Political Declaration and Madrid International Plan of Action on Ageing

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FOREWORD

The Madrid International Plan of Action on Ageing and the Political Declaration adopted at the Second World Assembly on Ageing in April 2002 mark a turning point in how the world addresses the key challenge of "building a society for all ages".

The world has changed almost beyond recognition since the first World Assembly on Ageing in 1982. Where once population ageing was mostly a concern of developed countries, today it is gaining real momentum in developing countries as well. And where once ageing may have been thought by some to be a stand-alone issue or afterthought, today we understand that such a dramatic demographic transformation has profound consequences for every aspect of individual, community, national and international life.

The Madrid Plan of Action offers a bold new agenda for handling the issue of ageing in the 21st-century. It focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. It is a resource for policy-making, suggesting ways for Governments, non-governmental organizations, and other actors to reorient the ways in which their societies perceive, interact with and care for their older citizens. And it represents the first time Governments agreed to link questions of ageing to other frameworks for social and economic development and human rights, most notably those agreed at the United Nations conferences and summits of the past decade.

The landmark documents presented in this publication were the product of years of hard work and a real spirit of cooperation in Madrid itself. The Assembly, generously and capably hosted by the Government of Spain, showed the United Nations playing its essential role of putting tomorrow's issues on today's agenda. But the real test will be implementation. Each and every one of us, young and old, has a role to play in promoting solidarity between generations, in combating discrimination against older people, and in building a future of security, opportunity and dignity for people of all ages. I urge Member States and, indeed, the entire world to take this issue seriously and to act boldly in finding the right approach to what we already know will be one of the dominant themes of the century.

Kofi A. Annan

Part One

Political Declaration

Political Declaration

Article 1

We, the representatives of Governments meeting at the Second World Assembly on Ageing in Madrid, have decided to adopt an International Plan of Action on Ageing, 2002 to respond to the opportunities and challenges of population ageing in the twenty-first century and to promote the development of a society for all ages. In the context of the Plan of Action, we are committed to actions at all levels, including national and international levels, on three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

Article 2

We celebrate rising life expectancy in many regions of the world as one of humanity's major achievements. We recognize that the world is experiencing an unprecedented demographic transformation and that by 2050 the number of persons aged 60 years and over will increase from 600 million to almost 2 billion and that the proportion of persons aged 60 years and over is expected to double from 10 to 21 per cent. The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years. This demographic transformation challenges all our societies to promote increased opportunities, in particular opportunities for older persons to realize their potential to participate fully in all aspects of life.

Article 3

We reiterate the commitments made by our heads of State and Governments at major United Nations conferences and summits, at their follow-up processes and in the Millennium Declaration with respect to the promotion of international and national environments that will foster a society for all ages. We furthermore reaffirm the principles and recommendations for action of the International Plan of Action on Ageing, endorsed by the United Nations General Assembly in 1982, and the United Nations Principles for Older Persons, adopted by the General Assembly in 1991, which provided guidance in areas of independence, participation, care, self-fulfilment and dignity.

Article 4

We emphasize that, in order to complement national efforts to fully implement the International Plan of Action on Ageing 2002, enhanced international cooperation is essential. We therefore encourage the international community to further promote cooperation among all actors involved.

Article 5

We reaffirm the commitment to spare no effort to promote democracy, strengthen the rule of law and promote gender equality, as well as to promote and protect human rights and fundamental freedoms, including the right to development. We commit ourselves to eliminating all forms of discrimination, including age discrimination. We also recognize that persons, as they age, should enjoy a life of fulfilment, health, security and active participation in the economic, social, cultural and political life of their societies. We are determined to enhance the recognition of the dignity of older persons and to eliminate all forms of neglect, abuse and violence.

Article 6

The modern world has unprecedented wealth and technological capacity and has presented extraordinary opportunities: to empower men and women to reach old age in better health and with more fully realized well-being; to seek the full inclusion and participation of older persons in societies; to enable older persons to contribute more effectively to their communities and to the development of their societies; and to steadily improve care and support for older persons as they need it. We recognize that concerted action is required to transform the opportunities and the quality of life of men and women as they age and to ensure the sustainability of their support systems, thus building the foundation for a society for all ages. When ageing is embraced as an achievement, the reliance on human skills, experiences and resources of the higher age groups is naturally recognized as an asset in the growth of mature, fully integrated, humane societies.

Article 7

At the same time, considerable obstacles to further integration and full participation in the global economy remain for developing countries, in particular the least developed countries, as well as for some countries with economies in transition. Unless the benefits of social and economic development are extended to all countries, a growing number of people, particularly older persons in all countries and even entire regions, will remain marginalized from the global economy. For this reason, we recognize the importance of placing ageing in development agendas, as well as in strategies for the eradication of poverty and in seeking to achieve full participation in the global economy of all developing countries.

Article 8

We commit ourselves to the task of effectively incorporating ageing within social and economic strategies, policies and action while recognizing that specific policies will vary according to conditions within each country. We recognize the need to mainstream a gender perspective into all policies and programmes to take account of the needs and experiences of older women and men.

Article 9

We commit ourselves to protect and assist older persons in situations of armed conflict and foreign occupation.

Article 10

The potential of older persons is a powerful basis for future development. This enables society to rely increasingly on the skills, experience and wisdom of older persons, not only to take the lead in their own betterment but also to participate actively in that of society as a whole.

Article 11

We emphasize the importance of international research on ageing and age-related issues as an important instrument for the formulation of policies on ageing, based on reliable and harmonized indicators developed by, inter alia, national and international statistical organizations.

Article 12

The expectations of older persons and the economic needs of society demand that older persons be able to participate in the economic, political, social and cultural life of their societies. Older persons should have the opportunity to work for as long as they wish and are able to, in satisfying and productive work, continuing to have access to education and training programmes. The empowerment of older persons and the promotion of their full participation are essential elements for active ageing. For older persons, appropriate sustainable social support should be provided.

Article 13

We stress the primary responsibility of Governments in promoting, providing and ensuring access to basic social services, bearing in mind specific needs of older persons. To this end we need to work together with local authorities, civil society, including non-governmental organizations, the private sector, volunteers and voluntary organizations, older persons themselves and associations for and of older persons, as well as families and communities.

Article 14

We recognize the need to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. We reaffirm that the attainment of the highest possible level of health is a most important worldwide social goal, the realization of which requires action of many other social and economic sectors in addition to the health sector. We commit ourselves to providing older persons with universal and equal access to health care and services, including physical and mental health services, and we recognize that the growing needs of an ageing population require additional policies, in particular care and treatment, the pro-

motion of healthy lifestyles and supportive environments. We shall promote independence, accessibility and the empowerment of older persons to participate fully in all aspects of society. We recognize the contribution of older persons to development in their role as caregivers.

Article 15

We recognize the important role played by families, volunteers, communities, older persons organizations and other community-based organizations in providing support and informal care to older persons in addition to services provided by Governments.

Article 16

We recognize the need to strengthen solidarity among generations and intergenerational partnerships, keeping in mind the particular needs of both older and younger ones, and to encourage mutually responsive relationships between generations.

Article 17

Governments have the primary responsibility for providing leadership on ageing matters and on the implementation of the International Plan of Action on Ageing, 2002, but effective collaboration between national and local Governments, international agencies, older persons themselves and their organizations, other parts of civil society, including non-governmental organizations and the private sector is essential. The implementation of the International Plan of Action on Ageing, 2002 will require the partnership and involvement of many stakeholders: professional organizations; corporations; workers and workers organizations; cooperatives; research, academic and other educational and religious institutions; and the media.

Article 18

We underline the important role of the United Nations system, including the regional commissions, in assisting the Governments, at their request, in the implementation, follow-up and national monitoring of the International Plan of Action on Ageing, 2002, taking into account the differences in economic, social and demographic conditions existing among countries and regions.

Article 19

We invite all people in all countries from every sector of society, individually and collectively, to join in our dedication to a shared vision of equality for persons of all ages.

Part Two

Madrid International Plan of Action on Ageing, 2002

Madrid International Plan of Action on Ageing, 2002

I. Introduction

1. The International Plan of Action on Ageing,[1] adopted at the first World Assembly on Ageing in Vienna, has guided the course of thinking and action on ageing over the past 20 years, as crucial policies and initiatives evolved. Issues of human rights for older persons were taken up in 1991 in the formulation of the United Nations Principles for Older Persons,[2] which provided guidance in the areas of independence, participation, care, self-fulfilment and dignity.

2. The twentieth century saw a revolution in longevity. Average life expectancy at birth has increased by 20 years since 1950 to 66 years and is expected to extend a further 10 years by 2050. This demographic triumph and the fast growth of the population in the first half of the twenty-first century mean that the number of persons over 60 will increase from about 600 million in 2000 to almost 2 billion in 2050 and the proportion of persons defined as older is projected to increase globally from 10 per cent in 1998 to 15 per cent in 2025. The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years. In Asia and Latin America, the proportion of persons classified as older will increase from 8 to 15 per cent between 1998 and 2025, although in Africa the proportion is only expected to grow from 5 to 6 per cent during the period but then doubling by 2050. In sub-Saharan Africa, where the struggle with the HIV/AIDS pandemic and with economic and social hardship continues, the percentage will reach half that level. In Europe and North America, between 1998 and 2025 the proportion of persons classified as older will increase from 20 to 28 per cent and 16 to 26 per cent, respectively. Such a global demographic transformation has profound consequences for every aspect of individual, community, national and international life. Every facet of humanity will evolve: social, economic, political, cultural, psychological and spiritual.

3. The remarkable demographic transition under way will result in the old and the young representing an equal share of the world's population by mid-century. Globally, the proportion of persons aged 60 years and older is expected to double between 2000 and 2050, from 10 to 21 per cent, whereas the proportion of children is projected to drop by a third, from 30 to 21 per cent. In certain developed countries and countries with economies in transition, the number of older persons already exceeds the number of children and birth rates have fallen below replacement levels. In some developed countries, the number of older persons will be more than twice that of children by 2050. In developed countries the average of 71 men per 100 women is expected to increase to 78. In the less developed regions, older women do not outnumber older men

to the same extent as in the developed regions, since gender differences in life expectancy are generally smaller. Current sex ratios in developing countries average 88 men per 100 women among those 60 and older, and are projected to change slightly to 87 by mid-century.

