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The Madrid International Plan of Action on Ageing (MIPAA), which was adopted in 2002 at the United Nations’ Second World Assembly on Ageing, represents a milestone on aging policies for the United Nations and for the over 150 countries that have adopted it. The Plan’s aim is to ensure that people everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights. The Plan is intended to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population aging.

In 2007, five years after the Plan’s adoption, the United Nations Commission on Social Development launched an assessment of progress in implementing the Plan. The Commission emphasized that it was not only governments that should report on how they were implementing MIPAA, but that all the stakeholders, including nongovernmental organizations, representatives of civil society and older people themselves, should participate in the process by providing information and qualitative data on the Plan’s implementation in their respective communities and countries.

In order to bring together and address the information needs of all the stakeholders in the review process, the United Nations Department of Economic and Social Affairs collaborated with AARP International to identify, review and discuss significant new trends and developments with respect to population aging. Eminent experts from international organizations, governments, international civil society organizations, and a variety of academic disciplines were invited to present from their perspectives the latest developments and trends in the field of population aging. Attended by some 300 participants from governments, nongovernmental organizations, academia, United Nations staff and the private sector, the briefings took place at United Nations Headquarters in New York on February 7 to 9, 2007, during the annual session of the UN Commission on Social Development.

The briefing sessions dealt with the three major global themes of the UN’s International Plan of Action on Ageing:

- How to ensure income security and participation in development and work for older people;
- How to advance health and well-being for people as they age; and
- How to create an enabling environment for older people.

Income security and freedom from deprivation and poverty are basic objectives for all of humankind. Most developed countries have made significant progress toward providing adequate pensions to their older populations, even though some of these countries have recently taken steps to adjust future benefit entitlements in response to growing concerns about the financial solvency of national pension systems. In developing countries, however, relatively few older people benefit from social security benefits or other entitlements. Moreover, the lack of attention to older people in the UN’s Millennium Development Goals (MDGs) and in other poverty reduction strategies is a frequently expressed concern. Promising steps have recently been taken in some low-income countries to provide a basic guaranteed income to all older people in the form of a “social pension” based on age. The first session explored current trends in income security for older people and the respective roles of international organizations and the nongovernmental sector to ensure that older people benefit from income security in old age.

With regard to health, statistics show that people are living longer almost everywhere around the world. But do longer lives also mean healthier lives? The epidemiological transition from infectious to chronic diseases is well underway in all countries, including the developing world. According to the World Health Organization (WHO), overall deaths from infectious diseases continue to decline while deaths due to chronic diseases, such as cardiovascular disease, diabetes, lung cancer and other chronic diseases, continue to increase, especially in
The year 2007, which marked the fifth anniversary of the adoption of the Madrid International Plan of Action on Ageing (MIPAA), was a time for assessing progress in implementing the Plan’s recommendations in its three priority directions: older people and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. The United Nations’ plan for monitoring this progress is based on a qualitative “bottom-up” approach in which all stakeholders—including governments, civil society organizations and older people themselves—are encouraged to participate.

As a contribution to that assessment, AARP International, in collaboration with the United Nations Programme on Ageing, Department of Economic and Social Affairs sponsored a series of briefings on major developments and trends in global aging. The briefings were held during February 7–9, 2007, at United Nations Headquarters in New York. Those taking part included members of governments, nongovernmental organizations (NGOs), academia, United Nations staff and the private sector.

The briefings focused on the latest developments with respect to three key questions central to the priority directions of the Madrid Plan:

🎁 How to ensure income security for all older people regardless of where they live;

🎁 How to ensure that longer lives also mean healthier lives; and

🎁 How to make certain that older people live in an enabling environment—physically, socially, economically and culturally—with a focus on the role that organizations of older people can play in making this happen.

In adopting the Madrid Plan, governments worldwide recognized that aging and its impacts are priority issues for developing as well as developed countries. Indeed, the process of population aging will be especially rapid in developing countries during the coming years, and the proportion of the older population residing in developing countries will also rise. In 2007, worldwide, there were around 700 million people...
Participants reviewed major trends in pension reform in different world regions and described evolving policy views and research findings at the ILO and the World Bank. In considering the sustainability of pension systems, demographic changes are important but economy, policy and governance also matter. Recent ILO projections for European Union countries show that the challenge that population aging poses to social transfer systems can be managed. However, dealing with the challenge will require some combination of: (i) increasing contributions and/or taxes; (ii) growth in productivity and employment generation; (iii) longer work careers, including later retirement; and/or (iv) lower benefits. Different combinations of these will have different impacts on pension adequacy. In many European countries there is a risk that already-implemented reforms and policy changes will lead to increased poverty among older people.

The representative of the World Bank said that experience in implementing pension reforms has led the Bank to review and refine its policy framework, particularly with respect to poor countries. The Bank’s position now reflects a better understanding of the need for pension reform to take into account factors beyond fiscal pressures and the demographic challenge presented by population aging. Other social and economic changes with implications for pension systems include, for instance, rising labor force participation of women, increasing divorce rates and the challenges of globalization. In dealing with the challenges there is room for a diversity of funding approaches. Addressing aging requires providing incentives and opportunities for later retirement. Health is a key issue in this regard, since people need to stay healthy if they are to remain active. In considering social pensions, it is important to consider the fiscal condition of particular countries, and the trade-offs involved in implementing a social pension. As other participants also stressed, there is a need for constant review and adjustment of reformed schemes, based on ongoing, objective assessment of results.

aged 60 years or over, over 60 percent of whom lived in the developing world. By 2050, the total is expected to reach 2 billion. Close to 80 percent will live in developing countries. Because of declining rates of fertility and increasing life expectancy, the proportion of older people in the population will grow substantially in all regions. In many countries that increase will be especially rapid between 2005 and 2025. The briefings included three panels of experts who discussed new evidence, trends and challenges with respect to the themes mentioned above.

**Issue 1: Income security.** The panelists agreed that increasing coverage is the single greatest challenge confronting pension systems in developing countries today. The International Labour Organization (ILO) has estimated that 80 percent of the global population is currently not adequately covered by formal social security provisions. Panelists from the World Bank and the ILO said that the provision of a basic old-age pension is feasible, even in low-income countries. The Republic of Mauritius was a leader in introducing such pensions in a developing country several decades ago. The example of Mauritius not only showed that sustainable policies can be put into place, but also illustrated how they could be continuously adjusted so that all segments of the population—young and old—enjoy a degree of income security, access to health care, and access to education and social justice. The spread of basic universal old-age pensions (also referred to as “social pensions”) to a number of low-income countries in Africa and Latin America was also viewed as a positive trend.

Pensions in developing countries make an important contribution to protecting older people from poverty, even when only limited coverage is provided. Pensions also provide indirect protection to other members of the household. Evidence shows that social pensions are used to help support the family, including purchases of food, essential services and access to health care, as well as education for grandchildren, which represents an investment in the younger generation. Social pensions also improve the quality of care of vulnerable children, especially in countries severely affected by HIV/AIDS.
EXECUTIVE SUMMARY

The international portability of pensions and retiree health benefits is an issue of growing importance. The number of international migrants has been increasing, and many migrants want to return to their country of origin upon retirement.

Issue 2. Health and aging. In the area of health, the group heard about the longevity dividend that accrues to societies if people not only live longer but also stay healthy longer. It was argued that seven years of added healthy life expectancy is achievable, and that expanded basic research into the biology of aging would help achieve that goal. The discussions highlighted the central role of public health, as well as the need to adjust health systems to deal better with prevention and management of chronic diseases. This session clearly pointed the way to some of the global priorities for allocation of resources for development.

