

The Permanent Mission
of Canada to the United Nations



La Mission permanente du
Canada auprès des Nations Unies

Note No. 1836

The Permanent Mission of Canada to the United Nations presents its compliments to the Chair of the Open-ended Working Group, Mr. Mateo Estreme, in response to your letter on 6 March 2015 and in reference to General Assembly resolution 69/146 of 2 February 2015. Please find enclosed Canada's Contribution.

The Permanent Mission of Canada to the United Nations avails itself of this opportunity to renew to the Chair of the Open-ended Working Group the assurances of its highest considerations.

New York
10 July 2015



CANADA'S RESPONSE TO MR. MATEO ESTREME, CHAIR OF THE UNITED NATIONS OPEN-ENDED WORKING GROUP ON AGEING

In advance of the sixth session of the Working Group on Ageing, the following provides an overview of recent initiatives undertaken by the Government of Canada to ensure that policies, programs and services meet the evolving needs of seniors today and in the future.

I. Supporting Healthy Ageing

- The Government of Canada's **New Horizons for Seniors Program (NHSP)** continues to support projects that meet the following objectives: promoting volunteerism among seniors and other generations; engaging seniors in the community through mentoring of others; increase awareness of elder abuse including financial abuse; supporting social participation and inclusion of seniors; and providing capital assistance for new and existing community projects and/or programs for seniors. Since 2004, NHSP has funded over 14,000 projects in well over 1,000 communities across Canada. The 2013-2014 call for proposal for community-based projects resulted in over 1,750 projects being approved for funding. **Economic Action Plan 2014** increased funding for the NHSP by \$5 million per year, in addition to the \$45 million already provided to this program annually.
- **The National Seniors Council (NSC)** advises the Government of Canada, through the Minister of Employment and Social Development Canada and the Minister of Health on matters related to the well-being and quality of life of seniors. In August 2013, the Ministers directed the Council to examine the issue of **social isolation of seniors**. From August 2013 to July 2014, the NSC led six regional roundtables involving 83 representatives of the not-for-profit, public and private sectors; met individually with 19 community leaders and experts; completed a scoping review of the literature; launched an online consultation and received input from 188 respondents; and, held a national roundtable. As a result in 2014, the NSC released the *Report on the Social Isolation of Seniors 2013-2014*.
- On June 23, 2014, the federal government launched the **Canadian Employers for Caregivers Plan**, which includes the establishment of the Employer Panel for Caregivers, the development of business cases analyzing the cost-benefit of existing various workplace supports and the exploration of mechanisms for sustained employer engagement in this area. **The Employer Panel for Caregivers**, chaired by Stephen Shea (Ernst and Young), is comprised of business leaders from small, medium and large-sized businesses and two advisors on caregiving. The Panel is consulting with employers across Canada, in person and online, to identify successful and promising workplace practices that support employed caregivers to balance work and caring for a loved one.

- The Government of Canada recognizes the important contribution made by caregivers who provide unpaid support and care to members of their families and communities—often balancing this with other family responsibilities and holding down a job. As Canada's population ages, the contributions of these individuals both as employees and caregivers will only grow in importance. Since 2012, the Government of Canada implemented direct support for family members who are caregivers of infirm dependent relatives, through the **Family Caregivers Tax Credit**. In addition, the **Employment Insurance (EI)** program provides temporary income support to Canadians, including older workers and seniors, who are between jobs. The program provides up to six weeks of **Compassionate Care Benefits** for people who have to be away from work temporarily to provide care or support to a family member who is seriously ill, with a significant risk of death within 26 weeks.

