Research Agenda on
Ageing for the 21st Century

2007 Update

A joint project of the United Nations Programme on Ageing and the International Association of Gerontology and Geriatrics

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Preface

The Research Agenda on Ageing for the Twenty-First Century (RAA-21) is a joint project of the United Nations Programme on Ageing (UNPoA) and the International Association of Gerontology and Geriatrics (IAGG). RAA-21 was developed through a series expert consultations convened in 1999-2000 and organized by the Centre for Ageing Studies, Adelaide, Australia, in cooperation with UNPoA. RAA-21 was endorsed by the Valencia Forum in April 2002, and its final version was presented at the Second World Assembly on Ageing in Madrid, Spain and published by IAGG in 2003.

Within the United Nations, RAA-21 is recognized as an important tool for supporting the implementation and monitoring of policy actions proposed in the Madrid International Plan of Action on Ageing[1]. The United Nations General Assembly, in its resolution 57/177 in 2002, welcomed the adoption by the Valencia Forum of the Research Agenda on Ageing for the Twenty-First Century, and in 2005, the General Assembly called upon governments to consult and utilize the Research Agenda on Ageing as a tool for strengthening national capacity on ageing (General Assembly resolution 60/135).

During 2003, a series of workshops[2] were held focusing on the formulation of regional research priorities, where possible in connection with the elaboration and adoption of regional strategies for the implementation of the Madrid Plan of Action. The brief reports of these workshops were published in the July 2003 and May 2004 *IAGG Newsletter*[3]. In 2005, in conjunction with the Eighteenth Congress of IAGG, the UNPoA and IAGG convened an expert workshop in Rio de Janeiro, Brazil to review and update RAA-21.

This publication consists of two parts: the 2007 update of RAA-21 and the report of the Rio workshop.

Since its inception during the Sixteenth Congress of IAGG in 1997 in Adelaide, Australia, the Research Agenda project had been inspired and supported by its co-convener, Professor Gary Andrews (1938-2006), a former President of IAGG and the Director of the Centre for Ageing Studies. This publication is dedicated to the memory of Professor Andrews.

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[1]Madrid International Plan of Action on Ageing. Report of the Second World Assembly on Ageing. Madrid, 8-12 April 2002. United Nations, New York, 2002. Available: http://daccessdds.un.org/doc/UNDOC/GEN/N02/397/51/PDF/N0239751. pdf?OpenElement   Assessed: 25 May 2007.

[2]Cape Town, Republic of South Africa, March 2003; Barcelona, Spain, July 2003; Santiago, Chile, September 2003; and Tokyo, Japan, November 2003.

[3]Available at http://www.iagg.com.br/webforms/iaggNewsletter.aspx   Assessed 25 May 2007.

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Part I

Research Agenda on Ageing for the 21ˢᵗ Century

Introduction

The Research Agenda on Ageing for the Twenty-First Century is designed to support the implementation of the Madrid International Plan for Action on Ageing, adopted by the Second World Assembly on Ageing (8-12 April 2002, Madrid, Spain). The Research Agenda identifies priorities for policy related research and data collection. Simultaneously, it encourages researchers to pursue studies in policy related areas of ageing where the findings may have practical and realistic applications.

The Research Agenda has been developed by the United Nations Programme on Ageing together with the International Association of Gerontology and Geriatrics (IAGG) and with the support of the Novartis Foundation for Gerontology and the Government of the Federal Republic of Germany in a series of expert consultations, and subsequently endorsed by the Valencia Forum in April 2002. In 2005, the initial document of the Research Agenda was reviewed by an Expert Workshop convened by the UN Programme on Ageing and IAGG in Rio de Janeiro, Brazil, in conjunction with the Eighteenth Congress of IAGG. This 2007 update of the Research Agenda incorporates amendments proposed by experts in the Rio de Janeiro workshop, as well as additional editorial amendment.

The Research Agenda on Ageing is addressed to legislatures, governments and academia, as well as non-governmental organizations and aid agencies dealing with issues of population and individual ageing. It is based on recognition of the diversity in societies at different levels of demographic, social and economic development.

The Research Agenda builds on an already substantial body of knowledge and expertise assembled in gerontology and related fields over several decades. However, that international body of knowledge may not be fully accessible or relevant within the social and economic circumstances of countries with substantially fewer resources for conducting research. In implementing the Research Agenda, there is a need to assess the 'state of the art' of existing knowledge, as it varies across countries and regions, and to identify priority gaps in information needed for appropriate policy development. Thus, in addition to key research priorities, the Research Agenda identifies potential foci for operationalisation, support and funding of its major elements.

The Research Agenda, therefore, represents a unique initiative in the area of ageing and development, intended to contribute to the elaboration and implementation of public policies on ageing and influence the direction and priorities for scientific gerontology in the decades to come.

Structure

The Research Agenda on Ageing consists of four sections: Major Priorities; Critical Research Areas; Key Methodological Issues; and Implementation. The major priorities and the critical research areas described in these sections are linked to the Priority Directions of the Madrid International Plan of Action on Ageing (see table, below).

MADRID International Plan of Action on Ageing	RESEARCH AGENDA ON AGING			
	Major Research Priorities[1]	**Critical Research Areas**	KEY METHODOLOGICAL ISSUES	IMPLEMENTATION
Priority direction I: Older Persons and Development	**Priority 1.** Relationships of population ageing and socio-economic development **Priority 2.** Current practices and options for maintaining material security in old age **Priority 3.** Changing family structures, intergenerational transfer systems and emergent family and institutional dynamics	1. Social participation and integration 2. Economic security 3. Macro-societal change and development 4. Poverty 5. Social security systems		
Priority direction II: Advancing health and well-being into old age	**Priority 4.** Determinants of healthy ageing **Priority 5.** Basic biological mechanisms and age associated diseases **Priority 6.** Quality of life and ageing in diverse cultural, socio-economic and environmental situations	6. Healthy ageing 7. Biomedical 8. Physical and mental functioning 9. Quality of life		
Priority direction III: Ensuring enabling and supportive environments	**Priority 3.** Changing family structures, intergenerational transfer systems and emergent family and institutional dynamics **Priority 6.** Quality of life and ageing in diverse cultural, socio-economic and environmental situations	10. Care systems 11. Changing family structures and functions		
Implementation and follow-up		12. Policy design, implementation, monitoring and evaluation		

Section 1: Major Research Priorities

The major priorities for research exploration specify the most challenging and at the same time most promising directions for policy related research on ageing to promote the implementation of the Madrid International Plan of Action on Ageing. The following list of priorities is aimed at assisting policy makers and researchers to target limited available resources towards the greatest research needs and potentially most fruitful outcomes.

Priority 1: *Relationships between population ageing and socio-economic development*

The interrelationship of rapid population ageing and socio-economic development remains poorly understood and is often overlooked in national development planning. For developing

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[1] Two Major Research Priorities (3 and 6) are listed twice, as they correspond to two different Priority Directions of the Madrid International Plan for Action on Ageing.

countries, in particular, this relationship will become increasingly critical. More research is needed to identify the contributions made by older persons to the social, cultural, spiritual and economic 'capital' of all nations. The productive contribution of older persons to society should be better measured and monitored and complex reciprocal social and economic exchanges that occur in all societies better defined.