The hopeful message that research on the biology of aging might lead to a significant extension of healthy life stands in sharp contrast to the actual status of health and health care for older people in developing countries. For instance, data for Latin America and the Caribbean reveal strikingly high levels of self-reported poor health and a high prevalence of potentially disabling chronic conditions, particularly among women. It is common to note that women live longer than men, but their quality of life receives less attention. The quality of life in old age is a crucial issue in all regions.

In Africa, the problems facing older people are often completely off the radar screen of policy attention. Older people face discrimination as well as effects of poverty, violence and HIV/AIDS. The burden of caring for victims of HIV/AIDS falls heavily on older people, especially women. Another important issue in this resource-constrained environment is the role of traditional medicine, as well as the possibility and desirability of strengthening the quality of care that traditional healers provide.

The presentations highlighted the need to reorient primary health care in developing countries in order to encompass appropriate care for chronic as well as acute conditions. There is also a need, in developing as well as developed countries, to promote practices conducive to healthy aging, and a need for new models for long-term care.

A positive policy environment is also important for health. The donor community plays an important role, since donors often shape the realities of what happens in-country. Country-based leaders, whether in government, NGOs or academic institutions are crucial, as is the broader engagement of communities.

Issue 3. An enabling environment is essential if older people are to realize their rights and obtain access to the benefits to which they are entitled. Civil society organizations as well as governments play an important role in achieving an enabling environment. Presenters stressed the need to encourage positive images of aging and to recognize older people as the valuable resources they are. Community and grassroots organizations are powerful agents for empowering and addressing the needs of older adults.

In considering an enabling environment for persons with disabilities, it is important to recognize that the presence or absence of disability depends in part on the surrounding environment. The concept of “environment” has multiple dimensions including the political, economic and social as well as the physical environment. Barriers to participation can arise at any of these levels. However, there are many examples, from countries at all levels of development, of actions that can help not only to remove those barriers but also to facilitate inclusion, participation and access. Many effective interventions are not costly and can make a real difference in even the poorest settings.

An important recent development at the international level was the adoption, in December 2006, of the United Nations Convention on the Rights of Persons with Disabilities. The Convention is grounded on principles recognizing the right of persons with disabilities to full inclusion and participation in civil, political, economic, social and cultural spheres, with equal opportunities.
The group heard about new initiatives in Singapore to empower older people, and especially older women, to gain access to appropriate health care. Several programs are putting into action the new guidelines for age-friendly health care developed under the auspices of the World Health Organization.

Even though older people’s rights are recognized in international agreements, older people experience isolation, poverty, violence and abuse and have limited access to health services, education and legal protection. The representative of HelpAge International identified actions to help older people realize their rights. HelpAge has found that older people consistently say that access to health care, a regular income and freedom from discrimination are the three things that would improve their lives most. Other ways that governments can help are to:

- **Give older people the documents they need** to access the services to which they are entitled. Governments and local authorities need to develop better ways to provide registration and identity documentation.

- **Make older people visible in data.** Lack of data on older people often means that they are left out of national policies, programming and budgets.

- **Support older people to advocate for their rights.** Older people’s associations can be a powerful force for both policy change and the delivery of better services.

- **Integrate older people’s rights into other policy processes** such as the Millennium Development Goals and indicators, Poverty Reduction Strategies, and the implementation of ILO’s Decent Work Agenda. Older people must also participate in policy formulation if poverty reduction targets and human rights commitments are to be met.

In closing the meeting, Ms. Line Vreven of AARP posed a question and a challenge: “Where will we be five years from now when we celebrate the tenth anniversary of the Madrid Plan? We know the demographic projections. We know that there are doomsday scenarios in some circles of public opinion. But let us be aware that there are answers to these pressing issues. We need to seize the opportunity now to ensure action in these three areas of human endeavor—security, health and an enabling environment for people of all ages. Through AARP’s Social Impact Agenda, my own organization is committed to address these issues. We invite anyone who wants to work with us to ensure that we can honestly say five years from now: Yes—measurable progress has been made!”
OPENING REMARKS
“The Madrid Plan of Action was created ‘to respond to the opportunities and challenges of population aging in the twenty-first century and to promote the development of a society for all ages.’ It represents a milestone on aging policies for the United Nations and for the over 150 countries that have adopted it,” said Erik Olsen, in introducing the series of briefings marking the fifth anniversary of the adoption of the Madrid International Plan of Action on Ageing (MIPAA).

“The goal of the Madrid Plan is for national governments to translate the objectives and recommended actions of the Madrid Plan into national policies and practices that impact positively on the lives of older people. As we have pursued this goal over the past five years, we have found that we share many concerns relating to our aging populations—and that we must work together to find solutions. Regardless of the diversity in our approaches—regardless of whether our country is developed, developing, or somewhere in between—we all want to assure for our people security and dignity in their older years.

“We have realized that the time has come for us to move forward from debating the numbers surrounding global aging—to developing policies to deal with its impact on the future security and dignity of our citizens, particularly in their later years.

“We have realized, too, that to do this effectively, we must remain true to our national cultures and traditions. We must know what our people want, what their attitudes are, and what their expectations are.

“We have been compelled to answer difficult questions such as ‘What sort of social contract does our government hold with our citizens?’ and ‘Is our social contract in need of modification?’ Yes, the rapidly increasing numbers of older citizens are presenting our nations and our governments with enormous new social and economic challenges. Each nation clearly has its own unique challenges and will require policies and programs tailored to its own particular needs.

“The United Nations plan for monitoring the Madrid Plan’s implementation is based on a qualitative bottom-up approach. Our governments are not being asked to provide a quantitative appraisal of how they have implemented the Madrid Plan but, rather, all stakeholders—including governments, nongovernmental organizations and representatives of civil society—have been encouraged to participate in the process by providing qualitative data on implementation in their respective communities and countries.”

In order to address the information needs of all the stakeholders in the review process, Mr. Olsen said that AARP International was collaborating with the United Nations Department of Economic and Social Affairs (DESA) to identify significant new trends in aging as well as to provide necessary information on the qualitative techniques for implementing the Madrid Plan.

“Eminent experts in the field of aging have been invited to gather to facilitate this process and present the latest developments and future trends in the field of population aging. This briefing series is part of that process,” Mr. Olsen said. The three briefing sessions would focus on: income security for older people; health and aging; and empowerment of older people—creating enabling environments.
“AARP has held consultative status with the Economic and Social Council of the UN since 1987,” Mr. Olsen noted. “We have partnered with the UN on numerous projects and programs. We have participated in UN conferences, including the World Assemblies on Aging in Vienna in 1982, and in Madrid in 2002.”

AARP International aims to help people live longer, healthier, more financially secure and productive lives by identifying the best ideas and practices on key policy issues. Mr. Olsen said that AARP International “fosters global collaboration and, in the end, acts as a partner and catalyst to governments and decision-makers in all sectors to help address and favorably shape the social and economic implications of aging worldwide. We believe all social partners must find common cause in strengthening public pensions, encouraging private savings and pensions, and providing opportunities for continued income generation and employment.”

Mr. Olsen said that the first briefing session, “Major Developments and Trends in Income Security for Older People,” would focus on recent trends and major developments in the provision of income security for older people, with special emphasis on the more recent trend of implementing “social” pension schemes in developing countries.

“Since the adoption of the Madrid Plan of Action, the introduction of ‘social,’ or non-contributory pensions based on age in some countries in Africa and Latin America is generally regarded as a significant and promising trend for improving older peoples’ income security, as well as that of their families,” Mr. Olsen continued. “For example: Mauritius led the way in introducing such pensions in a developing country several decades ago.”

He said that questions to be addressed in the session included:

- How effective are minimum pensions as a poverty reduction strategy?
- How many countries either administer or are moving toward such schemes, and what can they learn from each other?
- What are the potential problems when introducing social pension schemes?”

