC NEWSLETTERS**

### ***Ageing and Development***

<[www.helpage.org/Resources/Regularpublications](http://www.helpage.org/Resources/Regularpublications)>

News and analysis highlighting ageing as a mainstream development issue. Published twice a year for policy makers, programme planners and researchers concerned with development and poverty reduction. Produced by HelpAge International.

### ***Ageways***

<[www.helpage.org/Resources/Regularpublications](http://www.helpage.org/Resources/Regularpublications)>

An exchange of practical information on ageing and development, especially good practice developed in the HelpAge International network. Published twice a year for caregivers, older persons' groups, and the staff of HelpAge International. Produced by HelpAge International.

## **DEVELOPMENTAL DISABILITIES**

### **CLEARINGHOUSES**

#### **Clearinghouse on Aging and Developmental Disabilities**

<[www.uic.edu/orgs/rrtcamr/clearinghouse.htm](http://www.uic.edu/orgs/rrtcamr/clearinghouse.htm)>

Provides information on the latest research, model programmes and policy issues pertaining to this population. Offers books/monographs, journal articles, videotapes, and CDs relating to ageing and developmental disabilities, as well as information on training and technical assistance opportunities. Sponsored by the Rehabilitation Research and Training Center on Aging with Developmental Disabilities of the University of Illinois at Chicago.

## **DYING/PALLIATIVE CARE**

### **Canadian Virtual Hospice**

[<www.virtualhospice.ca/>](http://www.virtualhospice.ca/)

An online community providing information and support to address physical, emotional and spiritual concerns related to death and dying. Separate sections are directed at the dying, family and friends, health-care providers, and volunteers. Produced by the Canadian Virtual Hospice in Manitoba.

## **GUIDELINES AND BEST PRACTICES**

### ***Clinical Practice Guidelines for Quality Palliative Care***

[<www.nationalconsensusproject.org/Guideline.pdf>](http://www.nationalconsensusproject.org/Guideline.pdf)

Developed by five major palliative care organizations in the United States, the Guidelines present the core precepts and structures of clinical palliative care programmes. Different sections focus on the structure and process of care; the physical, psychological and psychiatric, social, cultural, and spiritual, religious, and existential aspects of care; care of the imminently dying patient; and ethics and law.

### ***Introductory Guide to End of Life Care in Care Homes***

[<eolc.cbcl.co.uk/eolc/eolcpublications/Guide%20To%20EoLC%20care%20homes%20lo.pdf>](http://eolc.cbcl.co.uk/eolc/eolcpublications/Guide%20To%20EoLC%20care%20homes%20lo.pdf)

Designed for care home managers and staff interested in improving the care of residents in the final stages of life. Provides definitions of terms used in end-of-life care, case studies of residents, and examples of best practices in palliative care in care homes. Published by the National Health Service's End of Life Care Programme in cooperation with the National Council for Palliative Care in the United Kingdom.

## **CLEARINGHOUSES**

### **Palliative Dementia Care Resources**

[<www.pdcronline.com/index.php>](http://www.pdcronline.com/index.php)

Seeks to raise public and professional awareness about the palliative care needs of individuals with advanced dementia and their caregivers. Family and professional caregivers are guided to relevant news and information on topics such as managing life's changes, preparing for the end of life, and coping with grief and loss. Links are provided to information on topics such as end-stage dementia care, end-of-life care in the nursing home, ethical issues, family caregiver support, pain management tools, and advance care planning. Created by the Polisher Research Institute of the Madlyn and Leonard Abramson Center for Jewish Life.



## EDUCATION

### DATABASES

#### **Education Resources Information Center (ERIC)**

<[www.eric.ed.gov](http://www.eric.ed.gov)>

A searchable Internet-based bibliographic and full-text database of education research and information from around the world, dating from 1966. The collection includes thousands of items and citations relating to older persons; users have access to relevant journal articles, books, research syntheses, conference outputs, technical reports, policy papers, and other education-related materials.

### ELDER ABUSE

#### **“Abuse of older persons: recognizing and responding to abuse of older persons in a global context: report of the Secretary-General”** ([E/CN.5/2002/PC/2](http://www.un.org/ageing/ecn52002pc2eng.pdf))

<[www.un.org/ageing/ecn52002pc2eng.pdf](http://www.un.org/ageing/ecn52002pc2eng.pdf)>

Describes the abuse of older persons as a human rights issue and provides definitions, typologies, prevalence rates, and possible responses to the problem. Submitted to the Commission for Social Development in its capacity as the preparatory committee for the Second World Assembly on Ageing.

#### ***Missing Voices: Views of Older Persons on Elder Abuse***

<[whqlibdoc.who.int/hq/2002/WHO\\_NMH\\_VIP\\_02.1.pdf](http://whqlibdoc.who.int/hq/2002/WHO_NMH_VIP_02.1.pdf)>

Findings from research involving focus groups made up of older persons and primary health care workers in Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon and Sweden. Produced by the World Health Organization’s Ageing and Life Course Unit and the International Network for the Prevention of Elder Abuse in 2002.

#### **“Summary of INSTRAW electronic discussion forum on Gender Aspects of Violence and Abuse of Older Persons”**

<[www.un-instraw.org/en/docs/ageing/AgeNet\\_Summary.pdf](http://www.un-instraw.org/en/docs/ageing/AgeNet_Summary.pdf)>

As a contribution to the Second World Assembly on Ageing, the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW) conducted an online discussion forum on women and elder abuse from 15 to 26 April 2002, providing researchers, practitioners, policy makers and women’s advocacy groups with an opportunity to share their views, experiences and concerns.

### CLEARINGHOUSES

#### **Clearinghouse on Abuse and Neglect of the Elderly (CANE)**

<<http://db.rdms.udel.edu:8080/CANE/>>

Probably the largest electronic collection of elder abuse resources and materials in the world. Database can be searched for references pertaining to the many aspects of elder abuse and neglect and to the conditions influencing elder mistreatment. CANE

is a partner of the National Center on Elder Abuse; the website is maintained by the Department of Consumer Studies at the University of Delaware in the United States.

## **TRAINING TOOLS**

### ***Abuse Education, Prevention and Response: A Community Training Manual for Those Who Want to Address the Issue of the Abuse of Older Adults in Their Community***

<[www.advocacycentreelderly.org/elder/pubs.htm](http://www.advocacycentreelderly.org/elder/pubs.htm)>

Provides a framework for thinking about how members of a community can come together to prevent the abuse of older adults and how to respond when abuse occurs. Prepared by Joanne Preston and Judith Wahl and published by the Advocacy Centre for the Elderly in Canada in December 2002.

## **EMERGENCY SITUATIONS**

### **GUIDELINES AND BEST PRACTICES**

#### ***Addressing the Nutritional Needs of Older People in Emergency Situations in Africa: Ideas for Action***

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Highlights some of the key issues affecting the nutrition of older persons in emergencies and suggests ways in which their rights and needs can be more effectively addressed. Published by HelpAge International in 2001.

#### ***Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice Participatory Research with Older People***

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Designed to help relief agencies meet the special needs of older persons in emergencies. Published by HelpAge International; available in English and Spanish.

#### ***Older People's Associations in Community Disaster Risk Reduction***

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Highlights good practice in utilizing older persons' associations for community-based disaster risk reduction. Published by HelpAge International in 2007.

## **EMPLOYMENT**

### ***Ageing and Labour Markets for Older Workers***

<[www.ilo.org/public/english/employment/strat/publ/etp33.htm](http://www.ilo.org/public/english/employment/strat/publ/etp33.htm)>

Addresses age discrimination against older persons in the labour force and reviews sound practices for promoting their employment. Prepared by Alexander Samorodov and published by the International Labour Organization in 1999; Employment and Training Papers series, No. 33.

***Live Longer, Work Longer: A Synthesis Report***

<[www.oecd.org/document/42/0,3343,en\\_2649\\_34747\\_36104426\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/42/0,3343,en_2649_34747_36104426_1_1_1_1,00.html)>

A synthesis of the findings of country reports from 21 OECD member countries, analysing incentives and disincentives for the employment of older workers and measures that need to be taken to improve their employability. Executive summary is available online; full report must be purchased. Published by the Organization for Economic Cooperation and Development in February 2006.

***The New Agenda for an Older Workforce: A Manpower White Paper and Older Worker Recruiting and Retention Survey: Global Results***

<<http://www.manpower.com/search.cfm?keyword=older>>

*The New Agenda* addresses the issue of aligning “the interests and abilities of mature adults with the interests and requirements of employers”. *Global Results*, published in April 2007, reports the findings of a 2006 survey of more than 28,000 employers across 25 countries and territories. Both publications produced by Manpower, Inc.

**“Older workers: policies of other nations to increase labor force participation”**

<[www.gao.gov/new.items/d03307.pdf](http://www.gao.gov/new.items/d03307.pdf)>

Examines relevant policies in Japan, Sweden, the United Kingdom and the United States. Report to the Ranking Minority Member, Special Committee on Aging, United States Senate; prepared by the United States General Accountability Office in February 2003.

**“Promoting longer working lives through better social protection systems: report by the Social Protection Committee”**

<[ec.europa.eu/employment\\_social/social\\_protection/docs/working\\_longer\\_en.pdf](http://ec.europa.eu/employment_social/social_protection/docs/working_longer_en.pdf)>

Identifies the adaptations required in many social protection systems within the European Union to make it worthwhile for older workers to stay in the labour market. Produced by the European Commission.

**GUIDELINES AND BEST PRACTICES**

**Age Positive Good Practice standards**

<[www.agepositive.gov.uk/good\\_practice/index.asp](http://www.agepositive.gov.uk/good_practice/index.asp)>

Good practice standards created to help employers recognize the business benefits of an age-diverse workforce. The standards cover six areas of employment: recruitment, selection, promotion, training and development, redundancy, and retirement. Case studies are provided to show how companies have successfully addressed these issues. Produced by the Department for Work and Pensions in the United Kingdom.