II. Improving the Safety and Security of Seniors

- In 2013-2014, an estimate of approximately \$80 billion was spent on public pensions (all **Canada Pension Plan (CPP)** and **Old Age Security (OAS)** benefits combined). The purpose of the CPP is to provide contributors and their families with modest basic earnings replacement upon the retirement, disability or death of a wage earner. In 2014-2015, Service Canada processed approximately 280,000 new CPP retirement pension applications. Old Age Security provides a minimum level of income to seniors aged 65 and over in recognition of the contribution that they have made to Canadian society and the economy. In addition to direct income support for seniors, the Government of Canada provides approximately \$2.8 billion annually in additional **targeted tax relief** to seniors.
- Recognizing that making improvements to improve safety, access and functionality of a dwelling can be costly, the Government of Canada also introduced a new **Home Accessibility Tax Credit** in 2015, for seniors and persons with disabilities. This new Tax Credit will help with the costs of ensuring their homes remain safe, secure and accessible, and foster safe independent living.
- **A proactive enrolment regime** ensures that Canadians receive the benefits to which they are entitled, eliminates the need for many seniors to apply for OAS, and reduces the burden on seniors of completing application processes. Steps to **improve seniors' access to benefits** were taken such as: **automatic renewal of the Guaranteed Income Supplement (GIS)** as long as recipients file an annual income tax return; targeted mailings, mailing application forms to all Canadians the year before their 65th birthday, awareness campaigns as well as information with tax inserts on the CPP and the OAS program to all beneficiaries. As of April 2014, 138,000 individuals have been automatically enrolled for the OAS pension, representing 37% of new OAS pensioners. The CPP and OAS programs provide approximately \$76 billion every year in fully indexed retirement

income payments. Thanks in part to these public pensions, the number of low-income seniors in Canada has decreased from 21.4 percent in 1980 to 5.2 percent in 2011—one of the lowest rates in the world.

- Homelessness among the elderly is troubling, particularly for those with mental illness or impairment, who may be incapable of applying CPP, OAS and GIS. On the front lines of servicing this community are municipalities and charitable or non-profit organizations. In January 2015, the Government announced that municipalities and charitable or non-profit organizations may apply to administer CPP and OAS/GIS benefits on behalf of a senior who is homeless or at risk of becoming homeless, and who is suffering from some degree of mental impairment or incapability.
- Through Budget 2015, the Government of Canada is reducing the minimum withdrawal factors for **Registered Retirement Income Funds** to permit seniors to preserve more of their retirement savings to better support their retirement income needs.
- The Government of Canada continues to work with provinces and territories to develop and implement solutions to housing, including through a commitment of more than \$1.25 billion over five years (2013-2018) for the Canada Mortgage and Housing Corporation's (CMHC) **Affordable Housing Centre**. The Centre has created more than 25,000 affordable housing units since 2006, including 10,773 units for seniors.
- Also through CMHC, the Government of Canada provides ongoing subsidies of \$1.7 billion annually for an estimated 600 000 low-income households living in existing social housing, both off- and on-reserve. Some examples of on-reserve programs include the **On-Reserve Non-Profit Housing Program** and the **Home Adaptations for Seniors Independence Program**. Many of these households are occupied by seniors. Additionally, more than \$2 billion over two years (2009–2011) was invested to build new housing and repair existing social housing for low-income Canadians. This included \$400 million for the construction of housing units for low-income seniors and \$75 million for the construction of housing units for people with disabilities. This funding resulted in the creation of over 9,000 new affordable units for seniors and people with disabilities.
- Seniors can face many challenges that place them at high risk of homelessness. Through the Homelessness Partnering Strategy (HPS), the Government of Canada aims to prevent and reduce homelessness among vulnerable groups, including seniors. Since 2007, \$378.2 million has been invested in programs to prevent and reduce homelessness among these groups, with over \$2.7 million invested exclusively in projects for seniors. Economic Action Plan 2013 announced nearly \$600 million over five years (2014–2019) in funding for the HPS, focused primarily on a **Housing First Approach**. With the introduction of Housing First, along with continued investments to meet the needs of vulnerable

groups, the renewed HPS will better help support communities in reducing homelessness.