Robert Vos, Director, Development Policy and Analysis Division, Department of Economic and Social Affairs, United Nations

The fifth anniversary of the adoption of the Madrid International Plan of Action on Ageing is an occasion that calls for an assessment of progress achieved on this agenda so far and of the challenges lying ahead, said Mr. Rob Vos in welcoming the participants to the meeting. He said that the program of briefings that the AARP had put together on major trends and developments in global ageing would enhance comprehension of the issues and helped highlight the urgency for the adoption of policies to promote the development of an equitable society for all ages.

He noted that the United Nations Department of Social and Economic Affairs was devoting its flagship report, the 2007 World Economic and Social Survey, to the analysis of population aging and its implications for economic and social development around the world. The report, to be published later in the year, would address the major pillars of action that form part of the Madrid agenda.

The world population is aging rapidly, Mr. Vos continued. Two major factors underlie this trend: first, people are living longer and, second, fertility rates are declining nearly everywhere. The increase in life
Family composition and intergenerational relationships are also changing. Older people nowadays are less likely to receive direct support through living with adult children or other relatives. Changing family patterns may affect the provision of care and income security for older people, particularly in developing countries where family support plays a major role.

Old age is often associated with declining living standards due to decreasing economic opportunities and increased individual vulnerability as age increases. In contrast to developed countries where income security is largely guaranteed through earnings-related pensions through the state or employer, in developing countries, pensions cover only a fraction of the population.

Even though their coverage is only partial, pensions in developing countries make an important contribution to protecting older people from poverty, and indirectly those pensions also provide such protection to other members of their households. Available data show that, after correcting for differences in average poverty, the incidence of poverty among older people is much lower in those developing countries with more developed pension schemes. This also applies to countries with universal coverage or noncontributory benefit systems that can afford to provide a reasonable level of benefits. In countries without such provisions, the incidence of old age poverty tends to parallel the average national poverty level.

Mr. Vos was pleased that the session would include discussions of social, noncontributory pensions in developing countries. “The debate is open as to what would be the best pension system and more generally the mechanisms to provide income security for old age in an equitable and financially viable way. This is not only a debate for the developed world. Viable schemes with broad coverage are also possible for countries with limited means.”
PANEL 1
MAJOR DEVELOPMENTS AND TRENDS
IN INCOME SECURITY FOR OLDER PEOPLE
The first pillar—noncontributory universal pensions—includes a basic retirement pension to all persons aged 60 years or over, a basic pension to all widows under age 60 years, a basic pension to all permanently disabled persons aged 15 to 60 years, a basic orphan’s pension and a carer’s allowance.

Problems and reforms. The need for changes in pension policies was recognized in 2001, in the light of large projected increases in costs owing to the aging of the population. The number of persons aged 60 or over will treble in 40 years, and the pensioner support ratio will change from 7 to 1 to 2.3 to 1 in the same period. In the absence of changes to the system, the universal retirement pension was projected to rise from 1.9 percent of GDP to 5.7 percent of GDP over this period.

Mrs. Bappoo observed that, although reforms of popular programs such as the pension system can be difficult politically, in Mauritius it had been possible to introduce reforms. “When people understand the reasons it is possible to make progress,” she said. The Government held tripartite discussions with groups representing labor and employers. Working groups came up with recommendations for reform, focusing on parametric changes within the existing pension system. New policy initiatives on pensions were announced in 2006, with the objective of securing the future viability of the pension system. The main reform consisted of an increase in retirement age and pensionable age (from the current retirement age of 60 years to 65 years over a period of ten years). In addition, annual increases of universal pensions will be limited to increases in the cost of living. Some parallel and additional reforms are being implemented in existing pension systems for public and private sector employees, and to ensure sound oversight of the funds.

Mrs. Bappoo noted that this was substantially before the World Bank came to advocate a five-pillar system. Mrs. Bappoo outlined the experience with pensions and recent pension reforms in Mauritius and gave an overview of trends in pension policies in Africa.

The pension system in Mauritius. Income security in Mauritius is provided through a mix of the following pillars: (i) a universal noncontributory pension scheme; (ii) a contributory scheme for the private sector, which the self-employed can join on a voluntary basis, and noncontributory defined benefits schemes for the public sector; (iii) a national savings fund, which is a system of forced savings with individual accounts, operating as a provident fund; (iv) private occupational pension schemes, sponsored mainly by employers; and (v) family support through individual savings and the extended family system; free health care and free education supported by the Government; and free transport and other facilities under governmental social assistance.
The pension reforms are part of a broader set of policies that are being undertaken based on the need to consolidate the economy and tax base to be able to continue financing the increasing cost of noncontributory and public sector pensions. Government expenditure on social security and welfare currently accounts for 22 percent of total government expenditure or 5.3 percent of GDP. The Government is committed to consolidating the welfare state. Forty “tough measures” have been taken to consolidate the economic situation. At the same time, new policy initiatives are being undertaken to empower job seekers and other vulnerable members of society and to encourage entrepreneurship. “The Government recognizes that economic empowerment lies at the heart of its project to democratize the economy by broadening the circle of opportunities to each Mauritian citizen to create employment and bring social justice,” said Mrs. Bappoo.

Pension trends in Africa. Social security systems in Africa face numerous problems bound up with low economic development. Mrs. Bappoo said that some problems arise out of Structural Adjustment Programs and related policies. Measures causing problems include economic liberalization, deregulation, privatization, reduction in the number of public sector employees and devaluation of currencies. The low level of economic development restrains African countries’ ability to implement poverty-reduction pension schemes (the first pillar referred to above). The formal economic sector is small, and barely ten percent of the workforce is covered under contributory social security schemes. Mrs. Bappoo added that the HIV/AIDS epidemic was putting pressure on social security systems by reducing the labor force and increasing social security payments, and that heavily impacted and poor countries needed more assistance from developed countries and other donors to cope with this problem.

Three main types of pension system are found in Africa. French-speaking countries have systems inspired mainly by the French model. They are taking steps to consolidate and renew confidence in the pension schemes. Many English-speaking countries with provident funds have converted or are converting these to a broader pension system. The conversion has been prompted by the fact that lump sum payments at the end of a long career had little value in the light of the huge devaluations that have occurred. A few countries that had no social security system have introduced new schemes or are in the process of doing so. Several countries, including Namibia, Botswana and Lesotho, have noncontributory universal retirement pensions. South Africa is currently working on reforms with an aim of encouraging savings and filling gaps between coverage provided by private retirement funds and the State-funded social pension.
Different combinations of these will have different impacts on pension adequacy. In many European countries the expected decrease in replacement rates (pension amounts in relation to earnings) as a result of already-implemented reforms and policy changes may lead to increased poverty among older people.

Highlighting recent developments in middle-income countries, Mr. Hagemejer noted, first, that in most non-European middle-income countries 40 percent or more of the population were not adequately covered. However, some of these countries are starting to make progress towards universal coverage. Notable developments included reform of the...
CONCLUSIONS:

- Both experience and economic models show that basic pensions are not only desirable, effective and affordable but are also administratively feasible. Targeting benefits to the neediest is tempting, but targeting is costly and administratively challenging.

- Universal pensions benefit other family members as well. Transfers to older people to a large extent also support children (and particularly orphans) as well as other family members in need of care and support—because of illness or disability, for instance.

- A universal pension can be seen as a quick-win starting policy. Such pensions combine low cost and high impact.

Figure 1: Percentage in poverty before and after pensions (food poverty line)

Note: Basic old-age and disability pension set at 70 percent of the food poverty line.

The World Bank’s evolving views: The experience in implementing pension reforms has led the Bank to review and refine its policy framework, particularly with respect to poor countries, where the informal sector is large, and where there are many lifetime poor who will never be able to join a formal pension system. There is now a better understanding of the need for reform beyond fiscal pressures and the demographic challenge presented by population aging. Other social and economic changes with implications for pension systems include, for instance, rising labor force participation of women; increasing divorce rates; and the challenges of globalization, including mobility across sectors and countries as well as financial sector development. In dealing with the challenges there is room for a diversity of funding approaches: mandated and/or voluntary; private and/or public funding. There is also a need for constant review and adjustment of reformed schemes, based on ongoing, objective assessment of results.