***A Guide to Good Practice in Age Management***

<[www.eurofound.eu.int/publications/htmlfiles/ef05137.htm](http://www.eurofound.eu.int/publications/htmlfiles/ef05137.htm)>

Reviews case studies from a range of organizations across the European Union that have instituted good practices in recruiting, supporting and retaining older workers. Prepared by Gerhard Naegele and Alan Walker; published by the European Foundation for the Improvement of Living and Working Conditions in 2006.

***Combating Age Barriers in Employment: A European Portfolio of Good Practice***

<[www.eurofound.europa.eu/publications/htmlfiles/ef9719.htm](http://www.eurofound.europa.eu/publications/htmlfiles/ef9719.htm)>

Provides an illustration and analysis of more than 150 initiatives in Europe favouring the retention, retraining and reintegration of older workers. Edited by Alan Walker and Philip Taylor; published by the European Foundation for the Improvement of Living and Working Conditions in 1998.

**TRAINING TOOLS**

**Employer Resource Center**

<[www.aarp.org/employerresourcecenter/](http://www.aarp.org/employerresourcecenter/)>

Offers practical information on issues relating to the hiring and retention of older workers in the United States to enable employers to deal more effectively with the ageing of their labour force. Topics such as age discrimination, recruitment and retention strategies, benefits for working caregivers, phased or flexible retirement, workforce trends, and workplace law are addressed, and brief descriptions are provided of successful older worker programmes that have been implemented by employers. Publications can be downloaded or ordered free of charge. Produced by AARP in the United States.

**EMPOWERMENT**

***A Generation in Transition: Older People's Situation and Civil Society's Response in East and Central Europe***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Draws on consultations with older persons in the region, providing case studies and a set of principles to strengthen civil society responses to their needs. Published by HelpAge International in May 2002.

***I Like the Age I Am: Empowering Disadvantaged Older People to Combat Discrimination in South East Europe***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Describes the South East Europe Network (SEEN) programme, created to address the exclusion and discrimination of older persons in the region; details the global and regional context of its objectives and the lessons learned; and provides recommendations for action. Published by HelpAge International in 2007.

**GUIDELINES AND BEST PRACTICES**

***Participatory Research with Older People: A Sourcebook***

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Provides comprehensive guidelines for older persons' participation in planning, conducting and disseminating research. Published by HelpAge International in 2002.

## EUROPE

### ***Healthy Ageing: Keystone for a Sustainable Europe***

[ec.europa.eu/health/ph\\_information/indicators/docs/healthy\\_ageing\\_en.pdf](http://ec.europa.eu/health/ph_information/indicators/docs/healthy_ageing_en.pdf)

Examines current trends in life expectancy, how they relate to healthy life years, and what this could mean for the European Union now and in the future. Produced by the European Commission in January 2007.

### **“Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002”** (ECE/AC.23/2002/2/Rev.6)

[www.unece.org/pau/age/berlin2002/docs/berl\\_ris\\_rev\\_e.pdf](http://www.unece.org/pau/age/berlin2002/docs/berl_ris_rev_e.pdf)

Text of the 2002 European strategy for MIPAA implementation. Published by the United Nations Economic Commission for Europe.

### **“Report of the UNECE Ministerial Conference on Ageing ‘A Society for All Ages: Challenges and Opportunities’”** (ECE/AC.30/2007/2)

[www.unece.org/pau/age/ConferenceonAgeing\\_2007/Leon\\_Meeting\\_Report\\_AdvCopy.pdf](http://www.unece.org/pau/age/ConferenceonAgeing_2007/Leon_Meeting_Report_AdvCopy.pdf)

Includes the ministerial declaration and a summary of proceedings of the Conference, held in Leon, Spain, from 6 to 8 November 2007 to review the progress achieved in the implementation of the Madrid International Plan of Action on Ageing. Produced by the United Nations Economic Commission for Europe.

### ***Social Security Programs throughout the World: Europe, 2006***

<http://www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/europe/index.html>

Updated biennially, this report provides descriptions of each country’s social security system. Published in September 2006 by the United States Social Security Administration.

## ELECTRONIC NEWSLETTERS

### ***CoverAGE***

[www.age-platform.org/EN/spip.php?article99](http://www.age-platform.org/EN/spip.php?article99)

Monthly newsletter of the European Older People’s Platform (AGE), a coalition of European NGOs lobbying actively within the European Union. The newsletter provides updates on EU policy initiatives and actions and is available in English, French, German, Italian, Spanish and Polish.

## ELECTRONIC DISCUSSION LISTS

### **Ageing in Europe (AGEING) mailing list**

[www.jiscmail.ac.uk/cgi-bin/webadmin?SUBED1=ageing&A=1](http://www.jiscmail.ac.uk/cgi-bin/webadmin?SUBED1=ageing&A=1)

An electronic mailing list providing announcements of research programmes and results and of conferences and training programmes.

## FALLS

### EVIDENCE-BASED GUIDELINES

#### ***Falls: The Assessment and Prevention of Falls in Older People Clinical Guideline 21***

<[www.nice.org.uk/page.aspx?o=CG021NICEGuideline](http://www.nice.org.uk/page.aspx?o=CG021NICEGuideline)>

Key priorities for implementation include case/risk identification, multifactorial falls risk assessment and intervention, encouraging the participation of older persons in falls prevention programmes, and professional development. Guideline developed by the National Collaborating Centre for Nursing and Supportive Care and published in November 2004 by the National Institute for Clinical Excellence in the United Kingdom.

### GUIDELINES AND BEST PRACTICES

#### ***Falls Prevention: Best Practice Guidelines for Public Hospitals and State Government Residential Aged Care Facilities***

<[www.health.qld.gov.au/fallsprevention/best\\_practice/default.asp](http://www.health.qld.gov.au/fallsprevention/best_practice/default.asp)>

Guidelines are intended (a) to assist service providers in developing and implementing standard policies and procedures in the area of falls prevention and (b) to assist health-care professionals in falls risk assessment and in the management of patients/residents who are at risk of falling or have fallen. Developed by Queensland Health in Australia for staff working in the public health sector; published in 2004.

### CLEARINGHOUSES

#### **Fall Prevention Center of Excellence**

<[www.stopfalls.org](http://www.stopfalls.org)>

Identifies best practices in fall prevention and helps communities offer fall prevention programmes to older persons who are at risk of falling. Target audiences include older individuals and their families, service providers, and researchers and educators. The Center was created by the California Fall Prevention Consortium, a public-private interdisciplinary partnership; the Andrus Gerontology Center at the University of Southern California serves as the programme office.

## GENDER

#### **Gender and Ageing**

<[www.eldis.org/go/topics/resource-guides/ageing-populations/gender-and-ageing](http://www.eldis.org/go/topics/resource-guides/ageing-populations/gender-and-ageing)>

Provides links to papers, reports and briefings focusing on older women around the world. Produced by ELDIS, a programme of the Institute of Development Studies, University of Sussex, United Kingdom.

**“Gender dimensions of ageing”**

<[www.un.org/womenwatch/daw/public/ageing-final.pdf](http://www.un.org/womenwatch/daw/public/ageing-final.pdf)>

Published in 2002 by the United Nations Division for the Advancement of Women; produced as part of the *Women 2000* series to promote the goals of the Beijing Declaration and the Platform for Action.

**“Men, ageing and health: achieving health across the life span”**

(WHO/NMH/NPH/01.2)

<[whqlibdoc.who.int/hq/2001/WHO\\_NMH\\_NPH\\_01.2.pdf](http://whqlibdoc.who.int/hq/2001/WHO_NMH_NPH_01.2.pdf)>

Examines the determinants of older men’s health and proposes a framework and strategies for action. Published by the World Health Organization in 2001.

**“The situation of elderly women: available statistics and indicators”**

<[www.un-instraw.org/en/docs/ageing/Elderly\\_Women.pdf](http://www.un-instraw.org/en/docs/ageing/Elderly_Women.pdf)>

Describes the changing status and role of elderly women in countries around the world. Developed in the early 1990s but includes projections for the future. Published jointly by the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW) and the Statistics Division of the United Nations Secretariat.

**“Women, ageing and health: achieving health across the life span”**

(WHO/HPR/AHE/HPD/96.1)

<[whqlibdoc.who.int/hq/1996/WHO\\_HPR\\_AHE\\_HPD\\_96.1\\_2nd\\_ed.pdf](http://whqlibdoc.who.int/hq/1996/WHO_HPR_AHE_HPD_96.1_2nd_ed.pdf)>

Examines the determinants of older women’s health and proposes a framework and strategies for action. Published by the World Health Organization in 1998.

***Women, Ageing and Health: A Framework for Action—Focus on Gender***

<[www.unfpa.org/publications/detail.cfm?ID=327&filterListType](http://www.unfpa.org/publications/detail.cfm?ID=327&filterListType)>

Provides guidance on how policy makers, practitioners, NGOs and civil society can improve the health and well-being of ageing women by simultaneously applying both a gender and an ageing lens in their policies, programmes and practices, as well as in research. A full review of the evidence is available in a longer, complementary document entitled *Women, Ageing and Health: A Review*, available in hard copy and online at <<http://www.who.int/ageing/en/>>. Published by WHO and UNFPA in 2007.

***INSTRAW News 29: Women’s Life Cycle and Ageing***

<[www.un-instraw.org/en/docs/publications/INews\\_29.pdf](http://www.un-instraw.org/en/docs/publications/INews_29.pdf)>

This special issue of the INSTRAW newsletter is devoted to examining ageing within the context of the total life cycle. Published as a contribution to the 1999 International Year of Older Persons.

## HEALTH

### ***Health Financing Revisited: A Practitioner's Guide***

< <http://siteresources.worldbank.org/INTHSD/Resources/topics/Health-Financing/HFRFull.pdf>>

Examines the major changes that have occurred in global health financing over the past 10 years, with an overview of tools, policies and trends. Highlights some key lessons learned and provides policy recommendations. Prepared by Pablo Gottret and George Schieber and published by the World Bank in 2006.