4. Population ageing is poised to become a major issue in developing countries, which are projected to age swiftly in the first half of the twenty-first century. The proportion of older persons is expected to rise from 8 to 19 per cent by 2050, while that of children will fall from 33 to 22 per cent. This demographic shift presents a major resource challenge. Though developed countries have been able to age gradually, they face challenges resulting from the relationship between ageing and unemployment and sustainability of pension systems, while developing countries face the challenge of simultaneous development and population ageing.

5. There are other major demographic differences between developed and developing countries. While today the overwhelming proportion of older persons in developed countries live in areas classified as urban, the majority of older persons in developing countries live in rural areas. Demographic projections suggest that, by 2025, 82 per cent of the population of developed countries will live in urban areas, while less than half of the population of developing countries will live there. In developing countries, the proportion of older persons in rural areas is higher than in urban areas. Although further study is needed on the relationship between ageing and urbanization, the trends suggest that in the future in rural areas of many developing countries there will be a larger population of older persons.

6. Significant differences also exist between developed and developing countries in terms of the kinds of households in which older persons live. In developing countries a large proportion of older persons live in multigenerational households. These differences imply that policy actions will be different in developing and developed countries.

7. The fastest growing group of the older population is the oldest old, that is, those who are 80 old years or more. In 2000, the oldest old numbered 70 million and their numbers are projected to increase to more than five times that over the next 50 years.

8. Older women outnumber older men, increasingly so as age increases. The situation of older women everywhere must be a priority for policy action Recognizing the differential impact of ageing on women and men is integral to ensuring full equality between women and men and to the development of effective and efficient measures to address the issue. It is therefore critical to ensure the integration of a gender perspective into all policies, programmes and legislation.

9. It is essential to integrate the evolving process of global ageing within the larger process of development. Policies on ageing deserve close examination from the developmental perspective of a broader life course and a

society-wide view, taking into account recent global initiatives and the guiding principles set down by major United Nations conferences and summits.

10. The International Plan of Action on Ageing, 2002 calls for changes in attitudes, policies and practices at all levels in all sectors so that the enormous potential of ageing in the twenty-first century may be fulfilled. Many older persons do age with security and dignity, and also empower themselves to participate within their families and communities. The aim of the International Plan of Action is to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights. While recognizing that the foundation for a healthy and enriching old age is laid early in life, the Plan is intended to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population ageing. The common features of the nature of ageing and the challenges it presents are acknowledged and specific recommendations are designed to be adapted to the great diversity of circumstances in each country. The Plan recognizes the many different stages of development and the transitions that are taking place in various regions, as well as the interdependence of all countries in a globalizing world.

11. A society for all ages, which was the theme for the 1999 International Year of Older Persons, contained four dimensions: individual lifelong development; multigenerational relationships; the interrelationship between population ageing and development; and the situation of older persons. The International Year helped to advance awareness, research and policy action worldwide, including efforts to integrate the issue of ageing in all sectors and foster opportunities integral to all phases of life.

12. The major United Nations conferences and summits and special sessions of the General Assembly and review follow-up processes have set goals, objectives and commitments at all levels intended to improve the economic and social conditions of everyone. These provide the context in which the specific contributions and concerns of older persons must be placed. Implementing their provisions would enable older persons to contribute fully and benefit equally from development. There are a number of central themes running through the International Plan of Action on Ageing, 2002 linked to these goals, objectives and commitments, which include:

(a) The full realization of all human rights and fundamental freedoms of all older persons;

(b) The achievement of secure ageing, which involves reaffirming the goal of eradicating poverty in old age and building on the United Nations Principles for Older Persons;

(c) Empowerment of older persons to fully and effectively participate in the economic, political and social lives of their societies, including through income-generating and voluntary work;

(d) Provision of opportunities for individual development, self-fulfilment and well-being throughout life as well as in late life, through, for exam-

ple, access to lifelong learning and participation in the community while recognizing that older persons are not one homogenous group;

(e) Ensuring the full enjoyment of economic, social and cultural rights, and civil and political rights of persons and the elimination of all forms of violence and discrimination against older persons;

(f) Commitment to gender equality among older persons through, inter alia, elimination of gender-based discrimination;

(g) Recognition of the crucial importance of families, intergenerational interdependence, solidarity and reciprocity for social development;

(h) Provision of health care, support and social protection for older persons, including preventive and rehabilitative health care;

(i) Facilitating partnership between all levels of government, civil society, the private sector and older persons themselves in translating the International Plan of Action into practical action;

(j) Harnessing of scientific research and expertise and realizing the potential of technology to focus on, inter alia, the individual, social and health implications of ageing, in particular in developing countries;

(k) Recognition of the situation of ageing indigenous persons, their unique circumstances and the need to seek means to give them an effective voice in decisions directly affecting them.

13. The promotion and protection of all human rights and fundamental freedoms, including the right to development, is essential for the creation of an inclusive society for all ages in which older persons participate fully and without discrimination and on the basis of equality. Combating discrimination based on age and promoting the dignity of older persons is fundamental to ensuring the respect that older persons deserve. Promotion and protection of all human rights and fundamental freedoms is important in order to achieve a society for all ages. In this, the reciprocal relationship between and among generations must be nurtured, emphasized and encouraged through a comprehensive and effective dialogue.

14. The recommendations for action are organized according to three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. The extent to which the lives of older persons are secure is strongly influenced by progress in these three directions. The priority directions are designed to guide policy formulation and implementation towards the specific goal of successful adjustment to an ageing world, in which success is measured in terms of social development, the improvement for older persons in quality of life and in the sustainability of the various systems, formal and informal, that underpin the quality of well-being throughout the life course.

15. Mainstreaming ageing into global agendas is essential. A concerted effort is required to move towards a wide and equitable approach to policy

integration. The task is to link ageing to other frameworks for social and economic development and human rights. Whereas specific policies will vary according to country and region, population ageing is a universal force that has the power to shape the future as much as globalization. It is essential to recognize the ability of older persons to contribute to society by taking the lead not only in their own betterment but also in that of society as a whole. Forward thinking calls us to embrace the potential of the ageing population as a basis for future development.

II. Recommendations for action

A. Priority direction I: Older persons and development

16. Older persons must be full participants in the development process and also share in its benefits. No individual should be denied the opportunity to benefit from development. The impact of population ageing on the socio-economic development of society, combined with the social and economic changes taking place in all countries, engender the need for urgent action to ensure the continuing integration and empowerment of older persons. In addition, migration, urbanization, the shift from extended to smaller, mobile families, lack of access to technology that promotes independence and other socio-economic changes can marginalize older persons from the mainstream of development, taking away their purposeful economic and social roles and weakening their traditional sources of support.

17. Whereas development can benefit all sectors of society, sustained legitimacy of the process requires the introduction and maintenance of policies that ensure the equitable distribution of the benefits of economic growth. One of the principles in the Copenhagen Declaration on Social Development[3] and Programme of Action[4] adopted at the World Summit for Social Development is the creation of a framework by Governments to fulfil their responsibility for present and future generations by ensuring equity across the generations. Furthermore, the Millennium Summit affirmed the long-term imperative of eradicating poverty and fulfilling the social and humanitarian goals set up by the global conferences of the 1990s.

18. The attention of policy makers has been seized by the simultaneous need to adjust to the effects of an ageing labour force while improving labour productivity and competitiveness and also ensuring the sustainability of social protection systems. Where appropriate, multifaceted reform strategies should be implemented in order to place pension systems on a sound financial footing.

Issue 1: Active participation in society and development

19. A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society. To work towards this goal, it is necessary to remove whatever excludes or discriminates against

them. The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Moreover, these roles contribute to the preparation of the future labour force. All these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly women, should be recognized.

20. Participation in social, economic, cultural, sporting, recreational and volunteer activities also contribute to the growth and maintenance of personal well-being. Organizations of older persons are an important means of enabling participation through advocacy and promotion of multigenerational interactions.

21. **Objective 1: Recognition of the social, cultural, economic and political contribution of olderpersons.**

Actions

(a) Ensure the full enjoyment of all human rights and fundamental freedoms by promoting the implementation of human rights conventions and other human rights instruments, particularly in combating all forms of discrimination;

(b) Acknowledge, encourage and support the contribution of older persons to families, communities and the economy;

(c) Provide opportunities, programmes and support to encourage older persons to participate or continue to participate in cultural, economic, political, social life and lifelong learning;

(d) Provide information and access to facilitate the participation of older persons in mutual self-help, intergenerational community groups and opportunities for realizing their full potential;

(e) Create an enabling environment for volunteering at all ages, including through public recognition, and facilitate the participation of older persons who may have little or no access to the benefits of engaging in volunteering;

(f) Promote a wider understanding of the cultural, social and economic role and continuing contribution of older persons to society, including that of unpaid work;

(g) Older persons should be treated fairly and with dignity, regardless of disability or other status, and should be valued independently of their economic contribution;

(h) Take account of the needs of older persons and respect the right to live in dignity at all stages of life;

(i) Promote a favourable attitude among employers regarding the

productive capacity of older workers as being conducive to their continued employment and promote awareness of their worth, including their self-awareness, in the labour market;

(j) Promote civic and cultural participation as strategies to combat social isolation and support empowerment.

22. **Objective 2: Participation of older persons in decision-making processes at all levels.**

Actions

(a) Take into account the needs and concerns of older persons in decision-making at all levels;

(b) Encourage, when they do not already exist, the establishment of organizations of older persons at all levels to, inter alia, represent older persons in decision-making;

(c) Take measures to enable the full and equal participation of older persons, in particular older women, in decision-making at all levels.

Issue 2: Work and the ageing labourforce

23. Older persons should be enabled to continue with income-generating work for as long as they want and for as long as they are able to do so productively. Unemployment, underemployment and labour market rigidities often prevent this, thus restricting opportunities for individuals and depriving society of their energies and skills. Implementation of commitment 3 of the Copenhagen Declaration on Social Development[3] on promoting the goal of full employment is fundamentally important for these very reasons, as are the strategies and policies outlined in the Programme of Action[4] of the World Summit and the further initiatives for growth of employment recommended by the twenty-fourth special session of the General Assembly.[5] There is a need to increase awareness in the workplace of the benefits of maintaining an ageing work force.

24. In developing countries and countries with economies in transition, most persons who are now old and who work are engaged in the informal economy, which often deprives them of the benefits of adequate working conditions and social protection provided by the formal sector economy. The life expectancy in many developed countries and countries with economies in transition exceeds the established retirement or pension age. In these countries, moreover, fewer persons are entering the labour market because of the decrease in the birth rate; this trend is often accompanied by age discrimination. Labour shortages are likely to occur resulting from the decline in the pool of young persons entering the labour market, the ageing workforce and the tendency towards early retirement. In this context, policies to extend employability, such as flexible retirement new work arrangements, adaptive work environments and vocational rehabilitation for older persons with disabilities are essential and allow older persons to combine paid employment with other activities.

