

Department of Economic and Social Affairs

***Guide to the National Implementation of the
Madrid International Plan of Action on Ageing***

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Department of Economic and Social Affairs

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Preparation of the *Guide* was conceptualized and directed by Sergei Zelenev, Chief of the Social Integration Branch, Division for Social Policy and Development, Department of Economic and Social Affairs. Important inputs were also provided by Isabel Ortiz, Senior Interregional Advisor, Alexandre Sidorenko, Senior Social Affairs Officer, Robert Venne, Social Affairs Officer, and Elena Mashkova, intern, all of the United Nations Division for Social Policy and Development.

Written contributions were provided mainly by Peter Lloyd-Sherlock, Reader in Social Development, School of Development Studies, University of East Anglia, United Kingdom; Tracey McDonald, Professor of Ageing, Faculty of Health Science, Australian Catholic University (ACU National); Ghazy Mujahid, Advisor on Population Policies and Development, UNFPA Country Technical Support Team (CST) for East and South-East Asia, Thailand; and Charlotte Nusberg, Senior Information Specialist, AARP, United States.

Detailed comments and valuable contributions were also received from Nikolai Botev, Advisor on Population and Development, UNFPA CST, Bratislava, Slovakia; Carola Donner-Reichle, Director, Department of Social Development, InWent Capacity Building International, Germany; Maria Amparo Cruz-Saco, Professor of Economics, Connecticut College, United States; François Farah, Chief, Social Development Division, United Nations Economic and Social Commission for Western Asia, Beirut; Amanda Heslop, independent consultant, United Kingdom, Faith Innerarity, Chief Technical Director, Ministry of Labour and Social Security, Jamaica; Lidija Kozarcanin, Head of the Department for Research and Development, Institute for Social Protection, Serbia; Vuyelwa Nhlapo, Deputy Director General, Integrated Development Branch, Department of Social Development, South Africa; Ann Pawliczko, Senior Project Advisor, Population and Development Branch, UNFPA, New York; Nelida Concepción Redondo, Researcher, National Institute of Statistics and Censuses (INDEC), Argentina; Libor Stloukal, Population Policy Officer, Gender, Equity and Rural Employment Division, Economic and Social Development Department, Food and Agriculture Organization of the United Nations, Rome; Joseph Troisi, Director, International Institute on Ageing, Malta; Jean-Philippe Viriot Durandal, Senior Lecturer in Sociology, University of Paris 5, Strasbourg, France; Ronald Wiman, Development Manager, Division for Social Services,

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Introduction

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

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

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

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

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

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

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

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

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

Key dimensions of the framework include:

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

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

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

Section 1

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

1.1 Who are older persons?

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

Table 1. Indicators of population ageing, selected countries

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

Source: Calculated from United Nations Population Division, *World Population Ageing, 2007* (Sales No. 07.XIII.5); and World Health Organization, *World Health Report 2004—Changing History* (Geneva: 2004).

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

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

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

The older population is as diverse as any other age group, and in implementing MIPAA this diversity must be acknowledged and accommodated. Aggregated demographic data at the national level can mask regional disparities within countries; detailed analysis is therefore required to prevent the inadvertent marginalization of any population group.

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

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

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

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

The nature and extent of diversity among older persons vary within and between countries. The most obvious differences are likely to be linked to gender,

ethnic or tribal affiliations, urban-rural residence, economic status, health and functional capacity, and levels of education and literacy.

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

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

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

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

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

MIPAA incorporates two core concepts:

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

³ The life-course perspective represents an analytical framework geared towards highlighting the dynamic components of human lives, institutions and organizations, supporting an integrated policy approach that goes beyond a specific life phase and covers the whole life course. For more

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

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

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

information, see, for example, Ute Klammer and Saskia Keuzenkamp, *Working Time Options over the Life Course: Changing Social Security Structures* (Dublin: European Foundation for the Improvement of Living and Working Conditions, 2005).

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

⁵ United Nations Environment Programme and United Nations Educational, Scientific and Cultural Organization, youthXchange (web site), Carrying the torch: shaping tomorrow, “Demographic change: toward a society for all ages” (available from <http://www.youthxchange.net/main/demographicchange.asp>).

⁶ In Australia around 6 per cent of those aged 75 years or above are under residential aged care, which accounts for the majority of aged care funding, and a further 4-5 per cent receive subsidized support within their own homes or communities; the remaining 90 per cent receive little of this funding. As a consequence of their membership in the “older persons” group, these individuals face the danger of being included, as a result of stereotyping, with those who are ill or dependent. (This analysis is based on information provided in *Australian Health and Ageing System: The Concise Factbook, March 2005*, published by the Australian Government’s Department of Health and Ageing.

When formulating policies relating specifically to ageing, it is important to draw a clear distinction between older persons who require health care and treatment services and those who do not. It must be remembered that such services must be equally accessible to all members of society.

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

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

The situation of older persons in developing countries and some economies in transition is even more difficult. Economic, social, cultural, and political changes occurring in these countries often have negative implications for older persons; within such contexts, feelings of alienation are more likely to emerge, and old-age social support and protection systems may weaken or collapse.

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

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

- Viewing population ageing as a natural and positive outcome of development and believing that older persons can contribute in many ways to the future well-being of their societies;
- Welcoming and respecting older persons' participation in all spheres (including productive employment) and recognizing the potential benefits accruing from their wisdom and experience.

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

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

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

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

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

Focal points⁷ and other stakeholders should undertake activities designed to:

- Challenge negative stereotypes and promote acceptance of ageing as a normal part of living;

⁷ As explained below, focal points are public sector offices that advance the rights of older persons.

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

In some developing countries population ageing is currently less pronounced, and older persons are receiving little, if any, attention from policy makers. In such situations, the main challenge will be to raise the profile of population ageing in positive ways that accentuate the benefits to all of having older persons participate actively in the community (see section 6).

1.3 Focal points on ageing: some specific functions and responsibilities

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

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

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

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

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

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

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

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

1.4 The scope of age-related policy planning and implementation

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

- Assess existing policies for service gaps, determining, for example, the extent to which the diversity of needs within the older population have been taken

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

into account as they relate to age, gender, socio-economic status, family status, health, geographical location, and other relevant factors. Reviews need to be conducted without bias, and conclusions should be drawn based on rigorous data and analysis;

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

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

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

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

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

(including staging and timeline details). It may be necessary to respond more urgently to clearly defined areas of need; under such circumstances, evidence-based arguments will need to be made.

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

A number of factors should be considered in assessing various aspects of social policies and programmes for older persons, as indicated under the respective headings below.

Social impact of programmes

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

Cost-effectiveness of programmes

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

Governance issues related to programmes

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

Sustainability and affordability of programmes

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

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

1.4.2 Securing budgetary allocations

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

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

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

1.4.3 Programme implementation arrangements

When consideration is being given to initiating or expanding social programmes, it is important to identify the human and material resources and infrastructure required for successful programme implementation. Particular attention should be given to the following:

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

There are four main delivery mechanisms for social service provision:

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

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

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

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

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

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

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

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

A participatory, bottom-up approach that involves older persons in policy development and implementation ensures that their concerns are identified and mainstreamed more effectively.¹⁰ Issues that might be assigned priority in the

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

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

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

Box 3. Mainstreaming ageing in Uganda

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

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

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

1.6 Strengthening regional and international cooperation

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

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

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

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

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

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

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

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

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

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

International support is made possible through technical assistance programmes aimed at increasing national capacity-building. The Division for Social Policy and Development of the Department of Economic and Social Affairs within the United Nations has been implementing a capacity-building project aimed at

integrating older persons in development goals and frameworks through the implementation of the Madrid Plan. The overall approach involves promoting the integration of an ageing perspective into national development frameworks. In recent years, regional commissions such as the Economic Commission for Latin America and the Caribbean (ECLAC) and the Economic and Social Commission for Asia and the Pacific (ESCAP) have provided technical support for the national implementation of MIPAA.

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

Section 2

Promoting a harmonious relationship between development and demographic change

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

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

2.1 Linking into wider development agendas

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

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

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

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

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

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

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

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

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

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

¹³ For more information on this subject see the forthcoming “Social policy guidance note” being prepared by the United Nations Department of Economic and Social Affairs, which focuses on more comprehensive social policies.

have come to the conclusion that ageing is not a threat.¹⁴ Nonetheless, the view that older persons constitute a millstone around society's neck persists and is often used to justify the following:

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

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

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

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

The following actions are also advised:

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

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

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

2.3 Poverty reduction and older persons

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

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

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

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

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

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

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

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

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

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

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

Box 5. (cont'd)

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

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

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

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

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

2.4 Contributing to society: creating opportunities and eliminating barriers

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

¹⁵ Chronic Poverty Research Centre, *Chronic Poverty Report 2004-05* (available from http://www.chronicpoverty.org/resources/cprc_report_2004-2005_contents.html).

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

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

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

Using available data on older persons' contributions

A small number of countries have already conducted surveys focusing on older persons' employment and other contributions. Efforts should be made by focal points to determine whether these surveys are robust, representative, and cover the full range of potential contributions.

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

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

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

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

Developing surveys of older persons' contributions

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

Box 6. Using indicators properly

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

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

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

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

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

- How do patterns of economic engagement vary across the older population? Gender differences may play out in a different way among older persons than among younger age groups. In some developing countries a significant proportion of very old people continue to work and represent a highly vulnerable subgroup;
- Are older persons employed in appropriate activities? In poorer countries older persons may be engaged in labour that is physically demanding and

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

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

- What are the work preferences of older persons? Some may wish to work but face a range of age-related barriers (see below). Equally, those who are working may wish to stop or to change the type of work they do but find it difficult to do so;
- What can be learned about the wider contributions of older persons to society, including volunteer activities?

2.4.1 Policies to promote employment for older persons

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

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

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

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

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

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

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

Box 7. Promoting the National Age Programme in Finland

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

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

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

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

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

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

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

Policies promoting the employment of older workers must be linked to the revision of pension and early exit schemes; these may bar or discourage older persons

ec.europa.eu/employment_social/social_protection/docs/working_longer_en.pdf); and United States General Accounting Office, "Older workers: policies of other nations to increase labor force participation" (February 2003) (GAO-03-307) (available from www.gao.gov/new.items/d03307.pdf).

from remaining in salaried employment. Focal points should consider these effects as part of their review of formal social protection schemes (addressed in more detail in section 3). In countries where generous early retirement benefits are common, employment rates for older workers are often low. When developing national policy, it is important to consider the compatibility of pension legislation with the desirability of having people work beyond the statutory pensionable age.

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

2.4.1.1 Age discrimination

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

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

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

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

Box 8. Tracking age discrimination in recruitment

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

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

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

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

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

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

2.4.1.2 Other barriers

Pervasive negative stereotypes about the capacities of older persons can be a serious barrier to their participation in society. It is often asserted, for example, that older persons do not have the appropriate skills for many forms of economic

activity.¹⁸ This may be true in some cases and not in others. In developing countries, many older persons lack literacy skills and a formal education. In both developed and developing countries, the skills retained by older workers may have become obsolete. Where this is the case, a key objective in age-friendly policy is ensuring that older persons have as many opportunities as other age groups to acquire or develop new skills and competencies. Two arguments supporting the allocation of resources in this area include the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Box 9. Global age-friendly cities guide

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

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

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

Note: For more information see

http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf.

2.4.3 Older consumers

Along with their participation in the labour force, caregiving and volunteer activities, older persons make key contributions to development in the capacity of consumers.

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

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

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

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

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

In poorer countries the impact of older age groups on consumption may be less evident. Here, the key issue may be reducing poverty and ensuring that older persons' basic consumption needs are being met.

Focal points and other stakeholders should focus on the following:

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

neighbourhoods have access to a range of retail products at competitive prices, and whether insurance arrangements discriminate unfairly against certain groups of older persons;

- Paying particular attention to older persons as consumers of health and care services (see sections 4 and 5 for more detailed information).

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

Section 3

Making social protection work effectively for older persons

3.1 What is social protection?

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

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

Traditionally, direct social protection for older persons has taken the form of retirement pensions or similar schemes involving income support. Older persons can be directly or indirectly affected by virtually all social protection programmes, however, even those targeting other groups; in many developing countries, for example, indigent residents of all ages may be eligible for cash transfers.

Grandparents who have become the main caregivers for children and youth may receive cash transfers that provide or supplement family income if certain conditions are met, such as children attending school, receiving immunizations, and visiting health-care providers regularly. Older persons often constitute one of the most vulnerable groups in society and face risks other than loss of income, including frailty, discrimination, neglect, and even harassment. These risks may be reduced through various social protection strategies, including long-term health-care support, close oversight, and co-residence with family members or friends. For these reasons, it is important to regard old-age social protection as more than just the development of pension programmes.

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

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

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

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

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

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

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

Awareness of rights preserves the dignity and enhances the participation of the poorest people, while also strengthening relations between citizens and the State. A rights-based approach²⁰ in framing public policy provides a normative base for development. In such a context, older persons are seen not simply as needy individuals requiring assistance, but as citizens with rights and entitlements. The State and society at large have an obligation to ensure the respect, protection and promotion of human rights.²¹

3.2 Identifying key risks and responding with appropriate social protection

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

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

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

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

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

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

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

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

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

3.3 Addressing poverty risk and income insecurity in old age

Impoverishment deriving from reduced labour market participation is a key risk faced by almost all older persons. As their socio-economic status declines, some older individuals are compelled to accept poorly paid employment. The risk of income reduction in later life has led all countries to establish income maintenance programmes for older persons that typically involve the provision of a pension.

Publicly supported pensions can be earnings-related (dependent on wage levels and years of work) or universal (based on age and residency, not contributions).

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

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

Box 11. How poor are the elderly?

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

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

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

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

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

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

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

In cases where pension coverage of the population is low, other social policy instruments could be used, such as social pensions, cash or in-kind transfers, etc. Social pensions providing small payments to poor older persons not usually covered by contributory schemes may represent a particularly attractive option for middle- and low-income countries (see box 12). The introduction of such schemes in Bolivia, Brazil, Bangladesh and other countries are known to have improved the economic situation of older persons and had a positive impact on poverty reduction.

Such schemes could be financed in different ways: through general taxation, special levies on specific activities or sectors, or through a “solidarity” tax or contribution on earnings by those participating in earnings-related pensions.²²

In countries where a social pension programme already exists but does not provide a good level of income or coverage, there might be a need to expand the programme.

It is important that Governments design schemes that are carefully monitored in terms of costs and outcomes. Flexible and pragmatic attitudes should be maintained in making any needed adjustments to social protection schemes.

Remittances from migrant workers abroad constitute an important flow of funds to families to help satisfy consumption needs. It is not clear what proportion of these remittances is sent to parents and grandparents at home. Evidence indicates that remittances may create opportunities to help build retirement funds and other forms of long-term savings.

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

In order to make sound decisions with regard to income provision for older persons, the following questions might be considered:

- What is the level of social protection coverage of older persons by the contributory scheme?
- Is the poverty rate among the older population higher than that of the rest of the population?
- Does social assistance in a particular country provide the necessary level of benefits for older persons?
- Should non-contributory pensions be means-tested and restricted to the most vulnerable older persons, or be provided as part of a universal scheme applied to the totality of the older population.

Box 12. Social pensions and older persons

Social pensions have attracted increased attention from policy-makers in recent years, and are sometimes linked into wider social protection strategies of limited cash transfers to poor households. New schemes have been established in a range of countries, including Bolivia, Zambia and Bangladesh. It is essential that research establishes the effectiveness of such programmes in these distinctive settings.

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

Not surprisingly, research has shown that these pensions have had a significant impact on poverty and economic vulnerability among beneficiary households. In Brazil, the incidence of rural poverty among those who receive social pensions is 3.5 per cent, but would be as high as 51 per cent in their absence.^a

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

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

3.3.1 Means-tested transfers

In actual practice, most national social schemes are means-tested, which promises a way of ensuring that everyone has an adequate income in retirement while, at the same time, controlling expenditure by reducing eligibility for benefits. Narrow targeting is often used for supporting certain types of particularly vulnerable older persons, such as widows, or where grandparents live with their grandchildren.

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

Another difficulty arises in targeting the poorest. In fact, in poor countries older persons often live with their families; an equitable distribution between the household's members might not be achievable.

It is therefore recommended that:

- Reasonably reliable short-cut methods need to be pursued simultaneously with more rigorous and costly evaluations, as knowledge about both costs and benefits suffers from inadequacies in data and methods of analysis.
- Targeted schemes should be designed so that incentives for promoting self-sufficiency and escaping poverty are not undermined or destroyed.

3.3.2 *Universal pensions*

Universal social pension programmes rely solely on age and citizenship as eligibility criteria; they do not rely on the retirement of a person from the labour market. One example of a universal pension is the social pension provided in Namibia, which is available to every Namibian at age 70 regardless of occupational status.

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

- They ensure food security and can enhance access to other services such as health. In South Africa a net positive impact on women's health was observed;²⁴
- They redistribute income to women (who often live longer), who have less access to contributory pensions, and who can face discriminatory property and inheritance laws;
- They improve recipients' self-confidence as their status in the households grows. This is particularly true for older women.

Though some claim that universal pensions are not affordable for poor countries with limited public budgets, analysis shows that a scheme offering benefits

²³ Dominique van de Walle, "Targeting revisited", *World Bank Research Observer*, vol. 13, No. 2 (Washington, D.C.: World Bank, 1998).

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

equivalent to the international (extreme) poverty line is affordable by the majority of developing countries, including most low-income countries.²⁵

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

A particular concern is that entitlements are often limited to people aged 70 years or more, yet many poorer groups in societies may not reach this age. For example, Nepal has a universal scheme, but it is applicable to those aged 75 and above, a limit that is considered too high in relation to life expectancy in that country. Similarly, Vietnam uses a cut-off of 85 years of age for its universal scheme. An alternative may be to offer a lower entitlement age, combined with some form of poverty assessment. This may enable social pensions to reach those older persons who are most in need.

3.4 Key issues of concern

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

To fully appreciate the implications of these issues, a comprehensive understanding of the various pension schemes operating in a country is essential. These may include public schemes, employer schemes and individual retirement plans. Pay attention to the detailed rules of these schemes: apparently minor technical changes to schemes can have potentially substantial impacts on the welfare of older persons who rely on the pension.

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

Key issues on which to focus when designing and monitoring pension policies are highlighted below.

Social inclusion

- What proportion of older persons and of the current workforce is currently enrolled in pension schemes?
- What are the key features of groups who are not enrolled? Are women or older migrants disproportionately affected? How are people in the non-organized sector protected?
- Can coverage of future cohorts of older persons be predicted based on current levels of inclusion in schemes?

Entitlements

- Are all older persons fully aware of their entitlements? How is this information provided to them?
- What is the age of retirement, and how does it vary between different schemes and different groups? What are the grounds for these variations? Are they equitable?
- What is the anticipated life expectancy beyond retirement for different groups of pensioners? Are more wealthy recipients unfairly advantaged?
- Other than age, what factors influence retirement? A minimum period of contributions; falling below a means-tested threshold, etc?
- Where means testing is applied, is it done fairly and without compromising older persons' dignity?
- Are retirees barred from continued paid work? (see Section Two)

Benefits

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

Financing

- Is financing sustainable, so that it will meet the needs of future cohorts of older persons, as well as current ones?

- Are older persons unfairly affected by concerns about pension system sustainability—for example, by changes in retirement ages or by altered eligibility for certain benefits?
- Is the management of pension finances regularly accountable to all stakeholders? Is this done in a way that the public can understand, and with reference to both current and future pension system prospects?

Disbursements

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

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

For older persons to participate effectively in such a process, certain conditions are required:

- Ensure the formal representation of older persons and pensioners on all decision-making bodies. This representation should reflect the diversity of the older population in a particular country.
- Encourage the production and communication of information about pensions in forms that will be easily-understood by the entire population. Appropriate use can be made of the media.
- Train organizations representing pensioners and older persons in technical areas such as pension finance and management, so that they are able to effectively engage with policy.
- Enact legislation to protect the rights of individuals vis-à-vis private pension funds, such as those offered by employers or sold commercially by financial institutions.

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

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

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

In many developing countries the overlap between old age and pensioner status is less clear. First, only a minority of older persons may be in receipt of a pension. Usually, older persons who have experienced a lifetime of poverty and limited participation in the formal labour market, especially older women, are unlikely to be pensioners. Second, in some cases pension schemes for groups, such as senior civil servants, allow workers to retire well before they are 60 years old.