### **Integrated Chronic Disease Prevention and Control**

<[www.who.int/chp/about/integrated\\_cd/en/print.html](http://www.who.int/chp/about/integrated_cd/en/print.html)>

Argues for the development of integrated chronic disease prevention and control programmes, incorporating supporting information and case studies. Produced by the World Health Organization in 2006.

### ***Public Policy and the Challenge of Chronic Noncommunicable Diseases***

<<http://siteresources.worldbank.org/INTPH/Resources/PublicPolicyandNCDsWorldBank2007FullReport.pdf>>

Contains an agenda for action in response to the growing economic, social and health problems associated with chronic non-communicable diseases. Prepared by Olusoji Adeyi, Owen Smith and Sylvia Robles and published by the World Bank in 2007.

### **The Stanford Health Library>Health Information>Diseases and Disorders>Senior Health**

<[healthlibrary.stanford.edu/resources/internet/bodysystems/senior\\_intro.html](http://healthlibrary.stanford.edu/resources/internet/bodysystems/senior_intro.html)>

Provides scientifically based medical information and health education that can help individuals and families make informed decisions about their health and health care. The Senior Health section provides an extensive directory of relevant resource links available on the Internet. Established and maintained by Stanford University in the United States.

### ***Towards Age-Friendly Primary Health Care***

<[whqlibdoc.who.int/publications/2004/9241592184.pdf](http://whqlibdoc.who.int/publications/2004/9241592184.pdf)>

Addresses the need for age-friendly primary health care and an agenda for change. Published in 2004 by the World Health Organization.

## EVIDENCE-BASED GUIDELINES

### **“A guide to resources on evidence-based geriatrics”**

<[myuminfo.umanitoba.ca/Documents/713/evidencebasedgeriatrics.pdf](http://myuminfo.umanitoba.ca/Documents/713/evidencebasedgeriatrics.pdf)>

Intended as an introduction to resources on evidence-based practice in geriatrics freely available on the Internet. Provides reading lists, descriptions of databases, and links to relevant Internet sites. Compiled by Laurie Blanchard at the J.W. Crane Memorial Library, University of Manitoba Health Sciences Libraries, Canada.



## **New Zealand Guidelines Group>Evidence for Specific Populations> Older People**

<[http://www.nzgg.org.nz/index.cfm?fuseaction=fuseaction\\_20&fusesubaction=docs&documentid=318](http://www.nzgg.org.nz/index.cfm?fuseaction=fuseaction_20&fusesubaction=docs&documentid=318)>

Provides evidence-based, best-practice recommendations for appropriate and effective care for the conditions from which older persons suffer most. Draws upon experience in New Zealand and other countries. Titles related to ageing (located in the Older People section or other sections of the site) currently include:

- *Prevention of Hip Fracture amongst People Aged 65 Years and Over;*
- *Acute Management and Immediate Rehabilitation after Hip Fracture amongst People Aged 65 Years and Over;*
- *Assessment and Management of People at Risk of Suicide;*
- *Assessment Processes for Older People;*
- *Cardiac Rehabilitation;*
- *Life after Stroke: New Zealand Guideline for Management of Stroke;*
- *Guidelines for the Support and Management of People with Dementia;*
- *Population Screening for Prostate Cancer: A Systematic Review;*
- *A Guideline for the Management of Heart Failure: Health Professionals Guide.*

## **ConsultGeriRN.org**

<[ConsultGeriRN.org](http://ConsultGeriRN.org)>

A comprehensive website providing current best-practice information on the care of older adults. Among the resources provided are evidence-based protocols for managing 27 common geriatric syndromes and conditions, a series of nursing assessment tools, information about best-practice models in hospitals, and links to recommended baccalaureate competencies and curriculum guidelines for geriatric nursing care. Hosted by the Hartford Institute for Geriatric Nursing at the New York University College of Nursing.

## **Evidence-Based Practice Guidelines**

<[http://www.nursing.uiowa.edu/products\\_services/evidence\\_based.htm](http://www.nursing.uiowa.edu/products_services/evidence_based.htm)>

The Gerontological Nursing Interventions Research Center at the University of Iowa provides about 40 evidence-based nursing practice protocols at nominal cost. Among the topics addressed are advance directives, Alzheimer's disease, bereavement, constipation, delirium, dementia, depression, drug abuse, elder abuse, exercise, fall prevention, incontinence, long-term care, nursing, oral health, oral hydration, pain management, pets, pressure sores, spiritual well-being, and suicide.

## ***Working with Dependent Older People to Achieve Good Oral Health***

<[www.nhshealthquality.org/nhsqis/files/21412%20NHSQIS%20Oral%20BPS.pdf](http://www.nhshealthquality.org/nhsqis/files/21412%20NHSQIS%20Oral%20BPS.pdf)>

Offers evidence-based nursing guidance for the oral health care of dependent older persons admitted to hospitals or living in residential care. Published in May 2005 by NHS Quality Improvement Scotland.

**World Health Organization Regional Office for Europe>  
Health Evidence Network>Evidence Reports**

[<www.euro.who.int/HEN/Syntheses/20030820\\_1?language=?language=?language=>](http://www.euro.who.int/HEN/Syntheses/20030820_1?language=?language=?language=)  
Provides answers to policy questions in the form of evidence-based reports and summaries and offers easy access to evidence and information from a number of websites, databases and documents focusing on older persons. Documents dealing with ageing (accessible through the site search option) include the following:

- “Are disease management programmes (DMPs) effective in improving quality of care for people with chronic conditions?”
- “Do current discharge arrangements from inpatient hospital care for the elderly reduce readmission rates, the length of inpatient stay or mortality, or improve health status?”
- “How can injuries in children and older people be prevented?”
- “What are the palliative care needs of older people and how might they be met?”
- “What is the effectiveness of old-age mental health services?”
- “What is the effectiveness of home visiting or home-based support for older people?”
- “What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls?”
- “What are the main risk factors for disability in old age and how can disability be prevented?”
- “What evidence is there for the prevention and screening of osteoporosis?”

**National Guideline Clearinghouse (NGC)**

[<www.guidelines.gov>](http://www.guidelines.gov)

Provides a comprehensive database of evidence-based clinical practice guidelines and related documents from around the world. About 300 of the database entries relate to the elderly. Among the topics covered are advance directives, Alzheimer’s disease, arthritis, assessment, bereavement, breast cancer, cancer, cardiovascular diseases, clinical practice guidelines, delirium, dementia, depression, discharge planning, diseases, falls, hip injuries, hypertension, incontinence, infection, menopause, nutrition, obesity, oral health, oral hydration, osteoporosis, pain, palliative care, Parkinson’s disease, physical activity, pneumonia, prescription drugs, pressure sores, prostate disorders, rehabilitation, restraints, rheumatoid arthritis, sleep disorders, and suicide. Sponsored by the Agency for Healthcare Research and Quality of the United States Department of Health and Human Services.

**GUIDELINES AND BEST PRACTICES**

**Medicare Quality Improvement Community (MedQIC)**

[<www.medqic.org>](http://www.medqic.org)

A national knowledge forum for health-care and quality improvement professionals in the United States. Provides easy access to quality improvement resources for dozens of health topics of importance to older persons. Coverage is provided of health-care issues that present themselves in physicians’ offices, hospitals, nursing homes, and

home care situations. Developed by the United States Government's Centers for Medicare & Medicaid Services.

### **Nursing Best Practice Guidelines**

[www.rnao.org/Page.asp?PageID=861&SiteNodeID=133](http://www.rnao.org/Page.asp?PageID=861&SiteNodeID=133)

Provides clinical practice guidelines and related materials that may be used by nursing professionals working with older persons. Topics include constipation, delirium, dementia, depression, diabetes, falls, foot care, incontinence, nursing, pain, and pressure sores. Produced by the Registered Nurses' Association of Ontario.

### **Oral Health Promotion Fact Sheets for Long-Term Care**

[umanitoba.ca/dentistry/ccoh/ccoh\\_longTermCare.html](http://umanitoba.ca/dentistry/ccoh/ccoh_longTermCare.html)

A collection of long-term care fact sheets developed as an integral component of mouth care training for caregivers. The fact sheets are updated and revised regularly. Developed by the University of Manitoba's Centre for Community Oral Health.

## **TRAINING TOOLS**

### **The Anna and Harry Borun Center for Gerontological Research**

[borun.medsch.ucla.edu/](http://borun.medsch.ucla.edu/)

Provides six training modules developed by Center researchers on weight-loss prevention, mobility decline prevention, pressure ulcer prevention, incontinence management, pain screening, and quality-of-life assessment. Modules provide step-by-step instructions for assessment and interventions and include learning objectives, a discussion of the issues, and an overview of solutions. Assessment tools, bibliographies, and lists of relevant links are provided in each training module. This site, based in the United States, also offers online discussion forums for each of the topics.

### **The Practicing Physician Education in Geriatrics Project (PPE)**

[www.gericareonline.net/](http://www.gericareonline.net/)

Offers materials intended to help physicians and other health professionals integrate evidence-based medicine in their treatment of older patients. Tool kits for dealing with memory loss, urinary incontinence, depression, heart failure, persistent pain, falls, and prevention can be downloaded to provide health professionals with a better understanding of geriatric syndromes and other chronic conditions common in older adults. Developed in the United States.

## **BIBLIOGRAPHIES**

### **J.W. Crane Memorial Library's Current Perspectives Series**

[www.deerlodge.mb.ca/crane\\_library/publication.asp](http://www.deerlodge.mb.ca/crane_library/publication.asp)

Provides selective bibliographies on key geriatric topics. The reference lists cite articles from the current journal literature, focusing on systematic reviews, best practice models, and innovative approaches. Topics presently featured include challenging behaviour, communication and dementia, continence, depression in long-

term care, end of life, environmental design, falls, family involvement in long-term care, institutional elder abuse, pressure ulcers, restraints in long-term care, sexuality in long-term care, and transitioning to long-term care. Produced by the J.W. Crane Memorial Library of Gerontology and Geriatrics at the University of Manitoba in Canada.