25. Factors affecting older women in the labour market deserve special attention, in particular those factors that affect women's engagement in paid work, including lower salaries, lack of career development due to interrupted work histories, family care obligations and their ability to build pensions and other resources for their retirement. A lack of family-friendly policy regarding the organization of work can increase these difficulties. Poverty and low income during women's earning years can often lead to poverty in old age. An integral goal of the International Plan of Action is to achieve age diversity and gender balance in the workplace.

26. In addressing the goal of employment for all, it must be recognized that the continued employment of older workers need not reduce labour market opportunities for younger persons and can provide an ongoing and valuable contribution to the improvement of national economic performance and output for the benefit of all members of society. The overall economy can also benefit from other plans to use the experience and skills of older workers to train younger and newer employees.

27. Where potential labour shortages exist, major changes in existing incentive structures may be needed in order to encourage more workers to willingly defer full retirement and continue to be employed, whether as part-time or as full-time employees. Human resources management practices and policies should take into account and address some of the specific needs of older employees. Appropriate adjustments may be needed to the workplace environment and working conditions to ensure that older workers have skills, health and capacity to remain employed into their later years. This suggests that employers, workers organizations and human resource personnel should pay closer attention to emerging workplace practices, both domestic and international, that might facilitate the retention and productive fulfilment of older workers in the workforce.

28. **Objective 1: Employment opportunities for all older persons who want to work.**

Actions

(a) Place employment growth at the heart of macroeconomic policies, for example by ensuring that labour market policies aim to foster high rates of growth in production and employment for the benefit of persons of all ages;

(b) Enable older persons to continue working as long as they want to work and are able to do so;

(c) Take action to increase participation in the labour market of the working age population and to reduce the risk of exclusion or dependency in later life. This action is to be promoted through the implementation of policies such as: increasing older women's participation; sustainable work-related health-care services with emphasis on prevention, promotion of occupational health and safety so as to maintain work ability; access to technology, life-long

learning, continuing education, on-the-job training, vocational rehabilitation and flexible retirement arrangements; and efforts to reintegrate the unemployed and persons with disabilities into the labour market;

(d) Make special efforts to raise the participation rate of women and disadvantaged groups, such as the long-term unemployed and persons with disabilities, thereby reducing the risk of their exclusion or dependency in later life;

(e) Promote self-employment initiatives for older persons, inter alia, by encouraging the development of small and microenterprises and by ensuring access to credit for older persons, without discrimination, in particular gender discrimination;

(f) Assist older persons already engaged in informal sector activities by improving their income, productivity and working conditions;

(g) Eliminate age barriers in the formal labour market by promoting the recruitment of older persons and preventing the onset of disadvantages experienced by ageing workers in employment;

(h) Promote, as appropriate, a new approach to retirement that takes account of the needs of the employees as well as the employers, in particular by applying the principle of flexible retirement policies and practices, while maintaining acquired pension rights. Possible measures to achieve this goal may include reducing the incentives and pressures for early retirement and removing disincentives to working beyond retirement age;

(i) Recognize and accommodate the caring responsibilities of increasing proportions of workers for older family members, persons with disabilities and persons with chronic diseases, including HIV/AIDS, by developing, inter alia, family-friendly and gender-sensitive policies aimed at reconciling work and care-giving responsibilities;

(j) Remove disincentives to working beyond retirement age, for example through protecting acquired pension rights, disability benefit rights and health benefits from being affected by delayed retirement age;

(k) Promote new work arrangements and innovative workplace practices aimed at sustaining working capacity and accommodating the needs of workers as they age, inter alia, by setting up employee assistance programmes;

(l) Support workers in making informed decisions about the potential financial, health and other impacts of a longer participation in the workforce;

(m) Promote a realistic portrait of older workers'skills and abilities by correcting damaging stereotypes about older workers or job candidates;

(n) Take into account the interests of older workers when policy or decision makers approve business mergers so that they are not subject to greater disadvantages, reduction of benefits or loss of employment than are their younger counterparts.

Issue 3: Rural development, migration and urbanization

29. In many developing countries and countries with economies in transition, the ageing population is marked in rural areas, owing to the exodus of young adults. Older persons may be left behind without traditional family support and even without adequate financial resources. Policies and programmes for food security and agricultural production must take into account the implications of rural ageing. Older women in rural areas are particularly vulnerable economically, especially when their role is restricted to non-remunerated work for family upkeep and they are dependent on others for their support and survival. Older persons in rural areas in developed countries and countries with economies in transition often still lack basic services and have insufficient economic and community resources.

30. Despite restrictions on legal international migration, migration flows have increased internationally. In developing countries and countries with economies in transition, economic support, including remittances from children abroad, is often a vital lifeline to older persons and through them to their communities and local economies. As international migrants from earlier decades grow older, some Governments are seeking to assist older migrants.

31. The urban setting is generally less conducive to sustaining the traditional extended family network and reciprocity system than are rural areas. Older migrants from rural to urban areas in developing countries often face loss of social networks and suffer from the lack of a supporting infrastructure in cities, which can lead to their marginalization and exclusion, in particular if they are ill or disabled. In countries with a long history of rural to urban migration and the expansion of underdeveloped cities, there is a growing population of poor older persons. The urban setting for the older migrant in developing countries and countries with economies in transition is often one of crowded housing, poverty, loss of economic autonomy and little physical and social care from family members who must earn their living outside the home.

32. **Objective 1: Improvement of living conditions and infrastructure in rural areas.**

Actions

(a) Strengthen the capacity of ageing farmers through continued access to financial and infrastructure services and training for improved farming techniques and technologies;

(b) Encourage the establishment and revitalization of small-scale enterprises by providing funding or support for income-generating projects and rural cooperatives and by widening economic diversification;

(c) Foster the development of local financial services, including microcredit schemes and microfinance institutions, in underserved rural areas in order to encourage investment;

(d) Promote ongoing adult education, training and retraining in rural and remote areas;

(e) Connect rural and remote populations to the knowledge-based economy and society;

(f) Ensure that the rights of older women in rural and remote areas are taken into account with regard to their equal access to and control of economic resources;

(g) Encourage appropriate social protection/social security measures for older persons in rural and remote areas;

(h) Ensure equal access to basic social services for older persons in rural and remote areas.

33. **Objective 2: Alleviation of the marginalization of older persons in rural areas.**

Actions

(a) Design and implement programmes and provide services to sustain the independence of older persons in rural areas, including older persons with disabilities;

(b) Facilitate and strengthen traditional rural and community support mechanisms;

(c) Focus support on older persons in rural areas without kin, in particular older women who face a longer old age, often with fewer resources;

(d) Give priority to the empowerment of older women in rural areas through access to financial and infrastructure services;

(e) Promote innovative rural and community support mechanisms, including those that facilitate the exchange of knowledge and experience among older persons.

34. **Objective 3: Integration of oldermigrants within theirnew communities.**

Actions

(a) Encourage supportive social networks for older migrants;

(b) Design measures to assist older migrants to sustain economic and health security;

(c) Develop community-based measures to prevent or offset the negative consequences of urbanization, such as the establishment of centres for older persons;

(d) Encourage housing design to promote intergenerational living, where culturally appropriate and individually desired;

(e) Assist families to share accommodation with older family members who desire it;

(f) Develop policies and programmes that facilitate, as appropriate,

and as consistent with national laws, the integration of older migrants into the social, cultural, political and economic life of countries of destination and encourage respect for those migrants;

(g) Remove linguistic and cultural barriers when providing public services to older migrants.

Issue 4: Access to knowledge, education and training

35. Education is a crucial basis for an active and fulfilling life. At the Millennium Summit, a commitment was made to ensure that, by 2015, all children complete a full course of primary schooling. A knowledge-based society requires that policies be instituted to ensure lifelong access to education and training. Continuing education and training are essential to ensure the productivity of both individuals and nations.

36. At the present time, developing countries have a large number of persons reaching old age with minimal literacy and numeracy, which limits their capacity to earn a livelihood and may thus influence their enjoyment of health and well-being. In all countries lifelong education and training is also a prerequisite for the participation of older persons in employment.

37. A workplace with a diverse age distribution creates an environment where individuals can share skills, knowledge and experience. This kind of mutual training can be formalized in collective agreements and policies or left to informal practices.

38. Older persons facing technological change without education or training can experience alienation. Increased access to education at a younger age will benefit persons as they grow older, including in coping with technological change. Despite such access, however, illiteracy continues to remain high in many areas of the world. Technology can be used to bring persons together and thereby contribute to the reduction of marginalization, loneliness and segregation between the ages. Measures that enable older persons to have access to, take part in and adjust to technological changes should therefore be taken.

39. Training, retraining and education are important determinants of a worker's ability to perform and adapt to workplace changes. Technological and organizational changes may render an employee's skills obsolete and dramatically depreciate the value attached to previously accumulated work experience. Greater emphasis on access to knowledge, education and training opportunities is needed for older persons in the workforce. These persons often experience more difficulties adapting to technological and organizational changes than younger workers, in particular when considering the increasingly widespread use of information technologies.

40. **Objective 1: Equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services.**

Actions

(a) Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;

(b) Encourage and promote literacy, numeracy and technological skills training for older persons and the ageing workforce, including specialized literacy and computer training for older persons with disabilities;

(c) Implement policies that promote access to training and retraining for older workers and encourage them to continue to use their acquired knowledge and skills after retirement;

(d) Ensure that the benefits of new technologies, especially information and communication technologies, are available to all, taking into account the needs of older women;

(e) Develop and disseminate user-friendly information to assist older persons to respond effectively to the technological demands of everyday life;

(f) Encourage the design of computer technology and print and audio materials that take into account the changes in the physical abilities and the visual capacity of older persons;

(g) Encourage further research to better determine the relationship between training and productivity so as to clearly demonstrate to both employers and employees the benefits of continuous training and education of older persons;

(h) Raise the awareness of employers and workers organizations of the value of retraining of older workers, particularly women.