- The Financial Consumer Agency of Canada's (FCAC) is developing a **National Strategy for Financial Literacy**, under the leadership of the recently appointed Financial Literacy Leader, Ms. Jane Rooney. This is being carried out in phases, the first of which is focused on seniors and those approaching this stage of their lives. A series of five regional stakeholder roundtables and online consultations to solicit input were undertaken during the summer of 2014.
- To improve the collective knowledge of risk factors and best practices in the prevention of falls, the Public Health Agency of Canada released the **Seniors' Falls in Canada: Second Report** in 2014. To inform policies and programming and better understand the mental health of all Canadians (including seniors), the Agency also leads surveillance activities on **mental illness, suicide and self-inflicted injury**, and the development of **positive mental health indicators**. In 2013-2014, the Agency, on behalf of the Government of Canada, started consultations with relevant federal departments, provincial and territorial governments and non-governmental organizations to inform development of a **Federal Framework for Suicide Prevention**.
- The Public Health Agency of Canada continues to work collaboratively with the provinces and territories to **implement Age-Friendly Communities (AFC)** initiatives in over 900 communities across Canada, and is committed to developing and disseminating resources for communities to facilitate effective implementation and evaluation of the AFC initiatives. Today, more than 900 communities across Canada are working toward making their communities more age-friendly.
- In 2014, the Government of Canada announced 24 pilot projects worth \$1.7 million to address **social isolation**. Each project is receiving up to \$100,000 of federal funding over a maximum of 24 months. These projects help address seniors' isolation through better social support networks and resources, as well as community interventions. They also include support for intergenerational learning initiatives that help seniors develop new interests and share their knowledge and experience with others.
- The Government of Canada is redeveloping Canada.ca/Seniors to be a central resource for seniors and caregivers, including an **Information for Seniors portal** that brings together a variety of federal, provincial/territorial and municipal resources about relevant programs and benefits.

III. Government of Canada Action for Seniors Report

- The Government of Canada - *Action for Seniors* report is a new information resource highlighting federal programs and services that can be accessed by seniors, their families, and caregivers. It was created in collaboration with more than 22 federal departments and agencies. The Government of Canada - *Action for Seniors* report can be found on canada.ca/seniors.

IV. Supporting Research on Ageing

- This year saw the completion of a \$700,000 three-year research network program which started in 2010 looking at **key caregiver issues**, such as the economic costs of care, projected caregiving supply and demand, employment impacts of caregiving, and the needs of employed caregivers. This research has been complemented by the release of the **General Social Survey Cycle 26 on Caregiving and Receiving** by Statistics Canada. Statistics Canada has completed analytical papers looking at caregiving, the consequences of caregiving, and care receiving. Employment and Social Development Canada is continuing to analyse this GSS, looking most recently at young carers and end of life care.
- The Government of Canada participated in the UK-led **G8 Dementia Research Summit** in London in 2013 and signed a Declaration which confirms G8 countries' commitments to build an international effort to approach the problem of dementia. In follow-up to this event, the Governments of Canada and France hosted a **Global Dementia Legacy Event** to address specific aspects of the global challenge of dementia and explore how industry and academia can work together to develop new approaches to dealing with dementia.
- Dr. Yves Joanette, Scientific Director of CIHR's Institute of Ageing, was appointed to the **World Dementia Council** to support the World Dementia Envoy to champion dementia research and development, and unlock investment in countries across the globe.
- In 2013-2014, research supported by the **International Collaborative Research Strategy on Alzheimer's Disease** was ongoing and continued to focus on primary prevention, secondary prevention, and quality of life to provide Canadians with rapid access to the latest preventive, diagnostic and treatment approaches to Alzheimer's disease and related dementias. CIHR have committed \$13.0 million, with an additional \$21.8 million in international partner funding. For example, in 2013-2014 CIHR invested \$825,000 in funding to nine research projects that will be using data from the Alzheimer's Disease Neuroimaging Initiative to contribute to the early detection of Alzheimer's disease and related dementias.