Priority 2: *Current practices and options for maintaining material security in old age*

This research priority is highly relevant in the developed world where serious questions have emerged about the long-term sustainability of many national income security systems. It is also critical in developing countries, many of which have only the most rudimentary or even no income security system in place, or none planned for the immediate future.

Measures to reduce poverty among older persons, dynamics of labour force participation, household patterns of savings and expenditure, public sector schemes, and other elements of wealth accumulation, savings, pensions and choices made need intensive and wide ranging investigation.

Other aspects of monetary and non-monetary support and exchange warrant further exploration.

Priority 3: *Changing family structures, intergenerational transfer systems and emergent family and institutional dynamics*

The nature of 'family,' and traditional attitudes and behaviours between generations are claimed widely to be changing in most regions of the world. Studies are needed to track these changes, and to identify the economic and social impacts on individuals, communities and society. The roles and contributions of older persons to family and community life need clarification.

Priority 4: *Determinants of healthy ageing*

Health is a central issue associated with increased longevity and population ageing. The maintenance of health status and functioning with age is a critical factor, impacting other areas of older persons' lives, their families and communities.

The complex interrelations of individual behaviours, general social, economic, cultural and environmental conditions and the efficacy of preventive, curative and rehabilitative modes of intervention need to be better understood.

More research is needed into basic aspects of measuring and monitoring physical and mental functioning and age associated disabilities and the potential for preventing these.

Priority 5: *Basic biological mechanisms and age associated diseases*

Recent progress in understanding basic genetic, molecular and cellular processes of life has a potential for unravelling the complex relationships between the fundamental mechanisms of ageing and the emergence of age associated disease. Prospects have been increased greatly for an identification of efficacious pharmacological and other interventions that may prevent, ameliorate or reverse a range of chronic diseases linked to ageing.

Continued and significantly increased research in the basic mechanisms of ageing and disease should be promoted vigorously.

Priority 6: *Quality of life and ageing in diverse cultural, socio-economic and environmental situations*

Ideas of what constitute 'well-being' and 'quality of life' in ageing vary according to the social, cultural, economic and traditional context in which the concepts are examined. Better understanding is needed of fundamental variations in ageing and life experience that determine quality of life in old age. Much could be learned from well-framed and sensitively undertaken comparative research in settings in different social, economic, development and cultural contexts.

Section 2: Critical Research Areas

This section identifies specific *areas* for research exploration and lists specific *topics* for studies of ageing.

2.1. Social participation and integration

Older people are at risk of exclusion from community and social life. This theme focuses on the extent of participation and integration of older people in all spheres of life and factors that facilitate their integration in society.

Specific topics include:

2.1.1   Intergenerational relationships.

2.1.2   Ageism in different societies.

2.1.3   Images of ageing. Is there a convergence between older persons' and younger persons' views of ageing and older people?

2.1.4   Effects of demographic factors, e.g., rapid urbanization and migration, on social participation and integration.

2.1.5   Gender, ethnic, racial and other differences.

2.1.6   Psychosocial determinants of social participation and integration.

2.1.7   Strategies to promote social integration and participation of older persons in society. Socio-economic, structural and attitudinal factors that influence participation and integration in different societies.

2.1.8   Active ageing: concept, determinants, repercussions at different levels (individual, family, etc.), measurement.

2.1.9   Social, economic and other contributions of older people.

2.1.10   Political participation of older people.

2.1.11   Isolation of older persons in rural areas, and measures to promote their participation in social, political and economic activities.

2.1.12   Age discrimination.

2.1.13   Elder abuse, neglect, violence and exploitation.

2.1.14   Displacement of and support for older persons in emergency situations, such as man-made and natural disasters.

2.1.15   Mechanisms for ageing migrants' adaptation in migration destinations.

2.2. Economic security

Economic security is directly linked to the health and well-being of people of all ages. Research is needed on behaviour, self-provision and programmes to maximize economic security across the life span and in old age.

Specific topics include:

2.2.1   Labour force participation of older persons and family members: its psychosocial, health and policy determinants.

2.2.2   Patterns of resource availability to older persons; use and exchange of resources by older persons.

2.2.3   Measurement of wealth, including savings, income and consumption, over the life course.

2.2.4   Patterns and complexities of intergenerational transfers.

2.2.5   Formal programmes for providing economic security in old age, e.g., social and occupational pensions .

2.2.6   Informal economy based income security in old age.

2.2.7   Continuing education and re-training in old age.

2.2.8   Preparation for retirement at individual, family, community and societal level.

2.2.9   Economic and social impact of the removal of mandatory retirement age and age discrimination in the workplace.

2.3. Macro-societal change and development

Research is needed focusing on relationships between major forces of societal change and population and individual ageing. It should document, monitor and project the effects of these forces on older people as a societal group, which may have fewer resources to enable adjustment to change and especially recovery from adverse effects of such change.

Specific topics include:

2.3.1   Social development in ageing societies.

2.3.2   Globalization and ageing.

2.3.3   Interaction between population ageing and societal development.

2.3.4   Implications of, and adjustment to, a changing age structure.

2.3.5   Inclusion of population and individual ageing in international and national developmental policies and programmes.

2.3.6   Dynamics of wealth re/distribution across the life span and of younger people and older people in rural and urban environments.

2.3.7   Impact of policies and programmes promoting development on the economic and health status of older persons.

2.3.8   Needs of older persons arising from technological change and economic advancement.

2.4. Poverty

Poverty may be viewed as a lack of essentials, both material and non-material, required to achieve a minimum standard of well-being. Research is needed to identify dynamics of multidimensional poverty and its effects on older persons.

Specific topics include:

    2.4.1   Multi-dimensional nature of poverty and its impact on older persons.

    2.4.2   Gender, poverty and individual ageing.

    2.4.3   What does it mean to be poor and old in different countries and in different settings?

    2.4.4   Political, community and self concepts of poverty in old age.

    2.4.5   Poverty and poverty-related issues in old age. Age-specific poverty indicators.

2.5. Social security systems

Social security systems are part of economic security. Because of their particular significance for older persons, specific consideration of their introduction, expansion and evaluation is warranted.

Specific topics include:

    2.5.1   How to introduce or expand social security systems in developing countries and countries with economies in transition.

    2.5.2   Evaluation of existing models of social security and identification of best practice.

    2.5.3   Evaluation of status and sustainability of existing informal and formal support systems.

    2.5.4   Changes in social support systems as a result of social security/pension reform – implications for individuals, family and society.

2.6. Healthy ageing

Life expectancy is increasing world-wide. A new challenge for research is to ensure that the years added to life are healthy, active and productive and that compression of disability in later years is significant.