Trends in pension reform in the 2000s are largely a continuation of those underway in the 1990s. There is a continued movement towards multi-pillar schemes, a trend that the World Bank supports. Latin America has been the region most active in reform, and countries there are taking stock of and filling in gaps in earlier reforms. More recently, many transition economies in Europe and Central Asia have been acting to reform their pension systems. They have been influenced by experience in other countries but are also developing innovative approaches specific to the region. European Union countries are also taking action, in most cases moving slowly and emphasizing voluntary schemes and parametric changes to current systems—that is, adjustments of factors such as age of eligibility or computation of cost-of-living adjustments. In South and East Asia, fundamental reforms have begun in a few countries, while other Asian as well as African countries are just waking up to the challenge and the threat of unsustainable systems.

“In dealing with the challenges there is room for a diversity of funding approaches: mandated and/or voluntary; private and/or public funding. There is also a need for constant review and adjustment of reformed schemes, based on ongoing, objective assessment of results.”

The World Bank currently applies a five-pillar framework for examining pension systems and reform options (see figure 2). Reform approaches need to be country-specific, with the mix and size of pillars depending upon: (i) inherited pension systems and size of existing promises; (ii) country objectives and reform needs; and (iii) the country’s policy and institutional environment. The key issue today is expanding coverage.
Countries have developed various approaches to providing protection for vulnerable older people. There is no one solution that will be best for all circumstances. Administrative feasibility is an issue in designing programs—how to deliver small amounts of money to individuals whose age cannot be easily determined, in sparsely populated rural areas with poor administrative infrastructure.

Mr. Holzmann offered general criteria to help choose among policy options. Conditions favoring the introduction of a universal social pension include: (i) the coverage of contributory pension schemes is low; (ii) other types of social assistance are limited or nonexistent; (iii) other social indicators are relatively favorable (given that alternative uses of funding always need to be weighed); and (iv) poverty is higher among older than younger persons.
Richard Blewitt, Chief Executive Officer, HelpAge International, served as discussant for this panel.

Mr. Blewitt began by noting that he had just returned from a trip during which he had seen firsthand the appalling living conditions of older caregivers caring for younger AIDS victims. He observed that there was an enormous gap between the policy rhetoric regarding family-based care and the conditions on the ground. He stressed the benefits of social pensions for poor families and the urgent need to expand access to social security, and noted ILO’s estimate that about 80 percent of the world’s population lack access to formal social security.

He also referred to research by HelpAge International showing that even where social pensions exist, large numbers of older people do not receive them because they lack the necessary paperwork or face other barriers to access.

Mr. Blewitt reviewed evidence about the ways that older recipients of social pensions use the money. Evidence shows that social pensions are used to help support the family, including purchases of food, essential services and access to health care. Older people also use the funds to support grandchildren’s education, which is an investment in the next generation, and some of the funds are invested in businesses. Evidence from South Africa indicates that cash transfers, including social pensions, boost employment. Finally, social pensions improve the quality of care of vulnerable children, particularly in countries severely affected by HIV/AIDS.

“Social pension is a vital safety net,” he said. To sum up the case for social pensions, research shows that they reach the poorest, they help older people whose capacity to work is declining, they particularly reach older women, they tend to be seen as fair and are popular politically—and they also help address the challenges of HIV/AIDS.
Mr. Blewitt recognized that there was debate about the pros and cons of social pensions as compared to other ways of addressing needs. Policymakers in the developing world faced competing demands for limited funds. There was a need for better analyses of the impact in the different countries that have put social pensions in place, so that the discussion could be based on sound evidence. There was also a need for broader public debate in both developing and developed countries. Mr. Blewitt noted that older people’s associations have an important role to play in standing up for their rights and in promoting the public debate.

DISCUSSION

In response to a question about the Government’s commitment to social pensions and other social welfare programs in Mauritius, Mrs. Bappoo elaborated on the process of the recent reforms. She said that in a democracy such as Mauritius, it was vital to involve the public in the policy process. “A Government needs to be committed,” she said, noting that the process was indeed very difficult. Although it might be easier to put off tough choices, this would not lead to good results in the longer run. To arrive at a set of reforms, the Government of Mauritius engaged its social partners, including employers and labor, and held many discussions. She said that the Government remained committed to the welfare state but tried to identify areas where programs could be reoriented. The pension reforms were only one element. For example, food staples, rice and flour, were formerly subsidized for everyone. Even tourists staying in expensive hotels were eating subsidized food. Under the reformed program, subsidies are limited to the needy. The money saved is going to a new empowerment program, while another new program provides older people and school children access to free public transportation.

Another question concerned the adequacy of indicators to assess costs and benefits of social pensions, including indicators that would go beyond the cost as a percentage of GDP. Mr. Holzmann agreed that there was a need for better indicators, and said that the World Bank and ILO were working to try to improve the situation. In addition to measuring coverage, there was a need for better information about the level of benefits and whether payments were reaching those in greatest need.

The international portability of pensions was identified as an issue that was likely to receive increased attention from policy makers, as the number of international migrants was growing and many migrants wished to return to their country of origin upon retirement. Mr. Hagemejer and Mr. Holzmann noted that although many countries had bilateral agreements concerning portability of social security benefits, policies were not uniform and did not cover private pensions.
In closing the session, Mr. Olsen highlighted several points from the presentations and discussion:

- First, that around 80 percent of the world’s population currently lacks adequate social security coverage, and that all participants agreed that there was an urgent need to expand coverage;
- Second, that social security programs were among the greatest weapons for fighting poverty, and that there was evidence that social pensions were a feasible and affordable way of reaching the poor; and
- Third, the issue of the portability of pensions is likely to be increasingly important in the coming years.

Mr. Olsen recalled that more than 60 years earlier, on June 12, 1943, United States Social Security Board Chairman Arthur Altmeyer told an international audience that:

“A program for social security in any country is to the interest of all other countries, since it contributes to political stability, economic well-being, and is the embodiment of belief in the innate dignity and worth of the common man. The development of social security programs is essential both to the internal security of nations, and to the international security and peace of the world.”

In response to a question about whether social pensions might have the effect of discouraging savings for retirement, Mr. Blewitt noted that a high proportion of people in poor countries had little or no possibility of saving. They needed to spend what they earned in order to survive day-to-day and could not afford to retire, but continued working so long as they were physically able. Concerns about undermining incentives for savings were not applicable in such situations.

In addition, many migrants did not qualify for a pension while working abroad. As a result, some labor-exporting countries faced large numbers of retired return migrants who lacked an income, adding to the burden on developing-country governments. Portability of health coverage as well as pensions could also influence job mobility and the choice of where to retire. The issues involved were complex, and were likely to receive increased attention internationally as migration flows continued to expand.
PANEL 2
MAJOR DEVELOPMENTS AND TRENDS IN HEALTH AND AGING
This session would feature discussions on how to advance healthy and active aging. This is the second priority theme of MIPAA and a priority in AARP’s Social Impact Agenda.

“While longevity is a great success story of the last century, making adequate and affordable health care available to the coming generation is the next great challenge. Unfortunately, inequities in health status and access to health care for our aging populations are still pervasive in all parts of the world. The link between poverty and health is well documented. It is clear that poverty must be eradicated, access to health care must become available, health technology fully utilized, and health and well-being throughout the life course maintained....There is no doubt that to bring about access to health care worldwide, it will take concerted efforts and enlightened social policy.”