Misión Permanente de la
República Argentina
Naciones Unidas
Ministerio de Relaciones Exteriores y Culto

ARGENTINA

New York, March 6, 2015

Dear Colleagues,

I am writing to you in my capacity as Chair of the Open-ended Working Group on Ageing, established by General Assembly resolution 65/182.

I have the honour to refer to General Assembly resolution 69/146 of 2 February 2015 (copy attached) which "*calls* upon Member States to continue to contribute to the work of the Working Group, in particular by presenting concrete proposals, practical measures, best practices and lessons learned that will contribute to promoting and protecting the rights and dignity of older persons, in order to enable it to fulfill its mandate" and, "*requests* the Working Group to submit to the General Assembly at its seventieth session a compilation of the above-mentioned proposals and measures."

In order to facilitate the exchange of views during the sixth session of the Working Group, I invite your Government to submit its contribution by 30 May 2015. Please submit to the office of the focal point on ageing, Division for Social Policy and Development, Department of Economic and Social Affairs at email: rafeh@un.org, copy to: satarova@un.org

Please accept the assurances of my highest consideration,

MATEO ESTRÉMÉ

CHAIR

OPEN-ENDED WORKING GROUP ON AGEING

To Member States
of the Open-ended Working Group on Ageing



General Assembly

Distr.: General
2 February 2015

Sixty-ninth session
Agenda item 26 (c)

Resolution adopted by the General Assembly on 18 December 2014

[on the report of the Third Committee (A/69/480)]

69/146. Follow-up to the Second World Assembly on Ageing

The General Assembly,

Recalling its resolution 57/167 of 18 December 2002, in which it endorsed the Political Declaration¹ and the Madrid International Plan of Action on Ageing, 2002,² its resolution 58/134 of 22 December 2003, in which it took note, inter alia, of the road map for the implementation of the Madrid Plan of Action, and its resolutions 60/135 of 16 December 2005, 61/142 of 19 December 2006, 62/130 of 18 December 2007, 63/151 of 18 December 2008, 64/132 of 18 December 2009, 65/182 of 21 December 2010, 66/127 of 19 December 2011, 67/139 and 67/143 of 20 December 2012 and 68/134 of 18 December 2013,

Recognizing that, in many parts of the world, awareness of the Madrid Plan of Action remains limited or non-existent, which limits the scope of implementation efforts,

Taking note of the report of the Secretary-General,³

Welcoming the important opportunity provided by the ongoing dialogue on the issues of ageing, inter alia, in the context of the discussions on the post-2015 development agenda,

Acknowledging the reference to older persons contained in the proposal of the Open Working Group on Sustainable Development Goals,⁴ which shall be the main basis for integrating sustainable development goals into the post-2015 development agenda, while recognizing that other inputs will also be considered, in the intergovernmental negotiation process at the sixty-ninth session of the General Assembly, as decided by the Assembly in its resolution 68/309 of 10 September 2014,

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

² *Ibid.*, annex II.

³ A/69/180.

⁴ See A/68/970 and Corr.1.



Recognizing that, by 2050, more than 20 per cent of the world's population will be 60 years of age or older, and recognizing also that the increase in the number of older people will be the greatest and the most rapid in the developing world,

Recalling World Health Assembly resolution 58.16 of 25 May 2005 on strengthening active and healthy ageing, which stressed the important role of public health policies and programmes in enabling the rapidly growing number of older persons in both developed and developing countries to remain in good health and maintain their many vital contributions to the well-being of their families, communities and societies,

Recalling also World Health Assembly resolution 65.3 of 25 May 2012 on strengthening non-communicable disease policies to promote active ageing, which recognized that population ageing is among the major factors contributing to the rising incidence and prevalence of non-communicable diseases,

Concerned that many health systems are not sufficiently prepared to respond to the needs of the rapidly ageing population, including the need for preventative, curative, palliative and specialized care,

Deeply concerned that the situation of older persons in many parts of the world has been negatively affected by the world financial and economic crisis,