Specific topics include:

    2.6.1   Definition and delimitation of the scope of the concept.

    2.6.2   Social, economic and environmental determinants of healthy ageing.

    2.6.3   Variations in healthy life expectancy within and between countries.

    2.6.4   Causes of premature death/shortening of longevity in developing countries and countries with economies in transition.

    2.6.5   Measurement of adult survival and tracking the stages of epidemiological transition.

    2.6.6   Healthy ageing as individual behaviour and choices, including self-care. Psychosocial determinants of healthy ageing.

    2.6.7   Socioeconomic status and other environmental determinants of health related behaviours.

    2.6.8   Interactions between genetic-biological markers, the environment and health behaviour.

    2.6.9   Intervention strategies for health promotion, including optimal strategies for improved dissemination of information.

    2.6.10   Nutritional status and intervention for its improvement.

    2.6.11   Mental health and ageing.

2.7. Biomedical

An improved understanding of the basic mechanisms of ageing and determinants of longevity and age associated diseases is fundamental to realizing the full potential of healthy ageing.

Specific topics include:

2.7.1   Underlying mechanisms of ageing, ageing-related diseases, co-morbidity, secondary conditions and disability.

2.7.2   Identifying biomarkers of human ageing.

2.7.3   Interaction of biomedical, social and economic determinants and implications of life extension, e.g., studies of centenarians.

2.7.4   Trajectories of major diseases of ageing; their epidemiology and implications for population ageing in different settings.

2.7.5   Strategies for prevention and effective intervention for various diseases of older persons (particularly the oldest old) in different locations and socio-economic conditions.

2.7.6   An international programme to evaluate the efficacy and safety of pharmacological interventions.

2.7.7   Inclusion of older people in clinical trials and services from which they might benefit.

2.7.8   Individual evolution of disease development in older people.

2.7.9   Critical assessment of traditional methods of treatment and prevention of age-associated diseases.

2.7.10   Research on older survivors of starvation and malnutrition in rural and remote areas of developing countries and countries with transitional economies, and adaptation mechanisms.

2.7.11   Long-term health impact of obesity on longevity around the world.

2.8. Physical and mental functioning

Level of functionality as a determinant of quality of life. Physical and mental functioning is the product of life-long interactions between individuals and their social and physical environments.

Specific topics include:

2.8.1   Biomedical, social, psychological and economic determinants of disability throughout the life course.

2.8.2   Research methodologies for defining and measuring disability at different ages.

2.8.3   Prevention of disability and maximization of physical, mental and social functioning of older persons following intercurrent illnesses.

2.8.4   Treatment and intervention strategies aimed at reducing and/or managing physical and mental disability through adjustments, at environmental and societal level.

2.8.5   Prevention and rehabilitation of disability in older persons and development of their capacities for optimal physical and psychological functioning.

2.8.6   Comparative studies of strategies to prevent, manage and rehabilitate disability.

2.9. Quality of life

Years are being added to life and a major policy and research challenge is how to add quality to those years. Researchers should ensure that the conceptualisation takes account of the views of older individuals.

Specific topics include:

2.9.1   Internationally harmonized measures of quality of life.

2.9.2   Determinants of quality of life at different life stages. Impact of life-course transitions on quality of life.

2.9.3   Factors that determine individual differences in quality of life in old age.

2.9.4   Cultural and other variations in the meaning of quality in later life.

2.9.5   Relationships between development and quality of life.

2.9.6   "Meaning of life" for older people.

2.9.7   Well-being, quality of life and health.

2.9.8   Disability and quality of life throughout life course.

2.9.9   Standards of living of older persons in multi-generational households in different countries.

2.9.10   Effects of urbanization and modernization on late-life adjustments.

2.9.11   Impact of life-long learning, adult education and skills development on quality of life of older persons.

2.9.12   Age-friendly environments: physical and social dimensions.

2.10. Care systems

Integration of informal and formal care systems is crucial for supporting older people with compromised functioning.

Specific topics include:

2.10.1   Mapping available care systems in different cultures and settings, taking account of demographic trends (e.g., rural to urban migration).

2.10.2   Development of appropriate, and economically and culturally sustainable care systems, including long term care services.

2.10.3   Effective public-private mixes of care delivery systems in different settings.

2.10.4   Integration of health and social care systems.

2.10.5   Facilitating transitions between care settings, e.g. to/from hospital and home or community. Care continuum models.

2.10.6   Training needs and strategies to generate sufficient and adequate human resources at appropriate care levels.

2.10.7   Caregiving roles and the impact on older carers.

2.10.8   Older persons as caregivers. Older women as caregivers to persons infected with and affected by HIV/AIDS.

2.10.9   Provision, accessibility and utilization of health care for older women.

2.11. Changing family structures and functions

Family structures and functions are changing, with inevitable consequences for older persons.

Specific topics include:

2.11.1   Diverse family structures and functions and their evolution.

2.11.2   Changes in living arrangements, especially multigenerational co-residence and independent living.

2.11.3   The nature and challenges of family caregiving.

2.11.4   Adaptive processes and coping strategies of people without family resources.

2.11.5   Interventions to promote other informal support bases.

2.11.6   Mechanisms of provision and receipt of support, including emotional, physical and economic support, and support in kind.

2.11.7   Availability of kin and non-kin support.

2.12. Policy design, implementation, monitoring and evaluation

Grounded approaches are needed to monitor and evaluate international policy documents and processes. Policies ultimately impact upon older people and should be informed by them. Research must inform policy development and suggest how infrastructural deficiencies can be met.

Specific topics include:

2.12.1   Effective models for linking research, policy and practice, and their evaluation.

2.12.2   Levels of government expenditure directed towards older persons and factors influencing allocations.

2.12.3   Age-specific impacts of mainstream health and welfare programmes.

2.12.4   Evaluation of results of resource allocations and expenditures, especially relating to poverty reduction and improvement of the health and well-being of older persons.

2.12.5   Adequate baseline data on the health status, well-being, and socio-economic situation of older people.

2.12.6   Qualitative and quantitative assessment of contributions of older persons to family, community and society.

2.12.7   Measures to support collaboration on ageing between multidisciplinary national and international scientific communities.

2.12.8   Data to support policy development and implementation.

2.12.9   Establishment of indicators to monitor and evaluate policies and programmes on ageing.

2.12.10 Age-specific socio-economic indicators.

2.12.11 Documentation of good practice in different settings.

2.12.12 Older people's involvement in policy processes. Evaluation of the impact of policies.

Section 3: Key Methodological Issues

Methodological issues that need to be addressed include the following

3.1 Review and refinement of research methodology on an ongoing basis, with particular attention paid to research in developing countries and countries with economies in transition.

3.2 Development of appropriate research methods and instruments for use in specific settings. Improved accessibility of research instruments.

3.3 Improved definition of concepts, particularly quality of life, healthy ageing, and contributions to family and society. Development of appropriate tools for measuring the multidimensionality of these concepts, cross-nationally and cross-culturally. Further development, validation and harmonization of subjective and objective measures.