Mr. Pearson said that “only through committed leadership and effective partnership between the global North and South, between the public and private sectors, and between human rights advocates and health professionals, will we see real progress in the years to come, particularly for those who have been most marginalized and excluded—that is, our aged populations.”

Jo Ivey Boufford, MD, President, The New York Academy of Medicine and Dean, Wagner School of Public Service, New York University, introduced and moderated this panel.

Dr. Boufford highlighted the main points of the briefing paper contributed by the World Health Organization (WHO)9. She noted that the world was undergoing an epidemiological transition due to advances in medicine and public health. Success in combating infectious disease has led to higher life expectancy but also has meant that more people experience the chronic...
health conditions associated with aging. The shift in disease profiles is compounded by the rapid growth in the number and proportion of older people in the population. These trends are not confined to the developed world, but are global in scope.

One implication of the changing profile of disease is that, in developing countries, primary health care needs to move away from the current acute-care focus to an approach that encompasses care for chronic conditions. Primary health care also needs to respond to the lack of cohesiveness and coordination between services and across settings, including community and home care, with the goal of maximizing independence and quality of life for people as they age. Since aging is a life-long process, health care systems need to adopt a life-course approach.

“Success in combating infectious disease has led to higher life expectancy but also has meant that more people experience the chronic health conditions associated with aging.”

The social, political, cultural and physical conditions under which people live and grow older have a profound influence on health. WHO’s Active Ageing Policy Framework calls for a comprehensive approach that pays attention to the full range of health determinants throughout the life course, including gender and cultural perspectives. The determinants of health include: (i) behavioral factors, especially risk behaviors and ways of avoiding risks throughout the life course; (ii) social factors, including access to health and social services, cultural and social support, and the need to deal with inequities and deprivation affecting large segments of the population; (iii) economic factors, such as access to income, employment and social protections, especially in the later years of life; and (iv) environmental factors in both the natural and man-made environments, including ways of enabling individuals to stay active in urban environments and ways of overcoming social isolation in rural environments.

The briefing paper describes a range of partnerships and initiatives— involving policy makers, health practitioners, NGOs and civil society— that are working to enhance the quality of life for people as they age.

In introducing the panel, Dr. Boufford said that the session would focus on several pressing questions regarding health and longevity:

- Is there a “longevity dividend” or benefit for society as life expectancy increases? What are the prospects for extending the number of healthy and productive years of life?
- Which public policies are most likely to improve health and well-being throughout the life course?
- Are there new insights on how public policy can influence healthy behavior?

The panel would also provide a view of regional realities in Latin America and Africa, including the impact of HIV/AIDS on older people in Africa.
Most medical research today continues to be guided by the same approach of attempting to overcome each disease separately, as though these conditions were completely unrelated, Dr. Olshansky said. He and his colleagues believed, however, that this approach would increasingly reap diminishing returns and also ran the risk of extending the number of years of life that people spend in chronic ill health. Already many billions of dollars are spent in caring for the chronically ill. This problem will become much worse with the coming demographic “age wave”, which is a global phenomenon, and one for which health systems in the developing countries are completely unprepared, Dr. Olshansky noted.

There is another approach, which is to focus more research on delaying the process of aging itself, Dr. Olshansky said. There is reason to believe that such a delay is possible. Several lines of research show that there are dietary and genetic factors that can retard nearly all late-life diseases in parallel. Research in other species demonstrates that by reducing caloric intake, altering reproduction, manipulating certain genes and changing the signaling pathways of specific physiological mechanisms, the duration of healthy life can be extended significantly. These approaches cannot, of course, be applied directly to people, but the findings do suggest paths of research that could lead to extending healthy life in humans. For example, if we can discover which genes help confer longer life and what proteins those genes produce, this may enable us to confer the advantages on the rest of the population.
We should be clear that efforts to delay aging should not be based on a search for the Fountain of Youth, or the transformation of older persons into younger versions of themselves, or dramatically increasing life expectancy or the maximum length of life, Dr. Olshansky warned. Efforts to delay aging should not promote the idea that aging can be stopped or even reversed.

“By slowing aging, we will do what no drug, surgical procedure or behavior modification can ever do—extend our years of youthful vigor and simultaneously postpone all the costly, disabling and lethal conditions expressed at later ages.” The “health and economic benefits will exceed the elimination of cancer or heart disease.”

What is realistic is to aim at a delay in the basic process of aging, which would simultaneously improve public health, extend the period of youthful health and vigor and reduce frailty and disability at all ages. He said that delaying the aging process could also result in a compression of mortality and morbidity, including a reduction of the period of frailty and disability at the end of life. Evidence shows that there is plasticity in the process, which can affect the onset of aging-related disease, especially at ages 65 to 85 years. Extending that period by four, five or even seven years would achieve the equivalent of a major breakthrough against every disabling disease that exists today. Dr. Olshansky said he believed that a seven-year increase in the average length of healthy life was a realistic goal, and one that could be achieved in time to benefit persons in the audience.

Dr. Olshansky’s proposal was that research on the underlying biology of aging should be aggressively pursued not instead of, but in addition to, the current medical model of going after one disease at a time. What was needed was a major infusion of research funding and effort. “By slowing aging, we will do what no drug, surgical procedure or behavior modification can ever do—extend our years of youthful vigor and simultaneously postpone all the costly, disabling and lethal conditions expressed at later ages.” The “health and economic benefits will exceed the elimination of cancer or heart disease.”

**TRENDS IN HEALTH AND AGING IN THE LATIN AMERICAN AND CARIBBEAN REGION**

Martha Pelaez, PhD, *International Consultants on Health and Aging*

Dr. Martha Pelaez posed the questions: What are the characteristics of the Latin American and Caribbean region regarding health and aging? How are health systems coping? How can health systems in the region shift to provide the types of care that will allow older people to remain active and productive?

*The trends and scope of the challenge.* Latin American countries are experiencing rapid aging of their populations. Between 2000 and 2050 the population aged 60 or over will increase from 42 to nearly 190 million, at which time the region will have more people over the age of 60 than under the age of 15. This growth will be especially rapid between 2005 and 2025. Over half of those who reach age 60 will reach age 80, and the over-80 population will grow even more rapidly than the older population as a whole. Are health systems prepared for this? The answer, by and large, is “no.”

Reliable information about health status of older persons in the region has been scarce, but research institutions have recently begun collaborating to improve this situation. The information emerging from recent surveys provides grounds for concern. In five of seven...
metropolitan areas surveyed recently, half or more of older people, especially women, reported that their health status was not good (see figure 3). Those living in Montevideo or Buenos Aires, where health care services are better, were more likely to say they were in good health. However, in all seven countries, at least 70 percent of older women reported having at least one of three potentially disabling diseases: arthritis, low vision or incontinence. (see figure 4). A separate study that compared the United States with Mexico found that 63 percent of people aged 50 or over in Mexico reported that their health was poor or only fair, compared with only 30 percent in the United States.

Public health and aging. The main source of health care for older people is through the primary health care system. However, primary health care services in the region are geared to deal with acute conditions. Medical personnel have been trained to cope with acute-care needs and not the chronic conditions that older people increasingly face. Acute conditions, if not fatal, usually result in a complete cure; those who recover typically experience little impact on function. By contrast, primary care for older persons means dealing with multiple chronic conditions, with frequent acute episodes and with consequences for functional capacity. Dealing with such needs requires a fundamental reorientation of primary health care services. Failure to treat chronic conditions appropriately results in declining functional capacity—declines that could be prevented.

There is also a great need in the region to develop better options for long-term care. Organized services for long-term care have traditionally consisted of little more than shelters for poor and abandoned older people. Long-term care options need to be developed for persons from all socio-economic levels who have physical, mental and/or cognitive disabilities.
Health security is supported by four pillars:

- Public health, including health surveillance, health information, and health policies and interventions to address health inequities;
- National health insurance, which may involve financing through a variety of public and private schemes, that should provide a package of guaranteed services meeting health needs along a continuum of care;
- Access to essential medications; and
- Access to affordable long-term care options.