41. **Objective 2: Full utilization of the potential and expertise of persons of all ages, recognizing the benefits of increased experience with age.**

Actions

(a) Consider measures to fully utilize the potential and expertise of older persons in education;

(b) Provide opportunities within educational programmes for the exchange of knowledge and experience between generations, including the use of new technologies;

(c) Enable older persons to act as mentors, mediators and advisers;

(d) Encourage and support traditional and non-traditional multigenerational mutual assistance activities with a clear gender perspective in the family, the neighbourhood and the community;

(e) Encourage older volunteers to offer their skills in all fields of activities, in particular information technologies;

(f) Encourage the utilization of the social, cultural and educational knowledge and potential of older persons.

Issue 5: Intergenerational solidarity

42. Solidarity between generations at all levels — in families, communities and nations — is fundamental for the achievement of a society for all ages. Solidarity is also a major prerequisite for social cohesion and a foundation of formal public welfare and informal care systems. Changing demographic, social and economic circumstances require the adjustment of pension, social security, health and long-term care systems to sustain economic growth and development and to ensure adequate and effective income maintenance and service provision.

43. At the family and community level, intergenerational ties can be valuable for everyone. Despite geographic mobility and other pressures of contemporary life that can keep people apart, the great majority of people in all cultures maintain close relations with their families throughout their lives. These relationships work in both directions, with older persons often providing significant contributions both financially and, crucially, in the education and care of grandchildren and other kin. All sectors of society, including Governments, should aim to strengthen those ties. Nevertheless, it is important to recognize that living with younger generations is not always the preferred or best option for older persons.

44. **Objective 1: Strengthening of solidarity through equity and reciprocity between generations.**

Actions

(a) Promote understanding of ageing through public education as an issue of concern to the entire society;

(b) Consider reviewing existing policies to ensure that they foster solidarity between generations and thus promoting social cohesion;

(c) Develop initiatives aimed at promoting mutual, productive exchange between the generations, focusing on older persons as a societal resource;

(d) Maximize opportunities for maintaining and improving intergenerational relations in local communities, inter alia, by facilitating meetings for all age groups and avoiding generational segregation;

(e) Consider the need to address the specific situation of the generation of people who have to care, simultaneously, for their parents, their own children and their grandchildren;

(f) Promote and strengthen solidarity among generations and mutual support as a key element for social development;

(g) Initiate research on the advantages and disadvantages of different living arrangements for older persons, including familial co-residence and independent living in different cultures and settings.

Issue 6: Eradication of poverty

45. The struggle against poverty among older persons, aiming towards its eradication, is a fundamental aim of the International Plan of Action on Ageing. Although global attention has recently been focused more actively on poverty eradication targets and policies, older persons in many countries still tend to be excluded from these policies and programmes. Where poverty is endemic, persons who survive a lifetime of poverty often face an old age of deepening poverty.

46. For women, institutional biases in social protection systems, in particular those based on uninterrupted work histories, contribute further to the feminization of poverty. Gender inequalities and disparities in economic power-sharing, unequal distribution of unremunerated work between women and men, lack of technological and financial support for women's entrepreneurship, unequal access to, and control over, capital, in particular land and credit and access to labour markets, as well as all harmful traditional and customary practices, have constrained women's economic empowerment and exacerbated the feminization of poverty. In many societies, female-headed households, including divorced, separated and unmarried women and widows, are at particular risk of poverty. Special social protection measures are required to address feminization of poverty, in particular among older women.

47. Older persons with disabilities are also at greater risk of poverty than the non-disabled older persons partly because of workplace discrimination, including employer discrimination, and the absence of workplace accommodation of their needs.

48. **Objective 1: Reduction of poverty among olderpersons.**

Actions

(a) Reduce the proportion of persons living in extreme poverty by one half by 2015;

(b) Include older persons in policies and programmes to reach the poverty reduction target;

(c) Promote equal access for older persons to employment and income-generation opportunities, credit, markets and assets;

(d) Ensure that the particular needs of older women, the oldest old, older persons with disabilities and those living alone are specifically addressed in poverty eradication strategies and implementation programmes;

(e) Develop, as appropriate and at all appropriate levels, age and gender-relevant poverty indicators as an essential means to identify the needs of poor older women and encourage the use of existing indicators of poverty so that the review is carried out according to age group and gender;

(f) Support innovative programmes to empower older persons, particularly women, to increase their contributions to and benefit from development efforts to eradicate poverty;

(g) Enhance international cooperation to support national efforts to eradicate poverty, in keeping with internationally agreed goals, in order to achieve sustainable social and economic support for older persons;

(h) Strengthen the capacity of developing countries to address the obstacles that hinder their participation in an increasingly globalized economy in order to assist them in their efforts to eradicate poverty, in particular among older persons.

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

49. Income security and social protection/social security measures, whether contributory or not, include informal as well as highly structured schemes. They are part of a foundation for economic prosperity and social cohesion.

50. Globalization, structural adjustment programmes, fiscal constraints and a growing older population are often perceived as exerting pressure on formal social protection/social security systems. Sustainability in the provision of adequate income security is of great importance. In developing countries with limited coverage formal systems of social protection/social security, populations are vulnerable to market shocks and individual misfortunes that strain informal family support. In countries with economies in transition, economic transformations have impoverished whole segments of the population, in particular older persons and many families with children. Where it has occurred, hyperinflation has rendered pensions, disability insurance, health benefits and savings almost worthless.

51. Appropriate social protection/social security measures are required to address the feminization of poverty, in particular among older women.

52. **Objective 1: Promotion of programmes to enable all workers to acquire basic social protection/social security, including where applicable, pensions, disability insurance and health benefits.**

Actions

(a) Develop and implement policies aimed at ensuring that all persons have adequate economic and social protection during old age;

(b) Strive to ensure gender equality in social protection/social security systems;

(c) Ensure, where appropriate, that social protection/social security systems cover an increasing proportion of the formal and informal working population;

(d) Consider innovative social protection/social security programmes for persons working in the informal sector;

(e) Introduce programmes to promote employment of low-skilled older workers, giving access to social protection/social security systems;

(f) Strive to ensure the integrity, sustainability, solvency and transparency of pension schemes, and, where appropriate, disability insurance;

(g) Establish a regulatory framework for private and supplementary pension and, where appropriate, disability insurance;

(h) Provide advice and counselling services for older persons regarding all areas of social protection/social security.

53. **Objective 2: Sufficient minimum income forall olderpersons, paying particular attention to socially and economically disadvantaged groups.**

Actions

(a) Consider establishing where appropriate, a non-contributory pension system and disability benefit system;

(b) Organize, as a matter of urgency where they do not exist, social protection/social security systems to ensure minimum income for older persons with no other means of support, most of whom are women, in particular those living alone and who tend to be more vulnerable to poverty;

(c) Take into account the living standards of older persons whenever pension systems and disability insurance, as appropriate, are being reformed;

(d) Take measures to counteract the effects of hyperinflation on, as appropriate, pension, disability insurance and savings arrangements;

(e) Invite international organizations, in particular the international financial institutions, according to their mandates, to assist developing countries and all countries in need in their efforts to achieve basic social protection, in particular for older persons.

Issue 8: Emergency situations

54. In emergency situations, such as natural disasters and other humanitarian emergencies, older persons are especially vulnerable and should be identified as such because they may be isolated from family and friends and less able to find food and shelter. They may also be called upon to assume primary caregiving roles. Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction.

55. **Objective 1: Equal access by olderpersons to food, shelterand medical care and other services during and after natural disasters and other humanitarian emergencies.**

Actions

(a) Take concrete measures to protect and assist older persons in situations of armed conflict and foreign occupation, including through the provision of physical and mental rehabilitation services for those who are disabled in these situations;

(b) Call upon Governments to protect, assist and provide humanitarian assistance and humanitarian emergency assistance to older persons in situations of internal displacement in accordance with General Assembly resolutions;

(c) Locate and identify older persons in emergency situations and ensure inclusion of their contributions and vulnerabilities in needs assessment reports;

(d) Raise awareness among relief agency personnel of the physical and health issues specific to older persons and of ways to adapt basic needs support to their requirements;

(e) Aim to ensure that appropriate services are available, that older persons have physical access to them and that they are involved in planning and delivering services as appropriate;

(f) Recognize that older refugees of different cultural backgrounds growing old in new and unfamiliar surroundings are often in special need of social networks and of extra support and aim to ensure that they have physical access to such services;

(g) Make explicit reference to, and design national guidelines for, assisting older persons in disaster relief plans, including disaster preparedness, training for relief workers and availability of services and goods;

(h) Assist older persons to re-establish family and social ties and address their post-traumatic stress;

(i) Following disasters, put in place mechanisms to prevent the targeting and financial exploitation of older persons by fraudulent opportunists;

(j) Raise awareness and protect older persons from physical, psychological, sexual or financial abuse in emergency situations, paying particular attention to the specific risks faced by women;

(k) Encourage a more targeted inclusion of older refugees in all aspects of programme planning and implementation, inter alia, by helping active persons to be more self-supporting and by promoting better community care initiatives for the very old;

(l) Enhance international cooperation, including burden-sharing and coordination of humanitarian assistance to countries affected by natural disasters and other humanitarian emergencies and post-conflict situations in ways that would be supportive of recovery and long-term development.

56. **Objective 2: Enhanced contributions of older persons to the re-establishment and reconstruction of communities and the rebuilding of the social fabric following emergencies.**

Actions

(a) Include older persons in the provision of community relief and rehabilitation programmes, including by identifying and helping vulnerable older persons;

(b) Recognize the potential of older persons as leaders in the family and community for education, communication and conflict resolution;

(c) Assist older persons to re-establish economic self-sufficiency through rehabilitation projects, including income generation, educational programmes and occupational activities, taking into account the special needs of older women;

(d) Provide legal advice and information to older persons in situations of displacement and dispossession of land and other productive and personal assets;

(e) Provide special attention for older persons in humanitarian aid programmes and packages offered in situations of natural disasters and other humanitarian emergencies;

(f) Share and apply, as appropriate, lessons learned from practices that have successfully utilized the contributions of older persons in the aftermath of emergencies.

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

57. Good health is a vital individual asset. Similarly, a high overall level of health of the population is vital for economic growth and the development of societies. The full benefits of healthy longevity have yet to be shared by all humanity, evidenced by the fact that entire countries, especially developing countries and certain population groups, still experience high rates of morbidity and mortality at all ages.

58. Older persons are fully entitled to have access to preventive and curative care, including rehabilitation and sexual health care. Full access for older persons to health care and services, which include disease prevention, involves recognition that health promotion and disease prevention activities throughout life need to focus on maintaining independence, prevention and delay of disease and disability treatment, as well as on improving the quality of life of older persons who already have disabilities. The health care and services need to include the necessary training of personnel and facilities to meet the special needs of the older population.