Recognizing the essential contribution that the majority of older men and women can continue to make to the functioning of society if adequate guarantees are in place,

Noting that older women outnumber older men, and noting with concern that older women often face multiple forms of discrimination resulting from their gender-based roles in society, compounded by their age or disability or on other grounds, which affect the enjoyment of their human rights,

1. *Reaffirms* the Political Declaration¹ and the Madrid International Plan of Action on Ageing, 2002;²

2. *Recognizes* that the major challenges faced by older persons undermine their social, economic and cultural participation;

3. *Takes note with appreciation* of the appointment by the Human Rights Council of the Independent Expert on the enjoyment of all human rights by older persons, and invites Member States to cooperate with the Independent Expert in carrying out the mandate set out in Human Rights Council resolution 24/20 of 27 September 2013;⁵

4. *Invites* Member States to continue to share their national experiences in developing and implementing policies and programmes aimed at strengthening the promotion and protection of the human rights of older persons, including within the framework of the Open-ended Working Group on Ageing established by the General Assembly in paragraph 28 of its resolution 65/182;

5. *Stresses* the importance of the Independent Expert and the Working Group working in close coordination, while avoiding unnecessary duplication of each other's mandates and those of other special procedures and subsidiary organs of the Human Rights Council, relevant United Nations bodies and treaties;

⁵ See *Official Records of the General Assembly, Sixty-eighth Session, Supplement No.53A (A/68/53/Add.1)*, chap. III.

6. *Encourages* all Member States to be mindful of the reports of the Independent Expert, including the comprehensive report to be brought to the attention of the Working Group;

7. *Encourages* Governments to actively address issues that affect older persons and to ensure that the social integration of older persons and the promotion and protection of their rights form an integral part of development policies at all levels;

8. *Invites* Member States to adopt and implement non-discriminatory policies and to systematically review and amend, where appropriate, existing practices and regulations that discriminate against older persons, in order to promote an enabling environment for older persons;

9. *Encourages* Member States to address the issue of discrimination on the basis of age in relevant national legislation and to take appropriate measures to prevent discrimination against older persons;

10. *Encourages* Governments to pay greater attention to building capacity to eradicate poverty among older persons, in particular older women, by mainstreaming ageing issues into poverty eradication, women's empowerment strategies and national development plans, and to include both ageing-specific policies and ageing-mainstreaming efforts in their national strategies;

11. *Encourages* Member States to strengthen their efforts to develop national capacity to address their national implementation priorities identified during the review and appraisal of the Madrid Plan of Action, and invites Member States that have not done so to consider a step-by-step approach to developing capacity that includes the setting of national priorities, the strengthening of institutional mechanisms, research, data collection and analysis and the training of necessary personnel in the field of ageing;

12. *Also encourages* Member States to overcome obstacles to the implementation of the Madrid Plan of Action by devising strategies that take into account the entirety of the human life course and foster intergenerational solidarity in order to increase the likelihood of greater success in the years ahead;

13. *Further encourages* Member States to place particular emphasis on choosing national priorities that are realistic, sustainable and feasible and have the greatest likelihood of being achieved in the years ahead and to develop targets and indicators to measure progress in the implementation process;

14. *Invites* Member States to identify key priority areas for implementation of the Madrid Plan of Action, including empowering older persons and promoting their rights, raising awareness of ageing issues and building national capacity to address ageing;

15. *Recommends* that Member States increase efforts to raise awareness of the Madrid Plan of Action, including by promoting and supporting initiatives to advance a positive public image of older persons and their multiple contributions to their families, communities and societies and by working with the regional commissions and enlisting the help of the Department of Public Information of the Secretariat in seeking increased attention for ageing issues;

16. *Encourages* Governments that have not done so to designate focal points for handling the follow-up of national plans of action on ageing, and also encourages Governments to strengthen existing networks of national focal points on ageing;

17. *Invites* Governments to conduct their ageing-related policies through inclusive and participatory consultations with relevant stakeholders and social development partners, in the interest of developing effective policies that create national policy ownership and consensus-building;