In this second scenario, a key issue for those attempting to mainstream pensions is whether older persons without pensions have a stake in the pension system. It is often claimed that they do not, since they may not have made direct financial contributions to the pension fund. However, there are several important counter-arguments, such as:

- Not all “contributory” pension programmes are entirely funded by worker contributions; they may obtain financing through a variety of direct and indirect channels;
- Some older persons may have made some contributions, but not enough to be entitled to a pension;
- The formal economic sector often benefits from informal activities (for example unpaid caregiving), and so, informal workers indirectly contribute to formal pension schemes.

Therefore, even though pensioners may have special interests in the operation of pension funds, focal points should ensure that all older persons, including non-pensioners, are represented.

Box 13. Implementing cash transfer projects

Recently the Uganda government began collaborating with other Governments, donors, NGOs, research institutions and international agencies to develop a pilot cash transfer to inform the development of social protection measures aimed at poverty reduction. Within the Government this involves the Ministry of Gender, Labour and Social Development (MGLSD), which spearheads the Social Protection Task Force, and the Ministry of Finance, Planning and Economic Development.

With support from United Kingdom's Department for International Development (DFID), the Chronic Poverty Research Centre (CPRC) and the Ugandan centre for Development Research and Training (DRT) designed a pilot cash transfer proposal for the government to consider. The proposal recommends a transfer targeted to the most vulnerable at the community level. To enrich this discussion, HelpAge International (HAI) worked with the Social Protection Task Force to convene a panel of experts to explore the inclusion of a "categorical" transfer (social pension, child benefit) and to support the piloting of a social pension should this be included in the pilot. The African Experts Panel on Social Protection in Uganda took place in March 2007. Panelists were drawn from governments of Uganda, Kenya, Zambia and the United Kingdom, with experts from the South Africa Economic Policy Research Institute (EPRI), the International Labour Organization, DRT, the Uganda Reach the Aged Association (a national NGO), and HAI.

The Government and the donor (DFID) are keen to include older persons in national poverty reduction responses and are supportive of inclusion of a social pension pilot for consideration. Older persons are recognized as a vulnerable group, but the MGLSD has struggled to mainstream ageing into policy that clearly impacts on them. Throughout this process, important evidence was shared on the cost, implementation, administration, political support of both vulnerability and categorical transfers. To further build capacity on these issues, the South African government has invited the Ugandan Task Force to attend a training course run by the EPRI in South Africa on the design of cash transfer programmes. If the Government of Uganda includes a social pension in the pilot, this will be an important and informative project for the region.

3.6 Families and social protection

Families and households are an important source of informal social protection for older persons, especially in developing countries. In many cases, this support can be more substantial than that formally provided by the state. It is often claimed that certain cultures, particularly in developing countries, place a high value on informal support for older persons. This is reflected in lower proportions of older persons living alone or in institutions, and is sometimes given as a reason for not developing extensive pension programmes. However, personal and financial security provided by families is not guaranteed. In fact, it is likely to decline with changes in family size, social attitudes and a more uncertain economic climate.

Even though co-residence is an important factor increasing the likelihood of older persons being supported financially, research shows that relationship between living arrangements and informal social protection is not straightforward. For example, where affordable housing is limited, living together is less likely to be a matter of choice. Instead, overcrowding may compromise older persons' privacy and increase their vulnerability to abuse. This means that one cannot simply assume that living together automatically guarantees social protection by family members. These relationships must first be explored by qualitative surveys in a variety of settings before such assumptions can be made.

It is also important to assess relationships between households and formal social protection policies. For example, an older person's pension income may be shared across entire households. In this case, the direct financial benefit for older persons will be diluted, although this may be compensated for by improving their status within families and hence their access to other resources and support. These effects may be affected by gender, when for instance older women maybe more likely than men to pool pension income.

Section 4

Taking population ageing into account in health policy

4.1 Providing equity of access to adequate health services

4.1.1 *Starting points*

Most national constitutions acknowledge the rights of older persons to have equal access to health services compared to other age groups. In an environment of scarce public resources and budget limitations, however, all countries will prioritize the provision of health care. A major goal in policy development and review is to ensure that vulnerable or disempowered groups such as older persons are treated fairly and without discrimination despite these processes of prioritizing resources.

The initial step in understanding the challenges besetting the health system is to consider the system itself as a range of interrelated agencies in both the public and private sectors set up to provide services to people who need them, including older persons. In order to identify services of special relevance to older persons and policies that relate to these services, key entry points to the health-care system need to be found.

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

Any effort to ensure that older persons get their fair share of resources in the health sector must begin by challenging negative attitudes towards this age group that may be held among policy makers and health professionals. There is evidence that age discrimination lies at the heart of many resource allocation and service access decisions in the health sector.²⁶ Part of this discrimination relates to the perception of older persons as being less economically productive than younger people and, therefore, somehow less worthy of professional efforts and resources.²⁷ In other cases, older persons may not be prescribed adequate medical treatment simply because of their age.

²⁶ One of the examples could be the exclusion of older persons from the tests and experiments on new drugs, resulting in lack of information on their effects on older persons.

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

Thus, the basic considerations when designing health-care policy for older persons are as follows:

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

Older persons experience changes in their physical and mental abilities; these are part of the normal ageing processes. Preventive measures as well as medication can assist older persons to adapt to these changes and to enjoy a decent quality of life despite the inevitable frailty that comes with advanced age. One of the dangers of interpreting normal physiological changes as medical conditions is that older persons, and others, may come to perceive being old as somehow deficient when, in fact, they are ageing just as they should after a long life. By accepting that older persons are more frail, but can benefit from health maintenance and illness prevention strategies, negative stereotypes can be challenged and access to health services regarded as right and proper. There is great value in undertaking educational and awareness-raising campaigns directed to health sector professionals to help eliminate any prejudicial stereotypes.

Population ageing poses new challenges for the health services. One of these challenges is related to epidemiological transition currently under way in developing countries: a transition from the predominance of acute infectious diseases to the predominance of chronic diseases, which are often associated with the process of individual ageing. In order to be able to service increasing demands and plan for future health-care needs of a growing number of older persons, countries need to establish appropriate indicators and to initiate specific epidemiological studies on the evolving health situation within their population.

4.1.2 Sources of data and collection strategies

4.1.2.1 Epidemiological data

Epidemiological changes vary from country to country and are far from uniform, depending upon conditions prevalent within each country. Robust epidemiological data are increasingly available for developed countries, but less so in developing countries. When examining international trends and reports, bear in mind that:

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

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

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

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

Existing age-disaggregated data

Consideration of age-specific epidemiological data can provide some information as to what priority should be accorded to certain health problems. For instance, infectious diseases may be particularly relevant in some countries and have a potential to cause harm to vulnerable groups, such as older persons.

Many smaller countries have yet to build a national database of epidemiological data but where this has occurred, it is important to ensure that the data has been collected and analysed correctly. When assessing the quality of epidemiological data, consider:

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

General data

Data may already exist but not in an age-disaggregated format. Examples include demographic and health surveillance systems found in many developing countries or health observatories common in developed ones. These sources provide some background and baseline information against which it may be worthwhile to conduct local surveys to establish what is happening with a particular group, a location, or a health occurrence. Even in developed countries it is difficult to arrange for aggregated data to be age-disaggregated; often it takes several years before even basic demographic data is available from the national census.

Ongoing data collection

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

New surveys targeting older persons

Surveys can be undertaken by health services or by universities or others who are commissioned to investigate certain areas of interest. These surveys can involve a range of approaches selected according to the type of information sought. Different methods abound, but they all fall more or less within two major approaches.

Quantitative surveys on older persons' health constitute one approach. Statistical data analyzed descriptively and inferentially can provide a firm basis upon which arguments can be mounted for changes in resource allocation—for example, where some groups are shown to be disadvantaged by certain processes or events. Allocations of a financial nature invariably require this type of analysis in support of submissions recommending resource distribution. In deciding on a quantitative survey approach it is useful to note that:

- Costs associated with developing, testing, distributing, collecting, collating and analyzing the surveys can be both expensive and time-consuming. Allocations of a financial nature invariably require this type of analysis in support of submissions recommending resource distribution;
- Statistical data presented without the context in which respondents are immersed, can be misleading in that all aspects of the situation are reduced to numbers.

Qualitative approaches are frequently used to complement quantitative data and provide the context so valuable in interpreting statistical findings. Other advantages of combining these approaches include:

- Providing older persons and their families with opportunities to express their own views about priorities and services, enabling them to gain greater understanding of policy processes and to participate in health policy development;
- Identification of case study exemplars that can add weight to policy submissions and debates. Personal accounts related to intended and unintended consequences of policy can be persuasive in the policy development process.

4.1.2.2 Data on health services

In most countries health expenditure as a proportion of GDP is quite substantial. It is therefore not surprising that sophisticated systems to account for this funding are in place and data systems have been set up to monitor the efficiency and effectiveness of all aspects of the service. In many instances, access to the data will also be limited to preserve patients' rights to confidentiality and privacy. With these caveats in mind, an examination of health services data to reveal information on older persons known to the service needs to be systematic and thorough. One such approach is to divide the task conceptually into supply and demand categories.

The *supply side* is concerned with the range and quality of services relevant to older persons. Ideally this information should match the epidemiological profile of the population; however, this may not always be so.

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

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

Services and activities of particular relevance to older persons can be identified from the range of services and personnel and provide some indication of whether the allocation of resources is based on equity or some other criteria. For instance, where there is a large population of older people, it would be expected that health services would have tailored their services to the needs of older persons as identified in the epidemiological profile, and in the types of health problems that they have or are anticipated to develop. Part of this tailoring of services would include ensuring that clinicians and others have skills in aged care, health promotion, mental health, rehabilitation, chronic illness, geriatric medicine and psycho-geriatrics.

Obstacles may be present in some countries where the extent and depth of information on the supply of health services may not be available or accessible. Should this be the case, it is best to do the following:

- Focus on health issues and services relating to the most commonly occurring health conditions known to be present within the older population;
- Separate out services and activities of particular relevance to older persons if possible. Health services are usually mainstreamed and cannot be assumed to be established just for older persons; for instance, rehabilitation and palliative care services also provide care to younger age groups.

The demand side of health services refers to older persons' access, utilization and satisfaction with health processes and outcomes. A complete picture of demand for services may only be available through data gathered directly from older persons, perhaps as part of a wider-ranging household survey of their well-being and living conditions.

In countries where access to health services might be reduced for different reasons (geographic location, costs, lack of medical insurance, etc.), focal points might consider whether older persons at least have access to medications. Field studies among older persons will reveal whether barriers exist that reduce their access to medications and services.

4.1.3 *Predicting future health demand*

Using various types of data, estimates can be made about the future needs of the population for health services. Health demands vary considerably between countries depending upon present population profiles and anticipated future developments. Developing countries facing demographic transitions will experience declines in infectious diseases along with progressive rises in non-communicable or chronic diseases. This creates new challenges in terms of health care service requirements. Health systems might need to undertake extensive reforms in order to prepare for evolving population needs and to manage a diversity of diseases. Thus, health expenditure and policy priorities have to be firm enough to allow for careful planning for both short and long-term health service goals.

Population ageing is not the main factor causing increases in health expenditure. Estimates of future health costs for an ageing population are quite uncertain, much depends on the design of health service systems and the way they are managed and financed.²⁸ When attempting to predict future health service demand it is necessary to carefully examine:

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

Key to the success of any country's health services is the skill base upon which health services can call. There is a worldwide shortage of qualified doctors and nurses, which has resulted in increased international migration of these sought-after professionals. Countries that acknowledge staff shortages and the resulting health problems, might find it useful to estimate future needs for health professionals and collaborate with the education and training sectors to ensure that sufficient numbers

²⁸ Most studies concur that the impact of aging would be to increase public health expenditures by a range of from about 1 to 3 percentage points of gross domestic product over several decades.

of qualified people are able to graduate over time. Planners need to consider how to attract and retain nurses and doctors within their own countries in the face of pressures to emigrate and practice elsewhere. At a more general level, it is worthwhile to consider the changing age profile in the country and evaluate the potential for producing sufficient clinicians and other professionals to meet evolving health service needs.

In many countries geriatrics and care approaches for older persons are not well developed. It is common for clinical staff to lack specific knowledge and expertise in age-related health issues. Many countries have been successful in introducing geriatrics and gerontology into medical and academic programmes in universities and other training institutes, but still much more needs to be done.

4.1.4 Tackling inequalities in access to health services

A major hurdle to accessing health services by many older persons is cost. In some countries, a universal health insurance system may exist paid for through payroll taxes; private health insurance may also be available. Other countries use different approaches to fund health care, but all countries need to have as a priority, a system for the provision of adequate health coverage for their entire population, including older persons.

Older persons are often identified as a group with complex needs and at particular risk of being disadvantaged through health system inequities. Where this is known, specific systems designed to obviate these risks need to be put in place.

4.2 Policies, initiatives and reforms

The health sector is a highly complex environment. This can be seen in:

- The array of agencies involved, especially in developing countries where NGOs, donors and the traditional sector are often prominent;
- The diversity of policy goals across local, national and international agendas and the variety of service delivery systems, particularly if the health sector is substantially decentralized. This results in considerable local variation. While these variations are geared to meeting local needs and interests, they can create particular challenges for mainstreaming.

Not all health policy initiatives are directly concerned with older persons, and not all explicitly refer to direct or indirect consequences for this group. Even so, it is wise to begin initiatives with the assumption that any policy, even one targeting another group such as mothers and children, can also have important consequences for older persons, their families and communities.

Box 14. Health services (Argentina, Chile and Peru)

As a pioneer in Latin America, **Argentina** included in its national constitution of 1949 a declaration in support of the rights of older persons. Homes for Older People were established throughout the country and a law was passed that provided social pensions to vulnerable and excluded older persons (over 60 years). Changing priorities in subsequent decades led to reversals in social policy and stalled the important progress made in the development of social protection schemes for older people. More recently in an effort to put in place programmes that would advance the goals of the Madrid Plan, Argentina has adopted a number of key initiatives to strengthen health and long-term care for older persons, and ensure their right to an active life. The Ministry of Social Development has designed four educational programmes that will enhance the professional development and effectiveness of health professionals, social workers, community leaders, and in general, of caregivers and individuals whose careers, occupations, family situation or vocational interests relate to older persons. These programmes include: a two-year postgraduate programme in gerontology, a programme on abuse prevention and harassment, one on social volunteerism, and a national programme on residential care for older people. In 2006, the *Consejo Federal de los Mayores* (Federal Board of Older Persons) was established to mainstream collaboration and participation of older persons, their representatives and local governments in the definition, implementation and assessment of public policy affecting the well-being of this population group. Access to health care for older people is provided through the social security system. Price discounts on medication are far-reaching and freely available to people without resources or with prevalent chronic diseases. A number of programmes were instituted in 2002 to meet the basic needs of older people including “*Remediar*,” that supplies free generic medications.

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

In **Peru**, a similar programme for disabled older persons is run by EsSalud, the public social security institute. PADOMI, an office of EsSalud, is the residential health care programme that benefits approximately 30 thousand disabled pensioners (persons over 65) in Metropolitan Lima and its districts. They represent 1.8 per cent of the population over 65. The programme was created initially for persons over 80 years old who were disabled, but in the last few years, it has expanded its coverage to persons over 65. They are visited monthly by one physician and twice a month by a certified nurse (in some cases more frequently depending on the condition of the patient). One of the goals of PADOMI is to educate families and care-givers about the health condition of the patient and incorporate them into the health team.

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

4.2.1 Identifying policy initiatives

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

Examples of influential policy initiatives are provided below.

Health sector reform

Health sector reform (HSR) is a package of measures aiming to improve financial and organizational efficiency within the health-care delivery system. It includes:

- Decentralization of services and management;
- Cost-recovery systems such as user fees for certain aspects of the system;
- Changes to hospital management processes;
- Prioritizing cost-effective interventions and targeting services to those who most need them.

The effects of HSR on older patients are likely to be substantial and need to be given careful consideration. For example:

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

Disease-specific programmes

Some initiatives enshrine commitments towards particular diseases or health conditions. For example, the Millennium Development Goals include specific undertakings to halt and reverse the incidence of HIV/AIDS, malaria and other diseases. Some of these disease-specific, “vertical programmes” receive more political priority and resources than others.

Box 15. HIV/AIDS and older persons

In some countries it was initially assumed that older persons would not be seriously affected by the epidemic, as it was thought that older persons were not usually sexually active. This assumption was reflected in the routine collection of international data on HIV/AIDS prevalence which, until recently, excluded people aged over 50 years old. Research is now challenging these ideas. A recent study from the United States,^a for example, found that large portion of older respondents responded that they had been sexually active in the preceding 12 months; the percentage declined with age (73 per cent for persons aged 57-64; 53 per cent for those aged 54-74; and 26 per cent for persons aged 75-85).

Studies from developing and developed countries also reveal the extent of the indirect impact of the epidemic on older persons (such as through the illness and death of a child or grandchild). Despite problems with diagnosis, there is growing evidence that prevalence among older persons is far from negligible, due to both infection and (where treatment is available) survival into later life.

Doctors do not always test older persons for HIV/AIDS and may miss some cases during routine check-ups. Symptoms of HIV/AIDS can be mistaken for pains associated with normal aging. Older persons are also less likely to discuss their sexual lives and drugs problems with their doctors.

Older persons are often excluded from disease prevention campaigns. A recent survey from Cambodia organized by HelpAge in 2007^b showed that older persons were ignored in HIV and AIDS campaigns and knew less about most diseases than younger generations. It is important to raise the awareness of older persons as many of them may be carers for infected family members.

Recently, the focus of research and policy has shifted to the role of grandparents caring for HIV/AIDS orphans. However, this is just one of many ways in which the epidemic may affect older persons. Account must be taken of the local context. For example, in former socialist countries where fertility rates are much lower, orphan care as a result of HIV/AIDS is more likely to be of secondary concern.

^a S.T. Lindau and others, "A national study of sexuality and health among older adults in the U.S.", *New England Journal of Medicine*, vol. 357, No. 8 (2007), pp. 762-774.

^b HelpAge International, "The impact of HIV/AIDS on older people in Cambodia", (2007) (available from <http://www.helpage.org>).

Key issues to consider include the following:

- Which health programmes currently receive most political support and resources?
- Do the targeted conditions affect older persons, and, if so, how? Remember that older persons may be affected in indirect ways (such as through the death or illness of another household member), as well as more directly;
- Are older persons mainstreamed into most programmes? Programmes may be of *potential* relevance to older persons, but this potential may not be realized if they are seen as only suitable for younger age groups. Box 15 (above) explores this with reference to HIV/AIDS.²⁹

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

- Do programmes deflect attention and divert resources away from health conditions of greater relevance to older persons? Available data show that, even in low income countries, chronic conditions such as stroke, heart disease and cancers account for a higher share of older persons' mortality than infectious diseases. Yet these conditions (along with mental health problems) continue to receive a low priority globally and within many national health policy agendas.

4.2.2 *Specific care issues*

4.2.2.1 *Primary health care and health promotion*

In recent years, private health care (PHC) schemes in most developed countries have paid increasing attention to older persons and their needs. By contrast, in most developing countries, PHC remains largely focused on other groups, such as mothers and young children, or on providing care for acute episodic conditions rather than for chronic care needs specific to older persons. The World Health Organization has recognized the critical role PHC centers play in the health of older persons worldwide and the need for these centres to be accessible and adapted to the needs of older populations.³⁰

A key objective for each country is to identify affordable PHC interventions for conditions which commonly occur among the older population. Examples include nutritional advice for diabetics and the provision of aspirin for persons with cardiovascular disorders.³¹

High levels of morbidity in old age are often related to the lack of early detection of serious health conditions and diseases (such as colon cancer). As a result, older persons are often hospitalized at advanced stages of disease, making the treatment more difficult and the results of any intervention less certain. Providing free tests and health examinations to older persons or mounting campaigns for the early detection of diseases, such as cancer, can reduce morbidity and mortality, as well as contain health care costs. In France, for example, free mammogram screenings are available to women aged 50-74 every two years. Countries that have successfully implemented early detection campaigns claim positive results.