3.4 Cultural harmonization, including adaptation and development, of research methods and instruments. Development of research instruments that yield findings that are comparable across national borders and valid within settings.

3.5 Development of multidimensional longitudinal study methods for use in developing countries, with special attention paid to cohort and multigenerational dimensions of longitudinal studies.

3.6 Participatory appraisal research in partnership with older persons in communities that includes design and implementation of interventions to complement quantitative studies.

3.7 Integration of biological, medical, psychological and social research, with sensitivity shown to ethical issues.

3.8 Measurement of all elements of older persons' contributions to family and society. Further exploration and categorization of such elements for use in field studies designed to demonstrate the contributions.

3.9 Interdisciplinary studies of life-long development and ageing.

3.10 Improvement of methods to measure disability, that enable valid comparisons across time and place and between social groups.

3.11 Inclusion of both men and women in studies of older persons. Tabulation and analyses of data by gender, age and social characteristics.

3.12 Comparative analyses of the effects of different socio-economic conditions, policies and institutional arrangements (extrinsic factors) on ageing processes and outcomes for older people, as well as options for constructive change.

3.13 Consolidation of information from multiple sources. Establishment of linkages between databases. Re/analyses of existing collections of data. Improved access to such information for researchers and policy makers.

3.14 Data archival and improved access for researchers. Exploration of the feasibility of establishing a global archive of studies on ageing.

3.15 Greater recognition on the part of researchers, policy makers and the public of the role of research in policy development and implementation.

3.16 Maintenance of high ethical standards by researchers and policy makers, especially in new areas of biomedical research, and regarding social responsibility in the interpretation and dissemination of findings. Protection of the rights and confidentiality of study participants.

Section 4: Implementation of the Research Agenda

4.1   Operationalization of the Research Agenda is linked to the implementation of the Madrid International Plan of Action on Ageing. By its nature and designation, the Research Agenda may be viewed, among its other functions, as a supportive tool for promoting, monitoring and updating the Madrid Plan of Action. At the same time, the Research Agenda will continue to be developed, reviewed, and revised as new knowledge and understanding emerge. Hence, the Research Agenda is a 'process' and not simply a 'product'.

4.2   **Political will and commitment** of governments are the most important pre-requisites for the successful implementation of the Madrid International Plan of Action on Ageing and the Research Agenda. A clear political endorsement is required from governments at all levels in processes linking research, policy and action.

4.3   As in any policy (and political) process, **accountability of government** should be matched by the **ethics of evidence** being obtained by researchers. The ideas of responsible governance should embrace the development of supporting evidence as a means to guide responsible policy action. These considerations are fully applicable in the process of implementation of the Madrid Plan of Action.

4.4   Government and researchers need to speak a **common language**, so that confusing and potentially conflicting, difficult to understand jargon is not employed and common understanding is enhanced.

4.5   **Ownership** of policy and related research activities should lead to a sense of association of all key players with the relevant policy action and elements of a research priority.

4.6   **Results** and **outcomes** of processes in operationalising the Research Agenda need to be clearly **demonstrated** to achieve ongoing commitment at all levels.

4.7   For the Research Agenda to achieve its stated goal, i.e. support the implementation of the Madrid International Plan for Action on Ageing, it must be adopted by UN Member States as an essential tool in the implementation process at all levels: local, national and international. Three major components in the implementation of the Research Agenda are: dissemination (of the agenda and the Madrid Plan of Action); integration (of policy and research); and monitoring and evaluation (of policy action and research activities on ageing).

4.8   The following recommendations and practical ideas are proposed to sustain the implementation and further development of the Research Agenda:

   4.8.1   The United Nations Programme on Ageing and the International Association of Gerontology and Geriatrics (IAGG) should continue their joint efforts to develop the Research Agenda on Ageing for the 21st Century.

   4.8.2   The Research Agenda project should remain open for broad participation of all interested parties, including UN Member States, research institutions, UN system bodies and organizations, the NGO community, and the private sector.

   4.8.3   The UN Secretariat and the IAGG should encourage all interested parties to contemplate a mechanism for a global commitment to research in the key priority areas identified in the agenda and to its implementation at all levels: global, regional, national and local, with a particular emphasis on developing and sustaining a network of research centres in developing countries and countries with economies in transition.

   4.8.4   Ongoing measures must be undertaken to raise awareness of and support for the Research Agenda among all interested parties.

4.8.5   Resources must be established and allocated to ensure the creation of a focus for facilitation of a globally coordinated effort to implement the agreed Research Agenda as a major outcome of the Second World Assembly on Ageing.

4.8.6   Organizations such as the International Labour Organization (ILO), the UN Educational, Scientific and Cultural Organization (UNESCO), the UN Population Fund (UNFPA), the World Health Organization (WHO), the UN Regional Commissions, Development Banks, etc., should be invited to review their policies and priorities in ageing related research in the context of the global Research Agenda with a view to contributing effectively to world advancement of knowledge and understanding in the field of ageing.

4.8.7   Research infrastructure must be strengthened and capacity improved in developing countries by drawing on the strengths of relevant international scientific research bodies, such as IAGG. A particular focus for this activity lies in an exchange of information on research methods, data archives, case studies and other areas between established research bodies in developed countries and emerging bodies in developing countries.

4.8.8   Funding must be secured and in-kind support provided by way of expertise and training, particularly for international collaboration and exchanges that will support local research initiatives in developing countries and the transitional economy countries and promote the exchange of research data between various countries. Among international agencies that are well placed to assume these roles are UN agencies such as WHO and UNFPA, as well as leading international non-governmental organizations such as HelpAge International, and major private foundations. While the Research Agenda will reinforce the commitment of some of these foundations that already have a designated focus on ageing, it should serve as a powerful stimulus to other more broadly based foundations to identify research on ageing as a priority for the 21st century.

4.9   In the longer term, the Research Agenda on Ageing should continue as an ongoing project with periodic review and should be linked to the review process of the Madrid International Plan of Action on Ageing. The results of periodic review of the Research Agenda should be made available to all interested parties and inform an ongoing process of reformulation taking account of progress and emerging issues over time.

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Part II

Expert Workshop to Review the Research Agenda on Ageing for the Twenty-First Century

Section 1: Background

1.1. Purpose and objectives

The purpose of the Rio de Janeiro workshop was to further the elaboration of RAA-21 to support the implementation of the Madrid International Plan of Action on Ageing (MIPAA) and its regional implementation strategies.

Specific objectives of the workshop were to:

1.   Review global and regional RAA-21 documents vis-à-vis new challenges and emerging priorities on ageing.

2.   Explore the contribution that RAA-21 can make to the global monitoring of MIPAA.

3.   Produce an updated global RAA-21.

4.   Review next steps for promotion and distribution of RAA-21.

Section 2: Organization of the workshop

2.1. Date and venue

The Workshop was convened in Rio de Janeiro, Brazil from 24 to 26 June 2005, in conjunction with and immediately prior to the Eighteenth World Congress of Gerontology. It was organized by the Centre for Ageing Studies, University of South Australia, Adelaide, Australia, in cooperation with and with financial support from the UN Department of Economic and Social Affairs (UN DESA).