## **DATABASES**

### **EffectiveOlderPeopleCare.org**

<[www.effectiveolderpeoplecare.org](http://www.effectiveolderpeoplecare.org)>

A fully indexed, searchable, Web-enabled database of current best evidence for the management of older persons' care and rehabilitation. Provides a concise account of continually updated evidence from Cochrane systematic reviews relating to the health care of older individuals, focusing on common health problems in old age and different models of service organization. Maintained by the Cochrane Collaboration, Health Care of Older People Field, Academic Section of Geriatric Medicine, University of Glasgow, Scotland.

### **Successful Aging Edition (S@Edition) and Successful Aging Database (S@Database) (French only)**

<[www.saging.com](http://www.saging.com)>

S@Edition provides weekly news accounts of the latest published research findings related to biomedicine and preventive medicine. It also provides, on a subscription basis, more in-depth information about health-related topics and offers a searchable online database (S@Database) with some 10,000 articles drawn from 2,500 international journals. S@Database, in turn, provides access to "Highlights", a review of the most important articles on ageing synthesized by Successful Aging experts.

## **ELECTRONIC NEWSLETTERS**

### **GERINET**

<[listserv.buffalo.edu/cgi-bin/wa?SUBED1=gerinet&A=1](mailto:listserv.buffalo.edu/cgi-bin/wa?SUBED1=gerinet&A=1)>

An electronic discussion list of individuals interested in geriatric health care; most participants are based in the United States. Maintained by the University at Buffalo, State University of New York.

### **GERONURSE listserv**

<[http://www.nursing.uiowa.edu/excellence/nursing\\_interventions/](http://www.nursing.uiowa.edu/excellence/nursing_interventions/)>

An electronic discussion list that promotes geriatric nursing dialogue and activities, posts updates on best nursing practice and innovations, and is open to all practitioners, researchers, educators, and students with an interest in the field. Those wishing to subscribe may send an e-mail to <[gero-nurse-request@list.uiowa.edu](mailto:gero-nurse-request@list.uiowa.edu)>; leave the subject box blank, and in the body of the message, type "subscribe".

## HEALTH PROMOTION

### ***Active Ageing: A Policy Framework*** (WHO/NMH/NPH/02.8)

<[whqlibdoc.who.int/hq/2002/WHO\\_NMH\\_NPH\\_02.8.pdf](http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf)>

This policy framework is intended to inform discussion and the formulation of action plans that promote healthy and active ageing. Developed by the WHO Ageing and Life Course Programme in 2002.

### ***Healthy Ageing: Keystone for a Sustainable Europe***

<[ec.europa.eu/health/ph\\_information/indicators/docs/healthy\\_ageing\\_en.pdf](http://ec.europa.eu/health/ph_information/indicators/docs/healthy_ageing_en.pdf)>

Examines current trends in life expectancy, how they relate to healthy life years, and what this could mean for the European Union now and in the future. Produced by the European Commission in January 2007.

### **“Men, ageing and health: achieving health across the life span”**

(WHO/NMH/NPH/01.2)

<[whqlibdoc.who.int/hq/2001/WHO\\_NMH\\_NPH\\_01.2.pdf](http://whqlibdoc.who.int/hq/2001/WHO_NMH_NPH_01.2.pdf)>

Examines the determinants of older men’s health and proposes a framework and strategies for action. Published by the World Health Organization in 2001.

### **“Women, ageing and health: achieving health across the life span”**

(WHO/HPR/AHE/HPD/96.1)

<[whqlibdoc.who.int/hq/1996/WHO\\_HPR\\_AHE\\_HPD\\_96.1\\_2nd\\_ed.pdf](http://whqlibdoc.who.int/hq/1996/WHO_HPR_AHE_HPD_96.1_2nd_ed.pdf)>

Examines the determinants of older women’s health and proposes a framework and strategies for action. Published by the World Health Organization in 1998.

## EVIDENCE-BASED GUIDELINES

### **“A new vision of aging: helping older adults make healthier choices”**

<[www.cfah.org/pdfs/agingreport.pdf](http://www.cfah.org/pdfs/agingreport.pdf)>

Summarizes evidence on the benefits of health promotion among older adults in the United States. Also identifies programmes that effectively help older people live longer and healthier lives through efforts to increase physical activity, improve eating habits and minimize the risk of falling. Issue Briefing No. 2, published in March 2006 by the Center for the Advancement of Health in Washington, D.C.

## CLEARINGHOUSES

### **Live Well, Live Long: Health Promotion & Disease Prevention for Older Adults**

<[www.asaging.org/cdc/index.cfm](http://www.asaging.org/cdc/index.cfm)>

Offers strategies and materials for enhancing the capacity of organizations to serve the health promotion and disease prevention needs of older adults. Provides tools for professionals in the form of stand-alone modules. Current titles include Blueprint for Health Promotion; Strategies for Cognitive Vitality; Road Map to Driving Wellness; Physical Activity; Mental Wellness; Optimal Medication Use; Food for Health: Nutritional Well-Being for Older Adults; Deep Vein Thrombosis; Statistics on Health

and Aging; and Diabetes Prevention and Management. Produced by the American Society on Aging.

## **TRAINING TOOLS**

### **First Step to Active Health**

<[www.firststeptoactivehealth.com/](http://www.firststeptoactivehealth.com/)>

Provides important tools to promote physical activity among sedentary older persons. The Active Aging Toolkit was developed to help health-care providers prescribe physical activity programmes for their older patients. The First Step to Active Health patient education kit was subsequently developed as an evidence-based, progressive activity programme for older adults in support of the Active Aging Toolkit. The objectives are to improve health and functional ability, promote independence, and help prevent chronic disease and disability in adults over the age of 50. Produced by the Hygenic Corporation in the United States.

## **HIV/AIDS**

### ***Building Blocks: Africa-Wide Briefing Notes—Supporting Older Carers***

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Explains why programmes designed to support orphans and vulnerable children need to focus more attention on the needs of older persons who care for them. Produced by HelpAge International and the International HIV/AIDS Alliance in 2004; available in English, French and Portuguese.

### **“The elderly, HIV/AIDS and sustainable rural development”**

<[www.fao.org/sd/2002/PE0101\\_en.htm](http://www.fao.org/sd/2002/PE0101_en.htm)>

### **“Personnes âgées, sida et développement rural durable”**

<[www.fao.org/sd/2002/PE0101\\_fr.htm](http://www.fao.org/sd/2002/PE0101_fr.htm)>

### **“Los ancianos, VIH/SIDA y desarrollo rural sostenible”**

<[www.fao.org/sd/2002/PE0101\\_es.htm](http://www.fao.org/sd/2002/PE0101_es.htm)>

Addresses the impact of ageing and HIV/AIDS on the sustainability of rural food production and development. Produced by the Food and Agriculture Organization of the United Nations in 2002.

### ***Forgotten Families: Older People as Carers of Orphans and Vulnerable Children***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Policy report incorporating case studies on innovative ways of dealing with some of the difficulties faced by older-headed households, emphasizing the impact appropriate technical support and minimal additional resources can have. Produced by HelpAge International and the International HIV/AIDS Alliance in 2003.

**“Policy Workshop on HIV/AIDS and Family Well-being, Windhoek, Namibia, 28-30 January 2004”**

<[www.un.org/esa/socdev/family/Meetings/hiv2830jan04.pdf](http://www.un.org/esa/socdev/family/Meetings/hiv2830jan04.pdf)>

**“Annex I: HIV/AIDS and family well-being in southern Africa: towards an analysis of policies and responsiveness”**

<[www.un.org/esa/socdev/family/Meetings/hiv2830jan04a1.pdf](http://www.un.org/esa/socdev/family/Meetings/hiv2830jan04a1.pdf)>

Includes recommendations for the development of a strategic policy framework to assist Governments in Africa in strengthening the capacity of families and family networks to cope with HIV/AIDS. Workshop sponsored by the United Nations.

**Valletta Declaration**

<[http://policy.helptheaged.org.uk/\\_policy/International/HIV/\\_default.htm](http://policy.helptheaged.org.uk/_policy/International/HIV/_default.htm)>

Put together by an international group of experts on ageing at a special workshop organized by Help the Aged and the Malta-based United Nations International Institute on Ageing. Presented to the Commonwealth Heads of Government at their meeting in Valletta, Malta, in November 2005 to remind them of their responsibilities to older persons under MIPAA and to set out key steps to ensure that older persons would not be forgotten in the fight against HIV/AIDS.

**GUIDELINES AND BEST PRACTICES**

***Counting Carers: How to Improve Data Collection and Information on Households Affected by AIDS and Reduce the Poverty of Carers, People Living with HIV and Vulnerable Children***

<[www.helpage.org/Resources/Researchreports](http://www.helpage.org/Resources/Researchreports)>

Intended to guide Governments, NGOs and others working to improve data collection and analysis on households affected by AIDS. Identifies the limits of existing data and offers suggestions on how these may be further analysed to produce better information and on what might be included in future surveys. Published by HelpAge International in 2006.

**HUMAN RIGHTS**

**HUMAN RIGHTS**

***Equal Treatment, Equal Rights: Ten Actions to End Age Discrimination***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Draws on consultations with older persons from developing countries and economies in transition to identify 10 concrete actions to ensure that older people across the world benefit from the full range of internationally accepted human rights. Produced by HelpAge International.

## **Age Discrimination**

<[http://www.ifa-fiv.org/en/accueil1.aspx?sortcode=2.12&id\\_article=408&starting=1&ending=50](http://www.ifa-fiv.org/en/accueil1.aspx?sortcode=2.12&id_article=408&starting=1&ending=50)>

IFA policy section on age discrimination; provides comprehensive information on relevant legislation and in-depth policy analysis. Produced by the International Federation on Ageing in Montreal.