PHC encourages a policy shift away from expensive, curative interventions towards health promotion and disease prevention, and it promotes links between formal service providers and wider community structures. A well-developed PHC infrastructure can help bridge existing divides between agencies concerned with health care and those focused on broader social services and welfare support.

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

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

It is estimated that 80 per cent of front-line health care is provided at the community level where PHC centres make a significant contribution to the health care system. Most preventive health care and screening for early disease detection and management takes place in the primary health care setting. These PHC centres, to which people can self-refer, also provide the bulk of ongoing health management, care and treatment.

The World Health Organization suggests adopting a life-course approach to active and healthy ageing which is defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age”. Health promotion has a particular potential to improve health in later life, both through interventions targeting earlier stages in the life course, and through specific interventions for older persons. For example, continuing to exercise in later life, as well as obtaining adequate nutrition and preventing falls, have been shown to significantly impact older persons’ health for the better. However, in many countries, health promotion remains a relatively low priority, especially in terms of resource allocation. Greater success in influencing resource allocation for health promotion can be achieved by developing alliances with advocacy groups seeking similar goals, and by educating decision makers and health professionals about the proven benefits of health promotion for older persons and the quality of their lives.

Health promotion activities need not be restricted to standard approaches. Research has shown the positive effects of a variety of practices on health and longevity. Consider promoting sports, for example, by encouraging the creation of sports associations that reach out to persons of all ages.

4.2.2.2 *Mental illness*

Despite considerable progress in understanding mental health problems in older persons, in many countries knowledge about mental illness at later ages is not well known or may even be used to exclude older persons not only socially, but from access to health services. In some African countries, older persons with mental diseases are accused of witchcraft, leading to progressive exclusion from community life and even murder in some places. Campaigns targeted at raising general awareness of mental health issues could improve the lives of older persons and those of their families. Key diseases to focus on are depression, which is reversible, and the dementia syndromes, including Alzheimer’s disease. While not reversible, many dementias can be treated and caregivers educated as to the best care that can be given.

Policy should aim to provide comprehensive services, including training and education of health professionals and family caregivers. Effective services are usually:

- Comprehensive in their scope, with a holistic or “bio-psycho-socio-cultural” approach to assessment, treatment and management;
- Staffed by competent and knowledgeable health professionals;

- Supported by informed families and communities;
- Tailored, flexible and responsive to individual needs (culturally appropriate or at home, for example);
- Provided by a multidisciplinary team.

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

4.2.2.3 *Palliative care*

In developed countries palliative health care services have grown in importance in recent decades, although it appears that more attention has been devoted to end-of-life care for people with AIDS than for older people. In many developing countries palliative health services for older people are less available than in developed countries. A key issue for poorer countries is whether essential drug protocols include key palliative care drugs, such as morphine.

It would be useful to identify the types and extent of such services provided by State and non-State agencies. This should include hospices, hospital-based services, and support for carers. Key concerns related to the development of appropriate palliative care include whether:

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

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

4.2.2.4 *Reproductive health care*

Reproductive health is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functional processes. Although its primary focus is on women in their reproductive years, it also relates to disorders of the reproductive system in older women. For example, an important factor in the health of older women is the impact that high fertility during their reproductive years has had. The health of older women is affected by the access they have had to reproductive health services throughout their lives.

Reproductive activity can also impact older persons in other ways. For example: high levels of fertility may reduce the capacity of households to meet the care needs of older persons, as well as place a heavier burden of care on them for grandchildren.

In some cultures older persons can influence the reproductive behaviour of younger generations. An example of this is given in box 16.

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

The Christian Children's Fund, an international NGO, recognized the key role of grandmothers as sources of knowledge on breastfeeding and nutrition for new mothers. The NGO developed a pilot nutrition education intervention to strengthen their role. This included participatory group discussion sessions with grandmothers, community leaders and pregnant women. The intervention was highly effective, leading to significant improvements in nutritional and breastfeeding practice in the target villages. It also increased grandmothers' self-esteem and community networks. Despite this success, older persons remain largely excluded from maternal and reproductive health programmes in Senegal and in other countries.

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

4.2.3 Mobilizing resources, advocacy and building partnerships

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

- National health plans. These are available for most countries, and tend to be more comprehensive and detailed in developed countries;
- Sector Wide Approaches (SWAs). Some developing countries with high levels of dependence on donors and NGOs have produced SWAs. They aim to coordinate and prioritize interventions across various state and non-state agencies working in the health sector, as well as pooling funds to support particular projects;
- Sections of poverty reduction strategy papers (PRSPs), which explicitly address health policy.

Box 17 provides an example of a priority interventions strategy that was established for the health sector in the United Kingdom in 2001. In this case, the interventions were developed as part of a wider service framework. This model of prioritizing interventions may be helpful in establishing links between different interventions and to provide an overall rationale for any strategy being developed.

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

Box 17. The United Kingdom’s National Service Framework for Older People

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

The Framework was developed by policymakers and academics in consultation with older persons, carers and health professionals. As well as setting general service standards, the NSF focuses on key health issues: strokes, falls and mental health. Objectives are focused, costed and time-bound. For example, all general hospitals that care for people with stroke were to conform to national standards by setting up a specialist stroke service by April 2004. Nevertheless, the NSF has been criticized by some leading geriatricians for over-emphasizing the need to reduce hospitalizations of older persons.

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

Mainstreaming activities need not be limited to the public sector. The voluntary and private sectors play key roles in health systems in all countries and need to be included. The “private sector” can refer to a very diverse set of organizations, including:

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

In poorer countries, limited state provision of services often obliges people to make greater use of private and traditional service providers than public ones. In developed countries, private firms have sought to target richer groups with promises of higher quality care. Among policy initiatives that could be taken are to partner with pharmacological companies in order to make drugs more accessible for the poorest categories of the population, including older persons.

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

- Ensuring that private providers are well-informed of older persons' needs and preferences, as well as ways in which they can work closely with the public sector;
- Assessing how well the private and voluntary sectors are regulated, and whether they contribute to meeting the needs of all older persons, rich or poor or from different cultures and faiths.

Most importantly, as in all areas of mainstreaming, efforts are needed to ensure that older persons are kept fully informed of service providers' activities, and that they are provided with opportunities and encouragement to participate in the development of policies related to health services. One strategy would be to organize discussion forums and disseminate information through representatives of older persons from diverse backgrounds. Above all, treat older persons' concerns and priorities as a starting point for focal point activities, and not as an afterthought.

Section 5

Exploring long-term care in different settings

5.1 Starting points

Long-term care (LTC) refers to formal and informal services that provide material, instrumental and emotional support to those who need it irrespective of age. Alternative forms of housing and long-stay accommodation are important facets of LTC. The most common recipients of LTC are older persons with chronic health problems and younger people with a permanent disability.

In some countries, it is widely believed that families provide adequate care to almost all in need, resulting in minimal government intervention. In others, some services may exist but they are limited to urban areas or to more wealthy families. In countries where a range of provision is already in place, concerns are sometimes expressed in relation to capacity to meet demand and the financial sustainability of care services as the numbers of frail older persons increase.

In all countries, it is often the spouse or other family members who provide the bulk of long-term care, irrespective of living arrangement. Living alone, which is common in developed countries, does not mean family neglect, nor does co-residence with adult children and grandchildren in developing countries guarantee good care. The nature of family support may differ in essential ways between families in developing and developed countries—from physically demanding, hands-on care in the latter, to emotional and psychological support in countries offering generous public services. Family support is usually consistent with the wishes of older persons themselves, who generally prefer to remain at home for as long as possible, surrounded by familiar people and possessions.

The need for LTC increases with age. The majority of older persons aged 85 years and older in developed nations report one or more functional limitations. Chronically disabling conditions may appear at earlier ages in developing countries where harder working conditions and lifelong poor health are more common. However, a number of these chronic conditions are preventable or manageable through behavior changes or improvements in sanitation and other environmental conditions.

Long-term care is more likely to be provided by women than by men. These caregiving responsibilities, however, can disadvantage women who then have less opportunity to enter the labor force and earn income for current needs and their own old age. It is also known that women are more likely than men to be alone in the last part of their lives than men and therefore are less likely to have a spouse carer to call upon if they become ill.

Government involvement in organizing and maintaining LTC has become an essential part of the care economy. The costs of neglecting LTC can be high:

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

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

When establishing or reviewing LTC policy, key questions that need to be addressed include the following:

- If there is a national LTC policy, how is it implemented and what provisions exist for determining the quality of services?
- If there is no national policy, are there policies at the state or local level? Do they deliver appropriate services to both older persons and younger people with a disability?
- Are there comprehensive national or local databases of LTC providers and services?
- Is LTC well coordinated across government, private, faith-based and voluntary organizations and other agencies?
- Are LTC providers managed well in terms of having a sustainable financing strategy?
- Do LTC services provide for care, treatment, support and protection of older persons while respecting their lifestyle and care preferences?

5.2. Assessing levels of need for long-term care

5.2.1 Needs and preferences

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

For conditions such as dementia causing diseases, there is a close relationship between age and prevalence, and this does not appear to vary significantly across countries. It is therefore possible to estimate current and future prevalence rates

using simple age data. For most forms of disability, frailty and limited functioning, the link with chronological age is not as direct; other factors, such as education, gender and socio-economic status may also exert an important effect.

5.2.1.2 Surveys of functional capacity

Surveys need to focus on both an age breakdown of the target population and data on functional abilities. Ensure that data on levels of functioning, such as the ability to eat, bathe, dress, or make a simple meal and secure basic provisions, are being collected for the country. It is important that these surveys are methodologically valid and reflect the diversity of the young and older population who may have a need for LTC. Participatory research that involves older persons themselves in the research process could also provide valuable insights into their preferences in LTC. It is important that once data is collected and analysed, the findings are communicated to policy-makers and other key stakeholders.

5.2.1.3 Surveys of older persons' preferences

Reliable and robust data on care and lifestyle preferences should reflect the genuine views of older persons (rather than on cultural expectations or the decision of younger relatives). Because of the particular challenges for data collection and interpretation in such surveys, participatory research approaches may be useful.

The research currently available from developed countries indicates older persons' preferences for close contact with children, remaining at home or "ageing in place", independence, and freedom to choose care arrangements from a range of options.

5.2.2 The capacity of family carers

If it is often claimed that families are effective at providing LTC to almost all older persons, particularly in developing countries. However, firm evidence in support of such a claim is not available. Cultural expectations that families will perform this duty can overlook the fact that some families are not capable, for a variety of reasons, of caring for older relatives. In these situations, alternatives for the care of older persons need to be developed. One issue worthy of further research is whether certain categories of older persons are particularly vulnerable to exclusion from family care.

Data on living arrangements are not necessarily the best indicator of need for care. For example, living alone may reflect a preference for independent living rather than social isolation, while large households do not necessarily guarantee good care. To obtain a clear idea of what is going on, quantitative data on household structures and living arrangements must be combined with qualitative and other research on family support, including the stresses placed upon family carers. Together, these assist in identifying trends that are most relevant for different groups of older persons

in the focal point's country. Examples of trends that need further exploration include the following:

- Increasing numbers of very old people living alone, since this could imply vulnerability unless LTC services are available;
- Rapid changes to family structure over time, due to factors such as rural to urban migration, HIV/AIDS mortality, or rapid socio-economic change, all of which can undermine the capacity of households to provide care to all family members;
- Increasing numbers of aged married couples living alone. Often it is older spouses who are left with major caregiving responsibilities at a time in their lives when their own health may be fragile;
- Increasing numbers of older persons left to rear orphaned grandchildren because of deaths among their children from HIV/AIDS, wars, famine or substance.

5.2.3 Older persons as carers

In all countries, older persons play an important role in the care economy, caring for other older persons, for young grandchildren and for other sick or disabled family members. Older women play an especially important role, although the contributions of some older men should be acknowledged. There are several aspects related to the role of older carers that need to be considered.

5.2.3.1 The well-being of older carers

As with all informal carers, older persons may willingly accept this responsibility due to their emotional ties to a care recipient. In some cases, however, older persons may be given little choice, such as when children die or migrate, leaving behind grandchildren. In some cases, caring can place a particularly heavy physical, emotional and financial strain on older persons. In Botswana, Namibia, Malawi, South Africa, Tanzania and Zimbabwe, up to 60 per cent of orphaned children live in grandparent-headed households. In Thailand, older persons care for about two thirds of young adults who die of AIDS, and almost half of all orphans live with their grandparents.

As older persons live longer, it will become increasingly common for caregiving tasks to fall on the shoulders of spouses who are themselves quite old and fragile. The burdens of caregiving may accelerate deterioration of the spouses' own health. Are there policies in place to support older carers? If there are, how effective are they in meeting their needs? Policy should recognize older persons' personal needs, as well as being focused on older persons' effectiveness as carers.

Box 18. Training programmes for older persons

HelpAge International, an NGO, and its partners have designed training programmes targeting older persons that last between three and five days. In these programmes older persons are trained in skills such as dealing with opportunistic infections, basic hygiene, feeding, bathing, repositioning patients in bed, basic nutrition requirements, and the emotional and psychological needs of people living with HIV/AIDS.

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

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

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

5.2.3.2 The well-being of older care recipients

Many older persons receive care from other older persons including spouses, neighbours or children, who are increasingly taking on care responsibilities in four or five-generation extended families. In many countries, this trend is likely to increase, due to both a reduced supply of alternative carers (as women of working age increasingly engage in salaried employment and the population of relatively healthy older persons swells), and increased demand for care (as rising numbers survive to extreme old age). Extended longevity in both sexes also means more older spouses are struggling to take care of each other, if illness befalls them.

Health problems in the caregiving spouse may negatively impact the care recipient, as well as the caregiver.

5.2.3.3 Promoting more positive attitudes towards older persons

Older persons' contribution to the care economy often goes unrecognized. Drawing attention to this caregiver role may increase the value societies place on older persons. In countries with high prevalence of HIV/AIDS, increased attention is beginning to be paid to older persons who are carers of AIDS orphans.

Among the steps that could be taken are to:

- Recognize the role of older persons, and particularly older women, as caregivers;
- Give older caregivers access to information and training on HIV and AIDS;

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

5.3 Recognizing the diversity of long-term care policies for older persons

Traditionally, LTC policies were limited to the provision of institutional care, such as nursing homes and residential hostels, which were accessed either when an older person had no family or when family members found that they were no longer able to continue providing care at home. Policy-makers in many countries now recognize that LTC can encompass a wide range of options, and that a combination of residential and domiciliary or home care can adequately support people to remain longer at home with their families. LTC includes interventions that help people to live within a community either independently or with their families. This may include health maintenance services for active older persons, as well as for those who are frail.

A key challenge is to set up a range of LTC strategies, which provides an effective and flexible combination of support services, and which offers real choices to older persons and their carers. Such a continuum of care and support can provide appropriate services to maximize the independence and minimize the dependency of people as they get older and more frail. Table 4 gives examples of commonly used LTC strategies, which range from simply providing information to offering institutional and residential alternatives.

Given the reality of family care in both developed and developing countries, as well as the need for countries to provide sustainable long-term care services, it makes very good sense to support family caregivers of older persons. The experience of developed countries is that the provision of formal services does not reduce family caregiving. In fact, many of the services in table 4 can, in fact, be considered forms of family support.

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

Countries rely on residential care, family care or care in the community to differing extents. There is no set formula about how much of a particular type of care is required per 100 people aged 65 and over. It may be helpful to compare the overall level of supply and mix of LTC to other countries in the focal point's region. If there are large differences, focal points might discuss the reasons for their occurrence with their counterparts in these countries. This may strengthen the arguments of focal points when developing LTC policy in a particular country.

Shortages in LTC provision can result in long hospital stays for older persons. It is now widely recognized that older persons do not fare well in hospitals; the longer the stay, the more at risk of health breakdown they become. The shorter the hospital stay, usually the better off older persons will be.

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

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

If there is a lack of community care, the only option for older persons may be to accept premature placement in hospitals or residential care. In developed countries, it is only those persons with the most debilitating health problems who are eligible to access to nursing home placement. Some countries require a review by an interdisciplinary team before nursing home placement can be considered. In many developing countries, it is the destitute older persons who will be forced into institutional forms of care, whether or not they have serious health problems. Focal points should question whether this is an appropriate option given limited LTC resources.

5.3.2 Community services

People in all countries and locations tend to prefer to remain at home and be independent for as long as possible. For this preference to be realized, adequate primary care and community-based service networks are key.

5.3.2.1 Rehabilitation services and the management of chronic diseases

There is strong evidence that rehabilitation services can significantly improve older persons' functioning, especially following stroke, bone fractures and falls. Services include physiotherapy, modification of living environments, and counseling. Therapies such as strengthening postural stability to improve balance and effective medical management of chronic conditions, such as diabetes and lung disease, which can lead to disability, is equally important. The availability and quality of these services to older people should be assessed and the key role they can play in the LTC mix should be emphasized. All can serve to improve the quality of life of older persons and reduce overall LTC costs.

5.3.2.2 Home visits

Different types of home visiting services are useful to older persons. Visits by community nurses or health aides provide a range of appropriate health and care services. Visits by home help aides usually focus on assistance with household chores, such as cleaning or meal preparation. In some countries, home help aides are trained to assist with simple health tasks. Health visitors can play a very important role in the early detection of health problems or identify hazards in the home that may pose a safety issue, such as scatter rugs or electrical wires over which one can trip.

For those older persons living alone in the community, volunteers may serve as friendly visitors to help prevent the isolation or loneliness that can lead to depression and an early death.

5.3.2.3 Care/case managers

An important LTC function is performed by care or case managers, who can inform individuals and their families about appropriate services and help monitor

their care over time. They can also be critical in coordinating care where fragmented service systems exist.

5.3.2.4 *Sheltered housing*

These schemes take many forms and are largely confined to developed countries. Basically, they provide shelter plus some services, ranging from one meal a day to personal care. They strike a compromise between independent and residential care living, and are provided by public, private, faith-based and voluntary sector operators. Informed awareness of these schemes will assist in developing appropriate policies for each country.

5.3.2.5 *Benefits for carers*

Family caregivers often need support if they are to continue to be effective in this role. United States research has shown that services to support caregivers can help to reduce their stress, enabling them to maintain their elders in a healthy and supportive environment for longer than might otherwise be possible.

Many developed countries offer financial and other benefits to informal caregivers to compensate in some small way for their loss of other income-generating opportunities. Benefits may include tax exemptions or credits toward pensions. It should be recognized that the majority of carers are women whose absence from the labour force to fulfil caregiving responsibilities may result in lack of adequate provision for their own later age. Some developing countries offer care-related benefits for child care but not for the care of frail older persons.

Box 19. Home visits for prevention

In Finland, case management and service coordination provides a model for packaging services by various stakeholders and providers to meet the needs of the client. The model provides needs assessment, service planning and resourcing, advising, coordination of care and advocacy. In several municipalities it has become a standard and well-established method for work in supporting home based care and services for older persons.

For instance, in the town of Jyväskylä, the package starts with a visit by the day-centre worker/manager to all people aged 70+. This visit may activate several services which are provided by a number of stakeholders, and may result in setting up services that may be activated later as particular needs become acute. Social work, rather than a medical or nursing approach, informs this model. The purpose is both to activate needed services and empower older persons. Services provided are all backed up by an interdisciplinary team, and the model is supported by an Internet database (seniori-info) and public awareness campaigns. Evaluation reveals that preventive home visits have been a successful intervention.

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

5.3.3 *A word about institutional care*

Despite a wide array of LTC services in developed countries, approximately 4-6 per cent of the 65+ population in these nations are in residential aged care. The average age of entry to high care areas is usually around the mid-eighties.

In many countries, institutional care is socially stigmatized and considered to be a last resort by older people and their caregivers. Nursing home and other forms of institutional care are usually viewed as the opposite of family care. However, they should be seen as part of a continuum; there are times when there is no other recourse than nursing home placement. It is important that policy makers understand the need for these services and the role they can play in the LTC mix. While institutional care should only be considered as a last resort after community care options have been exhausted, their role in the continuum of care is still very important, particularly when the demands and stress on family carers and formal caregivers have become too high. Families cannot be expected to provide all levels of care for older persons; this is a situation that can fragment families and cause health deterioration for all concerned.

Nursing homes that are well-regulated and monitored provide a high level of residential care; they are the most intensive form of institutional care, with qualified health professional available at all times. Lower-care residential services, sometimes known as hostels, provide significant support and protection to older persons with mental confusion or some physical difficulties, such as continence problems. Families who attempt to provide these levels of care at home often find that they do not have the skills and resources to prevent malnutrition, skin breakdown and injuries.