2.2. Methodology

The Workshop was conducted as a series of brainstorming sessions with introductory briefings and presentations. Participants made short informal presentations (statements) on aspects of the revision and update of RAA-21 and contributed to an elaboration of proposals (recommendations) relating to issues identified in the workshop agenda.

Section 3: Presentations

3.1. Introductory briefings

An introduction, update and review of the RAA-21 and implementation of MIPPA were given by Alexandre Sidorenko. Gary Andrews reviewed commonalities and divergences noted in the reports of the regional RAA-21 expert workshops conducted in 2003.

3.1.1   Research Agenda and implementation of the Madrid International Plan of Action on Ageing. Alexandre Sidorenko (UN DESA)

The importance of research is clearly emphasized in the final documents of the Second World Assembly on Ageing. In the Political Declaration of the Madrid Assembly, government representatives identified the role of international research on ageing and age-related issues as an important contribution for the formulation of policies on ageing[1]. The Declaration underscores that governments have the primary responsibility for providing leadership on ageing matters and the implementation of the Madrid Plan. It also states that the implementation of MIPAA will require the partnership and involvement of many stakeholders, including research, academic and educational institutions[2].

MIPAA identifies as one of its central themes, or overarching dimensions, the "*(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*"[3].

The importance of research for policy action on ageing at both national and international levels is underscored throughout the MIPAA. At the national level, MIPAA identifies research activities and national data collection and analysis for policy planning, monitoring and evaluation as a *crucial element* of the national implementation process. At the international level, collaboration between researchers, the exchange of research findings, and data collection to support policy and programme development are included in MIPAA as one of the priorities for *international cooperation* on ageing.

In the section entitled "Research", MIPAA highlights a need to encourage and advance comprehensive, diversified and specialized research on ageing in all countries, particularly in developing countries. MIPAA states that research, including age and gender sensitive data collection and analysis, provides essential evidence for effective policies. A principal task of the research component of MIPAA is to facilitate the implementation of its recommendations for action. International research on ageing, concludes the Plan, is also needed to support policy responses to ageing and for the operational success of the Plan.

In 2003, the UN General Assembly devised a road map for the implementation of the MIPAA[4]. The road map provides a practical approach to implement the plan. It offers a framework for governments and other stakeholders to elaborate national implementation strategies through setting national priorities and selecting adequate approaches. While focusing on national implementation processes, the road map attempts to mobilize international cooperation to support activities of member states. The role of research on ageing, particularly a need to collect and analyze gender and age specific information for policy planning, monitoring and evaluation, was again emphasized in the road map.

Following on the Second World Assembly on Ageing in 2002, a series of regional meetings examined the strategic implications of MIPAA. Regional implementation strategies were elaborated in those meetings for the UN ECE (UN Economic Commission for Europe) region (Berlin, Germany, 11-13 September 2002); UN ESCAP (Economic and Social Commission

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[1] Political Declaration, article 11

[2] Political Declaration, article 17

[3] Madrid International Plan of Action on Ageing, paragraph 12.

[4] Report of the Secretary-General (A/58/160)

for Asia and the Pacific) region (Shanghai, China, 23-26 September 2002); and the UN ECLAC (Economic Commission for Latin America and the Caribbean) region (Santiago, Chile, 19-21 November, 2003). Specific situations exist in two other Regional Commissions: ECA (Economic Commission for Africa) and ESCWA (Economic and Social Commission for Western Asia). While ECA has not elaborated its RIS, the African Union Policy Framework and Plan of Action on Ageing was adopted by African Union heads of state and government in Durban in July 2002. Similarly, ESCWA does not have a RIS; however, it adopted the Arab Plan of Action on Ageing to the Year 2012 which was elaborated during the Arab Preparatory Meeting for the Second World Assembly on Ageing in February 2002 in Beirut. Both ECA and ESCWA regional documents are conceptually and operationally closely related to MIPAA.

The regional implementation documents emphasize the importance of research on ageing for the implementation of MIPAA. Moreover, the Shanghai Implementation Strategy (RIS for MIPAA and the Macao Plan of Action on Ageing for Asia and the Pacific) makes direct reference to the RAA-21 document adopted in the Valencia Forum

RAA-21 was designed to support the implementation of MIPAA. Three principal tasks for RAA-21 could be identified in relation to the implementation process: (1) inform the development and implementation of policies and programmes on ageing; (2) contribute to review and appraisal of MIPAA; and (3) facilitate national capacity building on ageing.

3.1.2 *Common priorities and divergences across the regional RAA reports.* Gary Andrews (IAGG)

In recent years, numerous research priorities, strategic research directions and agendas have been developed by agencies and authorities world-wide. A review of several of the more prominent research priorities, etc., revealed common elements, overlap and consistent themes, as shown in Table 1.

From this broad analysis a range of research areas emerged that were common to several existing global and national research agendas. Common research areas include (in random order):

- Income (economic) security

- Employment, productivity and the older worker

- Changes in family structures. Intergenerational relations (e.g., transfers)

- Healthy ageing. Health promotion

- Physical and mental functioning

- Healthy ageing and biomedical research - improving and maintaining health

- Independence and activity

- Quality of life and well-being

- Social participation

- Care systems - formal and informal. Best practices

- Access to health care services

- Programmes and services to support older persons

- Policy - design, monitoring and evaluation

- Rights

- Social and cultural diversity

- Images and attitudes

Table 1. Common Research/Policy Themes in Various Published "Agendas"

	Employment and Productivity	Economic Security	Family Relations/ Inter-generational Transfers	Healthy Ageing/ Health Promotion	Bio-Medical Ageing	Quality of Life/ Well-Being	Social Participation	Physical and Mental Functioning	Care Systems Access	Images & Attitudes
RAA 21	■	■	■	■	■	■	■	■	■	■
MIPAA	■	■	■	■		■	■	■	■	■
WHO	■	■	■	■		■	■	■	■	
NIA			■	■	■	■	■	■	■	
APA	■		■	■	■	■	■	■		
NRC	■	■		■			■	■	■	■
CIHR				■	■	■		■		
UK	■	■		■	■	■	■			
GA	■	■					■			
EU				■	■	■		■		
NZ	■	■		■			■		■	■
NSAA	■	■	■	■		■	■		■	■
HAR	■	■	■	■		■	■	■	■	■
SCOPE				■	■			■	■	

RAA-21 – Research Agenda on Ageing for the 21st Century – UN/IAGG (2001)

MIPAA – Madrid International Plan of Action on Ageing (2002)

WHO – World Health Organization – Positive Ageing Policy Framework (2002)

NIA – US National Institute on Aging – Action Plan for Research (2002)

APA – American Psychological Association (1993)

NRC – US National Research Council (2001)

UK – UK Government Foresight Program (2002)

CIHR – Canadian Institutes of Health Research - Institute on Ageing (2002)

GA – Geneva Association – Four Pillars (2003)

EU – European Union – Fifth Framework Programme (2002)

NZ – NZ Positive Ageing Strategy (2001)

NSAA – National Strategy for an Ageing Australia (2001)

HAR – Review of Healthy Ageing research in Australia (2002)

SCOPE – NHMRC Scoping Study on Biological Research on Aging (2003)

Similarly, the four regional RAA-21 reports on regional research priorities consistently identified areas for study, that are aligned with major priority directions of MIPAA, as shown in

Table 2.