## **GUIDELINES AND BEST PRACTICES**

### ***Addressing Older People's Rights in Africa: Good Practice Guidelines***

<[www.helpage.org/Resources/Manuals](http://www.helpage.org/Resources/Manuals)>

Designed to provide guidance for people working with older persons and those involved in human rights issues. Produced by HelpAge International.

### **United Nations Principles for Older Persons**

<[www.un.org/esa/socdev/ageing/un\\_principles.html](http://www.un.org/esa/socdev/ageing/un_principles.html)>

The Principles, adopted by the United Nations General Assembly in 1991, focus on independence, participation, care, self-fulfilment and dignity. Available in English, French and Spanish.

## **TRAINING TOOLS**

### ***Combating Discrimination: A Training Manual***

<[ec.europa.eu/employment\\_social/fundamental\\_rights/pdf/civil/train\\_en.pdf](http://ec.europa.eu/employment_social/fundamental_rights/pdf/civil/train_en.pdf)>

Developed to provide training on European and national anti-discrimination laws and policies to NGOs in the 10 new EU member States and in Bulgaria, Romania and Turkey. Does not deal exclusively with age discrimination. Available in the languages of the member States. Prepared by the human european consultancy and Migration Policy Group for the European Commission in 2006.

## **IMPACT OF POPULATION AGEING**

### ***Why Population Aging Matters: A Global Perspective***

<[www.state.gov/g/oes/rls/or/81537.htm](http://www.state.gov/g/oes/rls/or/81537.htm)>

Describes the impact of population ageing on countries and the demographic trends that are transforming the world in fundamental ways. Produced by the United States Department of State and the Department of Health and Human Services (National Institute on Aging) in 2007.

### ***World Economic and Social Survey 2007: Development in an Ageing World***

<[www.un.org/esa/policy/wess/index.html](http://www.un.org/esa/policy/wess/index.html)>

Analyses the implications of population ageing for social and economic development around the world, acknowledging that it offers both challenges and opportunities. Prepared by the Development Policy and Analysis Division of the United Nations Department of Economic and Social Affairs.



## INDICATORS

### *Mainstreaming Ageing: Indicators to Monitor Sustainable Policies*

<[www.euro.centre.org/data/1192809590\\_39180.pdf](http://www.euro.centre.org/data/1192809590_39180.pdf)>

MIPAA, adopted at the Second World Assembly on Ageing, is an international agreement that recognizes the potential of older persons to contribute to the development of their societies. This book contains policy briefs and background papers that support the implementation monitoring process. Contributors include renowned international experts on ageing, with evidence drawn from 56 countries in Europe, North America and Central Asia. The Web address (above) provides access to a complete table of contents and abstract. Edited by Bernd Marin and Asghar Zaidi and published by Ashgate (United Kingdom) in 2007.

### *Manual Sobre Indicadores de Calidad de Vida en la Vejez* (LC/W.113)

#### [*Manual of Indicators of the Quality of Life of Older Persons*]

<[www.eclac.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/0/28240/P28240.xml&xsl=/celade/tpl/p9f.xsl&base=/celade/tpl/top-bottom\\_env.xsl](http://www.eclac.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/0/28240/P28240.xml&xsl=/celade/tpl/p9f.xsl&base=/celade/tpl/top-bottom_env.xsl)>

Proposes a series of indicators for the design of policies and programmes to improve the quality of life for older persons in the areas of health, economic security, the physical environment, support networks, and social integration. Published in December 2006 by the Population Division of the Economic Commission for Latin America and the Caribbean; available in Spanish only.

### **“The situation of elderly women: available statistics and indicators”**

<[www.un-instraw.org/en/docs/ageing/Elderly\\_Women.pdf](http://www.un-instraw.org/en/docs/ageing/Elderly_Women.pdf)>

Describes the changing status and role of elderly women in countries around the world. Developed in the early 1990s but includes projections for the future. Published jointly by the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW) and the Statistics Division of the United Nations Secretariat.

## INSTITUTIONAL CARE

### GUIDELINES AND BEST PRACTICES

#### *Activity Provision: Benchmarking Good Practice in Care Homes*

<<http://www.cot.org.uk/specialist/olderpeople/news/pdf/ActivityProvisionENGLISH.pdf>>

Intended for use by care home providers and commissioners in the United Kingdom, this guide offers a framework of person-centred quality indicators and outcome measures to improve activity provision for residents. A benchmark tool is provided to permit the management and staff of residential care homes to assess their current level of service provision and to identify areas for improvement in an action plan. Published in 2007 by the College of Occupational Therapists in London.

### **“Best practice guidelines: least restraint utilization”**

<[www.shannex.com/library/Best-Practice-Guidelines-Restraints.pdf](http://www.shannex.com/library/Best-Practice-Guidelines-Restraints.pdf)>

Presents a comprehensive interdisciplinary approach to reducing the use of restraints—one based on research and best practice. Published in 2005 (and revised in January 2007) by Shannex Health Care Management, Inc., a private company based in Nova Scotia, Canada.

### **Best Practice Information Sheets**

<[www.joannabriggs.edu.au/pubs/best\\_practice.php](http://www.joannabriggs.edu.au/pubs/best_practice.php)>

Intended for use by health professionals in acute care or long-term care settings, the information sheets relevant to older persons cover topics such as dementia, dental care, drug use, malnutrition, oral health, oral hydration, restraints, and sleep. Produced by the Joanna Briggs Institute, Royal Adelaide Hospital, South Australia.

### ***Introductory Guide to End of Life Care in Care Homes***

<[eolc.cbcl.co.uk/eolc/eolcpublications/Guide%20To%20EoLC%20care%20homes%20lo.pdf](http://eolc.cbcl.co.uk/eolc/eolcpublications/Guide%20To%20EoLC%20care%20homes%20lo.pdf)>

Designed for care home managers and staff interested in improving the care of residents in the final stages of life. Provides definitions of terms used in end-of-life care, case studies of residents, and examples of best practices in palliative care in care homes. Published by the National Health Service’s End of Life Care Programme in cooperation with the National Council for Palliative Care in the United Kingdom.

## **TRAINING TOOLS**

### **The Growing Challenge of Alzheimer’s Disease in Residential Settings**

<<http://www.nia.nih.gov/Alzheimers/Publications/GrowingChallenge/>>

A comprehensive training programme designed to provide staff and managers of retirement communities, senior housing developments, assisted living facilities, and case coordination agencies with helpful information about Alzheimer’s disease. Intended for use by staff developers and others involved in offering in-service training programmes on issues relating to older persons living in residential communities. Published by the Alzheimer’s Disease Education and Referral Center, a service of the National Institute on Aging (one of the National Institutes of Health) in the United States.

### **Hydration and Older People: Hydration Best Practice Toolkit for Care Homes**

<[www.water.org.uk/home/water-for-health/older-people](http://www.water.org.uk/home/water-for-health/older-people)>

May be used by care managers, care caterers and others providing services to older persons in residential care homes. The Toolkit includes fact sheets, checklists, and advice to enable care home staff and support personnel to improve water consumption among older persons. Developed in 2005 through an alliance of care sector stakeholders in the United Kingdom along with Water UK.

### ***Infection Control Guidance for Care Homes***

<[www.dh.gov.uk/assetRoot/04/13/63/84/04136384.pdf](http://www.dh.gov.uk/assetRoot/04/13/63/84/04136384.pdf)>

Offers best-practice guidance on the prevention of infection in residential care homes. Published in June 2006 by the Department of Health in the United Kingdom in collaboration with the Chartered Institute of Environmental Health.

### **My Home Life**

<[www.myhomelife.org.uk/](http://www.myhomelife.org.uk/)>

A new initiative aimed at improving the quality of life of those who are living, dying, visiting, and working in care homes for older persons. Intended to celebrate existing best practice in care homes, promote care homes as a positive option for older persons, and improve the quality of life in care homes through the development of a range of resources, events, practice development initiatives and other activities. An initiative of Help the Aged in the United Kingdom.

## **ISOLATION**

### **Isolation to Inclusion**

<[www.i2i-project.net/](http://www.i2i-project.net/)>

Promotes the reintegration of older men and women into community life. Highlights activities undertaken within the framework of the i2i Project in Austria, the Czech Republic, Germany, Italy, Lithuania and the United Kingdom to help vulnerable older persons overcome isolation and social exclusion. Project launched and funded by the European Commission.

### ***Unlocking the Community***

<[www.ilcuk.org.uk/files/pdf\\_pdf\\_29.pdf](http://www.ilcuk.org.uk/files/pdf_pdf_29.pdf)>

Explores ways to develop the capacity and potential of older persons to organize community activities, clubs, groups and networks in order to strengthen their involvement in society and promote active ageing. Presents two successful British approaches to organizing activities and groups at the local level for isolated older persons. Prepared by Simon Goodenough and published in July 2007 by the International Longevity Centre in the United Kingdom.

## **LATIN AMERICA AND THE CARIBBEAN**

### **Ageing in the Americas into the XXI Century**

<[www.census.gov/ipc/www/agingam.html](http://www.census.gov/ipc/www/agingam.html)>

A wall chart, available in English and Spanish, providing demographic data and projections for the 65+ population in the Americas for 1997 and 2025. Produced jointly by the Pan American Health Organization/World Health Organization, the United States National Institute on Aging, and the United States Census Bureau in 1998.

### **“Brasilia Declaration”**

<[www.un.org/esa/socdev/ageing/documents/regional\\_review/Declaracion\\_Brasilia.pdf](http://www.un.org/esa/socdev/ageing/documents/regional_review/Declaracion_Brasilia.pdf)>

This Declaration marked the culmination of the Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean: Towards a Society for All Ages and Rights-Based Social Protection, held in Brasilia from 4 to 6 December 2007. The meeting was convened to review progress in the implementation of the Madrid International Plan of Action on Ageing and to offer recommendations for the future. Published by the Economic Commission for Latin America and the Caribbean.