An important lesson for developing countries is to avoid repeating the mistakes of some more affluent countries that simply built many institutions for older persons to the neglect of home care, for example. In many cases, community care is a more effective solution. Even in cases where there is no recourse but to institutionalize, such efforts should be adapted to the local culture and not just follow previously established patterns. Homes organized around a village community concept, for example, may be much more welcoming than hospital-style nursing homes.³²

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

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

³² For more detail, refer to United Nations, "Follow-up to the International Year of Older Persons: Second World Assembly on Ageing", report of the Secretary-General (A/62/131).

- Is access limited to the “well” elderly as opposed to the very frail and chronically ill?
- To what extent is residential care limited to the destitute?
- How effective is referral and communication of essential information between the different health and aged care agencies involved?
- Is information about alternative services widely available?
- What eligibility criteria are appropriate in a particular country for entry into residential aged care?

Others focus on the capacity and quality of services provided by different institutional care providers:

- What provisions exist for the regulation, inspection and accreditation of residential aged care providers?
- Are there appropriate levels of staffing to provide for the care and treatment needs of residents?
- Have satisfaction surveys of residents been conducted? Are they representative, robust and reliable? And are they acted upon by service providers?
- What happens when service providers do not comply with regulated standards for their services?
- Is information on quality and satisfaction shared with consumers so that they can make informed decisions about care options?
- Are the rights and responsibilities of older persons openly discussed and agreed to by all concerned?

Nursing homes, hostels, and other forms of residential care are integral to the local community. There should be no barriers between nursing homes and community care; services can be supported across several service agencies. For instance, some in-home services, such as meal deliveries, can be organized by residential aged care providers. In other cases, a day center for older persons living at home may be located on the grounds of the aged care facility where occupational therapy and other rehabilitation services are provided.

5.4 Organizing services

In organizing LTC services it is first essential to be familiar with the full range of services offered, including their focus, quality and capacity to meet the varying needs of the older population. If these combined service resources can be related to current and predicted levels of demand there is a possibility that comprehensive coverage and economies of scale can be achieved.

If a country has significant ethnic, racial, or religious minorities, a focal point may wish to consider tailoring LTC services for them so that they regard the services as culturally acceptable. Ethno-specific services can provide sensitive care for minority groups. However, there is a danger of creating ethnic ghettos if people with different backgrounds are encouraged to isolate themselves from mainstream contact with others.

Pay close attention too to urban and rural divisions within the country. Delivering LTC services in rural areas is particularly challenging and requires flexibility and innovation. Here focal points may wish to consider building upon existing outreach services, such as agricultural extension and health workers, mail services, or community volunteers. In Scandinavian countries, for example, rural postmen, serve as an early warning system for problems faced by isolated older persons.

Steps should be taken to build on existing services wherever possible. By multi-skilling health workers to take on some additional responsibilities in assessing the well-being of older persons and offering some counseling or simple treatment, there is a chance that older persons will be provided with appropriate support sooner than might otherwise be the case. Maternal and child health workers, for example, are in a position to assess older persons who are the primary or significant caregivers of children, in the knowledge that their well-being is critical to the well-being of their young charges.

5.4.1 Staffing issues

A strong and adequately trained workforce for long-term care is critical to the well-being of frail older persons. However, the relatively low wages arising from mandated limits on service subsidies and user payments and a perception of low status associated with long-term care in many developed nations can discourage qualified workers from entering the field. Staff shortages exist practically everywhere in developed countries, and are projected to increase as the proportion of older persons in need of such care also grows.³³ Shortages of skilled workers can jeopardize the well-being of older persons, whether they are living at home or in some form of institutional care.

A common response in many of the developed countries has been to look overseas for health professionals, as well as long-term care workers. Often, registered and licensed practical nurses are willing to leave their home countries because of higher salaries and better working conditions and the prospect of a safer or better respected way of life for themselves and their families elsewhere. Some accept positions in nursing homes as care workers or serve as a live-in worker in an older

³³ See, for instance: Kristin Smith and Reagan Baughman “Caring for America’s ageing population: a profile of the direct-care workforce”, US Department of Labour, Monthly Labour Review, Sept. 2007, pp. 20-26.

person's own home while they wait for the professional qualifications to be recognized by their destination country.

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

The phenomenon of globalization of the LTC workforce poses both risks and opportunities to source and destination countries. Some key questions to be considered when deciding whether to recruit overseas qualified and unqualified workers:

By destination countries:

- Should the country's immigration eligibility policies for unqualified workers be liberalized to meet long-term care workforce shortages?
- Can international workers be used effectively to address the diversity of care needs of ageing populations in developed countries?
- To what extent are foreign long-term workers, especially home care workers operating illegally in developed countries? If they are operating outside the formal employment system they may be exploited with long hours, low wages, and abusive behavior from clients, co-workers and managers.

By source countries:

- What are the long-term effects in the country of losing qualified and unqualified health-care workers?
- Are the country's investments in health care education being used to subsidize developed countries? To what extent are such expenditures offset by the income that is returned by emigrés?
- If qualified professionals are leaving the country, what is being done to encourage them to remain? For example, are reasonable remuneration, workplace safety, status and respect, law and order, and tax incentives being offered?

5.4.2 Consumer choice

In developed countries, the emphasis is on community care and on finding the best ways to increase options and choice for older persons. Innovative schemes include:

- Extending consumer-directed care through direct cash payments rather than the provision of public services;

- Expanding the types of services available, such as home visits and night-sitting;
- Adding more housing options that provide support services;
- Providing small group homes in lieu of larger institutional settings for persons suffering from dementia and other debilitating conditions.

5.4.3 Coordination of health and social services

The interdependencies of health, social, and housing services, as well as informal caregiving, with long-term care makes the coordination of services critical. It is the synergy among all these forms of care that promises to enhance the well-being of older persons the most. Such coordination may be particularly problematic because health, social and housing services often operate out of separate ministries, are provided at different levels of government, and may be fragmented among the public, private, and non-profit sectors. It is unrealistic to ask older persons and their families to reach out to many separate organizations in order to coordinate their own care. Usually, they won't even know what services exist! Various forms of interministerial or intersectoral collaboration are required.

Among useful mechanisms that have been created in some countries are *information and referral services* where expert staff steer clients to appropriate services. However, they do not conduct assessments. These can be done by *multidisciplinary* or *interdisciplinary assessment teams* which, following an assessment, recommend and organize needed services. Mainstreaming should emphasize the need for strong partnerships between government and all other agencies involved.

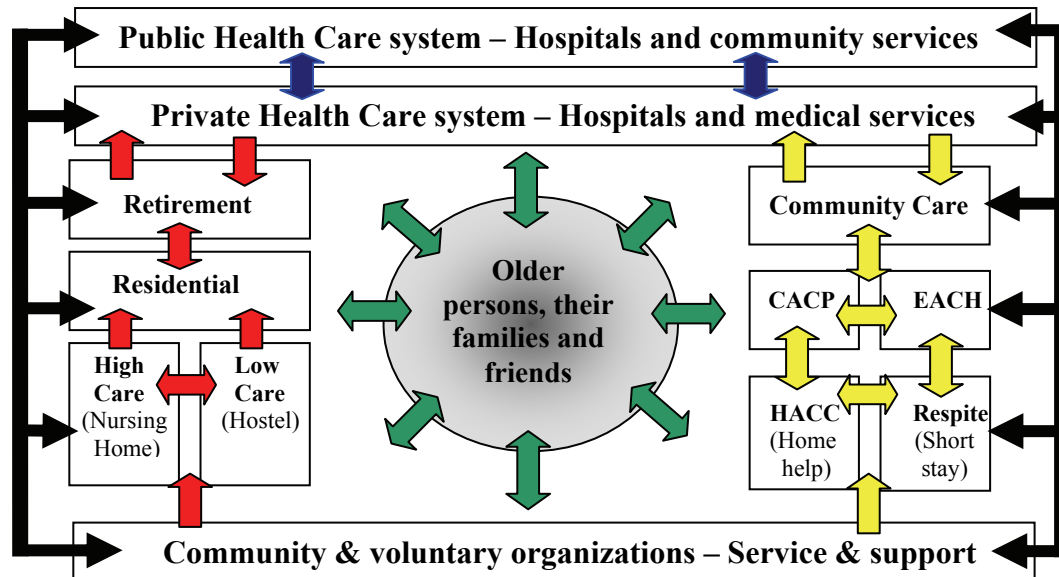
Key challenges for mainstreaming health and community services to older persons include:

- Public awareness campaigns to inform the community about service availability, eligibility and costs;
- Breaking down professionals' perception of service "separateness" and promoting ease of client referrals between service agencies;
- Promoting a system-wide understanding and appreciation of all services, so that clients making contact at any point of the integrated system will be assisted to access other services.

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

Ideally the services provided to older persons need to be incorporated within the larger integrated health, community and aged care services provided by all sectors. Within such a framework older persons and their families and support group are able to exercise some choice as to the services that most appropriately fit their requirements. Residential aged care is but one aspect of a comprehensive range of services provided to older persons. An example of service collaboration and coordination is the Australian system of health and aged care as depicted in the diagram below:

Diagram: Australian health and aged care system



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

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

5.4.4 Protecting the rights of older persons

Special attention must be paid to respecting the rights of frail older persons because they are invariably defenseless and particularly vulnerable to abuse. Sadly, the environment that poses the greatest risk to older persons is that of living at home with abusive family members or living alone at home in a neighborhood that is not safe. There are few mechanisms to detect this type of abuse because it occurs in the privacy of older persons’ homes.

Mechanisms that have been developed in institutional forms of care to protect the rights of residents—in addition to formal regulation and inspections-- are formal family members’ committees to maximize consultation, ombudsman programmes, bills of rights that are prominently displayed, and adherence to advance care

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

5.5 Protecting older persons from abuse and neglect

Though older persons may enjoy civil rights, in reality they might be not able to defend them in situations of abuse and neglect. Public awareness of these issues has been raised only recently; however, they are not new issues. Such infringements of basic human and citizenship rights continue to occur in both the developed and developing countries. Surveys from Canada, Finland, France, the United States and the United Kingdom show that between 4 and 6 per cent of older persons living at home have experienced some form of abuse in their countries.³⁴ Abusive behaviour can be found both among family members and service providers.

The absence of common definitions to report incidents of abuse contributes to the lack of data and systematic evidence to evaluate the nature and extent of the phenomenon. This does not mean that the problem of abuse cannot be identified and fully understood. Frail older persons, unfortunately, are particularly vulnerable to abuse or behaviour which causes them some sort of harm or puts them in danger. In addition to direct forms of aggression, abuse includes neglect (denying a person's basic needs, social contact, dignity, etc.). Abuse can take a wide range of forms: physical, emotional, sexual, psychological or financial. Research shows that abuse of older persons generally happens within a care relationship, either inside the home or within an institution.

Incidents of abuse could be diminished by creating legal statutes and reporting systems that encourage the submission of reports on abuse. For instance, in Australia in 2007 mandatory reporting of accusations of abuse within long term care facilities was introduced following an incident of abuse in one of the aged care homes.

Efforts must be made to identify cases of abuse and take appropriate interventions, including possibly counseling or training of family members or service staff, or even removing an older person from an abusive situation. Medical, psychological and financial assistance may all be required. Focal points might wish to provide services through existing health and social services networks.

Special hotlines and information centres are also useful in informing older persons about their rights. Organizations of older persons might provide older victims with legal advice and other appropriate services.

³⁴ Etienne G. Krug and others (editors), *World Report on Violence and Health* (Geneva: World Health Organization, 2002).

In many countries there has been a reluctance to recognize elder abuse as a major social problem, and even a general denial that it occurs. In these cases, lessons may be drawn from attempts to mainstream child abuse and violence against women. Discuss effective strategies for highlighting the problem of elder abuse with counterparts working in these areas, and ensure that elder abuse is mainstreamed into wider domestic violence response initiatives.

Starting points include:

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

Key challenges for mainstreaming awareness of elder abuse include:

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

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

In an effort to deter crime against older victims and to express society's abhorrence toward such acts, many state legislatures have created special offenses involving crimes against older persons. Laws criminalizing abuse of older persons are in effect in all states and the District of Columbia. Generally, these laws define the conduct which constitutes a specific form of abuse, and may make a distinction between abuses committed in a domestic, as opposed to an institutional, setting.

In some states, elder abuse laws are incorporated into assault, battery, domestic violence or sexual assault statutes, and a sentencing enhancement imposed if the victim is over a specified age. Illinois uses a combination approach, enacting separate crimes for aggravated battery of a senior citizen and for criminal neglect or financial exploitation of an older person, but including the age of the victim as a special classification under its aggravated criminal sexual assault and abuse laws.

Source: New York City Alliance against Sexual Assault, “Factsheets: elder abuse and the law” (available from http://www.nycagainstrape.org/survivors_factsheet_74.html).

5.6 Financing long-term care

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

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

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

Interesting examples of national long-term care insurance programmes exist in Japan and Germany, two of the demographically oldest countries in the world. Each has taken different approaches to facilitating long-term care, and both have provided support for family caregivers to support ageing in place.

Japan is promoting individual independence and supporting families through measures that prevent or delay the institutionalization of older persons. Japan has introduced a long-term care insurance plan, under which systematic improvements have been made to ensure a high-quality care service infrastructure that responds to the needs of older persons who require care. Efforts have included the training of those providing home-based services, such as home helpers, and the development of care-related facilities, such as special nursing homes. In addition, amendments to the long-term care insurance law include a range of measures to effect a shift in the existing care system to, among other things, make it prevention-oriented and to improve the quality of care.

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

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

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

Section 6

Promoting social inclusion and participation for older persons

Political inclusion and full citizenship are, of course, basic rights that belong to all people regardless of age. Earlier sections of this *Guide* have emphasized the importance of older persons participating as full citizens in a range of areas, including:

- Labour force participation and other forms of income-generating activities;
- Participation in decision-making especially, but not exclusively, in policies that directly affect their lives;
- Participation as empowered consumers;
- Participation in a country's wider social and cultural life, challenging exclusion and negative stereotyping;

These points provide a helpful general framework for identifying key issues and priorities in political mainstreaming. This section focuses on older persons' political inclusion and full citizenship, covering a range of activities and strategies that may be useful for focal points to consider. As always, focal points should look at other mainstreaming initiatives to learn from them. Caution is needed in borrowing too directly from frameworks and systems established in other countries.

Citizenship in classical terms means "the implementation and enforcement of rights and duties". From a broader perspective, active citizenship by older persons means their participation in political, social and economic fields through the mobilization of material and other resources such as time and energy, which enables them to achieve the following goals:

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

The scope for making progress in most of the issues outlined in this guide will be very limited without the active political participation of *all* older persons. For this to occur, it is important to acknowledge that older persons can participate in the political decision-making process:

- At the individual level (as voters);
- At the group level (through organizations of older persons);
- At the government level (e.g., as lobbyists or through participation in advisory bodies of older persons).

Recently, there has been a policy shift in many countries away from welfare approaches towards older persons in favor of strengthening their citizenship and participation in governance. MIPAA emphasizes the need to enable older persons to recognize their rights and responsibilities and asks governments to promote this. Many Governments recognize the need for greater accountability towards older vulnerable people, but seem to lack the capacity and/or the experience for doing so.

The *World Development Report 2004: Making Services Work for Poor People* identifies two different ways by which excluded groups can increase their political power. These are:

- The “long route,” referring to influence channeled through voting and, hence, influencing the priorities of political parties and policy-makers;
- The “short route,” referring to more direct influence on service providers, often exerted at the local level through lobbying and other forms of communication.

6.1 The “long route” to power

6.1.1 Older voters

Research from developed countries shows that older persons tend to be more interested in politics. Where their country gives them a choice in voting, older persons are more likely to cast their vote than younger people. A study from 15 European countries in the 1990s found that average turnout for voters aged 60 years and over was 93 per cent.

When focal points combine the fact of older persons’ more frequent voting with the actual proportion of potential older voters in the total voting population, the voting power of older persons becomes much more evident than when just considering older persons as a demographic segment of the total population. Table 5 below gives a rough indication of the proportion of potential voters made up by older persons for a range of countries. Thus, in Nigeria and Ghana in the year 2000, the share of older voters in 2000 was more than double the share of older persons in the total population.

A key opportunity for promoting political inclusion is to highlight to politicians and others the increasing importance of older persons as a voter group or constituency.

Even so, some groups within the older population may be excluded from voting. Focal points could use available data to identify key excluded groups and then carry out further research to identify the main barriers to their political involvement.

Potential barriers include the following:

- *Lack of appropriate documents.* Older persons lacking identity papers and other official documents—a widespread problem in some developing countries—restrict voting (as well as access to services);
- *Illiteracy.* In most countries literacy tests for voters are now a thing of the past. Even so, the lack of literacy skills can reduce older persons’ confidence and sense of entitlement to participate. Adapting voting processes (e.g. by using images instead of text on ballots) may help;
- *Inappropriate technology.* New voting technologies, such as postal voting, have been shown to increase voting among groups with mobility problems. Have these approaches been considered in each country?

Table 5. The population aged 60 and over as a percentage of the potential voting population for selected countries, 2000 and 2020

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

Source: Calculated from United Nations data (2001).

* Excluding Hong Kong and Macao.

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

*** Medium variant projection.

6.1.2 Voting and influence

To vote is one thing; whether or not these votes serve older persons’ interests is quite another. To some extent, the sensitivity of political decision-making to voters’ real preferences depends on the quality of a democratic system in general. But you should explore whether older persons find it particularly difficult to translate their votes into meaningful influence over the issues that concern them.

This may depend on the following:

- The extent to which mainstream political parties are aware of older persons’ concerns. Focal points should discuss this issue with key politicians and look at party manifestos to identify their policy platforms relevant to older persons;

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

In richer countries, older persons' concerns are exerting a growing influence over government elections. In these cases, focal points should:

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

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

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

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

Older persons can also take part in the decision-making process through mechanisms of consultation. This may take the form of special councils and advisory bodies where older persons are represented and consulted on matters of policy directly concerning them. A number of countries have developed such mechanisms.

In Argentina, the Federal Council of Older Persons, formed by twelve provincial representatives of older persons' organizations, provides coordination and permanent advice on policies directed at older persons. In Brazil, the National Council for the Rights of the Older persons, formed by fourteen government representatives and fourteen representatives of NGOs, is involved in the elaboration of guidelines and norms which establish national policy priorities for older persons. In Uruguay, similar advisory councils of older persons were created to focus on specific policies for the older persons population.

Box 23. Participation in New Zealand

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

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

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

Other countries have introduced independent advisory bodies consisting of researchers, representatives of older persons' organizations, NGOs, public opinion leaders, etc. Still, there is a paucity of research and evidence to show that older persons are using these bodies efficiently and effectively to wield power.

Focal points should ensure that membership in these consultative bodies truly represents the diversity found within the population of older persons, and that differences in socio-economic class, gender, ethnicity, geographic area, etc. are taken into account.

Organizing senior citizens' forums is another way to give older persons a voice. Such forums, which may exist at the local, regional, or national level, can harness the skills and experience of older persons to recommend and plan needed services.

Consultation should not be seen simply as exercises in democracy, but rather as a mechanism to improve services to meet the specific needs of older persons. The cost-saving advantages of preventing the development of inappropriate services should not be ignored. An example from the United Kingdom of a dense network of senior citizens' forums is provided below.

Box 24. Reference groups of older persons in the United Kingdom

In March 1999, the Department of Health asked Help the Aged to convene a group of older persons from across England to act as a reference group on older persons' issues in the development of the National Service Framework for Older persons (NSFfOP). The aim of the Framework was to set standards for all organizations that provide health and social care for older persons. This was a unique opportunity for older persons to become directly involved in developing policy.

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

Source: Help the Aged (http://www.helptheaged.org.uk/NR/rdonlyres/5BDA5E97-A993-49F3-9B8E-74E20D6413B2/0/age_today_5_citizenship.pdf).