Because the primary health care system is the basic source of care for both older and younger people, there is a pressing need to reorient primary health care to deal adequately with the health problems of both the young and the old. This means building more expertise in geriatric care and equipping primary health care practitioners to deal adequately with chronic as well as acute conditions.

“The goal is health security. The principles of health security are grounded in the human right to the enjoyment of the highest attainable standard of physical and mental health. Health security for older adults requires universal access to effective prevention, early detection and chronic care management with protocols individualized for older adults; food and essential medications; appropriate and coordinated health care services; a health care workforce trained in the basic concepts and skills of geriatric medicine; prostheses and assisted devices for older people with disabilities; and support and training for family and community caregivers.
HIV/AIDS is much more prevalent in Africa than in other regions, and this affects older people in several ways. Older people frequently care for other family members suffering from AIDS, as well as orphaned children. Most of these families live in extreme poverty. Also, increasing numbers of older people are infected with HIV. They are at risk of infection both through sexual activity and through exposure while caring for infected family members.

A related concern is that older people lack access to information and services about reproductive health and sexuality. There is a widespread misconception that older people are not interested in sex and do not need health care related to sex. They are denied access to testing and counseling for HIV infection.

Policy makers and the health care establishment generally do not recognize traditional medicine. However, traditional medicine is often the only source of care accessible to older people. The lack of recognition of traditional health care also results in a lack of regulation of potentially harmful practices.

Dr. Nhongo highlighted some interventions that are aimed at improving the adverse conditions outlined above. Initiatives undertaken by HelpAge International and its affiliates include ongoing efforts advocating the need for training on health care of older people. Through the Older Citizens Monitoring program, older people in Kenya and Tanzania are working with their Governments to improve access to health care. In the Republic of South Africa and in Zimbabwe, a program is working with traditional healers to strengthen their role in responding to HIV/AIDS. A program in Kenya is working to improve older people’s access to voluntary counseling and testing for HIV.
Dr. Nhongo outlined priorities for the way forward:

1. Build the capacity of governments to respond to the needs of citizens through better government structures, infrastructure and policies, while increasing services to meet identified targets;

2. Develop adequate policy responses, including social protection measures, that directly target vulnerable people, including older people as well as orphans and other vulnerable children;

3. Include older people in national and international HIV/AIDS and poverty reduction plans and programs;

4. Introduce specific training of health care workers in order to improve their knowledge about older people and their needs;

5. Protect the rights of older people and deal with negative attitudes; and

6. Develop and implement policies, laws and regulations to benefit older people.

Most broadly, national Governments should implement and adhere to local, national and international instruments and strategies, including the Madrid International Plan of Action on Ageing.

Recalling the dream of United States’ civil rights leader Dr. Martin Luther King, Dr. Nhongo concluded: "I have a dream’ that one day, all the powerful institutions and governments across the globe will recognize the worth of older people and work towards ameliorating their plight.”

**DISCUSSION**

The discussion focused first on the role of health promotion, particularly in developing countries. One participant noted that health promotion was currently a policy priority within many developed countries, but that this emphasis was often not reflected in the donor policies of those countries. Dr. Olshansky agreed that health promotion and disease prevention were fundamental to public health. He clarified that his presentation had focused on a particular aspect of the scientific study of aging; he was suggesting supplementing, not replacing, the basic public health paradigm. Regarding health promotion in Latin America and the Caribbean, Dr. Pelaez said that some countries—for instance, Chile, Brazil and Mexico—had incorporated health promotion into their policies, but that the region was very diverse. In some cases policies had been implemented to promote physical activity, sound nutrition and other actions that promote healthy aging, but programs were often narrowly focused and had not yet been integrated into plans at the national level. Dr. Nhongo said that health promotion was also important for Africa, but that there were difficult questions about...
priorities for attention and funding. The region still faced high levels of deadly infectious diseases such as malaria and HIV/AIDS, and suffered shortages of basic commodities.

Questions to Dr. Olshansky concerned priorities for research on aging and evidence about effects of caloric restriction. He said that there was evidence from a various species that caloric restriction significantly postponed all the observable negative effects of aging, including frailty and disability. Of course it was important to make sure that cognitive functioning is also retained for a longer period with any intervention that aims to slow aging. With regard to research priorities, Dr. Olshansky clarified that he and his colleagues were not proposing abandoning current efforts that focused on attacking each disease separately.

That approach had been successful in enabling people with serious diseases to live longer lives, and those efforts should continue. His fear, however, was that the current approach to attacking disease, without slowing the biological process of aging, could result in an extended period of frailty and disability. His aim was to foster lines of basic research on the biology of aging that could lead to the extension of healthy life—the changes that occur at the molecular level that give rise to all the diseases and disorders that are associated with growing older. “The age-specific risk of almost everything that goes wrong with us as we grow older doubles about every seven years. So if you slow aging by seven years, you reduce by one-half everything that is negative, undesirable and lethal, that is associated with aging at every age,” he said, adding that he thought that this was a realistic goal.

Asked to elaborate on the rising numbers of older persons suffering from HIV/AIDS, Dr. Nhongo said that there were two main routes of infection. The first, about which there was still some debate among medical practitioners, was through caring for family members who were ill. Caregivers did not want to appear to be shunning their own kin and did not observe safety measures to protect against exposure to infected blood—for example through cuts. The second was the sexual route to infection, just as for younger people. Older people remain sexually active, especially men, who often have much younger wives. There were also reports of older women becoming infected as a result of rape by younger men.

Participants noted that NGOs have an important role to play in health promotion, and in making sure that health-promoting policies are written and implemented.
The message from all of the speakers was the importance of a positive policy environment for health. The donor community plays an important role, since donors often shape the realities of what happens within countries. Country-based leaders, whether in Government, NGOs or academic institutions are crucial, as is the broader engagement of communities. Dr. Boufford concluded, “We need to create a supportive policy environment to promote healthy aging in research, in training, in health and social-service systems and in public education.”

“The quality of life in old age is a crucial question in all regions.”
PANEL 3
MAJOR DEVELOPMENTS AND TRENDS IN
THE EMPOWERMENT OF OLDER PEOPLE—
CREATING ENABLING ENVIRONMENTS
MAJOR DEVELOPMENTS AND TRENDS IN GLOBAL AGING

MAJOR DEVELOPMENTS AND TRENDS IN THE EMPOWERMENT OF OLDER PEOPLE—CREATING ENABLING ENVIRONMENTS

OPENING REMARKS

Line Vreven, Director, AARP International

This session aimed to focus on efforts to promote the interests of older people and to help them become increasingly effective in monitoring their rights and improving access to social protection, said Line Vreven. The session would provide examples of best-case models of nongovernmental organizations (NGOs) working for and with older people in both developed and developing countries. The panelists would discuss how NGOs can monitor older adults’ rights and introduce empowerment initiatives for older people; how governments and the nongovernmental sector can work together to create an enabling environment for older people; and how neglect and abuse of older people can be prevented. The panel would also discuss the increasing political voice of older people and the formation of associations and interest groups that help empower older people.

Ms. Vreven noted that the United Nations’ roadmap for monitoring the implementation of the Madrid International Plan of Action on Ageing was based on a qualitative “bottom-up” approach. The contribution of NGOs was therefore critical for monitoring as well as implementing the MIPAA. She asked, “How can NGOs successfully work with governments, their grassroots members and other partners to ensure a meaningful reporting system on MIPAA implementation?

This is an opportunity for older people to participate in the implementation of the policies that affect them but we must find ways to empower older persons to take part in this important process.”