### ***Manual Sobre Indicadores de Calidad de Vida en la Vejez*** (LC/W.113)

[*Manual of Indicators of the Quality of Life of Older Persons*]

<[www.eclac.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/0/28240/](http://www.eclac.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/0/28240/P28240.xml&xsl=/celade/tpl/p9f.xsl&base=/celade/tpl/top-bottom_env.xsl)

[P28240.xml&xsl=/celade/tpl/p9f.xsl&base=/celade/tpl/top-bottom\\_env.xsl](http://www.eclac.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/0/28240/P28240.xml&xsl=/celade/tpl/p9f.xsl&base=/celade/tpl/top-bottom_env.xsl)>

Proposes a series of indicators for the design of policies and programmes to improve the quality of life for older persons in the areas of health, economic security, the physical environment, support networks, and social integration. Published in December 2006 by the Population Division of the Economic Commission for Latin America and the Caribbean; available in Spanish only.

### ***Population Ageing in the Caribbean: A Four Country Study***

(E/LC/CAR/L.128) (Sales No. E.07.II.G.148)

<[www.cepal.cl/celade/noticias/paginas/2/28632/LC\\_CAR\\_L128.pdf](http://www.cepal.cl/celade/noticias/paginas/2/28632/LC_CAR_L128.pdf)>

The first comprehensive effort to analyse national census data as it relates to the elderly population and their health and well-being, living arrangements, and economic security in Antigua and Barbuda, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago. Prepared by Karoline Schmid and Samuel Vézina and published by the Population Division of the United Nations Economic Commission for Latin America and the Caribbean.

### **“Population ageing in the Caribbean: an inventory of policies, programmes and future challenges”** (LC/CAR/G.772/Corr.1)

<[www.monitoringris.org/documents/strat\\_reg/uneclac1.pdf](http://www.monitoringris.org/documents/strat_reg/uneclac1.pdf)>

Offers a demographic analysis of the ageing population in the Caribbean, focusing on selected indicators for the period 1950-2050. The study also provides an inventory of national and subregional policies and programmes relating to health care, labour force participation, social welfare, social security, and pensions. Published by the United Nations Economic Commission for Latin America and the Caribbean in May 2004.

### **“Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing”**

<<http://www.globalaging.org/agingwatch/events/regionals/eclac/chileconf2003.pdf>>

Adopted at the Regional Intergovernmental Conference on Ageing: Towards a Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, held in Santiago from 19 to 21 November 2003. Published by the United Nations Economic Commission for Latin America and the Caribbean.

**“Report of the Caribbean Symposium on Population Ageing, 8-10 November 2004” (LC/CAR/L.41)**

<[www.eclac.org/celade/noticias/paginas/2/28632/reportL041.pdf](http://www.eclac.org/celade/noticias/paginas/2/28632/reportL041.pdf)>

Report of a one-day academic research forum and two-day government forum held in Port of Spain, Trinidad and Tobago. Published by the United Nations Economic Commission for Latin America and the Caribbean in 2005.

***Social Security Programs throughout the World: The Americas, 2007***

<<http://www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/americas/index.html>>

Updated biennially, this report provides descriptions of each country's social security system. Published in March 2008 by the United States Social Security Administration.

**CLEARINGHOUSES**

**Centro Latinoamericano y Caribeño de Demografía: Envejecimiento y Desarrollo**  
(Spanish only)

<[www.eclac.cl/celade/envejecimiento/](http://www.eclac.cl/celade/envejecimiento/)>

CELADE, the population division of the United Nations Economic Commission for Latin America and the Caribbean, sponsors numerous research activities and conferences focusing on ageing. The division maintains an online clearinghouse of information about its own ageing-related activities and those of others in the region. The Ageing and Development section of the CELADE website offers links to demographic databases around the world, full-text documents produced in different parts of Latin America and the Caribbean, abstracts of articles about ageing that have appeared in the CELADE journal, compilations of statistical data, and a calendar of events.

**LIVABLE COMMUNITIES**

**GUIDELINES AND BEST PRACTICES**

***Best Practices: Lessons for Communities in Supporting the Health, Well-being, and Independence of Older People***

<[www.vnsny.org/advantage/tools/Advantage\\_best.pdf](http://www.vnsny.org/advantage/tools/Advantage_best.pdf)>

Examines the experiences of 17 American communities that have worked to become more “elder friendly”. Summary and detailed descriptions of each project are provided. The projects focus on, inter alia, supporting the fundamental need for housing and security, maintaining physical and mental health, preserving the independence of the frail and homebound, and facilitating opportunities for social and civic engagement. Prepared by Penny H. Feldman and others and edited by Raymond L. Rigoglioso; published by the Center for Home Care Policy and Research, Visiting Nurse Service of New York, in June 2003.

### ***Global Age-Friendly Cities: A Guide***

<[www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf)>

### ***Guide mondial des villes-amies des aînés***

<[www.who.int/ageing/publications/Guide\\_mondial\\_des\\_villes\\_amies\\_des\\_aines.pdf](http://www.who.int/ageing/publications/Guide_mondial_des_villes_amies_des_aines.pdf)>

Examines the converging trends of population ageing and urbanization and describes the characteristics of “age-friendly” cities based on research involving older persons, caregivers and service providers. Areas of particular concern include outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, information and communication, and community support and health services. Guidelines are provided on how to use the findings of the report to stimulate action in cities worldwide. Published by the World Health Organization in October 2007.

## **LIVING ARRANGEMENTS**

### ***Living Arrangements of Older Persons around the World***

<<http://www.un.org/esa/population/publications/livingarrangement/report.htm>>

The first global survey and analysis of patterns and trends characterizing the living arrangements of older persons. Comparable data are provided for more than 130 countries. Published by the United Nations Population Division in November 2005.

## **LONG-TERM CARE**

### ***Community Home-Based Care in Resource Limited Settings: A Framework for Action***

<[www.who.int/hiv/pub/prev\\_care/isbn9241562137.pdf](http://www.who.int/hiv/pub/prev_care/isbn9241562137.pdf)>

The first section poses questions to guide policy formation. The second section raises issues relating to the overall management and administration of community home-based care (CHBC). The final section is intended to guide community groups in planning, implementing and evaluating CHBC programmes. Directed at policy makers and senior administrators, middle managers, and those who develop and run CHBC programmes. Published by the World Health Organization in 2002.

### **“Consumer direction and choice in long-term care for older persons, including payments for informal care: How can it help improve care outcomes, employment and fiscal sustainability?” (DELSA/HEA/WD/HWP(2005)1)**

<[www.oecd.org/dataoecd/53/62/34897775.pdf](http://www.oecd.org/dataoecd/53/62/34897775.pdf)>

Reports the detailed results of research on choice carried out as part of a long-term care study under the OECD Health Project, which was to be published under the title “Long-term care policies for older people”. OECD Health Working Papers, No. 20; prepared by Jen Lundsgaard.

**“Current and future long-term care needs” (WHO/NMH/CCL/02.2)**

<[whqlibdoc.who.int/hq/2002/WHO\\_NMH\\_CCL\\_02.2.pdf](http://whqlibdoc.who.int/hq/2002/WHO_NMH_CCL_02.2.pdf)>

Offers projections on long-term care needs over the next 50 years. Concludes that the absolute number of functionally dependent people and their ratio in proportion to the working population will increase greatly, particularly in developing countries. Published by the World Health Organization in 2002.

**National Clearinghouse on the Direct Care Workforce**

<[www.directcareclearinghouse.org](http://www.directcareclearinghouse.org)>

Provides a vast array of published materials dealing with issues such as recruitment, retention, training, peer support and career advancement. A Best Practices database includes profiles of programmes implemented by service providers, educators, and worker and community organizations to improve the recruitment, training and retention of direct-care workers across the spectrum of facility-, home-, and community-based long-term care services. Each profile includes programme descriptions as well as links to additional information.

**“We shall travel on’: quality of care, economic development, and the international migration of long-term care workers”**

<[www.aarp.org/research/longtermcare/quality/2005\\_14\\_intl\\_ltc.html](http://www.aarp.org/research/longtermcare/quality/2005_14_intl_ltc.html)>

The increasing international migration of workers from developing countries to provide long-term care services in developed countries is examined in this AARP Public Policy Institute Issue Paper prepared by Donald L. Redfoot and Ari N. Houser. Published by AARP in October 2005.

**GUIDELINES AND BEST PRACTICES**

***Dignity in Care (Adults’ Services Practice Guide No. 9)***

<[www.scie.org.uk/publications/practiceguides/practiceguide09/index.asp](http://www.scie.org.uk/publications/practiceguides/practiceguide09/index.asp)>

Designed to help care workers, practitioners and managers ensure that dignity and respect are integral to the services they provide. The guide offers information on what service users can expect from their health and social services, and includes resources and practical advice in the form of downloadable training packages and audit tools to help providers and practitioners improve their care strategies and approaches. Prepared by Elaine Cass, Diana Robbins and Angela Richardson; published by the Social Care Institute for Excellence in the United Kingdom in November 2006 (updated in August 2007 and February 2008).

**TRAINING TOOLS**

**Teaching and Learning to Care: Training for Caregivers in Long Term Care**

<[www.nursing.upenn.edu/centers/hcgne/gero\\_tips/TLC/default.htm](http://www.nursing.upenn.edu/centers/hcgne/gero_tips/TLC/default.htm)>

“TLC for LTC” is a series of instructional modules designed to meet the needs of staff development educators and instructors. The individual modules may be downloaded free of charge. Topics addressed include falls, pressure ulcers, adverse drug risks, cognitive decline and dementia, communication in dementia through

behaviour, palliative care, continence, pain assessment and management, and oral health. Streaming video is available online for some modules. The electronic version of TLC for LTC contains all text files, Power Point slides, and video clips needed to teach the modules. Produced by the Delaware Valley Geriatric Education Center at the University of Pennsylvania in the United States.