6.2.2 Improved citizens' monitoring schemes

Another example of a "short route" is the development and promotion of citizens' monitoring schemes (CMSs), which seek to hold service providers, both public and private, to account for quality of their services, and to discourage discrimination against older clients. The introduction of CMSs can:

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

Does the country in which the focal point is based offer CMSs or similar organizations representing the full diversity of the older population? Are older persons fully aware of the commitment the Government has made to MIPAA and that they are in a position to monitor the progress of implementation of the Plan of Action?

In developing countries, organizations such as HelpAge International have supported a number of CMSs³⁵ for poor older persons. Based on its experience, HelpAge International recognizes:

- The importance of focusing on priority issues, as identified by older persons themselves;

³⁵ Details about CMSs are available at: <http://www.helpage.org/Researchandpolicy/Rights-1/Resources>.

- The need to base political activities on sound evidence. Groups may need capacity training for collecting, analyzing and presenting this evidence;
- The need to allow time and support, as well as tailored training programmes for older participants, in new initiatives.

Box 25. Empowering older persons in India

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

The three-year Poorest Areas Civil Society (PACS) programme has been strengthening the capabilities of poor older persons to demand and exercise their rights. Working with local partners, HelpAge India encouraged older persons to form *vridh sanghs* (older persons' groups). Each group is supported by a *vridh mitra* ("friend of the elderly"). These are typically young men in their twenties with at least basic-level education. They are employed full-time on a small salary to help the groups to organize and attend meetings with local government officials and others.

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

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

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

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

6.2.3 Working with pressure and interest groups

In many countries civil society organizations are very active in the area of ageing and have proved to be key actors in promoting ageing-related issues. They often introduce innovative local practices that could be generalized and developed for the well-being of older persons nationally and internationally. Many are organizations of older persons or retirees themselves or organizations advocating for older persons. Since they usually work closely with older persons, they have first hand knowledge of their particular situations and needs. It would make sense to enter into effective

partnerships with these NGOs to improve policies for older persons and make the decision process more democratic.

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

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

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

Also, try to find opportunities to promote older persons' involvement in pressure groups which are not primarily concerned with late age. Make sure that they do not discriminate on the basis of age or other criteria in their leadership positions.

6.3 Raising the general profile of older persons

Focal points should assess negative and stereotypical depictions of older persons by the mass media, including advertisers. These depictions can do much to reinforce unhelpful attitudes in society at large, as well as among older persons themselves. Working with the mass media is critically important in eliminating negative and harmful stereotypes of older persons. Conferences, targeted information campaigns, and other public education strategies can promote more realistic views.³⁶

Identify opportunities to promote more positive attitudes to older persons. One effective approach can be to organize a rally or special event which could be seen as opportunity to publicly discuss ageing-related issues. The International Day of the Older Person (1 October) may be a good opportunity to do this. Many countries have other days, weeks or even months in which older persons are honoured.

³⁶ The Office for Older Australians, a division of the Australian Government's Department of Health and Ageing, has created an online gallery of positive images of older persons. The site also provides information relating to positive and healthy ageing, work and later life planning, and health and care.

Focal points should ensure that older persons are able to participate in local community activities and in key events that are not exclusively concerned with ageing, such as those related to health care, women's issues and employment. This, too, will help reduce their segregation.

One of the major barriers to the realization of older persons' full citizenship and participation in their communities is their low educational level and illiteracy. This might be particularly true for women in certain countries that discourage female education. These factors impede seniors from accessing and understanding information relevant to them, or understanding their rights. In Thailand, for example, a survey discovered that 50 per cent of persons 60+ were unaware of the availability of social security for older persons.

Education is a crucial tool for empowering older persons. In particular, focal points should ensure that older persons are not excluded from illiteracy reduction programmes on the basis of their age. China provides an interesting example of "third age" education (see box 26).

Box 26. "Third age" education in China

China offers continuing education to older people. The University for Third Age (U3A) programme was started in 1983 in Jinan in Shandong Province. Old age education networks covering the levels of province, city and township) have been built in many places. Large numbers of older people now have opportunities to improve their scientific and cultural knowledge, add to their pleasure in life, and enhance their capability for contributing to social and economic development.

In two decades of development, old age education in China is also being transformed from solely classroom teaching to a combination of learning via correspondence, TV and radio, classroom teaching, and home-based tutoring. The educational content has been gradually changed from a focus on leisure education to a combination of education for pleasure and professional training. This furthers the objectives of old age education--to offer knowledge, enrich life, nurture morality, promote health, and serve community. Learning, recreation and action are combined.

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

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

Ensuring older persons' political involvement will help them to:

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

The final result will be a population of older persons that can participate more actively in the development of their society by continuing to use their experience, wisdom and skills.

Annex I

Publications on ageing produced within the United Nations system

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Annex II

Directory of ageing resources on the Internet

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

The directory is organized alphabetically by topic. A complete listing of the topics is provided below. Within each topic, one or more of the following types of resources are provided: (1) general information; (2) evidence-based guidelines; (3) guidelines and best practices; (4) bibliographies; (5) databases; (6) clearinghouses; (7) training tools; (8) electronic newsletters; and/or (9) electronic mailing lists.

Some resources appear under more than one topic because they are relevant to both. In a few cases, such as health, the topic has been broken up into separate categories (such as falls, health promotion and HIV/AIDs) because the topic is so large.

Topics

Active aging
Advocacy
Africa
Age discrimination
Ageing in the Arab world
Ageing in general
Alzheimer's disease/dementia
The Americas
Asia/Pacific
Caregivers
Central and Eastern Europe
Demography
Development
Developmental disabilities
Dying/palliative care
Education
Elder abuse
Emergency situations
Employment
Empowerment
Europe
Falls
Gender
Health
Health promotion
HIV/AIDS
Human rights
Impact of population ageing
Indicators
Institutional care
Isolation
Latin America and the Caribbean

Livable communities
Living arrangements
Long-term care
Mainstreaming
Mental health
National plans on ageing
Nutrition
Pensions/social security
Physical activity
Poverty
Research
Retirement
Rural ageing
Transportation
Urban ageing

THE RESOURCES

ACTIVE AGEING

Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8) –
whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf

This Policy Framework is intended to inform discussion and the formulation of action plans that promote healthy and active ageing. It was developed by WHO's Ageing and Life Course Programme in 2002.

The future of retirement: The new old age – Global report

www.ageingforum.org/content/FutureOfRetirementProgramme2007.aspx

Reports on a survey of 21,000 people aged 40 to 79 in 21 countries and territories regarding the contribution they are making to their families and society through their employment, volunteer and other activities. Produced by HSBC Insurance with the Oxford Institute of Ageing.

RespectAbility – www.respectability.org/index.cfm

Provides research and program models for overcoming organizational barriers to the civic engagement of persons 55 and older, as well as maximizing their involvement. A program of the National Council on the Aging, Inc. in the USA.

Clearinghouses

Civic Engagement Program – www.asaging.org/asav2/civiceng/index.cfm

Provides information and resources on individual and collective actions through which older adults participate in activities of personal and public and personal concern that are both individually life enriching and socially beneficial to the community. Produced by the American Society on Aging.

ADVOCACY

Guidelines and best practices

Advocacy with older people: Some practical suggestions –

www.helpage.org/Resources/Manuals

Designed to help communities and organizations explore ways of making older persons' voices better heard in ways that are culturally appropriate and sustainable. Reissued by HelpAge International in 2007.

AFRICA

African Union policy framework and plan of action on ageing –

www.helpage.org/Resources/Policyreports

Policy document that commits African Union member states to design, implement, monitor and evaluate appropriate integrated national policies and programmes to meet the individual and collective needs of older people in Africa. Jointly published by the African Union and HelpAge International.

Building blocks: Africa-wide briefing notes – supporting older carers (available in English, French and Portuguese – www.helpage.org/Resources/Manuals)

Explains why programs designed to support orphans and vulnerable children need to pay more attention to the needs of the older people who care for them. Produced by HelpAge International and the International HIV/AIDS Alliance in 2004.

Policy workshop on HIV/AIDS and Windhoek, Namibia –

www.un.org/esa/socdev/family/Meetings/hiv2830jan04.pdf

Annex I: HIV/AIDS and family well-being in southern Africa: towards an analysis of policies and responsiveness –www.un.org/esa/socdev/family/Meetings/hiv2830jan04a1.pdf

Includes recommendations for the development of a strategic policy framework to assist governments in Africa to strengthen the capacity of families and family networks to cope with HIV/AIDS. Sponsored by the United Nations, 28-30 January, 2004.

Population Aging in Sub-Saharan Africa: Demographic Dimensions 2006 –

www.census.gov/prod/2007pubs/p95-07-1.pdf

Examines population aging by gender in 42 sub-Saharan countries, with a focus on the 50+, 60+ and 80+ age groups. Both tables and figures are provided with projections to 2050. A special section examines the impact of HIV/AIDS on population aging. Published by the U.S. National Institute on Aging and U.S. Census Bureau, June, 2007.

Social cash transfers for Africa: A transformative agenda for the 21st century –

www.helpage.org/Resources/Policyreports

Reports on a three-day intergovernmental conference on social protection held in Livingstone, Zambia, 20-23 March 2006. This brought together more than a hundred ministers and senior representatives from 13 African governments with the aim of examining new ways to tackle poverty and promote the human rights of the poorest people in Africa. Published by HelpAge International in 2006.

Social security programs throughout the world: Africa, 2007 –

www.socialsecurity.gov/policy/docs/progdesc/ssptw/2006-2007/guide.html

Updated on a biennial basis. Published by the US Social Security Administration.

Summary of research findings on the nutritional status and risk factors for vulnerability of older people in Africa –

www.helpage.org/Resources/Researchreports

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

Guidelines and best practices

Addressing older people's rights in Africa: Good practice guidelines –

www.helpage.org/Resources/Manuals

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

Training tools

Training manual on ageing in Africa – www.helpage.org/Resources/Manuals

Aims to fill the knowledge and information gaps on ageing issues in Africa, while also empowering trainers on how to provide better for older people. Produced by HelpAge International.

Electronic newsletters

Ageing in Africa – www.helpage.org/Resources/Regionalnewsletters

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

AGE DISCRIMINATION

Action against discrimination, civil society –

ec.europa.eu/employment_social/fundamental_rights/index_en.htm

Produced by the European Union.

Equal treatment, equal rights: Ten actions to end age discrimination –

www.helpage.org/Resources/Policyreports

Draws on consultations with older people from the developing world and transitional economies to set out 10 concrete actions to ensure that older people across the world benefit from the full range of internationally accepted human rights. Produced by HelpAge International.

IFAs policy section on Age Discrimination – [www.ifa-](http://www.ifa-fiv.org/en/accueil1.aspx?sortcode=2.12&id_article=408&starting=1&ending=50)

[fiv.org/en/accueil1.aspx?sortcode=2.12&id_article=408&starting=1&ending=50](http://www.ifa-fiv.org/en/accueil1.aspx?sortcode=2.12&id_article=408&starting=1&ending=50)

Contains full text of age discrimination legislation. Produced by the International Federation on Ageing (IFA)

Training tools

Combating discrimination: A Training Manual –

ec.europa.eu/employment_social/fundamental_rights/pdf/civil/train_en.pdf

Developed to provide training on European and national anti-discrimination law and policy to non-governmental organizations in the 10 new Member States and in Bulgaria, Romania and Turkey. Does not deal exclusively with age discrimination. Available in the languages of member states. Produced for the European Union in 2006.

AGEING IN THE ARAB WORLD

Ageing in the Arab Countries: Regional Variations, Policies and Programmes –

(E/ESCWA/SDD/2004/WG.1/2) www.escwa.un.org/information/publications/sdd/docs/04-wg-1-2.pdf

Examines demographic trends in aging and its socio-economic consequences.

Published by the UN Economic and Social Commission for Western Asia, 2004.

The Arab plan of action on ageing to the year 2012 –

www.escwa.org.lb/information/publications/edit/upload/sd-02-01.pdf

This plan was produced in 2002 in anticipation of the upcoming UN World Assembly on Ageing.

AGEING IN GENERAL

Global aging: The challenge of success – www.eldis.org/static/DOC17927.htm

Authors: Kevin Kinsella and David R. Phillips; Publisher: *Population Bulletin*, March 2005.

Databases

AgeLine Database – www.aarp.org/research/ageline/

A database that provides detailed summaries of more than 90,000 publications about aging and the 50+ population, mainly in North America, but also includes considerable coverage of other countries. Produced by AARP.

AgeSourceWorldwide – www.aarp.org/research/agesource/

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

Resource Library of AARP International –

www.aarpinternational.org/resourcelibrary/

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

Evidence Database of the Social Work Leadership Institute (SWLI) –

socialworkleadership.org/nsw/cap/ebp.php

Created to help scholars, policy analysts, and advocates stay on top of the latest research and innovations in aging care, including health care, social services, and workforce issues. Brief citations are provided. Regularly updated by an advisory panel that filters, reviews, and catalogues articles published in professional journals from around the world.

Internet Resources on Aging – www.aarp.org/internetresources/

A database that provides links to some of the best Internet sites for persons 50 and older in the United States. Also includes a number of international links. Produced by AARP.

Public Policy Clearinghouse of the Social Work Leadership Institute (SWLI) –

socialworkleadership.org/nsw/cap/ch.php

Provides a wide range of materials about aging, social work and public policies gleaned from government agencies, non-government organizations, think-tanks, news media and other sources of information. Results are presented in brief or full formats, with links to full text where appropriate.

Clearinghouses

Aging Everywhere: World Facts on the 50+ – www.aarp.org/international/map

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

Eldis Ageing Populations Resource Guide – www.eldis.org/ageing/index.htm

Provides links to several hundred documents related to aging, as well as related Web sites. A resource of the Institute of Development Studies at the University of Sussex, UK.

Electronic Newsletters

AARP International News – www.aarpinternational.org/news/

Provides information from sources around the world on issues related to population aging. Produced by AARP.

Global Action on Aging – www.globalaging.org/quickgo.htm

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

ILC Policy Report – www.ilcusa.org/pages/newsroom/newsletters.php

A monthly compilation of longevity news and trends in the U.S. and abroad. Produced by the International Longevity Center, USA.

ALZHEIMER'S DISEASE/DEMENTIA

The growing challenge of Alzheimer's Disease in residential settings

www.nia.nih.gov/Alzheimers/Publications/GrowingChallenge/

Designed to give helpful information about Alzheimer's Disease to staff and managers of retirement communities, senior housing developments, assisted living facilities, and case coordination agencies. Intended for use by staff developers and others involved in offering in-service training programs about issues related to older persons living in residential communities. Published by the Alzheimer's Disease Education and Referral (ADEAR) Center in the USA.

Women, Ageing and Health: A Framework for Action - Focus on Gender

<http://www.unfpa.org/publications/detail.cfm?ID=327&filterListType>

A joint UNFPA/WHO guide (2007) on how policy-makers, practitioners, nongovernmental organizations and civil society can improve the health and wellbeing of ageing women by simultaneously applying both a gender and an ageing lens in their policies, programmes and practices, as well as in research. Includes a 4-page pullout for the formulation of action plans to promote healthy and active ageing.]

Evidence-based guidelines

Management of patients with dementia: A national clinical guideline –

www.sign.ac.uk/pdf/sign86.pdf

Examines evidence relating to all aspects of the diagnosis and management of people with dementia, including the role of complex psychological assessment, drug treatment, techniques such as reality orientation and interventions for behavioral and psychological problems which develop later in the course of the disease. The guideline also covers evidence looking at how patients and carers are best kept informed of the changes in the patient's condition. Appendices contain diagnostic and assessment tools. Developed by the Scottish Intercollegiate Guidelines Network (SIGN).

Guidelines and best practices

Practice guideline for the treatment of patients with Alzheimer's Disease and other dementias of late life –

www.psychiatryonline.com/content.aspx?aid=152139

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

Bibliographies

Social & behavioral research on Alzheimer's Disease and dementia in diverse populations: A bibliography –

www.aging.unc.edu/cad/bibliography/index.html

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

Clearinghouses

Alzheimer's Disease Education & Referral Center (ADEAR) –

www.alzheimers.org/

Compiles, archives and disseminates information concerning Alzheimer's Disease. A bibliographic database is available at: www.nia.nih.gov/Alzheimers/Resources/SearchHealthLiterature/ offering a collection of 8,500 health education and information materials related to Alzheimer's disease. Sponsored by the US National Institute on Aging.

Alzheimer Europe – www.alzheimer-europe.org

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

Training tools

Demystifying dementia care: Education package –

www.accreditation.org.au/DemystifyingDementia

Designed to equip staff in institutional/residential care with the skills and knowledge needed to provide care and support for residents who have dementia. Produced by the Aged Care Standards and Accreditation Agency Ltd. in the USA.

Geriatric Mental Health Training Series

www.nursing.uiowa.edu/hartford/nurse/core.htm

Among the training modules offered are: "Dementia, Parts I and II," which reviews various types of dementia, particularly Alzheimer's Disease, and offers specific intervention strategies and communication techniques. The "ABC" module provides a problem-solving approach for behavioral and psychological symptoms of dementia. All modules contain a detailed lecturer's script, notes for instructors, slides, handouts, and suggestions for additional reading. These modules were developed for the Hartford Center of Geriatric Nursing Excellence in order to encourage personal development and staff training activities.

Knowledge and skills needed for dementia care: a guide for direct care workers –

www.dementiacoalition.org/pdfs/knowledgeandskills_dementiacare.pdf

Identifies the special care assistance skills that are important when working with a person with dementia in order to improve the quality of care. Competency areas covered are: knowledge of dementia disorders; person-centered care; care interactions; enriching the person's life; understanding behaviors; interacting with families; direct care worker self care. Produced by the Dementia Program of the Michigan Public Health Institute in the USA.

THE AMERICAS

Aging in the Americas into the XXI Century: A Wall Chart (available in English and Spanish) –

www.census.gov/ipc/www/agingam.html

Provides demographic data and projections for the 65+ population in the Americas for 1997 and 2025. A joint product of PAHO/WHO, the US National Institute on Aging, and the US Bureau of the Census, 1998.

Social security programs throughout the world: The Americas, 2004-2005 –

www.ssa.gov/policy/docs/progdsc/ssptw/2004-2005/americas/guide.pdf

Updated biennially, this report provides descriptions of each nation's social security system. Published by the US Social Security Administration.

ASIA/PACIFIC

Access to Social services by the Poor and Disadvantaged in Asia and the Pacific: Major Trends and Issues (ST/ESCAP/2240) –

www.unescap.org/esid/psis/publications/spps/11/SPP11.pdf

Provides an overview of social services in Asia and the Pacific, focusing on the analysis of access to social services by the poor and disadvantaged groups as target users. Discusses the need for social services, barriers to access to services, the quality, delivery and financing of services in the region. Published by the UN Economic and Social Commission for Asia and The Pacific, 2002.

The Macao Outcome Document –

www.unescap.org/esid/psis/meetings/ageingmipaa2007/MacaoOutcomeDocument.pdf

This document is the culmination of the regional Asia/Pacific conference that took place in Macao in October 2007 to review progress to date on the implementation of the Madrid International Plan of Action on Ageing and make recommendations for the future. Produced by the UN Economic and Social Commission for Asia and the Pacific.

Population aging in East and Southeast Asia – cst.bangkok.unfpa.org/

Provides links to ten full-text reports on population aging in the countries of this region.

Published by the UNFPA Country Technical Services Team for East and Southeast Asia.

Shanghai Implementation Strategy –

www.unescap.org/esid/psis/ageing/strategy/index.asp

The Asia/Pacific implementation strategy developed for the Madrid International Plan of Action on Ageing 2002 and the Macao Plan of Action on Ageing for Asia and the Pacific 1999. Published by the Economic and Social Commission for Asia and the Pacific, 2003.

Social cash transfers for Asia: Ensuring social protection/social pensions in old age in the context of rapid ageing – www.helpage.org/Resources/Policyreports

Report of a three-day intergovernmental seminar on social protection held in Bangkok, Thailand, from 29-31 January 2007. Published by HelpAge International in 2007.

Social security programs throughout the world: Asia and the Pacific, 2006 –

www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/asia/index.pdf

Updated on a biennial basis, this report provides descriptions of each nation's social security system.

Published by the US Social Security Administration.

Electronic newsletters

AgeNews Asia/Pacific – www.helpage.org/Resources/Regularpublications

Raises awareness of the contributions, needs and rights of older people in Asia and the Pacific, and highlights HelpAge International's activities within the region. Produced four times a year by HelpAge International.