Alexandre Sidorenko, MD, PhD, Programme on Ageing, Department of Economic and Social Affairs, United Nations, moderated this panel.

To set the stage for the presentations, Dr. Sidorenko recalled a passage from the Madrid (para. 94) Plan that was related to the Plan’s third priority direction and the panel’s theme:

“The commitments to strengthen policies and programs to create inclusive, cohesive societies for all—women and men, children, young and older people—are also essential. Whatever the circumstances of older people, all are entitled to live in an environment that enhances their capabilities. While some older people need a high level of physical support and care, the majority are willing and capable of continuing to be active and productive, including through voluntary activities. Policies are required that empower older people and support their contribution to society.”
MAJOR DEVELOPMENTS AND TRENDS IN GLOBAL AGING

PANEL 3

CREATING AN AGE-FRIENDLY ENVIRONMENT: WHAT EMPOWERS OLDER PEOPLE?

Dr. Mary Ann Tsao shares approaches to make primary care more “friendly” and “accessible” for older people.

Mary Ann Tsao, MD, President and Chief Executive Officer, Tsao Foundation

Older women frequently say, “I am a sick, poor, old woman. I am nothing,” reported Dr. Mary Ann Tsao. Health is the single most valuable asset for many older people, as it enables them to work and remain active. Frailty and having to depend on others for help, such as for personal care, is arguably one of the most disempowering situations. Disempowerment is exacerbated when it is combined with poverty, inability to work, being perceived by self and others as a burden to the household, and cultural and gender biases.

The good news is that, although developing countries still confront a double burden of infectious and chronic diseases, these conditions are often preventable and treatable. Especially for chronic diseases, health information, support for good health habits and access to appropriate primary care can help in extending healthy life and in avoiding disease and disability. The bad news is that most developing countries have weak health care systems. Primary care systems need to evolve to meet changing disease and population profiles.

Dr Tsao described several recent and ongoing programs that are helping to empower older people to obtain better health care, including two examples from her own experience in Singapore—the Age-friendly Primary Health Care Centers in Singapore and a new initiative, WINGS (the Women’s Initiative for Ageing Successfully), that is empowering older women to receive better health information and health care.

“Health is the single most valuable asset for many older people.”

The WHO Age-Friendly Primary Health Care project aims to sensitize providers to the specific needs of their older clients and to empower older people to negotiate the primary health care system. Focus group research with older people and providers in Australia, Canada, Jamaica, Malaysia and Philippines found that older people in all the countries faced similar barriers that made it difficult for them to receive the care that they needed. Problems included physical inaccessibility, financial barriers, lack of information, shortage of supplies, negative staff attitudes, insufficiently trained health personnel and inappropriate management systems.

“...research with older people and providers in Australia, Canada, Jamaica, Malaysia and Philippines found that older people in all the countries faced similar barriers that made it difficult for them to receive the care that they needed. Problems included physical inaccessibility, financial barriers, lack of information, shortage of supplies, negative staff attitudes, insufficiently trained health personnel and inappropriate management systems.”

Age-Friendly Primary Health Care Centers in Singapore. Singapore is among the most rapidly aging countries in the world. Approximately 85 percent of people see a general practitioner for primary care. However, the primary health care system has not evolved to meet the...
needs of older people with chronic diseases. Providers lack appropriate training. Services are structured to allow little time per visit, and low fees make providers resistant to offer the longer consultations that often are needed in dealing with older people and their chronic conditions. At the same time, the large majority of older people rely completely on their children for financial support, and older people can afford to pay only a small fee for medical consultations. For a long time, the political will to change this situation did not exist.

With support from the Tsao Foundation, a clinic for seniors was established to put WHO’s Age-Friendly Guidelines into practice and to serve as a training site and a model. The physicians involved are general practitioners with community geriatrics training. A working group was established, involving key stakeholders. The program also engaged the Ministry of Health. Following this pilot effort, three other centers are now adopting the guidelines. The centers are testing a toolkit that supports implementation of Age-Friendly guidelines. The centers also aim to provide training and clinical back-up for general practitioners.

Singapore Ministry of Health’s scheme to help patients pay. For specific chronic diseases, including diabetes, stroke, hypertension and hyperlipidemia, patients can now use MediSave—a mandatory personal health care savings account originally designed for coverage of hospitalizations—to pay for primary care. Previously the account could not be used for primary care. Doctors are allowed to charge more as long as they deliver the core services in the Ministry of Health’s protocol. The program is new but already there is evidence that older people are receiving more consistent follow-up care. This may be the beginning of a trend in which the current primary care system will evolve into one that is responsive to the needs of older people.

The special case of women. Older women in Singapore have little education and typically have no savings or MediSave account of their own. They are vulnerable to chronic disabling diseases, including osteoporosis, arthritis, diabetes, stroke and others. They tend to underutilize health services, especially for screening and preventive care. To help meet their needs, a new program, WINGS, provides a drop-in center for women aged 40 or over, primarily from lower-middle

Examples from focus group discussions on attitudes, costs and the physical environment of primary health care

Information, education and training:

- Attitudes: “[Older people] are miserable and difficult and set in their ways” (provider, Philippines)
- Training: “We are not trained to take care of older people with complex chronic problems; I do not feel confident.” (provider, Singapore)

Management systems and costs:

- Costs: “I had to leave some of the prescription because I didn’t have enough money. They are too dear and I still haven’t gone for them.” (older person, Jamaica)
- Time and management: “Lack of time would not be a barrier if there was a system that helped the general practitioner recall the elderly patient’s past records.” (provider, Malaysia)

The physical environment:

- Unclean and uncomfortable facilities: “One of the gentlemen had a stroke and cannot sit for very long...We cannot manage to lift him and we do not have a wheelchair.” (provider, Jamaica)
- Distance and transport: “Transport is a big issue because if you have someone who can’t walk the miles to come, how could she get down to see me?” (provider, Philippines)
or working class backgrounds. Among other programs on financial preparation and relationship issues, the center offers health education on chronic disease prevention and management, classes on nutrition and exercise, and counseling. It has attracted 3000 members in six months.

The HelpAge Asia Regional Primary Care Project is a five-country (Cambodia, India, Indonesia, Singapore and Thailand) research project that aims to improve understanding of acceptability and accessibility issues in primary care. The results will be used as feedback to the MIPAA+5 review process for the Asia Pacific region as well as to guide the design of future programs and action plans at regional and national levels.

THE RIGHTS OF OLDER PERSONS—ENABLING ACCESS TO SERVICES AND BENEFITS

Richard Blewitt, Chief Executive Officer, HelpAge International

Even though older people’s rights are recognized in key international agreements, millions of older people across the world are still denied their rights, said Richard Blewitt. Older people experience isolation, poverty, violence and abuse and have limited access to health services, education and legal protection. Lacking regular income, they are often forced to work in low-paid or demeaning jobs to provide for themselves and their dependents.

Focusing on older people’s rights is essential for global poverty reduction. The rights enshrined within United Nations conventions and the 1991 UN Principles for Older Persons provide a framework for developing policies and practices that can both reduce poverty and contribute to a more equitable and just society.

Mr. Blewitt outlined the perspectives of HelpAge International on the best ways to help ensure that older people’s rights are realized.

Older people consistently say that access to health care, a regular income and freedom from discrimination are the three things that would most improve their lives. Delivering a tripartite package of universal social pensions, free health care and non-discriminatory legislation would reduce the number of older people living in extreme poverty and help older people realize their rights.

Universal social pensions. Everyone has the right to security in old age and the right to social security. However, as earlier speakers discussed, about 80 percent of the world’s population lack access to formal social security.

Free health care. For many older people physical health is their single most important asset, as it enables them to work and remain active. Yet health care is often inaccessible to those who need it most. Hospitals tend to be concentrated in urban areas, and the cost of transport and fees for services and drugs often prevent older people from receiving care.