59. The World Health Organization defines health as a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity. To reach old age in good health and well-being requires individual efforts throughout life and an environment within which such efforts can succeed. The responsibility of individuals is to maintain a healthy lifestyle; the responsibility of Government is to create a supportive environment that enables the advancement of health and well-being into old age. For both humanitarian and economic reasons, it is necessary to provide older persons with the same access to preventive and curative care and rehabilitation as other groups. At the same time, health services designed to meet the special needs of

the older population must be available, taking into account the introduction of geriatric medicine in relevant university curricula and health-care systems, as appropriate. In addition to Governments, there are other important actors, in particular non-governmental organizations and families, which provide support for individuals in maintaining a healthy lifestyle while cooperating closely with Governments in creating a supportive environment.

60. An epidemiological transition is now under way in all regions of the world, indicating a shift in predominance of infectious and parasitic diseases to one of chronic and degenerative diseases. Many developing countries and countries with economies in transition are, however, confronting a double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS, tuberculosis and malaria, in parallel with the increasing threat of non-communicable diseases.

61. The growing need for care and treatment of an ageing population requires adequate policies. The absence of such policies can cause major cost increases. Policies that promote lifelong health, including health promotion and disease prevention, assistive technology, rehabilitative care, when indicated, mental health services, promotion of healthy lifestyles and supportive environments, can reduce disability levels associated with old age and effect budgetary savings.

Issue 1: Health promotion and well-being throughout life

62. Health promotion encourages persons to monitor and improve their own health. The basic strategies for health promotion were laid down in the Ottawa Charter for Health Promotion (1986).[6] Goals of increasing the healthy lifespan, improving the quality of life for all, reducing mortality and morbidity rates and increasing life expectancy were set at the International Conference on Population and Development (1994).[7] These goals can be more effectively achieved through implementation of actions recommended by the World Health Organization to improve both public health and access to adequate health care.

63. Health promotion activities and equal access of older persons to health care and services that include disease prevention throughout life is the cornerstone of healthy ageing. A life course perspective involves recognizing that health promotion and disease prevention activities need to focus on maintaining independence, prevention and delay of disease and disability and providing treatment, as well as on improving the functioning and quality of life of older persons who already have disabilities.

64. Maintaining and enhancing health status requires more than specific actions to affect individual health. Health is strongly influenced by environmental, economic and social determinants, including the physical environment, geography, education, occupation, income, social status, social support, culture and gender. Improvements in the economic and social situation of older persons will result in improvements in their health as well. Despite improve-

ments in legislation and service delivery, equal opportunities for women through the life course are still not realized in many areas. For women, a life course approach to well-being in old age is particularly important, as they face obstacles throughout life with a cumulative effect on their social, economic, physical and psychological well-being in their later years.

65. Children and older persons are more susceptible to various forms of environmental pollution than individuals in the intermediate ages and are more likely to be affected by even the lowest pollution levels. Medical conditions due to environmental pollution reduce productivity and affect quality of life of persons as they age. Malnutrition and poor nutrition also place older persons at disproportionate risk and can adversely affect their health and vitality. The leading causes of disease, disability and mortality in older persons can be alleviated through health promotion and disease prevention measures that focus, inter alia, on nutrition, physical activity and cessation of smoking.

66. **Objective 1: Reduction of the cumulative effects of factors that increase the risk of disease and consequently potential dependence in olderage.**

Actions

(a) Give priority to poverty eradication policies to, inter alia, improve the health status of older persons, in particular the poor and marginalized;

(b) Ensure, as appropriate, conditions that enable families and communities to provide care and protection to persons as they age;

(c) Set targets, in particular gender-specific targets, to improve the health status of older persons and reduce disability and mortality;

(d) Identify and address the main environmental and socio-economic factors that contribute to the onset of disease and disability in later life;

(e) Focus on the major known risks arising from unhealthy diet, physical inactivity and other unhealthy behaviours, such as smoking and alcohol abuse, in health promotion, health education, prevention policies and information campaigns;

(f) Take comprehensive action to prevent the abuse of alcohol, to reduce the use of tobacco products and involuntary exposure to tobacco smoke in promoting the cessation of tobacco use at all ages;

(g) Set in place and implement legal and administrative measures and organize public information and health promotion, including campaigns to reduce the exposure to environmental pollutants from childhood and throughout life;

(h) Promote the safe use of all medications and minimize the misuse of prescription drugs through regulatory and education measures with the participation of the industry and professional sectors involved.

67. **Objective 2: Development of policies to prevent ill-health among olderpersons.**

Actions

(a) Design early interventions to prevent or delay the onset of disease and disability;

(b) Promote adult immunization programmes as a preventive measure;

(c) Ensure that gender-specific primary prevention and screening programmes are available and affordable to older persons;

(d) Provide training and incentives for health and social service and care professionals to counsel and guide persons reaching old age on healthy lifestyles and self-care;

(e) Pay attention to the dangers arising from social isolation and mental illness and reduce the risk they pose to the health of older persons by supporting community empowerment and mutual aid groups, including peer outreach and neighbourhood visiting programmes and by facilitating the active participation of older persons in voluntary activities;

(f) Promote civic and cultural participation of older persons as strategies to combat social isolation and support empowerment;

(g) Rigorously implement and reinforce, where applicable, national and international safety standards that aim at preventing injuries at all ages;

(h) Prevent unintentional injuries by developing a better understanding of their causes and by undertaking measures to safeguard pedestrians, implementing fall prevention programmes, minimizing hazards, including fire hazard in the home, and providing safety advice;

(i) Develop statistical indicators at all levels on common diseases in older persons to guide policies aimed at preventing further illness in this age group;

(j) Encourage older persons to maintain or adopt an active and healthy lifestyle, including physical activity and sport.

68. **Objective 3: Access to food and adequate nutrition forall older persons.**

Actions

(a) Promote equal access to clean water and safe food for older persons;

(b) Achieve food security by ensuring a safe and nutritionally adequate food supply at both the national and international levels. In this regard, ensure that food and medicine are not used as tools for political pressure;

(c) Promote lifelong healthy and adequate nutrition from infancy, with particular attention to ensuring that specific nutritional needs of men and women throughout the life course are met;

(d) Encourage a balanced diet to provide adequate energy and prevent macro- and micro-nutrient deficiency, preferably based on local foods through, inter alia, developing national dietary goals;

(e) Pay particular attention to nutritional deficiencies and associated diseases in the design and implementation of health promotion and prevention programmes for older persons;

(f) Educate older persons and the general public, including informal caregivers, about specific nutritional needs of older persons, including adequate intake of water, calories, protein, vitamins and minerals;

(g) Promote affordable dental services to prevent and treat disorders that can impede eating and cause malnutrition;

(h) Include specific nutritional needs of older persons into curricula of training programmes for all health and relevant care workers and professionals;

(i) Ensure appropriate and adequate provision of accessible nutrition and food for older persons in hospital and other care settings.

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

69. Investing in health care and rehabilitation for older persons extends their healthy and active years. The ultimate goal is a continuum of care ranging from health promotion and disease prevention to the provision of primary health care, acute care treatment, rehabilitation, community care for chronic health problems, physical and mental rehabilitation for older persons including older persons with disabilities and palliative care[6] for older persons suffering painful or incurable illness or disease. Effective care for older persons needs to integrate physical, mental, social, spiritual and environmental factors.

70. Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination. Older persons can experience financial, physical, psychological and legal barriers to health-care services. They may also encounter age discrimination and age-related disability discrimination in the provision of services because their treatment may be perceived to have less value than the treatment of younger persons.

71. We recognize the gravity of the public health problems afflicting many developing countries and least developed countries, especially those resulting from HIV/AIDS, tuberculosis, malaria and other epidemics. We stress the need for the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights to be part of the wider national and international action to address these problems.

72. Intellectual property protection is important for the development of new medicines. We also recognize the concerns about its effects on prices. We agree that the Agreement on Trade-Related Aspects of Intellectual Property Rights does not and should not prevent Member States from taking measures to protect public health. Accordingly, while reiterating our commitment to the Agreement, we affirm that the Agreement can and should be interpreted and implemented in a manner supportive of the right of Governments to protect public health and, in particular, to promote access to medicines for all.

73. Governments have the primary responsibility for setting and monitoring standards of health care as well as providing health care for all ages. Partnerships among Governments, civil society, including non-governmental and community-based organizations, and the private sector constitute valuable contributions to the services and the care for older persons. It is crucial, however, to recognize that services provided by families and communities cannot be a substitute for an effective public health system.

74. **Objective 1: Elimination of social and economic inequalities based on age, gender or any other ground, including linguistic barriers, to ensure that olderpersons have universal and equal access to health care.**

Actions

(a) Take measures to ensure equal distribution of health and rehabilitation resources to older persons and, in particular, increase access for these resources for older persons who are poor and promote their distribution to poorly served areas, such as rural and remote areas, including affordable access to essential medications and other therapeutic measures;

(b) Promote equal access to care for older persons who are poor, as well as for those who live in rural or remote areas by, inter alia, the reduction or elimination of user fees, provisions of insurance schemes and other financial support measures;

(c) Promote affordable access to essential medications and other therapeutic measures;

(d) Educate and empower older persons in the effective use and selection of health and rehabilitation services;

(e) Implement international obligations to ensure the access of older persons to primary health care without discrimination based on age or other forms of discrimination;

(f) Enhance the access of older persons to primary health care and take steps to eliminate discrimination in health care based on age and other forms of discrimination;

(g) Utilize technology such as telemedicine, where available, and distance learning to reduce geographical and logistical limitations in access to health care in rural areas.

75. **Objective 2: Development and strengthening of primary health-care services to meet the needs of olderpersons and promote theirinclusion in the process.**

Actions

(a) Take measures to provide universal and equal access to primary health care and establish community health programmes for older persons;

(b) Support local communities in providing health support services to older persons;

(c) Include traditional medicine in primary health-care programmes where appropriate and beneficial;

(d) Train primary health-care workers and social workers in basic gerontology and geriatrics;

(e) Encourage, at all levels, arrangements and incentives to mobilize commercial enterprises, especially pharmaceutical enterprises, to invest in research aimed at finding remedies that can be provided at affordable prices for diseases that particularly afflict older persons in developing countries and invite the World Health Organization to consider improving partnerships between the public and private sectors in the area of health research.