CAREGIVERS

Building blocks: Africa-wide briefing notes – supporting older carers (available in English, French and Portuguese – www.helpage.org/Resources/Manuals)

Explains why programs designed to support orphans and vulnerable children need to pay more attention to the needs of the older people who care for them. Produced by HelpAge International and the International HIV/AIDS Alliance in 2004.

Consumer direction and choice in long-term care for older persons, including payments for informal care – www.oecd.org/dataoecd/53/62/34897775.pdf

Reports the detailed results of research on choice carried out as part of the long-term care study under the OECD Health Project, which was later published under the title “Long-term care policies for older people.” Author: J. [Lundsgaard](#); Publisher: OECD.

The road to recognition: International review of public policies to support family and informal caregiving – www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1011

Authors: Anne Montgomery and Lynn Friss Feinberg; Publisher: Family Caregiver Alliance, September 2003.

Forgotten families: older people as carers for orphans and vulnerable children –

www.helpage.org/Resources/Policyreports

Describes case studies of innovative ways of dealing with some of the difficulties faced by older-headed households that appropriate technical support minimal additional resources can have. Produced by HelpAge International and the International HIV/AIDS Alliance

Training tools

Caregivers count too! A toolkit help practitioners assess the needs of family caregivers –

caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1695

Designed for program administrators and practitioners to sharpen awareness of family caregivers as an at-risk population in need of assessment to determine their own physical, emotional and financial problems, and to provide practical tools for conducting such assessments. Developed by the Family Caregiver Alliance in the USA.

CENTRAL AND EASTERN EUROPE

A generation in transition: Older people's situation and civil society's response in East and Central Europe –

www.helpage.org/Resources/Policyreports

Draws on consultations with older people to provide principles and case studies for responding to their needs. Published in 2002 by HelpAge International.

I like the age I am: Empowering disadvantaged older people to combat discrimination in South East Europe –

www.helpage.org/Resources/Policyreports

Describes program to address the exclusion and discrimination of older people in countries of southeastern Europe, the global and regional context of its objectives, and lessons learnt and recommendations for action. Published by HelpAge International.

DEMOGRAPHY

Human Lifetable Database (HLD) – www.lifetable.de/

A collection of population life tables covering a multitude of countries and many years. Most of the HLD life tables are life tables for national populations, which have been officially published by national statistical offices. Some of the HLD life tables refer to certain regional or ethnic sub-populations within countries.

Human Mortality Database (HMD) – www.mortality.org/

Provides detailed mortality and population data to researchers, students, journalists, policy analysts, and others interested in the history of human longevity. HMD contains detailed data for some 30 countries or areas. HMD is limited to populations where death registration and census data are virtually complete; hence, the countries and areas included are relatively wealthy.

Population Aging in Sub-Saharan Africa: Demographic Dimensions 2006 –

www.census.gov/prod/2007pubs/p95-07-1.pdf

Examines population aging by gender in 42 sub-Saharan countries, with a focus on the 50+, 60+ and 80+ age groups. Both tables and figures are provided with projections to 2050. A special section examines the impact of HIV/AIDS on population aging. Published by the U.S. National Institute on Aging and U.S. Census Bureau, June, 2007.

World population ageing: 1950-2050 –

www.un.org/esa/population/publications/worldageing19502050/

Produced by the Population Division of the Department of Economic and Social Affairs.

World Population Ageing 2007 –

www.un.org/esa/population/publications/WPA2007/wpp2007.htm

Analyses the implications of population aging for social and economic development around the world. Much data is provided in the form of figures and tables. Only tables and the executive summary can be downloaded from the Internet; the full report can be purchased through the UN Publications office-- Sales Number: 07.II.C.1 P.

Produced by the Population Division of the UN Department of Economic and Social Affairs.

World population monitoring, focusing on the changing age structures of populations and their implications for development: Report of the Secretary-General (E/CN.9/2007/3) (available in all UN languages) –

daccessdds.un.org/doc/UNDOC/GEN/N07/212/85/PDF/N0721285.pdf?OpenElement

Prepared by the Population Division of the Department of Economic and Social Affairs, 2007.

World population prospects, the 2006 revision –

www.un.org/esa/population/publications/wpp2006/wpp2006.htm

Provides considerable statistical data on population aging around the world. Produced by the Population Division of the UN Department of Economic and Social Affairs.

Databases

International Data Base – www.census.gov/ipc/www/idb/

Provides a variety of demographic and socioeconomic characteristics for most countries of the world plus selected territories, broken down by sex and age. Summary or detailed data is available from as early as 1950 to projections as late as 2050. In addition, static or "active" population pyramids are available. Users can aggregate selected countries into chosen regions. Countries can be ranked by population for any year from 1950-2050. Download options are available. Produced by the US Bureau of the Census, Department of Commerce)

DEVELOPMENT

The ageing and development report (summary available in English, French and Spanish) –

www.helpage.org/Resources/Policyreports

Reports on the circumstances of older people in developing countries and countries in transition, with chapters on economic security, health, family and community life, poverty, gender and emergencies. Includes information on demographic trends and ageing in specific countries and regions. Summary available online. Full report available free of charge. Published by HelpAge International.

Electronic newsletters

Ageing and Development – www.helpage.org/Resources/Regularpublications

News and analysis highlighting aging as a mainstream development issue. Published twice a year for policy makers, program planners and researchers concerned with development and poverty reduction. A publication of HelpAge International.

Ageways – www.helpage.org/Resources/Regularpublications

Exchanges practical information on aging and development, particularly good practice developed in the HelpAge International network. Published twice a year for carers, older people's groups, and staff of HelpAge International. A publication of HelpAge International.

DEVELOPMENTAL DISABILITIES

Clearinghouses

Clearinghouse on Aging with Developmental Disabilities –

www.uic.edu/orgs/rrtcamr/clearinghouse.htm

Designed to provide information on the latest research, model programs, and policy issues pertaining to this population. Offers books/monographs, journal articles, videotapes, and CDs related to aging and developmental disabilities. Describes training and technical assistance opportunities. Sponsored by the University of Illinois' Rehabilitation and Training Center on Aging with Developmental Disabilities in the USA.

DYING/PALLIATIVE CARE

Canadian Virtual Hospice – www.virtualhospice.ca/

An online community that provides information and support for physical, emotional and spiritual concerns related to death and dying. Separate sections are directed to the dying, family and friends, health care providers, and volunteers. Produced by the Canadian Virtual Hospice in Canada.

Guidelines and best practices

Clinical practice guidelines for quality palliative care –

www.nationalconsensusproject.org/Guideline.pdf

Developed by five major US palliative care organizations, the Guidelines describe core precepts and structures of clinical palliative care programs. The following aspects are included: structure and process of care; physical; psychological and psychiatric; social; spiritual, religious, and existential; cultural; care of the imminently dying person; and ethics and law.

Introductory guide to end of life care –

eolc.cbcl.co.uk/eolc/eolcpublications/Guide%20To%20EoLC%20care%20homes%20lo.pdf

Designed for care home managers and staff interested in improving care of residents in the final stages of life. Provides definitions of terms used in end of life care, case studies of residents, and examples of best practices in palliative care in care homes. Published by Britain's National Health Service in cooperation with the National Council for Palliative Care.

Clearinghouses

Palliative Dementia Care Resources – www.pdcronline.com/index.php

Seeks to raise public and professional awareness around palliative care needs facing individuals with advanced dementia and their caregivers. It guides family caregivers and professionals to relevant news and information on topics such as managing life's changes, preparing for life's end, and coping with grief and loss. Links are provided to topics such as end stage dementia care, end of life care in the nursing home, ethical issues, family caregivers' support, pain management tools, and advance care planning. Created by Polisher Research Institute at the Madlyn and Leonard Abramson Center for Jewish Life.

EDUCATION

Databases

ERIC (Education Resources Information Center) – www.eric.ed.gov

Provides searchable, Internet-based bibliographic and full-text database of education research and information from around the world, dating from 1966. The collection includes thousands of citations related to older persons drawn from journal articles, books, research syntheses, conferences, technical reports, policy papers, and other education-related materials.

ELDER ABUSE

Abuse of Older Persons: Recognizing and Responding to Abuse of Older Persons in a Global Context: Report of the Secretary-General (E/CN.5/2002/PC/2) –

www.un.org/ageing/ecn52002pc2eng.pdf

Describes the abuse of older persons as a human rights issue, provides definitions, typologies, and prevalence rates; and possible responses to the problem. Submitted to the UN Committee for Social Development by the UN Secretary-General, January 2002.

Missing voices: views of older persons on elder abuse –

whqlibdoc.who.int/hq/2002/WHO_NMH_VIP_02.1.pdf

Drawn from a series of focus groups held in Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon and Sweden. Prepared for the World Health Organization, 2002.

Summary of Gender Aspects of Violence and Abuse of Older Persons –

www.un-instraw.org/en/docs/ageing/AgeNet_Summary.pdf

As a contribution to the Second World Assembly on Ageing, INSTRAW conducted an on-line discussion forum (15-26 April 2002) on the subject of women and elder abuse.

Clearinghouses

Clearinghouse on Abuse & Neglect of the Elderly (CANE) –

db.rdms.udel.edu:8080/CANE/index.jsp

Probably the largest computerized collection of elder abuse resources and materials in the world. Database can be searched to obtain references pertaining to the many aspects of elder abuse and neglect, and the conditions that impact upon elder mistreatment. Maintained at the Department of Consumer Studies at the University of Delaware in the USA.

Training tools

Abuse education, prevention and response: A community training manual for those who want to address the issue of the abuse of older adults in their community –

www.advocacycentreelderly.org/elder/pubs.htm

Provides a framework to focus thinking on how members of a community can come together to prevent the abuse of older adults and how to respond when abuse occurs. *Authors:* Joanne Preston and Judith Wahl; *Publisher:* Advocacy Centre for the Elderly in Canada.

EMERGENCY SITUATIONS

Guidelines and best practices

Addressing the nutritional needs of older people in emergency situations in Africa: Ideas for action –

www.helpage.org/Resources/Manuals
Highlights some of the key issues affecting the nutrition of older people in emergencies and suggests ways in which their rights and needs can be more effectively addressed. Published by HelpAge International in 2001.

Older people in disasters and humanitarian crises: Guidelines for best practice participatory research with older people: A sourcebook (available in English and Spanish) –

www.helpage.org/Resources/Manuals

Aims to help relief agencies meet the special needs of older people in emergencies. Produced by HelpAge International.

Older people's associations in community disaster risk reduction –

www.helpage.org/Resources/Manuals

Highlights good practice in utilizing Older People's Associations for community-based disaster risk reduction. Produced by HelpAge International in 2007.

EMPLOYMENT

Ageing and labour markets for older workers –

www.ilo.org/public/english/employment/strat/publ/etp33.htm

Discusses age discrimination in the labour force against older persons and reviews sound practices for promoting their employment. Author: Alexander Samorodov; Publisher: ILO, 1999.

Live longer, work longer: A synthesis report –

www.oecd.org/document/42/0,3343,en_2649_34747_36104426_1_1_1_1,00.html

A synthesis of the findings of country reports from 21 OECD member countries, analyzing incentives and disincentives to older worker employment, and measures that need to be taken to improve their employability. Executive summary available on line. Entire report must be purchased. Published by the OECD, February 2006.

The new agenda for an older workforce and older worker recruiting: Survey results and white paper –

www.ca.manpower.com/cacom/contentSingle.jsp?articleid=282

Reports findings of a survey of 28,000 employers across 25 countries and territories. Published in April 2007 by Manpower, Inc.

Older workers: policies of other nations to increase labor force participation –

www.gao.gov/new.items/d03307.pdf

Examines policies in Japan, Sweden, the United Kingdom, and the United States. Produced by the US General Accounting Office in 2003.

Promoting longer working lives through better social protection systems –

ec.europa.eu/employment_social/social_protection/docs/working_longer_en.pdf

Discusses the adaptations that are required in many social protection systems within the European Union (EU) to make it worthwhile for older workers to stay on the labor market. Produced by the EU.

Guidelines and best practices

Age positive good practice standards –

www.agepositive.gov.uk/good_practice/index.asp
Provides good practice standards to help employers recognize the business benefits of an age-diverse workforce. The standards cover six areas of employment: recruitment, selection, promotion, training and development, redundancy, and retirement. Case studies are also provided on how companies have successfully tackled these issues. Provided by Britain's Department for Work and Pensions.

A guide to good practice in age management –

www.eurofound.eu.int/publications/htmlfiles/ef05137.htm

Reviews case studies from a range of organizations across the European Union that have instituted good practices in recruiting, supporting and retaining older workers. *Authors:* Gerhard Naegele and Alan Walker; *Publisher:* European Foundation for the Improvement of Living and Working Conditions.

Combating age barriers in employment: a European portfolio of good practice –

www.eurofound.europa.eu/publications/htmlfiles/ef9719.htm

Provides illustration and analysis of more than 150 initiatives in Europe in favor of the retention, retraining and reintegration of older workers. *Authors:* Alan Walker and Philip Taylor; *Publisher:* European Foundation for the Improvement of Living and Working Conditions.

Training tools

Employer resource center –

www.aarp.org/employerresourcecenter/
Offers practical information to employers on many issues concerning the hiring and retention of older workers in the United States so that they are and prepared to face the aging of their labor force. Topics addressed include: age discrimination, recruitment and retention strategies, benefits for working caregivers, phased or flexible retirement, workforce trends, workplace law, and brief program

descriptions of employers who have implemented successful older worker programs. Publications can be ordered free of charge or are downloadable. Produced by AARP in the USA.

EMPOWERMENT

A generation in transition: Older people's situation and civil society's response in East and Central Europe – www.helpage.org/Resources/Policyreports

Draws on consultations with older people to provide principles and case studies for responding to their needs. Published in 2002 by HelpAge International.

I like the age I am: Empowering disadvantaged older people to combat discrimination in South East Europe – www.helpage.org/Resources/Policyreports

Describes program to address the exclusion and discrimination of older people in countries of southeastern Europe, the global and regional context of its objectives, and lessons learnt and recommendations for action. Published by HelpAge International.

Guidelines and best practices

Participatory research with older people: A sourcebook – www.helpage.org/Resources/Manuals

Provides comprehensive guidelines for older people's participation in planning, carrying out and disseminating research. Published by HelpAge International in 2002.

EUROPE

Healthy ageing: keystone for a sustainable Europe –

ec.europa.eu/health/ph_information/indicators/docs/healthy_ageing_en.pdf

Examines current trends in life expectancy, how they relate to healthy life years, and what this could mean for European Union (EU) now and in the future Member States. Produced by the EU, 2007.

Regional implementation strategy for the Madrid International Plan of Action of Ageing –

www.unece.org/pau/age/berlin2002/docs/berl_ris_rev_e.pdf

Text of European strategy developed in 2002 to implement the Madrid International Plan of Action of Ageing. Published by the UN Economic Commission for Europe.

Report of the UNECE Ministerial Conference on Ageing (ECE/AC.30/2007/2) –

www.unece.org/pau/age/ConferenceonAgeing_2007/Leon_Meeting_Report_AdvCopy.pdf

Includes the European Ministers' Declaration and a summary of the conference that was held in Leon, Spain in early November, 2007 to review progress on implementing the Madrid International Plan of Action on Ageing. Produced by the Economic Commission for Europe.

Social security programs throughout the world: Europe, 2006 –

www.socialsecurity.gov/policy/docs/progdsc/ssptw/2006-2007/europe/index.html

Updated on a biennial basis, this report provides summaries of each country's social security system. Published by the US Social Security Administration.

Electronic newsletters

CoverAge – www.age-platform.org/EN/spip.php?article99

The monthly newsletter of AGE, the European Older People's Platform, a coalition of European NGOs who lobby actively with the European Union. The newsletter provides updates on EU policy initiatives and actions. The newsletter is available in English, French, German, Italian, Spanish, and Polish.

Electronic discussion lists

Ageing in Europe – www.jiscmail.ac.uk/cgi-bin/webadmin?SUBED1=ageing&A=1

An electronic mailing list that announces research programs and results and announces conferences and training programs.

FALLS

Evidence-based guidelines

Assessment and prevention of falls in older people: Clinical guideline 21 –

www.nice.org.uk/page.aspx?o=CG021NICEGuideline

Guideline identifies older people at risk of falls, addresses multifactorial falls risk assessments and interventions, and discusses the participation of older people in prevention programs. Developed by the UK's National Institute for Clinical Excellence.

Guidelines and best practices

Falls prevention best practice guidelines –

www.health.qld.gov.au/fallsprevention/best_practice/default.asp

These guidelines are intended to 1) assist service providers in developing and implementing standard policies and procedures in the area of falls prevention and 2) assist health care professionals in their assessment of falls risk and in their management of patients/residents who are at risk of falling or who have fallen. Developed for Queensland, Australia health staff in 2004.

Clearinghouses

Fall Prevention Center of Excellence – www.stopfalls.org

Identifies best practices in fall prevention and helps communities offer fall prevention programs to older persons who are at risk of falling. Targeted audiences are service providers, individuals and families, and researchers and educators. Maintained by the Fall Prevention Center of Excellence of the University of Southern California Andrus Gerontology Center in the USA.

GENDER

Gender and Ageing –

www.eldis.org/go/topics/resource-guides/ageing-populations/gender-and-ageing

Provides links to papers, reports and briefings related to older women around the world. Produced by ELDIS, a program of the University of Sussex, UK.

Gender dimensions of ageing – www.un.org/womenwatch/daw/public/ageing-final.pdf

Published in 2002 by the UN Division for the Advancement of Women.

Men, ageing and health: achieving health across the life span

(01WHO/NMH/ NPH 01.2) – whqlibdoc.who.int/hq/2001/WHO_NMH_NPH_01.2.pdf

Examines the determinants of older men's health and proposes a framework and strategies for action. Published in 1999 by the World Health Organization (WHO).

The Situation of Elderly Women: Available Statistics and Indicators –

www.un-instraw.org/en/docs/ageing/Elderly_Women.pdf

Describes the changing status and role of elderly women in countries around the world. Developed in the early 1990s, but includes projections for the future. Published by the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW)

Women, ageing and health: achieving health across the life span (WHO/HPR/AHE/HPD/96.1) –

whqlibdoc.who.int/hq/1996/WHO_HPR_AHE_HPDP_96.1_2nd_ed.pdf

Examines the determinants of older women's health and proposes a framework and strategies for action. Published in 1998 by the World Health Organization (WHO).

Women, Ageing and Health: A Framework for Action –

www.unfpa.org/publications/detail.cfm?ID=327&filterListType

Provides guidance on how policy-makers, practitioners, nongovernmental organizations and civil society can improve the health and wellbeing of aging women by simultaneously applying both a gender and an aging lens in their policies, programs and practices, as well as in research. A full review of the evidence is available in a longer complementary document entitled *Women, Ageing and Health: A Review*, available in hard copy and online at <http://www.who.int/ageing/en/>
Published by WHO and UNFPA in 2007.

Women's Life Cycle and Ageing – INSTRAW News 29 –

www.un-instraw.org/en/docs/publications/INews_29.pdf

This special issue of the INSTRAW newsletter is devoted to examining aging within the total life cycle. Published by the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW) as a contribution to the 1999 International Year of Older Persons.

HEALTH

Health financing revisited: a practitioner's guide –

web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTHSD/0,,contentMDK:20200211~menuPK:376811~pagePK:148956~piPK:216618~theSitePK:376793.00.html

Addresses the major changes in global health and financing policy that have occurred over the past 10 years. Published by the World Bank in 2006. Authors: Pablo Gottret and George Schieber.

Integrated chronic disease prevention and control –

www.who.int/chp/about/integrated_cd/en/print.html

Argues for the development of integrated chronic disease prevention and control programs and provides case studies. Produced by the World Health Organization, 2006.

Public Policy and the Challenge of Chronic Non-Communicable Diseases –

<http://siteresources.worldbank.org/INTPH/Resources/PublicPolicyandNCDsWorldBank2007FullReport.pdf>

Contains an agenda for action in response to the growing economic, social, and health problems posed by chronic non-communicable diseases. Produced by the World Bank, 2007.

Stanford Health Library's Diseases and Disorders > Senior Health

healthlibrary.stanford.edu/resources/internet/bodysystems/senior_intro.html

Provides scientifically-based medical information and health education that help individuals and families make informed decisions about their health and health care. The seniors' health section provides an extensive directory of resource links available on the Internet related to health concerns of older persons. A product of Stanford University in the USA.