## **ELECTRONIC NEWSLETTERS**

### **Info-LTC**

<[lists.umanitoba.ca/mailman/listinfo/info-ltc](mailto:lists.umanitoba.ca/mailman/listinfo/info-ltc)>

An electronic newsletter providing information on geriatric, gerontological and long-term care resources available through the J.W. Crane Library of Gerontology and Geriatrics, Deer Lodge Centre, University of Manitoba. Subscribers receive the Web Pick of the Week, *Agelit*, *Current Perspectives*, and news from the Library. Those wishing to subscribe may submit the requested information at the Web address provided above.

## **MAINSTREAMING**

### **“Inclusive and effective poverty reduction: the case for targeting all age groups in European Union development—priority actions for the European Commission”**

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Demonstrates the scale and depth of child and old-age poverty, explores how poverty is transferred between generations, and emphasizes the interdependence of young and old. Published jointly by HelpAge International and the International Save the Children Alliance in 2004.

### ***Mainstreaming Ageing: Indicators to Monitor Sustainable Policies***

<[www.euro.centre.org/data/1192809590\\_39180.pdf](http://www.euro.centre.org/data/1192809590_39180.pdf)>

MIPAA, adopted at the Second World Assembly on Ageing, is an international agreement that recognizes the potential of older persons to contribute to the development of their societies. This book contains policy briefs and background papers that support the implementation monitoring process. Contributors include renowned international experts on ageing, with evidence drawn from 56 countries in Europe, North America and Central Asia. The Web address (above) provides access to a complete table of contents and abstract. Edited by Bernd Marin and Asghar Zaidi and published by Ashgate (United Kingdom) in 2007.

### **“Mainstreaming the concerns of older persons into the social development agenda”**

<[www.un.org/esa/socdev/ageing/documents/positionpaper.pdf](http://www.un.org/esa/socdev/ageing/documents/positionpaper.pdf)>

Position paper prepared in September 2006 by Robert Venne, Social Affairs Officer, Programme on Ageing, Division for Social Policy and Development, Department of Economic and Social Affairs, United Nations.



## **“Non-discrimination mainstreaming—instruments, case studies and way forwards”**

[ec.europa.eu/employment\\_social/fundamental\\_rights/pdf/pubst/stud/mainstr07\\_en.pdf](http://ec.europa.eu/employment_social/fundamental_rights/pdf/pubst/stud/mainstr07_en.pdf)

The April 2007 report, prepared by the Centre for Strategy and Evaluation Services in the United Kingdom on behalf of the European Commission, addresses the following:

- How to undertake an equality screening procedure for a new or existing policy;
- How to carry out an equality impact assessment;
- The role of consultation processes in promoting non-discrimination mainstreaming;
- Developing an equality plan for a public authority that has made an institutional commitment to embed equality throughout the policy-making process;
- Data collection as part of a systematic monitoring and evaluation framework.

## **MENTAL HEALTH**

### **EVIDENCE-BASED GUIDELINES**

#### **Positive Aging Resource Center (PARC)**

[www.positiveaging.org](http://www.positiveaging.org)

Established in 2002 to promote positive ageing. Information and services designed to enhance the emotional well-being and mental health of the ageing population are made available to older adults and their formal and informal caregivers, health and social service professionals, policy makers and government offices, and model service programmes. Among other things, PARC offers evidence-based tools such as guidelines for addressing anxiety, dementia, agitation, and the threat of suicide. Based in the United States.

### **GUIDELINES AND BEST PRACTICES**

#### **American Psychological Association: Publications on Aging**

[www.apa.org/pi/aging/publications.html](http://www.apa.org/pi/aging/publications.html)

Provides access to brochures, newsletters, fact sheets, resource guides, practice guidelines, policy statements, reports, articles, books, journals, videos and other resources on mental health and ageing for practising psychologists. Some of the site's offerings include Guidelines for Psychological Practice with Older Adults, Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline, brochures entitled *What Practitioners Should Know about Working with Older Adults* and *Elder Abuse and Neglect: In Search of Solutions*, and online resource guides for topics such as older adults and insomnia, ageing and human sexuality, psychotherapy and older adults, and depression and suicide in older adults.

### **Practice Guide 2: Assessing the Mental Health Needs of Older People**

[www.scie.org.uk/publications/practiceguides/practiceguide02/index.asp](http://www.scie.org.uk/publications/practiceguides/practiceguide02/index.asp)

Provides an overview of information and current practice for those involved in assessing the mental health needs of older persons in the United Kingdom. It is aimed particularly at front-line practitioners, who may be the first health-care professionals in contact with older persons or their families and friends. Published by the Social Care Institute for Excellence in the United Kingdom in April 2006.

### **Canadian Coalition for Seniors' Mental Health: National Guidelines**

[www.ccsmh.ca/en/guidelinesUsers.cfm](http://www.ccsmh.ca/en/guidelinesUsers.cfm)

Four evidence-based, best-practice guidelines focusing on key areas of older persons' mental health, produced in 2006 under the following titles:

- Assessment and Treatment of Delirium;
- Assessment and Treatment of Depression;
- Assessment of Suicide Risk and Prevention of Suicide;
- Assessment and Treatment of Mental Health Issues in Long-Term Care Homes (focus on mood and behavioural symptoms).

## **TRAINING TOOLS**

### **Geriatric Mental Health Training Series**

[www.nursing.uiowa.edu/hartford/nurse/core.htm](http://www.nursing.uiowa.edu/hartford/nurse/core.htm)

A six-part training programme for care providers in long-term care settings. The first training module, *Whose Problem Is It?*, examines common care challenges associated with mental illness and threats to mental health. The second module, *Getting the Facts*, reviews general principles for communicating with older persons, emphasizing problems linked to sensory changes, staff attitudes and beliefs, and various types of dementia that may affect residents; strategies to promote more effective communication are offered. The third module, *When You Are More Than Just Down in the Dumps*, provides an overview of the signs and symptoms of depression, common problems that cause or mimic depression, and ways to help older persons who may be depressed. The fourth and fifth modules, *When You Forget That You Forgot* (parts I and II), provide broad coverage of dementia but focus primarily on Alzheimer's disease; the first part reviews symptoms and stages and introduces the PLST care model, and the second part provides specific intervention strategies and communication techniques. The last module, *Back to the A-B-C's*, presents a problem-solving approach for behavioural and psychological symptoms of dementia. Each module contains a detailed lecturer's script, notes for instructors, slides, handouts, and suggestions for additional reading. These modules were developed for the John A. Hartford Center of Geriatric Nursing Excellence of the University of Iowa to facilitate personal development and staff training.

## NATIONAL PLANS ON AGEING

### **International Federation on Ageing**

#### **Age Related Policies: Government Engagement of Older People**

< <http://www.ifa-fiv.org/en/accueil1.aspx?sortcode=2.23>>

Three important age-related policy issues are highlighted, including age discrimination, supporting older people through engagement, and financial protection. Links are provided to full-text versions of relevant national strategies, policies and legislation in all three areas.

## NUTRITION

### ***Keep Fit for Life: Meeting the Nutritional Needs of Older Persons***

< [whqlibdoc.who.int/publications/9241562102.pdf](http://whqlibdoc.who.int/publications/9241562102.pdf)>

Examines the evolving nutritional needs of both healthy and chronically ill older persons, offering recommendations regarding essential nutrients. Published by the World Health Organization in 2002.

### ***Summary of Research Findings on the Nutritional Status and Risk Factors for Vulnerability of Older People in Africa***

< [www.helpage.org/Resources/Researchreports](http://www.helpage.org/Resources/Researchreports)>

Highlights some key issues affecting the nutrition and health of older persons. A compilation of summaries of reports and research surveys conducted by HelpAge International's Africa regional nutrition programme in partnership with academic and training institutions in a number of African countries. Prepared by HelpAge International's Africa Regional Development Centre in 2004.

## CLEARINGHOUSES

### **National Resource Center on Nutrition, Physical Activity & Aging**

< [nutritionandaging.fiu.edu/index.asp](http://nutritionandaging.fiu.edu/index.asp)>

Provides a number of resources (including manuals, dietary guidelines and information links) intended to promote good nutrition and physical activity among older Americans. The Center, associated with Florida International University, is funded primarily by the United States Administration on Aging.

## PENSIONS/SOCIAL SECURITY

### ***Age and Security: How Social Pensions Can Deliver Effective Aid to Poor Older People and Their Families***

< [www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>

Describes how universal social pensions effectively target aid in developing countries, reducing poverty among older persons. Prepared by Mark Gorman and published by HelpAge International in 2004.

**“Ageing societies and the looming pension crisis”**

<[www.oecd.org/document/59/0,3343,en\\_2649\\_201185\\_2512699\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/59/0,3343,en_2649_201185_2512699_1_1_1_1,00.html)>  
Provides an overview of the public pension crisis facing most developed countries, along with links to a number of OECD studies relating to this issue. Published by the Organization for Economic Cooperation and Development.

***Extending Social Security: Policies for Developing Countries***

<[www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/kd00061.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/kd00061.pdf)>  
Reviews trends and policy issues associated with the extension of social security in developing countries, focusing on the most common social security programmes (health insurance, pensions, unemployment protection and tax-based social benefits). Extensions of Social Security (ESS) Paper Series, No. 13; prepared by Wouter van Ginneken and published by the International Labour Organization in 2003.

***Global Aging and the Sustainability of Public Pension Systems***

<[www.csis.org/component/option,com\\_csis\\_pubs/task,view/id,3658/](http://www.csis.org/component/option,com_csis_pubs/task,view/id,3658/)>  
Chronicles the efforts of 12 developed countries to prepare for population ageing by reforming their public pension systems. Prepared by James C. Capretta and published by the Center for Strategic and International Studies in January 2007.