76. **Objective 3: Development of a continuum of health care to meet the needs of olderpersons.**

Actions

(a) Develop regulatory mechanisms at appropriate levels to set suitable standards of health care and rehabilitation for older persons;

(b) Implement community development strategies that determine a systematic needs assessment baseline for the planning, execution and evaluation of locally based health programmes. The baseline should include contributions from older persons;

(c) Improve the coordination of primary health care, long-term care and social services and other community services;

(d) Support the provision of palliative care[8] and its integration into comprehensive health care. To this end, develop standards for training and palliative care[8] and encourage multidisciplinary approaches for all service providers of palliative care;

(e) Promote the establishment and coordination of a full range of services in the continuum of care, including prevention and promotion, primary care, acute care, rehabilitation, long-term and palliative care,[8] so that resources can be deployed flexibly to meet the variable and changing health needs of older persons;

(f) Develop specialized gerontological services and improve coordination of their activities with primary health-care and social care services.

77. **Objective 4: Involvement of older persons in the development and strengthening of primary and long-term care services.**

Actions

(a) Include older persons in the planning, implementation and evaluation of social and health care and rehabilitation programmes;

(b) Encourage health and social care providers to fully include older persons in decision-making related to their own care;

(c) Promote self-care in older persons and maximize their strengths and abilities within health and social services;

(d) Integrate the needs and perceptions of older persons in the shaping of health policy.

Issue 3: Olderpersons and HIV/AIDS

78. HIV/AIDS diagnosis among older persons is difficult because symptoms of infection can be mistaken for other immunodeficiency syndromes that occur in older persons. Older persons can be at increased risk of HIVinfection merely because they are typically not addressed by public information campaigns and thus do not benefit from education on how to protect themselves.

79. **Objective 1: Improvement in the assessment of the impact of HIV/AIDS on the health of olderpersons, both forthose who are infected and those who are caregivers forinfected orsurviving family members.**

Actions

(a) Ensure and expand the compilation of HIV/AIDS data to allow for the assessment of the extent of HIV/AIDS infection in older persons;

(b) Pay special attention to older carers of HIV/AIDS patients, including the collection of both quantitative and qualitative data on the health status and needs of older carers.

80. **Objective 2: Provision of adequate information, training in caregiving skills, treatment, medical care and social support to olderpersons living with HIV/AIDS and theircaregivers.**

Actions

(a) Revise, as appropriate, public health and prevention strategies to reflect local epidemiology. Information on prevention and risks of HIV/AIDS for the general population should meet the needs of older persons;

(b) Provide training to older caregivers to help them to provide effective care while minimizing the possible negative impact on their own health and well-being;

(c) Ensure that AIDS treatment and support strategies recognize the needs of older persons who are infected by HIV/AIDS.

81. **Objective 3: Enhancement and recognition of the contribution of olderpersons to development in their role as caregivers forchildren with chronic diseases, including HIV/AIDS, and as surrogate parents.**

Actions

(a) Review the economic impact of HIV/AIDS on older persons, particularly in their role as caregivers, as agreed in the Declaration of Commitment on HIV/AIDS;[9]

(b) Introduce policies to provide in-kind support, health care and loans to older caregivers to assist them in meeting the needs of children and grandchildren in accordance with the Millennium Declaration;[10]

(c) Foster collaboration between governmental agencies and non-governmental organizations that work with children, youth and older persons on HIV/AIDS issues;

(d) Encourage the elaboration of studies to better understand and highlight the contribution of older persons to social and economic development in all countries, in particular those countries severely affected by HIV/AIDS, and disseminate the findings as widely as possible.

Issue 4: Training of care providers and health professionals

82. There is an urgent worldwide need to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and to expand educational programmes on health and older persons for professionals in the social service sector. Informal caregivers also need access to information and basic training on the care of older persons.

83. **Objective 1: Provision of improved information and training for health professionals and para-professionals on the needs of olderpersons.**

Actions

(a) Initiate and promote education and training programmes for health professionals, social care professionals and informal care providers in the services for and care of older persons, including in gerontology and geriatrics, and support all countries, in particular developing countries, in these efforts;

(b) Provide health-care and social-care professionals with continuing education programmes, with a view to an integrated approach of health, well-being and care of older persons as well as the social and psychological aspects of ageing;

(c) Expand professional education in gerontology and geriatrics, including through special efforts to expand student enrolment in geriatrics and gerontology.

Issue 5: Mental health needs of olderpersons

84. Worldwide, mental health problems are a leading cause of disability and of reduced quality of life. Mental health problems are clearly not an inevitable outcome of growing old, but a significant increase in the number of older persons with mental illnesses can be expected due to population ageing. Various losses and life changes can often lead to an array of mental health disorders, which, if not properly diagnosed, can lead to inappropriate treatment, or no treatment, and/or clinically unnecessary institutionalization.

85. Strategies to cope with such diseases include medication, psychosocial support, cognitive training programmes, training for caring family members and caring staff and specific structures of inpatient care.

86. **Objective 1: Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in olderpersons.**

Actions

(a) Develop and implement national and local strategies designed to improve prevention, timely detection and treatment of mental illness in old age, including diagnostic procedures, appropriate medication, psychotherapy and education for professionals and informal caregivers;

(b) Develop, where appropriate, effective strategies to increase the level of quality assessment and diagnosis of Alzheimer's and related disorders at an early stage. Research on these disorders should be undertaken on a multidisciplinary basis that meets the needs of the patient, health professionals and carers;

(c) Provide programmes to help persons with Alzheimer's disease and mental illness due to other sources of dementia to be able to live at home for as long as possible and to respond to their health needs;

(d) Develop programmes to support self-help and provide respite care for patients, families and other carers;

(e) Develop psychosocial therapy programmes to assist in reintegration of patients discharged from hospitals;

(f) Develop a comprehensive continuum of services in the community to prevent unnecessary institutionalization;

(g) Establish services and facilities that provide safety and treatment and that promote personal dignity to meet the needs of older persons suffering from mental disorders;

(h) Promote public information about the symptoms, treatment, consequences and prognosis of mental diseases;

(i) Provide mental health services to older persons residing in long-term care facilities;

(j) Provide ongoing training to health-care professionals in the detection and assessment of all mental disorders and of depression.

Issue 6: Olderpersons and disabilities

87. Incidence of impairment and disability increases with age. Older women are particularly vulnerable to disability in old age due to, inter alia, gender differences in life expectancy and disease susceptibility and gender inequalities over the life course.

88. The effects of impairment and disability are often exacerbated by negative stereotypes about persons with disabilities, which may result in lowered expectations of their abilities, and in social policies that do not allow them to reach their full potential.

89. Enabling interventions and environments supportive of all older persons are essential to promote independence and empower older persons with disabilities to participate fully in all aspects of society. The ageing of persons with cognitive disabilities is a factor that should be considered in planning and decision-making processes.

90. **Objective 1: Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of olderpersons with disabilities.**

Actions

(a) Ensure that the agendas of national policy and programme coordination agencies dealing with disabilities include attention to issues concerning older persons with disabilities;

(b) Develop, as appropriate, gender and age-sensitive national and local policies, legislation, plans and programmes for the treatment and prevention of disabilities, taking health, environmental and social factors into account;

(c) Provide physical and mental rehabilitation services for older persons with disabilities;

(d) Develop community-based programmes to provide education on causes of disabilities and information on how to prevent or manage them throughout the life course;

(e) Create age-friendly standards and environments to help prevent the onset or worsening of disabilities;

(f) Encourage the development of housing options for older persons with disabilities that reduce barriers to and encourage independence and, where possible, make public spaces, transportation and other services, as well as commercial premises and services used by the general public accessible to them;

(g) Encourage the provision of rehabilitation and appropriate care and assistive technologies for older persons with disabilities to fulfil their need for services, support and full integration into society;

(h) Promote, in accordance with applicable international law, including international agreements acceded to, the accessibility for all, without discrimination, including the most vulnerable sectors of the population, to pharmaceuticals or medical technologies, as well as their affordability for all, including disadvantaged groups;

(i) Encourage and facilitate the establishment of self-help organizations of older persons with disabilities and their caregivers;

(j) Encourage employer receptivity to older persons with disabilities who remain productive and capable of paid or volunteer work.

C. Priority direction III: Ensuring enabling an supportive environments

91. The promotion of an enabling environment for social development was one of the central goals agreed at the World Summit for Social Development. It was renewed and strengthened at the twenty-fourth special session of the General Assembly on social development. The commitment included essential framework conditions such as: participatory, transparent and accountable political systems, as well as good governance at the national and international levels, as established in the Millennium Declaration; recognition of the universal indivisible interdependent and interrelated nature of all human rights; increased external assistance to developing countries through official development assistance and debt relief; recognition of the important interaction between environmental, economic and social policies; improved access for developing countries and countries with economies in transition to the markets of the developed countries; and reduction of the negative impact of international financial turbulence. Realization of these and other aspects of an enabling environment and the economic growth and social development to which they contribute will make possible the achievement of the goals and policies agreed upon in the present International Plan of Action.

92. The mobilization of domestic and international resources for social development is an essential component for the implementation of the International Plan of Action on Ageing, 2002. Since 1982, reforms to promote the effective and efficient utilization of existing resources have received increasing attention. However, inadequate national revenue generation and collection, combined with new challenges regarding social services and social protection systems arising from demographic changes and other factors, jeopardize the financing of social services and social protection systems in many countries. There is also greater acceptance of the view that the increasing debt burden faced by the most indebted developing countries is unsustainable and constitutes one of the principal obstacles to achieving progress in people-centred sustainable development and poverty eradication. For many developing countries, as well as countries with economies in transition, excessive debt servicing has severely constrained their capacity to promote social development and provide basic services.

93. We note with concern current estimates of dramatic shortfalls in resources required to achieve the internationally agreed development goals, including those contained in the Millennium Declaration. Achieving the internationally agreed development goals, including those contained in the Millennium Declaration, demands a new partnership between developed and developing countries. We commit ourselves to sound policies, good governance at all levels and the rule of law. We also commit ourselves to mobilizing domestic resources, attracting international flows, promoting international trade as an engine for development, increasing international financial and technical cooperation for development, sustainable debt financing and external debt relief and enhancing the coherence and consistency of the international monetary, financial and trading systems.