Towards age-friendly primary health care –

whqlibdoc.who.int/publications/2004/9241592184.pdf

Discusses the need for age-friendly primary health care and an agenda for change. Published in 2004 by the World Health Organization (WHO).

Evidence-based guidelines

A guide to resources on evidence-based geriatrics –

myuminfo.umanitoba.ca/Documents/713/evidencebasedgeriatrics.pdf

An introduction to resources on evidence-based geriatrics practice freely available on the Internet. Provides reading lists, descriptions of databases, and links to relevant Internet sites. Compiled by Laurie Blanchard at the J.W. Crane Memorial Library in Canada.

Best practice, evidence-based guidelines related to older people

www.nzgg.org.nz/index.cfm?fuseaction=fuseaction_10&fusesubaction=docs&documentid=22

Provides evidence-based recommendations for appropriate and effective care for the conditions from which older people most suffer. They draw upon experience in New Zealand and other countries.

Current titles related to aging include:

- Prevention of Hip Fracture Amongst People Aged 65 Years and Over;
- Acute Management and Immediate Rehabilitation after Hip Fracture Amongst People Aged 65 Years and Over;
- Assessment Processes for Older People;
- Life after Stroke: New Zealand Guideline for Management of Stroke;
- Guidelines for the Support and Management of People with Dementia
- Population Screening for Prostate Cancer: A Systematic Review;
- A Guideline for the Management of Heart Failure: Health Professionals Guide

Developed by the New Zealand Guidelines Group.

Evidence-based practice guidelines –

www.nursing.uiowa.edu/consumers_patients/evidence_based.htm

The University of Iowa's Gerontological Nursing Interventions Research Center (GNIRC) provides about 40 evidence-based nursing practice protocols at nominal cost.

Among the topics covered are: Advance directives; Alzheimer's Disease; bereavement; constipation; delirium; dementia; depression; drug abuse; elder abuse; exercise; falls prevention; incontinence; long term care; nursing; oral health; oral hydration; pain management; pets; pressure sores; spiritual well being; and suicide.

Evidence reports from the European region of the World Health Organization –

www.euro.who.int/HEN/Syntheses/20030820_1?language=?language=?language=

WHO's Health Evidence Network (HEN) provides answers to policy questions in the form of evidence-based reports and summaries, and easy access to evidence and information from a number of Web sites, databases and documents that focus on older persons. Those dealing with aging are:

- Are disease management programmes (DMPs) effective in improving quality of care for people with chronic conditions?
- Do current discharge arrangements from inpatient hospital care for the elderly reduce readmission rates, the length of inpatient stay or mortality, or improve health status?
- How can injuries in children and older people be prevented?
- What are the palliative care needs of older people and how might they be met?
- What is the effectiveness of old-age mental health services?
- What is the effectiveness of home visiting or home-based support for older people?
- What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls?
- What are the main risk factors for disability in old age and how can disability be prevented?
- What evidence is there for the prevention and screening of osteoporosis?

National guideline clearinghouse (NGC) – www.guidelines.gov

Provides a comprehensive database of evidence-based clinical practice guidelines and related documents from around the world. Almost 300 of the database's entries relate to the elderly. Among the topics covered are: advance directives; Alzheimer's Disease; arthritis; assessment; bereavement; breast cancer; cancer; cardiovascular diseases; clinical practice guidelines; delirium; dementia; depression; discharge planning; diseases; falls; hip injuries; hypertension; incontinence; infection; menopause; nutrition; obesity; oral health; oral hydration; osteoporosis; pain; palliative care; Parkinson's Disease; physical activity; pneumonia; prescription drugs; pressure sores; prostate disorders; rehabilitation; restraints; rheumatoid arthritis; sleep disorders; and suicide. Sponsored by the US Agency for Healthcare Research and Quality.

Working with dependent older people to achieve good oral health –

www.nhshealthquality.org/nhsqis/files/21412%20NHSQIS%20Oral%20BPS.pdf

Offers evidence-based nursing guidance for oral health care of dependent older people admitted to hospitals or living in residential care. Developed by the NHS Quality Improvement Scotland.

Guidelines and best practices

GeroNurseOnline – www.geronurseonline.org

A comprehensive Web site providing current best practice information on care of older adults. Among the resources provided are a series of nursing assessment tools; information about best practice models in hospitals; and links to recommended baccalaureate competencies and curriculum guidelines for geriatric nursing care. Developed by the American Nurses Association.

Medicare Quality Improvement Community (MedQIC) – www.medqic.org

A national knowledge forum for healthcare and quality improvement professionals in the United States. Provides easy access to quality improvement resources for dozens of health topics of importance to older persons. Coverage is provided of health care issues that present themselves in physicians' offices, hospitals, nursing homes, and home care situations. Provided by the Federal Government's Centers for Medicare & Medicaid Services (CMS) in the United States.

Nursing best practice guidelines –

www.rnao.org/Page.asp?PageID=861&SiteNodeID=133

Provides several clinical practice guidelines and related material of use by the nursing profession in working with older persons. Topics include constipation; delirium; dementia; depression; diabetes; falls; foot care; incontinence; nursing; pain; and pressure sores. Produced by the Registered Nurses' Association of Ontario.

Oral Health Promotion Fact Sheets for Long-term Care –

umanitoba.ca/dentistry/ccoh/ccoh_longTermCare.html

A collection of long-term care fact sheets developed as an integral component to mouth care training for caregivers. The factsheets are updated & revised on a regular basis. Developed by the University of Manitoba's Centre for Community Oral Health (CCOH).

Training tools

Borun Center for Gerontological Research – borun.medsch.ucla.edu/

Provides six training modules developed by Center researchers on the topics of weight loss prevention, mobility decline prevention; pressure ulcer prevention; incontinence management; pain screening, and quality of life assessment. Modules are designed to provide easy-to-follow step by step instructions for assessment and interventions. They provide learning objectives, a discussion of the issues, and an overview of the solution. Assessment tools, bibliographies and lists of relevant links are provided in each training module. This American site also provides online discussion forums for each of the topics.

The practicing physician education (PPE) in geriatrics project – www.gericareonline.net/

Offers materials to help physicians and other health professionals integrate evidence-based medicine (EBM) into their treatment of older patients. Tool kits on memory loss, urinary incontinence, depression, heart failure, persistent pain, falls and prevention can be downloaded to help physicians and other health care providers better understand geriatric syndromes and other chronic conditions common in older adults. Developed in the USA.

Bibliographies

Current perspective series – www.deerlodge.mb.ca/crane_library/publication.asp

Provides a number of bibliographies on key geriatric topics that are updated on an ongoing basis. They are composed of selected articles from the current journal literature, focusing on systematic reviews, best practice models, and innovative approaches. Current topics deal with: challenging behavior; communication and dementia; continence; depression in long-term care; end of life; environmental design; falls; family involvement in long-term care; institutional elder abuse; pressure ulcers; restraints

in long-term care; sexuality in long-term care; and transitioning to long-term care. Produced by the J.W. Crane Memorial Library of Gerontology and Geriatrics in Canada.

Databases

Effective Older People Care – www.effectiveolderpeoplecare.org

A fully indexed, searchable, Web-enabled database of evidence for the management of older people's care and rehabilitation. It provides the current best evidence in the health care of older people in a concise fashion, focusing on common health problems in old age and different models of service organization for older people. All the practices are based on a critical appraisal of Cochrane systematic reviews. Produced by the Cochrane Health Care of Older People Field, University of Glasgow Academic Section of Geriatric Medicine.

Successful Aging Edition (S@Edition) and Successful Aging Database (S@Database) (French only) – www.saging.com

S@Edition provides weekly news of the latest published research findings related to biomedicine and preventive medicine. It also provides, on a subscription basis, more in-depth information about health-related topics and offers an online, searchable database (S@Database) with some 10,000 articles drawn from 2,500 international journals. S@Database, in turn provides access to "Highlights," a review of the most important articles on aging synthesized by Successful Aging experts.

Electronic Newsletters

GERINET –

listserv.buffalo.edu/cgi-bin/wa?SUBED1=gerinet&A=1

An electronic discussion list that deals with health care issues and aging; most participants are American

Geronurse –

An electronic discussion list that promotes geriatric nursing dialogue and activities, posts updates in best nursing practice and innovations, and is open to all practitioners, researchers, educators, and students with an interest in the field.

How to subscribe:

Send an email to: gero-nurse-request@list.uiowa.edu

Leave the subject box blank

In the body of the message, type: subscribe

HEALTH PROMOTION

Ageing: A Policy Framework (WHO/NMH/NPH/02.8) –

whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf

This Policy Framework is intended to inform discussion and the formulation of action plans that promote healthy and active ageing. It was developed by WHO's Ageing and Life Programme in 2002.

Healthy ageing: keystone for a sustainable Europe –

ec.europa.eu/health/ph_information/indicators/docs/healthy_ageing_en.pdf

Examines current trends in life expectancy, how they relate to healthy life years, and what this could mean for European Union (EU) now and in the future Member States. Produced by the EU, 2007.

Men, ageing and health: achieving health across the life span

(01WHO/NMH/ NPH 01.2) –

whqlibdoc.who.int/hq/2001/WHO_NMH_NPH_01.2.pdf

Examines the determinants of older men's health and proposes a framework and strategies for action. Published in 1999 by the World Health Organization (WHO).

Women, ageing and health: achieving health across the life span (WHO/HPR/AHE/HPD/96.1) – whqlibdoc.who.int/hq/1996/WHO_HPR_AHE_HPD_96.1_2nd_ed.pdf

Examines the determinants of older women's health and proposes a framework and strategies for action. Published in 1998 by the World Health Organization (WHO).

Evidence-based guidelines

A new vision of aging: Helping older adults make healthier choices –

www.cfah.org/pdfs/agingreport.pdf

Summarizes the evidence on the benefits of health promotion in older adults in the United States. Also identifies programs that effectively help older people to live longer and healthier lives by increasing physical activity, improving eating habits and minimizing the risk of falling. Developed by the Center for the Advancement of Health in the USA.

Clearinghouses

Live well, live long clearinghouse – www.asaging.org/cdc/index.cfm

Offers strategies and materials to enhance the capacity of organizations in serving the health promotion and disease prevention needs of older adults. Provides tools for professionals in stand-alone modules. Current titles are: *Blueprint for Health Promotion; Strategies for Cognitive Vitality; Road Map to Driving Wellness; Physical Activity; Mental Wellness; Optimal Medication Use; Food for Health: Nutritional Well-Being for Older Adults; Deep Vein Thrombosis; and Diabetes Prevention, and Management*. Produced by the American Society on Aging.

Training tools

First step to active health – www.firststeptoactivehealth.com/

Provides several important tools to promote physical activity among sedentary elders, including the Active Aging Toolkit and an evidence-based, progressive activity program directed to both consumers and health care providers. Developed by the Hygenic Corporation and Thera-Band Products in the USA.

HIV/AIDS

Building blocks: Africa-wide briefing notes – supporting older carers (available in English, French and Portuguese – www.helpage.org/Resources/Manuals)

Explains why programs designed to support orphans and vulnerable children need to pay more attention to the needs of the older people who care for them. Produced by HelpAge International and the International HIV/AIDS Alliance in 2004.

The elderly, HIV/AIDS and sustainable rural development –

www.fao.org/sd/2002/PE0101_en.htm (English)

www.fao.org/sd/2002/PE0101_fr.htm (French)

www.fao.org/sd/2002/PE0101_es.htm (Spanish)

Discusses the impact of rural aging and HIV/AIDS on the sustainability of rural areas and food production. Produced by the Food and Health Organization (FAO) of the United Nations in 2002.

Forgotten families: older people as carers for orphans and vulnerable children –

www.helpage.org/Resources/Policyreports

Describes case studies of innovative ways of dealing with some of the difficulties faced by older-headed households that appropriate technical support minimal additional resources can have. Produced by HelpAge International and the International HIV/AIDS Alliance.

Policy workshop on HIV/AIDS and Windhoek, Namibia –

www.un.org/esa/socdev/family/Meetings/hiv2830jan04.pdf

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

www.un.org/esa/socdev/family/Meetings/hiv2830jan04a1.pdf

Includes recommendations for the development of a strategic policy framework to assist governments in Africa to strengthen the capacity of families and family networks to cope with HIV/AIDS. Sponsored by the United Nations, 28-30 January, 2004.

The Valletta Declaration –

policy.helptheaged.org.uk/NR/rdonlyres/eloqe5kz2upipjiwkmp1l5xhil64xkha2bbf3dnrdbnvffevrdqzkgfomwmxsm3tlkdnktlgd7hddkmgmkmkex2mhyec/valetta_declaration_nov05.pdf

A declaration directed to governments and civil society on dealing with HIV/AIDS. Developed by an international expert group meeting in Malta in 2005 under the sponsorship of HelpAge International and the International Institute on Ageing, United Nations, November 2005.

Guidelines and best practices

Counting Carers: How to improve data collection and information on households affected by AIDS and reduce the poverty of carers, people living with HIV and vulnerable children –

www.helpage.org/Resources/Researchreports

Aims to guide governments, NGOs and others working to improve data collection and analysis on households affected by AIDS. It identifies the limits of existing data and suggests how this may be further analysed to produce better information and what future surveys might include. Published by HelpAge International, 2006)

HUMAN RIGHTS

Human Rights

Equal treatment, equal rights: Ten actions to end age discrimination –

www.helpage.org/Resources/Policyreports

Draws on consultations with older people from the developing world and transitional economies to set out 10 concrete actions to ensure that older people across the world benefit from the full range of internationally accepted human rights. Produced by HelpAge International.

IFAs policy section on age discrimination –

www.ifa-fiv.org/en/accueil1.aspx?sortcode=2.23

Contains full text of age discrimination legislation. Produced by the International Federation on Ageing (IFA)

Guidelines and best practices

Addressing older people's rights in Africa: Good practice guidelines –

www.helpage.org/Resources/Manuals

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

UN Principles for Older Persons www.un.org/esa/socdev/ageing/un_principles.html (available in English, French and Spanish) – www.un.org/esa/socdev/ageing/un_principles.html

The Principles focus on independence, participation, care, self-fulfillment and dignity. Adopted by the UN General Assembly in 1991.

Training tools

Combating discrimination: A Training Manual –

ec.europa.eu/employment_social/fundamental_rights/pdf/civil/train_en.pdf

Developed to provide training on European and national anti-discrimination law and policy to non-governmental organizations in the 10 new Member States and in Bulgaria, Romania and Turkey. Available in the languages of member states. Produced for the European Union.

IMPACT OF POPULATION AGEING

Why Population Aging Matters: A Global Perspective –

www.state.gov/g/oes/rls/or/81537.htm

Describes the impact of population aging on nations and the population trends that are transforming the world in fundamental ways. Produced for the US Department of State in 2007.

World Economic and Social Survey 2007: Development in an Ageing World –

www.un.org/esa/policy/wess/index.html

Analyses the implications of population ageing for social and economic development around the world, while recognizing that it offers both challenges and opportunities.

Prepared by the Development Policy and Analysis Division (DPAD) of the UN Department of Economic and Social Affairs (DESA).

INDICATORS

Mainstreaming Ageing: Indicators to Monitor Implementation –

www.euro.centre.org/data/1192809590_39180.pdf

Edited by Bernd Marin and Asghar Zaidi, this book includes contributions by many renowned international experts on ageing

on the indicators of achievement available to monitor effective policy-making in ageing societies, to review sustainable progress in mainstreaming ageing, and to assess the impact of the United Nations global Madrid International Plan of Action on Ageing

and its Regional Implementation Strategy. Evidence is drawn from the 56 countries of the UN-European Region across Europe, North America and Central Asia. Complete table of contents available on the Web.

Manual sobre indicadores de calidad de vida en la vejez (Manual of indicators of the quality of life of older persons) (Spanish only) –

www.eclac.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/0/28240/P28240.xml&xsl=/celade/tpl/p9f.xsl&base=/celade/tpl/top-bottom_env.xsl

Proposes a series of indicators for the design of policies and programs to improve the quality of life of older persons in the following areas: health, economic security, the physical environment, support networks, and social integration. Developed by the Population Division (CEPAL) of the regional office of the UN for Latin America and the Caribbean (CELADE).

The Situation of Elderly Women Available Statistics and Indicators –

www.un-instraw.org/en/docs/ageing/Elderly_Women.pdf

Describes the changing status and role of elderly women in countries around the world. Developed in the early 1990s, but includes projections for the future. Published by the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW)

INSTITUTIONAL CARE

Guidelines and best practices

Activity Provision: Benchmarking Good Practice in Care Homes –

www.cot.org.uk/specialist/olderpeople/news/pdf/ActivityProvisionENGLISH.pdf

The Guide is directed care home providers in the United Kingdom, and offers a framework of person-centered quality indicators and outcome measures to improve the level of activities for residents. A benchmark tool is provided to permit care home providers to assess their current level of service provision and to identify areas for improvement in an action plan. Published in 2007 by the College of Occupational Therapists

Best practice guidelines for least restraint utilization –

www.shannex.com/library/Best-Practice-Guidelines-Restraints.pdf

Provides a comprehensive interdisciplinary approach to reduce the use of restraints--one which was based on research and best practice. Developed by Shannex, a private health care provider in Nova Scotia, Canada.

Best practices related to aging of the Joanna Briggs Institute –

www.joannabriggs.edu.au/pubs/best_practice.php

Directed to health professionals in acute or long-term care settings, these sheets cover dementia; dental care; drug use; malnutrition; oral health; oral hydration; restraints; and sleep. Developed by the Joanna Briggs Institute in Australia.

Introductory guide to end of life care–

eolc.cbcl.co.uk/eolc/eolcpublications/Guide%20To%20EoLC%20care%20homes%20lo.pdf

Designed for care home managers and staff interested in improving care of residents in the final stages of life. Provides definitions of terms used in end of life care, case studies of residents, and examples of best practices in palliative care in care homes. Published by Britain's National Health Service in cooperation with the National Council for Palliative Care, 2006.

Training tools

The growing challenge of Alzheimer's Disease in residential settings –

www.nia.nih.gov/Alzheimers/Publications/GrowingChallenge/

Designed to give helpful information about Alzheimer's Disease to staff and managers of retirement communities, senior housing developments, assisted living facilities, and case coordination agencies. Intended for use by staff developers and others involved in offering in-service training programs about issues related to older persons living in residential communities. Published by the Alzheimer's Disease Education and Referral (ADEAR) Center in the USA.

Hydration and older people – www.water.org.uk/home/water-for-health/older-people

For use by care managers, caterers and others involved in the delivery of care to older people in care homes. Developed through an alliance of care sector stakeholders in the UK, along with Water UK, 2005.

Infection control guidance for care homes – www.dh.gov.uk/assetRoot/04/13/63/84/04136384.pdf

Offers best practice guidance on the prevention of infection in care homes. Produced by Britain's Department of Health in collaboration with the Chartered Institute of Environmental Health, 2006.

My Home Life – www.myhomelife.org.uk/

Offers a range of resources and practice development initiatives to improve the life of older persons in care homes, based on the British experience. An initiative of Help the Aged.

ISOLATION

Isolation to Exclusion – www.i2i-project.net/

Describes initiatives that have taken place in place in Austria, the Czech Republic, Germany, Italy, Lithuania and the UK to overcome isolation and social exclusion among vulnerable elders. Project coordinated by Hessische Staatskanzlei Wiesbaden, Department office Landesehrenamtsagentur Hessen (LEAH), Germany.

Unlocking the Community – www.ilcuk.org.uk/files/pdf_pdf_29.pdf

Describes the interest among older persons to create self-organizing groups in the community that promote active ageing and social participation, and two successful British approaches to organizing activities and groups at the local level for isolated older persons. Produced by the International Longevity Center, UK.

LATIN AMERICA AND THE CARIBBEAN

Aging in the Americas into the XXI Century: A Wall Chart (available in English and Spanish) – www.census.gov/ipc/www/agingam.html

Provides demographic data and projections for the 65+ population in the Americas for 1997 and 2025. A joint product of PAHO/WHO, the US National Institute on Aging, and the US Bureau of the Census, 1998.