18. *Recommends* that Member States enhance their capacity to more effectively collect data, statistics and qualitative information, disaggregated when necessary by relevant factors, including sex and disability, in order to better assess the situation of older persons and to set adequate monitoring mechanisms for programmes and policies geared towards protecting the full and equal enjoyment of all human rights and fundamental freedoms by older persons;

19. *Recommends* that States parties to existing international human rights instruments, where appropriate, address the situation of older persons more explicitly in their reports, and encourages treaty body monitoring mechanisms and special procedures mandate holders, in accordance with their mandates, to pay more attention to the situation of older persons in their dialogue with Member States, in their consideration of reports or in their country missions;

20. *Encourages* Governments to continue their efforts to implement the Madrid Plan of Action and to mainstream the concerns of older persons into their policy agendas, bearing in mind the crucial importance of intergenerational family interdependence, solidarity and reciprocity for social development and the realization of all human rights for older persons, and to prevent age discrimination and provide social integration;

21. *Recognizes* the importance of strengthening intergenerational partnerships and solidarity, and in this regard calls upon Member States to promote opportunities for voluntary, constructive and regular interaction between young people and older generations in the family, the workplace and society at large;

22. *Encourages* Member States to adopt social policies that promote the development of community services for older persons, taking into account the psychological and physical aspects of ageing and the special needs of older women;

23. *Also encourages* Member States to ensure that older persons have access to information about their rights so as to enable them to participate fully and justly in their societies and to claim full enjoyment of all human rights;

24. *Calls upon* Member States to develop their national capacity for monitoring and enforcing the rights of older persons, in consultation with all sectors of society, including organizations of older persons, through, inter alia, national institutions for the promotion and protection of human rights, where applicable;

25. *Also calls upon* Member States to strengthen and incorporate a gender and disability perspective into all policy actions on ageing, as well as to address and eliminate discrimination on the basis of age, sex or disability, and recommends that Member States engage with all sectors of society, in particular with relevant organizations with an interest in the matter, including organizations of older persons, women and persons with disabilities, in changing negative stereotypes about older persons, in particular older women and older persons with disabilities, and promote positive images of older persons;

26. *Acknowledges* that universal health coverage implies that all people, including older persons, have access, without discrimination, to nationally determined sets of needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines, while

ensuring that the use of such services does not expose older persons to financial hardship, with a special emphasis on the poor, vulnerable and marginalized;

27. *Urges* Member States to develop, implement and evaluate policies and programmes that promote healthy and active ageing and the highest attainable standard of health and well-being for older persons and to develop health care for older persons as part of primary care in the existing national health systems;

28. *Recognizes* the importance of training, education and capacity-building of the health workforce, including for home-based care;

29. *Urges* Member States to strengthen intersectoral policy frameworks and institutional mechanisms, as appropriate, for the integrated management of the prevention and control of non-communicable diseases, including health promotion, health care and social welfare services, in order to address the needs of older persons;

30. *Calls upon* Member States to address the issue of the well-being and adequate health care of older persons, as well as any cases of neglect, abuse and violence against older persons, by designing and implementing more effective prevention strategies and stronger laws and by developing coherent and comprehensive policy frameworks to address these problems and their underlying factors;

31. *Also calls upon* Member States to take concrete measures to further protect and assist older persons in emergency situations, in accordance with the Madrid Plan of Action;

32. *Stresses* that, in complementing national development efforts, enhanced international cooperation is essential to support developing countries in implementing the Madrid Plan of Action, while recognizing the importance of such assistance as well as the provision of financial assistance;

33. *Encourages* Member States to ensure that the principle of non-discrimination on the basis of age is incorporated and upheld in health policies and programmes and that the implementation of such policies and programmes is regularly monitored;

34. *Also encourages* Member States to adopt and enforce guidelines that establish standards for the provision of long-term support and assistance to older persons;