94. The commitments to strengthen policies and programmes to create inclusive, cohesive societies for all — women and men, children, young and older persons — are also essential. Whatever the circumstances of older persons, all are entitled to live in an environment that enhances their capabilities. While some older persons need a high level of physical support and care, the majority are willing and capable of continuing to be active and productive, including through voluntary activities. Policies are required that empower older persons and support their contribution to society. This includes access to basic services such as clean water and adequate food. It also requires policies that simultaneously strengthen both lifelong development and independence and that support social institutions based on principles of reciprocity and interdependence. Governments must play a central role in formulating and implementing policies that foster such an enabling environment, while engaging civil society and older persons themselves.

Issue 1: Housing and the living environment

95. Housing and the surrounding environment are particularly important for older persons, inclusive of factors such as: accessibility and safety; the financial burden of maintaining a home; and the important emotional and psychological security of a home. It is recognized that good housing can promote good health and well-being. It is also important that older persons are provided, where possible, with an adequate choice of where they live, a factor that needs to be built into policies and programmes.

96. In developing countries, and some countries with economies in transition, rapid demographic ageing is taking place in a context of continuing urbanization and a growing number of persons who are ageing in urban areas lack affordable housing and services. At the same time a large number of persons are ageing in isolation in rural areas, rather than in the traditional environment of an extended family. Left alone, they are often without adequate transportation and support systems.

97. In developed countries, the built environment and adequate transportation for older persons are also a growing concern. Housing developments are typically designed for young families who have their own transport.

Transportation is problematic in rural areas because older persons rely more on public transport as they age and it is often inadequate in rural areas. In addition, some older persons may continue to live in houses that they are unable to maintain after their children have moved out or after a spouse has died.

98. **Objective 1**: **Promotion of "ageing in place" in the community with due regard to individual preferences and affordable housing options for olderpersons**.

Actions

(a) Promote the development of age-integrated communities;

(b) Coordinate multi-sectoral efforts to support the continued integration of older persons with their families and communities;

(c) Encourage investment in local infrastructure, such as transportation, health, sanitation and security, designed to support multigenerational communities;

(d) Introduce policies and support initiatives that ease access of older persons to goods and services;

(e) Promote equitable allocation of public housing for older persons;

(f) Link affordable housing with social support services to ensure the integration of living arrangements, long-term care and opportunities for social interaction;

(g) Encourage age-friendly and accessible housing design and ensure easy access to public buildings and spaces;

(h) Provide older persons, their families and caregivers with timely and effective information and advice on the housing options available to them;

(i) Ensure that housing provided for older persons takes appropriate account of their care and cultural needs;

(j) Promote the growing continuum of housing options for older persons.

99. **Objective 2: Improvement in housing and environmental design to promote independent living by taking into account the needs of olderpersons in particularthose with disabilities.**

Actions

(a) Ensure that new urban spaces are free of barriers to mobility and access;

(b) Promote employment of technology and rehabilitation services designed to support independent living;

(c) Meet the need for shared and multigenerational co-residence through the design of housing and public space;

(d) Assist older persons in making their homes free of barriers to mobility and access.

100. **Objective 3: Improved availability of accessible and affordable transportation forolderpersons**.

Actions

(a) Improve the availability of efficient public transportation services in rural and urban areas;

(b) Facilitate the growth of both public and private alternative forms of transport in urban areas, such as neighbourhood-based businesses and services;

(c) Encourage the training and assessment of older drivers, the design of safer roadways and the development of new kinds of vehicles that cater to the needs of older persons and persons with disabilities.

Issue 2: Care and support forcaregivers

101. Provision of care to those who need it, either by older persons or for them, is mostly done by the family or community, especially in developing countries. Families and communities also play a key role in prevention, care, support and treatment of persons affected by HIV/AIDS. Where the caregivers are older persons, provisions should be made to assist them; and where they are the recipients of care there is a need to establish and strengthen human resources and health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services. This caregiving system should be strengthened and reinforced by public policies as the proportion of the population needing such care increases.

102. Even in countries with well-developed formal care policies, intergenerational ties and reciprocity ensure that most care is still informal. Informal care has a complementary character and does not replace professional care. Ageing in one's community is an ideal in all countries. In many countries, however, family care without compensation to caregivers is creating new economic and social strains. The cost to women, in particular, who continue to provide the majority of informal care, is now recognized. Female caregivers bear financial penalty of low pension contributions because of absences from the labour market, foregone promotions and lower incomes. They also bear the physical and emotional cost of stress from balancing work and household obligations. The situation is especially demanding for women with both child and elder care responsibilities.

103. In many parts of the world, especially Africa, the HIV/AIDS pandemic has forced older women, already living in difficult circumstances, to take on the added burden of caring for children and grandchildren with HIV/AIDS and for grandchildren orphaned by AIDS. At a time when it is more normal for adult children to look after their ageing parents, many older persons find themselves with the unexpected responsibility of caring for frail children or with the task of becoming sole parents to grandchildren.

104. In the last two decades, community care and ageing in place have become the policy objective of many Governments. Sometimes the underlying rationale has been financial, because, based on the assumption that families will supply the bulk of care, community care is expected to cost less than residential care. Without adequate assistance, family caregivers can be overburdened. In addition, formal community care systems, even where they exist, often lack sufficient capacity because they are poorly resourced and coordinated. As a result, residential care may be the preferred option of either the frail older person or the caregiver. In view of this range of issues, a continuum of affordable care options, from family to institutional, is desirable. Ultimately, the participation of older persons in assessing their own needs and monitoring service delivery is crucial to the choice of the most effective option.

105. **Objective 1: Provision of a continuum of care and services forolder persons from various sources and support forcaregivers.**

Actions

(a) Take steps to provide community-based care and support for family care;

(b) Increase quality of care and access to community-based long-term care for older persons living alone in order to extend their capacity for independent living as a possible alternative to hospitalization and nursing home placement;

(c) Support caregivers through training, information, psychological, economic, social and legislative mechanisms;

(d) Take steps to ensure the provision of assistance to older persons in cases where informal support is unavailable, has been lost, or is not desired;

(e) Facilitate comparative research into care systems in different cultures and settings;

(f) Prepare and implement strategies for meeting the special needs of ageing caregivers for persons with cognitive disabilities;

(g) Establish and apply standards and mechanisms to ensure quality care in formal care settings;

(h) Develop social support systems, both formal and informal, with a view to enhancing the ability of families to take care of older persons within the family, including in particular the provision of long-term support and services for the growing number of frail older persons;

(i) Enhance, through appropriate measures, self-reliance of older women and men and create conditions that promote quality of life and enable them to work and live independently in their own communities for as long as possible and desired;

(j) Promote provision of community-based care and support of fami-

ly care, taking into account equal distribution of caring responsibilities between women and men by measures for better reconciliation of working and family life.

106. **Objective 2: Support the caregiving role of older persons, particularly olderwomen.**

Actions

(a) Encourage the provision of social support, including respite services, advice and information for both older caregivers and the families under their care;

(b) Identify how to assist older persons, in particular older women, in caregiving and address their specific social, economic and psychological needs;

(c) Reinforce the positive role of grandparents in raising grandchildren;

(d) Take account of the growing numbers of older caregivers in service provision plans.

Issue 3: Neglect, abuse and violence

107. Neglect, abuse and violence against older persons takes many forms — physical, psychological, emotional, financial — and occurs in every social, economic, ethnic and geographic sphere. The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help. Communities must work together to prevent abuse, consumer fraud and crimes against older persons. Professionals need to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home and in community and institutional settings.

108. Older women face greater risk of physical and psychological abuse due to discriminatory societal attitudes and the non-realization of the human rights of women. Some harmful traditional and customary practices result in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection.

109. Women's poverty is directly related to the absence of economic opportunities and autonomy, lack of access to economic resources, including credit, land ownership and inheritance, lack of access to education and support services and their minimal participation in the decision-making process. Poverty can also force women into situations in which they are vulnerable to sexual exploitation.

110. **Objective 1: Elimination of all forms of neglect, abuse and violence of olderpersons.**

Actions

(a) Sensitize professionals and educate the general public, using media and other awareness-raising campaigns, on the subject of elder abuse and its various characteristics and causes;

(b) Abolish widowhood rites that are harmful to the health and well-being of women;

(c) Enact legislation and strengthen legal efforts to eliminate elder abuse;

(d) Eliminate harmful traditional practices involving older persons;

(e) Encourage cooperation between Government and civil society, including non-governmental organizations, in addressing elder abuse by, inter alia, developing community initiatives;

(f) Minimize the risks to older women of all forms of neglect, abuse and violence by increasing public awareness of, and protecting older women from, such neglect, abuse and violence, especially in emergency situations;

(g) Encourage further research into the causes, nature, extent, seriousness and consequences of all forms of violence against older women and men and widely disseminate findings of research and studies.

111. **Objective 2: Creation of support services to address elderabuse.**

Actions

(a) Establish services for victims of abuse and rehabilitation arrangements for abusers;

(b) Encourage health and social service professionals as well as the general public to report suspected elder abuse;

(c) Encourage health and social service professionals to inform older persons suspected of suffering abuse of the protection and support that can be offered;

(d) Include handling of elder abuse in the training of the caring professions;

(e) Establish information programmes to educate older persons about consumer fraud.

Issue 4: Images of ageing

112. A positive view of ageing is an integral aspect of the International Plan of Action on Ageing, 2002. Recognition of the authority, wisdom, dignity and restraint that comes with a lifetime of experience has been a normal feature of the respect accorded to the old throughout history. These values are often neglected in some societies and older persons are disproportionately portrayed as a drain on the economy, with their escalating need for health and support services. Although healthy ageing is naturally an increasingly important issue for older persons, public focus on the scale and cost of health care, pensions and other services have sometimes fostered a negative image of ageing. Images of older persons as attractive, diverse and creative individuals making vital contributions should compete for the public's attention. Older women are particularly affected by misleading and negative stereotypes: instead of being portrayed in ways that reflect their contributions, strengths, resourcefulness and

humanity, they are often depicted as weak and dependent. This reinforces exclusionary practices at the local and national levels.