Table 2. Linkages between regional research priorities/research topics

MIPAA Priorities	AFRICA	EUROPE	LATIN AMERICA & CARIBBEAN	ASIA/PACIFIC
Priority Direction I: **Older persons and development**	***Poverty*** effects on older people and strategies for combating poverty in old age.	Dynamics of ***poverty*** in old age.	The eradication of ***poverty*** through income generating, banking and loan options. Specific implications for the eradication of ***poverty*** relating to gender, indigenous and minority status, and age.	Development of criteria for identifying vulnerability e.g. living alone, remoteness, isolation, ***poverty***, disability/illness, lack of knowledge.
	Study of informal and formal ***social security systems***.	***Social security systems*** – alternatives and cross national variations. The effects of different incentive arrangements on ***retirement*** decisions. Role of ***insurance systems*** and other institutions in pushing older people out of employment.	Methods by which older "new poor" can be encouraged to use their skills for societal development and ***income generation projects***.	Development of a model to measure impact of economic changes on ***income security*** over the next 20 to 30 years. Provision of a reliable knowledge base to inform the development of policy on sustainable ***income security***.
	Changing structures and functions of the extended ***family*** and implications of these changes for ***intergenerational support and intergenerational solidarity***.	The effects of changes ***in family structure*** on protection systems, public and private. ***Coping strategies*** dealing with the social and economic consequences of demographic changes.	Better understanding of the contribution of older people, along with the contribution of younger people, to social networks (e.g. ***family***, community, society). Rural-to-urban migration and ***intergenerational*** transfers.	Changes in ***intergenerational family relationships***, including changing gender roles in caregiving and inheritance law and practices.
	Impact of ***urbanization*** on families.		The impact of ***urbanization*** on old people, including living in slums.	Demographic, economic and social impacts of rural to urban ***migration.*** ***Rural-urban*** differences in income, social security, nutrition, family structure etc. and their impact on individual and population ageing.

Table 2. Linkages between regional research priorities/research topics (contniued)

MIPAA Priorities	AFRICA	EUROPE	LATIN AMERICA & CARIBBEAN	ASIA/PACIFIC
Priority Direction II: **Advancing health and well-being into old age**	Allocation of resources at household level: patterns and effects on health and **well-being** of older persons.	***Quality of life*** and maintenance of independent living in community and institutional environments.	Social networks and the roles they play in maintaining members' **well-being** (e.g. economic, care provision). The promotion of successful models to strengthen social networks.	Development of valid and reliable methods for study of ***quality of life***, taking into account cultural diversity, urban/rural differences and cohort and gender variations. The influence of oriental philosophy and spirituality in defining **well-being**.
	Ageing and health: health status, health demography, prevalence of disability. ***Mental health*** and ageing, specifically dementia and depression. ***Health care delivery to older persons***: methods, funding, training and evaluation.	The effectiveness/ lack of effectiveness of promoting ***healthy over unhealthy life styles***, including programmes of intervention for life extension, (biotechnology, anti-ageing). ***Physical and mental health***. Determinants of active ageing. Improved effectiveness of interventions aimed at encouraging older people to make ***healthy choices***, through e.g. health literacy, inter-sectoral approaches, etc.	… what cost effective screening measures are available or can be developed to assist in ***early detection and intervention of disease and disability***? How can effective behavioural change be achieved to maximize ***health outcomes*** throughout the life course? The effectiveness of ***traditional medicine*** and its complementarity with Western medicine.	Scientific assessment of locally based health care practices including complementary/ ***traditional medicine***. Multidisciplinary research of different parameters of independent living, ***health*** and ***well-being*** in older age.

Table 2. Linkages between regional research priorities/research topics (contniued)

MIPAA Priorities	AFRICA	EUROPE	LATIN AMERICA & CARIBBEAN	ASIA/PACIFIC
Priority Directions III: Ensuring enabling and supportive environments	Changing *perceptions of ageing* of younger Africans.	***Images of and attitudes to ageing and factors*** influencing these, especially those that might be able to be used to create more positive views of older persons in society.	Investigation of local *stereotypes* of ageing. Emergence of negative stereotypes of old age and possible ways to change them.	Current ***public perceptions of older people and ageing***, including analysis of factors that impact upon employment and retention of older workers.
	Family and community support strategies: nature, effectiveness, potential for strengthening. The role of older persons in providing ***family support.***	The continuing importance of ***family*** in ***caregiving***. Intergenerational relations. Changing structures, function, size and values of ***family*** and their effects on traditional ***caring*** roles.	Improvement of the quality of **long-term care provided in the home**, especially through training of and support for ***caregivers***. Respite ***care*** and incentives for ***caregivers***. Impact of these interventions on the quality of life and health of the client and the ***caregiver***.	Emerging ***pressures on traditional family structure*** (filial piety) and function and how governmental and community policies to relieve the strain on families can be developed. The impact of economic development, culture, change in social roles, and family planning policies (including one child policies) on ***caregiving roles in the family***.
	How different ***housing conditions*** respond to basic needs of older persons, including such needs as clean water, sanitation etc.?	Quality of life and maintenance of ***independent living*** in community and institutional ***environments***.	Examination of the ***built environment*** in terms of its effects on older people.	Options and use of ***age friendly architectural design*** introduced at local level including such parameters as adaptability.
	Rights of older persons and their awareness of them. Personal security, including ***marginalization, neglect, violence, abuse*** and ***isolation***.	What are the extent, level and mechanisms of ***age discrimination*** in different sectors (health, employment, social care, welfare, decision making)?	The incidence of different types of ***elder abuse*** (e.g. financial, physical, sexual, emotional) and types of legal mechanisms for addressing abuse and how can they be developed in different communities.	Issues associated with protection of the ***rights of older persons*** in the region. Identification and evaluation of approaches to reduce ***discrimination against women*** of different ages in areas such as labour force participation, income security, access to health care and family caregiving.
NOTE: HIV/AIDS is linked to two Priority Directions: II and III	Analyses of the impact of ***HIV/AIDS*** on older people and the implications for African family and society, including the impact of caregiving on older persons. Older persons' increasing risk of infection with the virus.	What are the needs of older patients with ***HIV/AIDS*** and their caregivers?	The impact of ***AIDS*** on older caregivers in terms of caring for the patient and the patient's children when the parents die.	Patterns of emerging and re-emerging infectious diseases, such as malaria tuberculosis, as well as newer epidemics such as ***HIV/AIDS*** and SARS, and their impact on older persons.