Brasilia Declaration –

www.un.org/esa/socdev/ageing/documents/regional_review/Declaracion_Brasilia.pdf

This declaration was the culmination of the Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean held 4-6 December 2007. The meeting was held to review progress on implementing the Madrid International Plan of Action on Ageing and make recommendations for the future. Produced by the Economic Commission for Latin America and the Caribbean.

Manual sobre indicadores de calidad de vida en la vejez (Manual on indicators of quality of life in old age) (Spanish only) – www.eclac.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/0/28240/P28240.xml&xsl=/celade/tpl/p9f.xsl&base=/celade/tpl/top-bottom_env.xsl

Proposes a series of indicators for the design of policies and programs to improve the quality of life of older persons in the following areas: health, economic security, the physical environment, support networks, and social integration. Developed by the Population Division (CEPAL) of the regional office of the UN for Latin America and the Caribbean (CELADE). Only available in Spanish.

Population Ageing in the Caribbean: An Inventory of Policies, Programs and Future Challenges (LC/CAR/G.772/Corr.1) –

www.monitoringris.org/documents/strat_reg/uneclac1.pdf

Offers a demographic analysis of the ageing process in the Caribbean by presenting the development of selected indicators from the past to the present and projections into the future covering a time-span of 100 years from 1950 until 2050. The second part of the study provides an inventory of national and subregional policies and programs in the areas of social security, pension schemes and welfare programs, as well as labor force participation and health. Published by the UN Economic Commission for Latin America and the Caribbean, 2004.

Regional strategy for the implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing –

www.eclac.org/celade/noticias/paginas/1/13611/FINAL-DSC-1-Ingles.pdf

Published in November 2003 by the Economic Commission for Latin America and the Caribbean.

Report of the Caribbean Symposium on Population Ageing –

www.eclac.org/celade/noticias/paginas/2/28632/reportL041.pdf

Report of a meeting that took place 8-10 November, 2004. Published by the UN Economic Commission for Latin America and the Caribbean, 2005.

Social security programs throughout the world: The Americas, 2004-2005 –

www.ssa.gov/policy/docs/progdsc/ssptw/2004-2005/americas/guide.pdf

Updated on a biennial basis, this directory provides descriptions of each nation's social security system. Published by the US Social Security Administration.

Clearinghouses

CELADE: Envejecimiento y Desarrollo (Spanish only) – www.eclac.cl/celade/envejecimiento/

CELADE is the population division of the UN Economic Commission for Latin American and the Caribbean (CEPAL) and sponsors considerable activity--research and conferences--in aging. This

includes providing an online clearinghouse of information about its activities and that of others in the region in various aspects of aging. Its Web site offers links to demographic databases around the world, full text documents produced in different parts of Latin America and the Caribbean, abstracts of articles about aging that have appeared in CELADE's journal, statistical data and a calendar of events.

LIVABLE COMMUNITIES

Guidelines and best practices

Best practices: Lessons for communities – www.vnsny.org/advantage/tools/Advantage_best.pdf
Examines the experience of 17 American communities that have tried to become more "elder friendly." Summary, as well as detailed, descriptions of each project are provided. The projects address basic needs for housing and security; maintenance of physical and mental health; independence for the frail and homebound; and opportunities for social and civic engagement. Published by the Center for Home Care Policy and Research, Visiting Nurse Service of New York, 2003.

Global Age Friendly Cities: A Guide (Guide mondial des villes-amies des aînés) –

www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf
www.who.int/ageing/publications/Guide_mondial_des_villes_amies_des_aines.pdf (French version)
Examines the converging trends of population aging and urbanization, and describes the characteristics of "age-friendly" cities based on research with older persons, caregivers and service providers. Areas of particular concern are: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services. Guidelines are provided on how to use the findings of the report to stimulate action in cities worldwide. Published by the World Health Organization, October, 2007.

LIVING ARRANGEMENTS

Living arrangements of older persons around the world –
un.org/esa/population/publications/livingarrangement/report.htm

Presents the first global survey and analysis of the patterns and trends in the living arrangements of older persons. Comparable data are presented for more than 130 countries. Produced by the UN Population Division, November 2005.

LONG-TERM CARE

Community home-based care in resource limited settings. A framework for action

www.who.int/hiv/pub/prev_care/isbn9241562137.pdf
The first section poses questions to guide policy formation. The second section raises issues that reflect the overall management and administration of community home-based care (CHBC). The final section raises questions to guide community groups in planning, implementing and evaluating CHBC programs. Targeted to policy-makers and senior administrators, middle managers and those who develop and run CHBC programs. Published by the World Health Organization, 2002.

Consumer direction and choice in long-term care for older persons, including payments for informal care – www.oecd.org/dataoecd/53/62/34897775.pdf

Reports the detailed results of research on choice carried out as part of the long-term care study under the OECD Health Project, which was later published under the title "Long-term care policies for older people." Author: J. [Lundsgaard](#); Publisher: OECD.

Current and future long-term care needs (WHO/NMH/CCL/02.2) – whqlibdoc.who.int/hq/2002/WHO_NMH_CCL_02.2.pdf

Makes projections for long-term care needs over the next 50 years. Concludes that the absolute number of functionally dependent people, and the number in proportion to the working population, will increase greatly – particularly in developing countries. Produced by the World Health Organization, 2002.

National Clearinghouse on the Direct Care Workforce –

www.directcareclearinghouse.org

Provides a large array of published materials dealing with issues such as recruitment, retention, training, peer support and career advancement. Also provides a "Practice Profile Database" that describes model programs addressing these issues in the USA.

“We shall travel on:” Quality of care, economic development, and the international migration of long-term care workers –

www.aarp.org/research/longtermcare/quality/2005_14_intl_ltc.html

The increasing international migration of workers from developing countries to provide long-term care services in developed countries is examined in this AARP Public Policy Institute Issue Paper. Authors: Don Redfoot and Ari Houser. Published by AARP, October 2005.

Guidelines and best practices

Dignity in care – www.scie.org.uk/publications/practiceguides/practiceguide09/index.asp

Designed to help workers, practitioners, and managers ensure that dignity and respect are integral to the services they provide. The guide provides information on what service users can expect from their health and social services, and includes resources and practical advice like downloadable training packages and audit tools to help providers and practitioners develop their practice.

Training tools

Teaching and Learning to Care: Training for Caregivers in Long Term Care (TLC for LTC)

www.nursing.upenn.edu/centers/hcgne/gero_tips/TLC/default.htm

TLC for LTC is a series of instructional modules directed to meeting the needs of staff development educators and instructors. The individual modules are available to download free of charge. Topics covered include, falls, pressure ulcers, adverse drug risks, cognitive decline and dementia, communication in dementia through behavior, palliative care, continence, pain assessment and management, and oral health. For some modules a streaming video is also available online. The electronic version of TLC for LTC contains all text files, Power Point slides, and video clips needed to teach the module. Produced by the Delaware Valley Geriatric Education Center of the University of Pennsylvania in the USA.

Electronic Newsletters

Info-LTC – lists.umanitoba.ca/mailman/listinfo/info-ltc

An electronic newsletter that provides information on geriatric, gerontological, and long-term care resources available through the University of Manitoba's J.W. Crane Library at the Deer Lodge Centre. Subscribers will receive Web Pick of the Week, Agelit, Current Perspectives, and news from the Library.

How to subscribe: Go to the Web site and fill in the requested information.

MAINSTREAMING

Inclusive and effective poverty reduction: The case for targeting all age groups in European Union development – www.helpage.org/Resources/Policyreports

Demonstrates the scale and depth of child and old-age poverty, explores how poverty is transferred between generations, and emphasizes the interdependence of young and old. Produced by HelpAge International and the International Save the Children Alliance in 2005.

Mainstreaming Ageing: Indicators to Monitor Implementation –

www.euro.centre.org/data/1192809590_39180.pdf

Edited by Bernd Marin and Asghar Zaidi, this book includes contributions by many renowned international experts on ageing on the indicators of achievement available to monitor effective policy-making in ageing societies, to review sustainable progress in mainstreaming ageing, and to assess the impact of the United Nations global Madrid International Plan of Action on Ageing and its Regional Implementation Strategy. Evidence is drawn from the 56 countries of the UN-European Region across Europe, North America and Central Asia. Complete table of contents available on the Web.

Produced by the European Centre for Social Welfare Policy and Research, and available for purchase from Ashgate publishers.

Mainstreaming the concerns of older persons into the social development agenda –

www.un.org/esa/socdev/ageing/documents/positionpaper.pdf

Position paper prepared by Robert Venne for the United Nations, 5 Sept. 2006.

Non-discrimination mainstreaming– instruments, case studies and way forwards –

ec.europa.eu/employment_social/fundamental_rights/pdf/pubst/stud/mainstr07_en.pdf

The document addresses:

- How to go about undertaking an equality screening procedure of a new or existing policy;
- How to carry out an equality impact assessment;
- The role of consultation processes in promoting non-discrimination mainstreaming;
- Developing an equality plan for a public authority setting out an institutional commitment to embed equality throughout the policy making process; and
- Data collection as part of a systematic monitoring and evaluation framework.

Produced by Centre for Strategy & Evaluation Services in the U.K under commission to the EU, 2007.

MENTAL HEALTH

Evidence-based guidelines

Positive aging resource center (PARC) – www.positiveaging.org

Provides information on evidence-based mental health care for the elderly, and their professional and family caregivers, including evidence-based tools such as guidelines for anxiety, dementia, agitation, and suicide. Developed in the USA.

Guidelines and best practices

Aging Resources for Psychologists – www.apa.org/pi/aging/publications.html#Practiceguidelines

Offers a number of resources on mental health and aging issues for practicing psychologists, including fact sheets, resource guides, practice guidelines and policy statements. Key publications include:

Guidelines for Psychological Practice with Older Adults; What Practitioners Should Know About Working with Older Adult; Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline; Older Adults and Insomnia Resource Guide; Aging and Human Sexuality Resource Guide, Psychotherapy and Older Adult; and Depression and Suicide in Older Adults. Produced by the American Psychological Association.

Practice guide on assessing the mental health needs of older people –

www.scie.org.uk/publications/practiceguides/practiceguide02/index.asp

Provides an overview of information and current practice for persons involved in assessing the social care needs of older people with mental health needs in the United Kingdom. It is aimed particularly at front-line staff, who may be the first professionals in contact with older persons or their families and friends. Produced by Britain's Social Care Institute for Excellence (SCIE) in 2006.

Seniors' mental health guidelines – www.ccsmh.ca/en/guidelinesUsers.cfm

Provides guidelines in four key areas of seniors' mental health, including: 1) the assessment and treatment of delirium; 2) the assessment and treatment of depression; 3) the assessment of suicide risk

and prevention of suicide; and 4) the assessment and treatment of mental health issues in long-term care homes, with a focus on mood & behavior. Developed by the Canadian Coalition for Senior's Mental Health (CCSMH), 2006.

Training tools

Geriatric Mental Health Training Series

www.nursing.uiowa.edu/hartford/nurse/core.htm

Among the topics offered to long-term care staff are: 1) "Whose Problem Is It?" which takes a look at common care challenges resulting from mental illness and threats to mental health. 2) A module on depression, which emphasizes how depression can be masked in late life, and offers specific strategies for daily caregivers. 3) "Getting the Facts--Effective Communication With Elders," reviewing general principles of the communication process with older persons, emphasizing problems created by sensory changes, staff attitudes and beliefs, and various types of dementia that may affect residents. Strategies to promote more effective communication are offered. All modules contain a detailed lecturer's script, notes for instructors, slides, handouts, and suggestions for additional reading. These modules were developed for the Hartford Center of Geriatric Nursing Excellence in the USA in order to encourage personal development and staff training activities.

NATIONAL PLANS ON AGEING

www.ifa-fiv.org/en/accueil1.aspx?sortcode=2.12&id_article=409&starting=1&ending=50

Contains full text of age discrimination legislation and selected national policies on aging. Produced by the International Federation on Ageing (IFA).

NUTRITION

fit for life: meeting the nutritional needs of older persons –

whqlibdoc.who.int/publications/9241562102.pdf

Examines changing nutritional needs with aging in both healthy and chronically ill older persons, and makes recommendations regarding essential nutrients. Published in 2002 by the World Health Organization (WHO).

Summary of research findings on the nutritional status and risk factors for vulnerability of older people in Africa –

www.helpage.org/Resources/Researchreports

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

PENSIONS/SOCIAL SECURITY

Age and security: How social pensions can deliver effective aid to poor older people and their families –

www.helpage.org/Resources/Policyreports

Describes how social pensions effectively target aid in developing countries, reducing the poverty of older people. Published by HelpAge International in 2004.

Ageing Societies and the Looming Pension Crisis –

www.oecd.org/document/59/0,3343,en_2649_201185_2512699_1_1_1_1,00.html

Provides a summary of the public pension crisis that faces most developed nations and links to a number of OECD studies relating to this issue. Publisher: OECD

Extending Social Security: Policies for developing countries (ESS Paper no. 13) –
www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/kd00061.pdf
Reviews the main trends and policy issues with regard to the extension of social security in developing countries and the four main social security programs, i.e. health insurance, pensions, unemployment protection and tax-based social benefits.
Author: Wouter van Ginneken. Social Security Policy and development Branch, ILO, 2003

Global aging and the sustainability of public pension systems –
www.csis.org/component/option.com_csis_pubs/task.view/id.3658/
Chronicles the efforts of twelve developed countries to prepare for population aging by reforming their public pension systems.
Author: James C. Capretta; Publisher: Center for Strategic and International Studies, 2007.

Social cash transfers for Africa: A transformative agenda for the 21st century –
www.helpage.org/Resources/Policyreports
Reports on a three-day intergovernmental conference on social protection held in Livingstone, Zambia, 20-23 March 2006. This brought together more than a hundred ministers and senior representatives from 13 African governments with the aim of examining new ways to tackle poverty and promote the human rights of the poorest people in Africa. Published by HelpAge International in 2006.

Social security for all: Investing in global social and economic development –
www3.ilo.org/public/english/protection/secsoc/downloads/1519sp1.pdf
Published by the ILO, August 2006.

Social security programs throughout the world: Europe, 2006
www.socialsecurity.gov/policy/docs/progdsc/ssptw/2006-2007/europe/index.html

Social security programs throughout the world: Asia and the Pacific, 2006 –
www.ssa.gov/policy/docs/progdsc/ssptw/2006-2007/asia/index.pdf

Social security programs throughout the world: Africa, 2007
www.socialsecurity.gov/policy/docs/progdsc/ssptw/2006-2007/guide.html

Social security programs throughout the world: The Americas, 2004-2005 –
www.ssa.gov/policy/docs/progdsc/ssptw/2004-2005/americas/guide.pdf

Provides country descriptions of social security programs for each of these regions. Updated biennially. Published by the US Social Security Administration.

Social cash transfers for Asia: Ensuring social protection/social pensions in old age in the context of rapid ageing – www.helpage.org/Resources/Policyreports
Report of a three-day intergovernmental seminar on social protection held in Bangkok, Thailand, from 29-31 January 2007. Published by HelpAge International in 2007.

Databases

Social Security Worldwide – www.issa.int/Engl/ssw.htm
Includes six databases on social security covering: 1) Scheme Description - concise outlines of social security systems in over 170 countries; 2) Complementary and private pensions - profiles of the system of complementary and private pensions in over 50 countries; 3) Reforms - summaries of important reforms in social protection programs worldwide since 1995; 4) Legislation - references to over 14,000 pieces of social security legislation and, in some cases, the full text of legislation; 5) Bibliography - references to books, periodicals and other material on social protection issues since 1991; and 6) Thesaurus - key social security terms in English, French, Spanish and German. Produced by the International Social Security Association.

Clearinghouses

International Social Security Documentation Centre – www.issa.int/engl/doc.htm
Extensive bibliographic (ISSDOC), descriptive, legislative and statistical information available on all aspects of national social security systems in English, French, Spanish and/or German. Produced by the International Social Security Association.

The World Bank on Pensions – go.worldbank.org/RIDQWTX330

Features downloadable publications prepared for the World Bank, recent developments in pension legislation, and descriptions of current World Bank projects in this area.

Electronic newsletters

International Update – www.socialsecurity.gov/policy/docs/progdesc/intl_update/

A monthly newsletter providing updates on social security policy and legislation around the world. Produced by the Office of Policy, US Social Security Administration.

Electronic discussion lists

Economics of Ageing Interest Group –

An electronic mailing list that announces research programs and results and announces conferences

How to subscribe:

Send an email to: listserv@listserv.syr.edu

Leave the subject box blank

In the body of the message, type: SUB ECNAGING plus your full name

PHYSICAL ACTIVITY

Growing older staying well: ageing and physical activity in everyday life (WHO/HPR/AHE/98.1) – whqlibdoc.who.int/hq/1998/WHO_HPR_AHE_98.1.pdf

Describes the benefits of physical activity on the health of older persons and summarizes the research evidence. Published by the World Health Organization (WHO) in 1998.

Clearinghouses

National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older –

www.agingblueprint.org/

Offers a clearinghouse of information about physical activity and older adults, both for professionals and older persons themselves. The site was created by the National Blueprint Initiative, a partnership of more than 50 American organizations interested in promoting physical activity among older persons. The publication *Promoting Physical Activity: A Guide for Community Action* can be downloaded. Maintained by the Department of Kinesiology at the University of Illinois at Urbana-Champaign in the USA

Training tools

International curriculum guidelines for preparing physical activity instructors of older adults –

www.isapa.org/guidelines/index.cfm

Provides standards for physical activity instructors and programs for older adults to ensure safe, effective, and accessible fitness programs for older persons and to develop competency and consistency among instructors. Developed by the International Society for Aging and Physical Activity in collaboration with the World Health Organization's Aging and the Life Course program.

POVERTY

How poor are the old? A survey of evidence from 44 countries

siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Pensions-DP/0017.pdf

Surveys 11 international comparative studies of poverty, income distribution and the elderly. Although it focuses on OECD economies, some 44 countries are covered. Author: Edward Whitehouse; Publisher: World Bank, 2002.

Inclusive and effective poverty reduction: The case for targeting all age groups in European Union development – www.helpage.org/Resources/Policyreports

Demonstrates the scale and depth of child and old-age poverty in developing countries, explores how poverty is transferred between generations, and emphasizes the interdependence of young and old. Produced by HelpAge International and the International Save the Children Alliance in 2005.

RESEARCH

Research Agenda on Ageing for the 21st Century. 2007 Update – www.un.org/esa/socdev/ageing/documents/AgeingResearchAgenda-6.pdf

Designed to support the implementation of the Madrid International Plan for Action on Ageing by prioritizing research areas that should be of key concern to policy-makers around the world. A joint project of the United Nations Program on Ageing and the International Association of Gerontology and Geriatrics.

Electronic newsletters

Current Awareness in Aging Research (CAAR)

CAAR is a weekly email report produced by the Center for Demography of Health and Aging at the University of Wisconsin-Madison that helps researchers keep up to date with the latest developments in the field. To subscribe, complete the form at: www.ssc.wisc.edu/cdha/pubs/caar/subscribe.html

RETIREMENT

The future of retirement: What the world wants – www.ageingforum.org/

An international survey of attitudes aging and retirement in 20 countries and territories. An executive summary, as well as two reports with consumer and employer findings, are downloadable. Sponsored by HSBC Insurance in cooperation with the Oxford Institute of Ageing, 2007.

RURAL AGEING

FAO documents related to rural aging –

www.fao.org/sd/eims_search/webpage_result_people.asp?agrovoc=192&category=24&lang:=en
Provides links to a number of papers prepared by the FAO examining different aspects of aging in rural areas, including the impact of population aging on agriculture and food security, and the impact of HIV/AIDS.

TRANSPORTATION

Seniordrivers.org – www.seniordrivers.org

Provides information to older drivers and their families on safe driving and when best to give up driving, to providers wishing to set up supplemental transportation systems, and to researchers interested in the latest research and for facilitating senior transportation. A product of the American Automobile Association in the USA.

URBAN AGEING

Global Age Friendly Cities: A Guide (Guide mondial des villes-amies des aînés) –

www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

www.who.int/ageing/publications/Guide_mondial_des_villes_amies_des_aines.pdf (French version)

Examines the converging trends of population aging and urbanization, and describes the characteristics of "age-friendly" cities based on research with older persons, caregivers and service providers. Areas of particular concern are: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services. Guidelines are provided on how to use the findings of the report to stimulate action in cities worldwide. Published by the World Health Organization, October, 2007.