113. **Objective 1: Enhancement of public recognition of the authority, wisdom, productivity and otherimportant contributions of olderpersons.**

Actions

(a) Develop and widely promote a policy framework in which there is an individual and collective responsibility to recognize the past and present contributions of older persons, seeking to counteract preconceived biases and myths and, consequently, to treat older persons with respect and gratitude, dignity and sensitivity;

(b) Encourage the mass media to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older women and men, including older persons with disabilities;

(c) Encourage educators to recognize and include in their courses the contribution made by persons of all ages, including older persons;

(d) Encourage the media to move beyond portrayal of stereotypes and to illuminate the full diversity of humankind;

(e) Recognize that the media are harbingers of change and can be guiding factors in fostering the role of older persons in development strategies, including in rural areas;

(f) Facilitate contributions by older women and men to the presentation by the media of their activities and concerns;

(g) Encourage the media and the private and public sectors to avoid ageism in the workplace and to present positive images of older persons;

(h) Promote a positive image of older women's contributions to increase their self-esteem.

III. Implementation and follow-up

114. The implementation of the International Plan of Action on Ageing, 2002 will require sustained action at all levels in order to both respond to the demographic changes ahead and to mobilize the skills and energies of older persons. It will require systematic evaluation to respond to new challenges. In addition there is a critical and continuing need for international assistance to help developing countries to pursue policies that address ageing.

115. The implementation of the International Plan of Action on Ageing, 2002 also requires, inter alia, a political, economic, ethical and spiritual vision for social development of older persons based on human dignity, human rights, equality, respect, peace, democracy, mutual responsibility and cooperation and full respect for the various religious and ethical values and cultural backgrounds of people.

National action

116. Governments have the primary responsibility for implementing the broad recommendations of the International Plan of Action, 2002. A necessary first step in the successful implementation of the Plan is to mainstream ageing and the concerns of older persons into national development frameworks and poverty eradication strategies. Programme innovation, mobilization of financial resources and the development of necessary human resources will be undertaken simultaneously. Accordingly, progress in the implementation of the Plan should be contingent upon effective partnership between Governments, all parts of civil society and the private sector as well as an enabling environment based, inter alia, on democracy, the rule of law, respect for all human rights, fundamental freedoms and good governance at all levels, including national and international levels.

117. The role of non-governmental organizations is important in supporting Governments in their implementation, assessment and follow-up of the International Plan of Action, 2002.

118. Efforts should be made to promote institutional follow-up to the International Plan of Action, including, as appropriate, the establishment of agencies on ageing and national committees. National committees on ageing that include representatives of relevant sectors of civil society, especially organizations of older persons, can make very valuable contributions and can serve as national advisory and coordinating mechanisms on ageing.

119. Other crucial elements of implementation include: effective organizations of older persons; educational, training and research activities on ageing; and national data collection and analysis, such as the compilation of gender and age specific information for policy planning, monitoring and evaluation. Independent, impartial monitoring of progress in implementation is also valuable and can be conducted by autonomous institutions. Governments, as well as civil society, can facilitate the mobilization of resources by organizations representing and supporting older persons by increasing incentives.

International action

120. We recognize that globalization and interdependence are opening new opportunities through trade, investment and capital flows and advances in technology, including information technology, for the growth of the world economy and the development and improvement of living standards around the world. At the same time, there remain serious challenges, including serious financial crises, insecurity, poverty, exclusion and inequality within and among societies. Considerable obstacles to further integration and full participation in the global economy remain for developing countries, in particular the least developed countries, as well as for some countries with economies in transition. Unless the benefits of social and economic development are extended to all countries, a growing number of people in all countries and even entire regions will remain marginalized from the global economy. We must act now in order to overcome those obstacles affecting peoples and countries and to realize the full potential of opportunities presented for the benefit of all.

121. Globalization offers opportunities and challenges. The developing countries and countries with economies in transition face special difficulties in responding to those challenges and opportunities. Globalization should be fully inclusive and equitable, and there is a strong need for policies and measures at the national and international levels, formulated and implemented with the full and effective participation of developing countries and countries with economies in transition to help them respond effectively to those challenges and opportunities.

122. In order to complement national development efforts, enhanced international cooperation is essential to support developing countries, least developed countries and countries with economies in transition in implementing the International Plan of Action, 2002, while recognizing the importance of assistance and the provision of financial assistance, inter alia, by:

• Recognizing the urgent need to enhance coherence, governance and consistency in the international monetary, financial and trading systems. To contribute to that end, we underline the importance of continuing to improve global economic governance and to strengthen the United Nations leadership role in promoting development. With the same purpose, efforts should be strengthened at the national level to enhance coordination among all relevant ministries and institutions. Similarly, we should encourage policy and programme coordination of international institutions and coherence at the operational and international levels to meet the Millennium Declaration development goals of sustained economic growth, poverty eradication and sustainable development.

• Noting the important efforts under way to reform the international financial architecture, which need to be sustained with greater transparency, and the effective participation of developing countries and countries with economies in transition. One major objective of the reform is to enhance financing for development and poverty eradication. We also underscore our commitment to sound domestic financial sectors, which make a vital contribution to national development efforts as an important component of an international financial architecture that is supportive of development.

• Calling for speedy and concerted action to address effectively debt problems of least developed countries, low-income developing countries and middle-income developing countries in a comprehensive, equitable development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term, including, as appropriate, existing orderly mechanisms for debt reduction such as debt swaps for projects.

• Recognizing that a substantial increase in official development assistance and other resources will be required if developing countries are to achieve the internationally agreed development goals and objectives, including those contained in the Millennium Declaration.

We urge developed countries that have not done so to make concrete efforts towards the target of 0.7 per cent of gross national product (GNP) as official development assistance to developing countries and 0.15 per cent of GNP of

developed countries to least developed countries and encourage developing countries to build on progress achieved in ensuring that official development assistance is used effectively to help achieve development goals and targets.

123. Enhanced and focused international cooperation and an effective commitment by developed countries and international development agencies will enhance and enable the implementation of the International Plan of Action. International financial institutions and regional development banks are invited to examine and adjust their lending and grants practices to ensure that older persons are recognized as a development resource and are taken into account in their policies and projects as part of efforts to assist developing countries and countries with economies in transition in the implementation of the International Plan of Action, 2002.

124. Similarly, commitment by United Nations funds and programmes to ensure integration of the question of ageing in their programmes and projects, including at country level, is important. Support by the international community and international development agencies for organizations that specifically promote training and capacity-building on ageing in developing countries is extremely important.

125. Other priorities for international cooperation on ageing should include exchange of experiences and best practices, researchers and research findings and data collection to support policy and programme development as appropriate; establishment of income-generating projects; and information dissemination.

126. The United Nations System Chief Executives Board for Coordination should include system-wide implementation of the International Plan of Action on Ageing, 2002 in its agenda. The focal points that were set up within the United Nations system in preparation for the World Assembly on Ageing should be maintained and strengthened. The institutional capacity of the United Nations system to undertake its responsibilities for implementation of the Plan should be improved.

127. As the focal point on ageing in the United Nations system, the primary action of the Department of Economic and Social Affairs programme on ageing will be to facilitate and promote the International Plan of Action on Ageing, 2002, including: designing guidelines for policy development and implementation; advocating means to mainstream ageing issues into development agendas; engaging in dialogue with civil society and the private sector; and information exchange.

128. The United Nations regional commissions have responsibility for translating the International Plan of Action on Ageing, 2002, into their regional action plans. They should also assist, upon request, national institutions in implementation and monitoring of their actions on ageing. The Economic and Social Council could strengthen the capacity of the regional commissions in this respect. Regional non-governmental organizations should be supported in their efforts to develop networks to promote the International Plan of Action.

Research

129. There is a need to encourage and advance comprehensive, diversified and specialized research on ageing in all countries, particularly in developing countries. Research, including age and gender-sensitive data collection and analysis, provides essential evidence for effective policies. A principal task of the research component of the International Plan of Action on Ageing, 2002, is to facilitate, as appropriate, the implementation of the recommendations and actions defined in the International Plan of Action. The availability of reliable information is indispensable in identifying emerging issues and adopting recommendations. Elaborating and using, as appropriate, comprehensive and practical tools for evaluation, such as key indicators, is also necessary to facilitate a timely policy response.

130. International research on ageing is also needed to support policy responses to ageing and to the operational success of the International Plan of Action on Ageing, 2002. This would assist in promoting international coordination of research on ageing.

Global monitoring, review and updating

131. Systematic review of implementation of the International Plan of Action on Ageing, 2002 by Member States is essential for its success in improving the quality of life of older persons. Governments, in cooperation with other stakeholders, can decide on appropriate review arrangements. Sharing of the outcomes of regular review among Member States would be valuable.

132. The Commission for Social Development will be responsible for follow-up and appraisal of the implementation of the International Plan of Action on Ageing, 2002. The Commission should integrate the different dimensions of population ageing as contained in the International Plan of Action in its work. Reviews and appraisals will be critical for effective follow-up to the Assembly and their modalities should be decided as soon as possible.

Annex

Attendance

The following States were represented at the Assembly:

Afghanistan
Albania
Algeria
Andorra
Angola
Argentina
Armenia
Australia
Austria
Azerbaijan
Bahamas
Bahrain
Bangladesh
Barbados
Belgium
Belize
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cambodia
Cameroon
Canada
Cape Verde
Chad
Chile
China
Colombia
Costa Rica
Côte d'Ivoire
Croatia
Cuba
Panama
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Saint Kitts and Nevis
Saudi Arabia
Senegal
Sierra Leone
Singapore
Slovakia Cyprus
Czech Republic
Democratic Republic of the Congo
Denmark
Dominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Finland
France
Gabon
Gambia
Germany
Ghana
Greece
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Holy See
Honduras
Hungary
Iceland

India
Indonesia
Iran (Islamic Republic of)
Iraq
Ireland
Israel
Italy
Jamaica
Japan
Slovenia
South Africa
Spain
Sri Lanka
Sudan
Suriname
Sweden
Switzerland
Syrian Arab Republic
Thailand
The former Yugoslav
Republic of Macedonia
Togo
Trinidad and Tobago
Tunisia
Turkey
Uganda
Ukraine Jordan
Kazakhstan
Kenya
Kuwait
Kyrgyzstan
Lao People's
Democratic Republic
Latvia
Lebanon
Libyan Arab Jamahiriya
Liechtenstein
Lithuania
Luxembourg
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Mauritania
Mauritius
Mexico
Micronesia (Federated States of)
Monaco
Mongolia
Morocco
Mozambique
Myanmar
Namibia
Nepal
Netherlands
New Zealand
Nicaragua
Nigeria
Norway
Oman
Pakistan
United Arab Emirates
United Kingdom of Great Britain
and Northern Ireland
United Republic of Tanzania
United States of America
Uruguay
Uzbekistan
Vanuatu
Venezuela
Viet Nam
Yemen
Yugoslavia
Zambia
Zimbabwe