***Social Cash Transfers for Africa: A Transformative Agenda for the 21st Century***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>  
The report of a three-day intergovernmental conference on social protection held in Livingstone, Zambia, from 20 to 23 March 2006. The meeting brought together more than a hundred ministers and senior representatives from 13 African Governments to explore new ways to tackle poverty and promote the human rights of the poorest people in Africa. Published by HelpAge International in 2006.

***Social Security for All: Investing in Global Social and Economic Development***

<[www3.ilo.org/public/english/protection/secsoc/downloads/1519sp1.pdf](http://www3.ilo.org/public/english/protection/secsoc/downloads/1519sp1.pdf)>  
A consultative document reflecting the interim results of the debate surrounding the establishment of a coherent policy vision within the ILO for the achievement of universal social security. Intended to mark the beginning of a wider debate between social security stakeholders, researchers, practitioners and decision makers on how to provide social security to the majority of the world’s populations. Issues in Social Protection, Discussion Paper No. 16; published by the International Labour Organization in August 2006.

***Social Cash Transfers for Asia: Ensuring Social Protection/Social Pensions in Old Age in the Context of Rapid Ageing***

<[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)>  
Report of a three-day intergovernmental seminar on social protection held in Bangkok from 29 to 31 January 2007. Published by HelpAge International in 2007.

***Social Security Programs throughout the World: Africa, 2007***

<<http://www.socialsecurity.gov/policy/docs/progdesc/ssptw/2006-2007/africa/index.html>>

***Social Security Programs throughout the World: The Americas, 2007***

<<http://www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/americas/index.html>>

***Social Security Programs throughout the World: Asia and the Pacific, 2006***

<<http://www.socialsecurity.gov/policy/docs/progdesc/ssptw/2006-2007/asia/>>

***Social Security Programs throughout the World: Europe, 2006***

<<http://www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/europe/index.html>>

Updated biennially, these reports provide descriptions of national social security systems throughout the respective regions. Published between 2006 and 2008 by the United States Social Security Administration.

## DATABASES

**International Social Security Association: Social Security Worldwide**

<[www.issa.int/Engl/ssw.htm](http://www.issa.int/Engl/ssw.htm)>

Includes the following six databases on social security, updated monthly:

- Scheme description: concise outlines of social security systems in over 170 countries;
- Complementary and private pensions: profiles of complementary and private pension systems in over 50 countries;
- Reforms: summaries of important reforms in social protection programmes worldwide since 1995;
- Legislation: references to more than 14,000 pieces of social security legislation (with full-text versions available in some cases);
- Bibliography: references to books, periodicals and other materials relating to social protection published since 1991;
- Thesaurus: key social security terms in English, French, Spanish and German.

## CLEARINGHOUSES

**International Social Security Association: Documentation Centre**

<[www.issa.int/engl/doc.htm](http://www.issa.int/engl/doc.htm)>

The world's leading international source of social security documentation. Offers extensive bibliographic (ISSDOC), descriptive, legislative and statistical information on all aspects of national social security systems; available in English, French, Spanish and/or German.

**The World Bank: Pensions**

<[go.worldbank.org/RIDQWTX330](http://go.worldbank.org/RIDQWTX330)>

Includes information on pension systems and pension reform and on recent developments in pension legislation, descriptions of relevant World Bank projects and events, and downloadable publications prepared by or for the World Bank.

## ELECTRONIC NEWSLETTERS

### *International Update*

<[www.socialsecurity.gov/policy/docs/progdesc/intl\\_update/](http://www.socialsecurity.gov/policy/docs/progdesc/intl_update/)>

A monthly newsletter providing updates on social security policy and legislation around the world. Produced by the United States Social Security Administration's Office of Policy.

## ELECTRONIC DISCUSSION LISTS

### **Economics of Aging Interest Group**

<<http://www-cpr.maxwell.syr.edu/econage/index.htm>>

An electronic mailing list providing notices of job openings, upcoming workshops, data availability, solicitations for papers, and research inquiries. Those wishing to subscribe can send an e-mail to <[listserv@listserv.syr.edu](mailto:listserv@listserv.syr.edu)>; leave the subject box blank, and in the body of the message type SUB ECNAGING plus your full name.

## PHYSICAL ACTIVITY

### **“Growing older—staying well: ageing and physical activity in everyday life”**

(WHO/HPR/AHE/98.1)

<[whqlibdoc.who.int/hq/1998/WHO\\_HPR\\_AHE\\_98.1.pdf](http://whqlibdoc.who.int/hq/1998/WHO_HPR_AHE_98.1.pdf)>

Describes the health benefits of physical activity for older persons and summarizes the relevant research evidence. Published by the World Health Organization in 1998.

## CLEARINGHOUSES

### **The National Blueprint:**

#### **Increasing Physical Activity Among Adults Age 50 and Older**

<[www.agingblueprint.org/](http://www.agingblueprint.org/)>

A clearinghouse of information on physical activity for older adults, intended for use by professionals and older persons themselves. The site was created by the National Blueprint Initiative, a partnership of more than 50 American organizations interested in promoting physical activity among older individuals. The publication *Promoting Physical Activity: A Guide for Community Action* can be downloaded. Maintained by the Department of Kinesiology at the University of Illinois at Urbana-Champaign in the United States.

## TRAINING TOOLS

### ***International Curriculum Guidelines for Preparing Physical Activity Instructors of Older Adults***

<[www.isapa.org/guidelines/index.cfm](http://www.isapa.org/guidelines/index.cfm)>

A consensus document outlining each of the major content areas that experts recommend should be included in any entry-level training programme with the goal

of preparing physical activity instructors to work with older adults. Provides a set of standards to develop competency and consistency among instructors and to ensure that fitness programmes for older persons are safe, effective and accessible. Produced by the International Society for Aging and Physical Activity in collaboration with the World Health Organization's Ageing and Life Course Programme.

## **POVERTY**

### **“How poor are the old? A survey of evidence from 44 countries”**

[siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Pensions-DP/0017.pdf](http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Pensions-DP/0017.pdf)

A survey of 11 international comparative studies of poverty, income distribution and the elderly. A total of 44 countries are covered; the focus is on OECD economies. Prepared by Edward Whitehouse and published by the World Bank in 2002.

### **“Inclusive and effective poverty reduction: the case for targeting all age groups in European Union development—priority actions for the European Commission”**

[www.helpage.org/Resources/Policyreports](http://www.helpage.org/Resources/Policyreports)

Demonstrates the scale and depth of child and old-age poverty, explores how poverty is transferred between generations, and emphasizes the interdependence of young and old. Published jointly by HelpAge International and the International Save the Children Alliance in 2004.

## **RESEARCH**

### ***Research Agenda on Ageing for the 21st Century: 2007 Update***

[www.un.org/esa/socdev/ageing/documents/AgeingResearchAgenda-6.pdf](http://www.un.org/esa/socdev/ageing/documents/AgeingResearchAgenda-6.pdf)

Designed to support the implementation of the Madrid International Plan of Action on Ageing by prioritizing areas of research that should be of key concern to policy makers around the world. A joint project of the United Nations Programme on Ageing and the International Association of Gerontology and Geriatrics.

## **ELECTRONIC NEWSLETTERS**

### **Current Awareness in Aging Research (CAAR) Report**

<http://www.ssc.wisc.edu/cdha/pubs/caar.html>

CAAR is a weekly e-mail report produced by the Center for Demography of Health and Aging at the University of Wisconsin-Madison to help researchers keep up with the latest developments in the field. Those wishing to subscribe should complete the electronic form provided at [www.ssc.wisc.edu/cdha/pubs/caar/subscribe.html](http://www.ssc.wisc.edu/cdha/pubs/caar/subscribe.html).

## RETIREMENT

### *The Future of Retirement: What the World Wants*

[www.ageingforum.org/](http://www.ageingforum.org/)

An international survey of attitudes on ageing and retirement involving more than 21,000 adults in 20 countries and territories. An executive summary, as well as two reports incorporating consumer and employer findings, may be downloaded. Produced by HSBC Insurance in 2007 in collaboration with three organizations; the Oxford Institute of Ageing authored the publication, Age Wave served as the lead advisor, and Harris Interactive undertook the global fieldwork.

## RURAL AGEING

### **Food and Agriculture Organization of the United Nations: Sustainable Development Department: SDdimensions Papers focusing on population ageing in rural areas**

[www.fao.org/sd/eims\\_search/webpage\\_result\\_people.asp?agrovoc=192&category=24&lang=en](http://www.fao.org/sd/eims_search/webpage_result_people.asp?agrovoc=192&category=24&lang=en)

Provides links to a number of FAO documents examining different aspects of population ageing in rural areas, including the impact of ageing on agriculture and food security and the impact of HIV/AIDS.

## TRANSPORTATION

### **SeniorDrivers.org**

[www.seniordrivers.org](http://www.seniordrivers.org)

Provides information for older drivers and their families on safe driving and “giving up the keys” when driving is no longer a viable option; for providers wishing to set up supplemental transportation systems; and for researchers interested in current and past findings on aging and mobility. Created and maintained by the American Automobile Association’s Foundation for Traffic Safety in the United States.

## URBAN AGEING

### *Global Age-Friendly Cities: A Guide*

[www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf)

### *Guide mondiale des villes-amies des aînés*

[www.who.int/ageing/publications/Guide\\_mondial\\_des\\_villes\\_amies\\_des\\_aines.pdf](http://www.who.int/ageing/publications/Guide_mondial_des_villes_amies_des_aines.pdf)

Examines the converging trends of population ageing and urbanization and describes the characteristics of “age-friendly” cities based on research involving older persons, caregivers and service providers. Areas of particular concern include outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, information and communication, and



community support and health services. Guidelines are provided on how to use the findings of the report to stimulate action in cities worldwide. Published by the World Health Organization in October 2007.