35. *Recommends* that Governments involve older persons and their organizations in the formulation, implementation and monitoring of policies and programmes that affect them;

36. *Encourages* the international community, including international and bilateral donors, to enhance international cooperation to support national efforts to eradicate poverty, in keeping with internationally agreed goals, in order to achieve sustainable and adequate social and economic support for older persons, while bearing in mind that countries have the primary responsibility for their own economic and social development;

37. *Encourages* the international community to support national efforts to forge stronger partnerships with civil society, including organizations of older persons, academia, research foundations, community-based organizations, including caregivers, and the private sector, in an effort to help to build capacity on ageing issues;

38. *Encourages* the international community and the relevant agencies of the United Nations system, within their respective mandates, to support national efforts to provide funding for research and data-collection initiatives on ageing, as appropriate, in order to better understand the challenges and opportunities presented by population ageing and to provide policymakers with more accurate and more specific information with regard to a gender perspective on ageing;

39. *Recognizes* the important role of various international and regional organizations that deal with training, capacity-building, policy design and monitoring at the national and regional levels in promoting and facilitating the implementation of the Madrid Plan of Action, and acknowledges the work that is undertaken in various parts of the world, as well as regional initiatives, and by institutes such as the International Institute on Ageing in Malta and the European Centre for Social Welfare Policy and Research in Vienna;

40. *Recommends* that Member States reaffirm the role of United Nations focal points on ageing, increase technical cooperation efforts, expand the role of the regional commissions on ageing issues and continue to provide resources for those efforts, facilitate the coordination of national and international non-governmental organizations on ageing and enhance cooperation with academia on a research agenda on ageing;

41. *Reiterates* the need for additional capacity-building at the national level in order to promote and facilitate further implementation of the Madrid Plan of Action, as well as the results of its review and appraisal cycle, and in this regard encourages Governments to support the United Nations Trust Fund for Ageing so as to enable the Department of Economic and Social Affairs of the Secretariat to provide expanded assistance to countries, upon their request;

42. *Requests* the United Nations system to strengthen its capacity to support, in an efficient and coordinated manner, national implementation of the Madrid Plan of Action, where appropriate;

43. *Requests* relevant entities of the United Nations system, including the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), to ensure that the situation of older women is mainstreamed and incorporated across their work;

44. *Recommends* that the situation of older persons be taken into account in the ongoing efforts to achieve the internationally agreed development goals, including those contained in the United Nations Millennium Declaration;⁶

45. *Recognizes* the continuing need to give due consideration to the situation of older persons in the ongoing discussion on the post-2015 development agenda;

46. *Notes with appreciation* the work of the Working Group, and recognizes the positive contributions of Member States, as well as relevant bodies and organizations of the United Nations system, intergovernmental and relevant non-governmental organizations, national human rights institutions and invited panellists, during the first five working sessions of the Working Group;

47. *Calls upon* Member States to continue to contribute to the work of the Working Group, in particular by presenting concrete proposals, practical measures,

⁶ Resolution 55/2.

best practices and lessons learned that will contribute to promoting and protecting the rights and dignity of older persons, in order to enable it to fulfil its mandate;

48. *Requests* the Working Group to submit to the General Assembly at its seventieth session a compilation of the above-mentioned proposals and measures;

49. *Invites* relevant bodies and organizations of the United Nations system, including relevant human rights mandate holders and treaty bodies and the regional commissions, as well as intergovernmental and relevant non-governmental organizations with an interest in the matter, to continue to make contributions to the work entrusted to the Working Group, as appropriate;

50. *Requests* the Secretary-General to continue to provide all necessary support to the Working Group, within existing resources, for the organization of a sixth working session, in 2015;

51. *Invites* the Independent Expert to address and engage in an interactive dialogue with the General Assembly at its seventieth session under the item entitled "Social development";

52. *Requests* the Secretary-General to submit to the General Assembly at its seventieth session a report on the implementation of the present resolution.

*73rd plenary meeting
18 December 2014*