3.2. Regional research priorities

Short presentations which reviewed emerging priorities for research on ageing in selected world regions were made by participants as follows:

for the sub-Saharan Africa region: *Monica Ferreira*;

for the Asia/Pacific region: *Mala Shankardass*;

for the Europe region: *James Goodwin*; and

for the Latin America and the Caribbean region: *Miguel Acanfora.*

Presentations included overviews of the priorities for research developed in the regional workshops in 2003. In addition, presentations reflected areas within the regional reports that required further review or modification in the light of ongoing development. Specific comments and proposals made by presenters are summarized below.

3.2.1 Africa

Four Specific Priority Areas for Research on ageing in the Sub-Saharan Africa (SSA) Region were formulated from those identified in the earlier regional workshop (Cape Town, 2003) and supplemented with two new priority areas, as follows:

Cape Town, 2003	Rio de Janeiro, 2007
1. Poverty	1. Chronic poverty
2. Family	2. Changing family structures
3. Health	3. Access to health care
4. HIV/AIDS	4. Impact of HIV/AIDS
	5. Income security
	6. Effects of urbanization

The Ten Top Priorities for Research on Ageing in SSA were identified in the Rio de Janeiro workshop as:

1. Poverty effects on older people. Strategies to combat old age poverty.

2. Formal and informal social protection systems .

3. Household level resource allocation patterns and effects on health and well-being of older persons.

4. Changing family structures. Implications for intergenerational solidarity and elder support.

5. Implications of urbanisation for older persons.

6. Roles and contributions of older persons to family, community and society.

7. Family and community elder care and support systems: how may they be strengthened?

8. Health status and health care service delivery. Epidemiological studies.

9. Mental health – specifically dementia and depression.

10. Impact of HIV/AIDS on older persons, family and communities. Older persons as caregivers to persons infected with and affected by AIDS.

3.2.2 Asia/Pacific

Several research issues were suggested for addition to the list of issues for research on ageing identified in the earlier Asia/Pacific regional workshop (Tokyo, November 2003):

• The growth of the oldest old: implications.

• Gender differences favouring women at older ages. The impact of these differences on health care, social security, intergenerational relationships and equity concerns.

- Critical evaluation of public pension schemes in providing retirement income to older people.

- Review of provident funds as a form of social security.

- Discouraging early retirement and meeting the challenge of effective formal social security schemes while maintaining support for extant informal mechanisms.

- The impact of the twin processes of modernization and urbanization on changing family support structures to older persons.

- Leisure and recreational needs of older persons.

- Access to preventive and curative care and rehabilitation facilities.

- Developing comprehensive data bases on family support patterns, institutional and non-institutional systems, health care provisions, public service facilities, and economic participation, etc.

- Mechanisms and relationships that determine the timing and content of support and services for older persons.

- How to harness the skills and experience of older people?

- Sexuality and ageing.

3.2.3   Europe

Priorities for research in the Europe region should be linked to the Regional Implementation Strategy (RIS) for the Madrid International Plan of Action on Ageing, as adopted by UNECE in Berlin in September 2002. The RIS for Europe includes 10 commitments. Each of the commitments (1 to 9) was used as a focus to consider key issues (important research questions) and priorities for research, as follows:

Commitment 1: 'Mainstreaming Ageing'

- Images of and attitudes to ageing

- Older people as agents of change

- Models for public involvement of older people

Commitment 2: 'Full Integration and Participation'

- Gender and age discrimination

- Societal responsibilities for ageing

- Intergenerational stereotypes

- Contributions of older people

Commitment 3: 'Equable and Sustainable Economic Growth'

- Socio-economic scenarios of demographic change

- Dynamics of poverty in old age

- Social security systems

Commitment 4: 'Social Protection Systems'

- Effects of changes in family structures

- Effects of different incentive arrangements on retirement decisions

- Conflicting interests between and within stakeholders in social security protection systems

Commitment 5: 'Response of Labour Markets'

- Labour market – role of factors in pushing older people out of employment, incentives for continuing employment, etc

- Pace of societal change (technology, globalisation, etc) on older people in the labour force
- Impact of migration policies on older age employment
- Effects of re-training and re-skilling

Commitment 6: 'Life Long Learning'

- Evaluation of:
    - Training and re-training programmes
    - Strategies toward life-long learning
    - Impact of existing programmes on quality of life, employability, functioning, cohort effects
- Review of presence/absence of life-long learning perspective in education
- Provision and cost of life-long learning

Commitment 7: 'Quality of Life and Independence'

- Accessibility and quality of health and social services
- Contribution of psycho-social interventions to improving quality of life
- Evaluation of standards in palliative care
- Quality of life issues
- Effectiveness of health promotion

Commitment 8: 'Gender'

- Gender inequality and differences in relation to legislation, social security systems, health and service accessibility – from family level to community to society at large

Commitment 9: 'Families and Care'

- Family structures in the face of demographic change
- Coping strategies within families for dealing with consequences of demographic change
- Older people living independently
- Migration and effects on family solidarity
- Grandparents' role in enhancing children's quality of life

3.2.4 Latin America and the Caribbean

During the regional workshop (Santiago, Chile, 2003), ten top priorities for research on ageing in Latin America and the Caribbean were identified. Key issues relating to ageing in the region were identified in the Rio de Janeiro workshop as follows:

- Migration and the accelerated process of demographic ageing in small countries.
- Urbanization of younger adults.
- Poverty
- Quality and accessibility of health and social services.
- Growing old age dependency ratios and the provision of income security in old age.
- Role of government and other players in provision of welfare for older citizens.
- Increasing demand for health care and social care in countries in epidemiological transition.

Section 4: Discussion and deliberations

4.1. Inter-regional issues

Participants in the Rio workshop reviewed specific patterns of population and individual ageing as well as the status of research on ageing in different regions. Four issues identified as common to all regions were noted:

- **Need for indigenous solutions:** different regions require indigenous solutions at local, country and regional level tailored to specific socio-economic, cultural and demographic situations and combining tradition and modernity. Such solutions need to encompass global experience.

- **Fragmentation of research:** in all regions research is fragmented and there is little evidence of a cohesive approach to defining overall strategies and linking priorities.

- **Disconnection between research and policy:** research and policy are disconnected at different levels (global, regional and national) and communication between policy makers, research institutions and researchers is poor. Strategic directions of policy and priorities of research are often uncoordinated.

- **Lack of awareness of RAA-21:** numerous funding agencies for research on ageing as well as research institutions and policy makers appear unaware of RAA-21. A need for better dissemination and promotion of RAA-21 is evident.

4.2. Overarching research imperatives

Analyses of linkages between regional research priorities on ageing (see table 2) identified several overarching research imperatives, which are presented below within the three priority directions of MIPAA:

MIPAA Priority Direction I: Older persons and development

- Poverty

- Social security systems

- Intergenerational support

- Urbanization and rural-urban differences

MIPAA Priority Direction II: Advancing Health and Well-being into Old Age

- Ageing and health

- Well-being and quality of life

- HIV and AIDS (also relates to Priority 3)

MIPAA Priority Direction III: Ensuring Enabling and Supportive Environments

- Images, attitudes and stereotypes

- Family care and support

- Age friendly environments

- Physical environment

- Rights, discrimination and abuse

4.3. Research areas and issues of special concern

Participants paid special attention to the following research areas: images of older persons; middle aged persons; and gender issues. Most of these areas and issues have been included in the original RAA-21 document, either in the form of a specific research topic under critical research areas (e.g., images of ageing – specific research topic 2.1.2), or as an overarching dimension (cross-cutting theme) of RAA-21 (e.g., gender issues). Nevertheless, given the prominence of these areas and issues, the participants proceeded to formulate research questions under each research area of special concern, as presented below.

4.3.1 Images of older persons and policy on ageing

- What factors shape images of older persons?
- Are images of older persons changing?
- What are implications of changing images of older persons for policy on ageing?
- How can information technology be best used to promote positive images of ageing?
- How are images reflected in the print and electronic media changing perceptions of older people?
- Changing perceptions of old age throughout the life course.

4.3.2 "Middle aged" persons

- What factors shape the transition from middle age to old age?
- How can the transition from middle age to old age be facilitated?
- What is the interplay between individual choices and social forces in preparation for old age?

4.3.3 Gender issues

- Are gender issues in ageing universal?
- What are cultural and societal differences in gender issues in ageing?
- Gender based discrimination in old age.
- Gender based elder violence and abuse in different societal and cultural contexts.

4.4. Improving the impact of research

Several issues relating to improvement of the impact of research were examined, including the involvement of end users, the quality of communication, and monitoring and feed-back.

Policy makers are obvious end users of policy-related research on ageing. Their involvement could be secured through ongoing dialogue between them and researchers. Among important issues to be addressed are the definition of research objectives and research priorities; the identification of sources of financing; and the interpretation of findings. To facilitate such dialogue, the quality of communication between partners needs to be improved, through clarification and simplification of terminology and a pro-active stance for ongoing active engagement of researchers. The establishment of a mechanism for continuing feed-back, including monitoring of research and related policy implementation, and measurement of outcomes, is of utmost importance.

4.5. Additional critical research areas and specific topics

The following **additional** *critical research areas* and specific *topics* relating to the three priority directions of MIPAA were identified to supplement the areas and topics listed in the original RAA-21.

Additional critical research area "Poverty" relating to MIPAA Priority Direction I: Older persons and development

While poverty is included in critical research area 2.2: "Economic Security" of RAA-21[5], participants identified an additional critical research area,"2.4. Poverty," with the following specific research topics and questions:

2.4.1 Multi-dimensional nature of poverty and its impact on older persons.

2.4.2 Gender, poverty and individual ageing.

2.4.3 What does it mean to be poor and old in different countries and in different settings?

2.4.4 Political, community and self concepts of poverty in old age.

2.4.5 Poverty and poverty-related issues in old age. Age-specific poverty indicators.

Additional critical research area "Social security systems" relating to MIPAA Priority Direction I: Older persons and development

While some elements of social security are included in the research area 2: "Economic Security" of RAA-21[6], participants identified social security systems as an additional critical research area, with the following specific research topics and questions:

2.5.1 How to introduce or expand social security systems in developing countries and countries with economies in transition?

2.5.2 Evaluation of existing models of social security with identification of best practice.

2.5.3 Evaluation of status and sustainability of existing informal and formal support systems.

2.5.4 Changes in social support systems as a result of social security/pension reform – implications for individuals, family and society.

Additional specific topics

Additional specific topic in the critical research area "2.1 Social participation and integration":

• *Mechanisms for ageing migrants' adaptation in migration destinations.*

Additional specific topic in the critical research area "2.2 Economic security":

• *Economic and social impact of removal of mandatory retirement age and age discrimination in the work place.*

Additional specific topics in the critical research area "2.7 Biomedical":

• *Individual evolution of disease development in older people.*

• *Critical assessment of traditional methods of treatment and prevention of age-associated diseases.*

• *Older survivors of starvation and malnutrition in rural and remote areas of developing countries and countries with transitional economies, and adaptation mechanisms.*

• *Long term health impact of obesity on longevity around the world.*

Additional specific topics in the critical research area "2.9 Quality of life":

• *Standards of living of older persons in multigenerational households in different countries.*

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[5] See Section 2 of RAA-21: Critical Research Arenas. 2.2 Economic Security. 2.2.7 Poverty and poverty-related issues in old age. Age-relevant poverty indicators.

[6] See, for instance, specific topics 2.2.5 and 2.2.6 of the critical Research Arena 2.2 Economic Security.

- *Urbanisation, modernisation and late-life adjustments.*

- *Impact of life-long learning, adult education and skills development on quality of life of older persons.*

- *Age-friendly environments: physical and social dimensions.*

Additional specific topics in the critical research area "2.10 Care systems":

- *Provision, accessibility and utilization of health care for older women.*

- *Care-giving roles and the impact of caregiving on older carers.*

Additional specific topic in the critical research area 2.11 Changing family structures and functions

- *Availability of kin and non-kin support.*

Section 5: Implementation of the RAA-21

5.1. Practical ideas

Implementation of RAA-21 must include three major components: dissemination (of RAA-21 and MIPAA); integration (of policy and research); and monitoring and evaluation (of policy action and research activities on ageing).

Participants proposed several practical ideas aimed at promoting the implementation of RAA-21:

- 2007 will mark the fifth anniversary of the Second World Assembly on Ageing and the adoption of the MIPAA and RAA-21. The UN Commission for Social Development will conduct the first cycle of review and appraisal of MIPAA in 2007-2008, which will provide an opportunity to foreground RAA-21 in international activities on ageing, particularly as a tool for independent review and appraisal of MIPAA and regional implementation strategies. Organization of a "Valencia-2" event is an idea worth exploring.

- The IAGG has scheduled a series of regional congresses in 2007, which will provide an opportunity to focus on review and appraisal of the implementation of MIPAA.

- The World Ageing Survey (WAS) being sponsored by the IAGG is one way of providing evaluation towards progress in the implementation of MIPAA. The African Research on Ageing Network (AFRAN) is another network that could help this process.

- Dissemination of RAA-21 is important. Publication of the agenda in several formats could be considered, such as flyers; the main document; specific regional reports; reports in different languages; outcome documents without the procedural elements; executive summaries; reports with a preamble to explain why research is useful to various interest groups; etc.

- A Forum is needed for all organisations (including grassroots, non-scientific community based organizations, NGOs and the UN system) to come together and foster collaboration. IAGG can make a particular contribution by bringing together representatives of all organisations that have initiated a research agenda on ageing. Such an effort would be independent of the UN but would be a parallel effort to target the NGO community and subsequently to lobby governments.

- Efforts should be made to identify and engage at least one influential government to support the cause of global ageing research in international political fora, including the UN legislative (e.g., General Assembly) and consultative (e.g., Commission for Social Development) bodies. An international NGO could initiate and support such an effort through its national constituencies.