Non-discriminatory laws. The existence of legislation does not guarantee that older people’s rights will be realized. However, without non-discriminatory laws and budgeted programs to implement them, older people, especially older women, will continue to face discrimination in areas including health care, education, property and inheritance and marriage law.

Give older people the documents they need. One of the main barriers preventing older people from accessing their entitlements is lack of identification documentation to prove their age and eligibility. Governments and local authorities need to develop ways to provide methods of registration and identity documentation for people of all ages to ensure they can access the services to which they are entitled.
“Older people consistently say that access to health care, a regular income and freedom from discrimination are the three things that would most improve their lives.”

Support older people to advocate for their rights. Older people’s associations can be a powerful force for both policy change and the delivery of better services. Relationships can be developed with local and national authorities to promote understanding of older people’s issues. By mobilizing and using their voice, older people can be powerful agents of change.

Integrate older people’s rights into other policy processes. Implementing the recommendations of MIPAA and realizing older people’s rights cannot be accomplished without integrating the issues of aging and rights into other policy processes. Furthermore, older people must participate in policy formulation if poverty reduction targets and human rights commitments are to be met. For example:

➔ Older people are invisible in the Millennium Development Goals and the indicators used to monitor progress towards them.

➔ Poverty Reduction Strategies are one of the key frameworks for channeling development assistance to poor countries. However, a 2003 survey by HelpAge International found that older people and other marginalized groups were rarely included in consultations about the allocation of resources.

➔ ILO’s Decent Work Agenda is also relevant to older people. Many poor older people work, often in the informal sector, but they earn very little and are not eligible for contributory pensions.

Further steps to realizing older people’s rights are discussed in the background paper that HelpAge International prepared for the meeting. These include encouraging donor support for programs to realize older people’s rights, and taking steps to ensure that older people’s voices are better heard within the United Nations human rights system. Mr. Blewitt urged NGOs and community-based organizations to work more closely with national human rights organizations to ensure that older people’s issues are included in national reporting processes to the UN treaty bodies.

“Older people’s associations can be a powerful force for both policy change and the delivery of better services.”

Mr. Blewitt concluded with the story of Sakina, a widow from Gazipur District, Bangladesh. After the death of her husband, she went to work as a maid to support her five children. When they grew up she went to live with her eldest son, but his low and unreliable earnings as a laborer meant that she was often short of food. Then she heard from a neighbor about the older citizens’ monitoring project sponsored by HelpAge International, got involved and learned about the old-age allowance and widow’s allowance. As a result she was able to receive the widow’s allowance. She saved enough money to set up a tea stall with her grandson. Now she earns enough for herself and contributes to her family as well.
TRANSFORMING DISABILITY INTO ABILITY THROUGH AN ENABLING ENVIRONMENT

Jane Barratt, PhD, Secretary General, International Federation on Ageing

“The aim of this presentation is to consider new directions and ways of thinking about transforming environments to enable people to grow old with dignity,” said Dr. Jane Barratt.

A major development at the international level is that, in December 2006, the United Nations adopted the Convention on the Rights of Persons with Disabilities. The Convention is grounded on principles recognizing the right of persons with disabilities to full inclusion and participation in civil, political, economic, social and cultural spheres, with equal opportunities. It reaffirms the need for persons with disabilities to be guaranteed the enjoyment, without discrimination, of their human rights and fundamental freedoms. It also recognizes the importance of accessibility for the realization of those rights. The adoption of the Convention was a great achievement. Now we need to make the connections to turn the goals adopted in Madrid in 2002, and in the new Convention, into a reality around the world.

In considering the theme—transforming disability into ability through an enabling environment—it is important first to consider the key terms disability and environment. The concept of disability varies among countries, but in general terms “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”¹³ Note that the term refers to a lack—a lack of ability which is, in general terms, a quality that permits or facilitates achievement or accomplishment.

While barriers to participation may sometimes seem insurmountable, there are many examples, from countries at all levels of development, of actions that can help not only to remove these barriers but also to facilitate inclusion, participation and access. Many effective interventions are not costly and can make a real difference in even the poorest settings. Effective measures can also arise from different levels, including local grassroots partnerships, legislative changes, and international programs from organizations such as HelpAge International and Help the Aged. The trend toward holding “senior consultations” as an aid to community development has highlighted problems experienced by older people at a local level and at the same time has encouraged older people’s involvement in their own and their communities’ health and well-being.

Environment is also a concept that has multiple dimensions, including the political, economic and social as well as the physical environment. Barriers to participation can arise in any of these dimensions—for instance, in the political and economic spheres, when the use of resources is hindered by financial constraints and the imperative to prioritize services. One example in the social environment is elder abuse, often by family members. Negative myths about aging are also embedded in the social environment. The physical environment, too, can either hinder or facilitate participation. In poor countries more than one billion people live in inadequate shelter. Adequacy of housing depends not only on the housing structure and its amenities but also on the availability of community infrastructure and services, including transportation.

“…in December 2006, the United Nations adopted the Convention on the Rights of Persons with Disabilities. The Convention is grounded on principles recognizing the right of persons with disabilities to full inclusion and participation in civil, political, economic, social and cultural spheres, with equal opportunities.”
The discussion focused on actions that civil society organizations could take to help empower older people. One problem was the “invisibility” of older people and the frequent failure of societies to make use of their skills. When people retired, they often moved from being in prominent positions to becoming almost invisible: “Their voices are not heard; their opinions do not much matter,” one participant observed. What could be done to reverse this situation?

There is growing awareness of the relationship between health status and the environment in which people live. Supportive living environments can help an older person to remain connected to the community and to access essential support services. A living environment that is accessible, safe and that provides choice and enables rather than disables leads to independence and the possibility of improved well-being. "Many effective interventions are not costly and can make a real difference in even the poorest settings."

Debates internationally and across disciplines can help guide the evolution of living environments. There is at present no agreement about the best scenarios for housing an aging population. However, we do know that traditional institutional care keeps older people apart and medicalizes old age, which is an outcome to be avoided as much as possible. The idea of “aging in place” has gained currency. The preferences of the impending wave of aging baby boomers for services, the built environment and lifestyle have already had an impact on some communities, and all levels of government are likely to feel the impact of a new array of expectations in the years ahead.

Dr. Barratt said, in summary that we need to:

- Reframe our conversations about environments;
- Create conversations across sectors and disciplines;
- Acknowledge and extend the brilliant practices and solutions that local groups are developing; and
- Explore methods that enable the transfer of core principles across communities.
it possible for them to address their rights at the local level. For instance, women often face discrimination about access to and control of land. When they better understand their legal rights, they are better able to realize those rights. To protect older people, the key issue is to have the laws understood at the local level.

Ms. Vreven said that one of AARP’s areas of ongoing effort was to combat ageism in employment. She noted that AARP had published a study showing the value to corporations of retaining older workers, and had recognized good practices with an ongoing series of awards. AARP was planning to extend this work internationally.

Dr. Tsao noted that organizations of volunteers could help seniors continue to contribute after retirement. She mentioned the United States-based volunteer program Senior Corps and said that an affiliate in Singapore had been able to draw on the skills of retired executives of major corporations, among others. However, there was a divide between the possibilities open to the affluent and educated and the situation of the majority of older persons, especially women, who were uneducated and poor. This larger group was not financially able to retire and remained unorganized and voiceless.

Another question concerned the economics of innovative approaches to housing for older persons, and whether there was analysis of the economic costs and benefits of these approaches. Private-sector builders could potentially implement the approaches on a larger scale, but they needed to be able to assess the economic aspects. The speakers acknowledged that this was an area that needed more work. Dr. Tsao noted that the issue was particularly difficult for groups, such as her organization, that work primarily with low-income communities.

In response to a question about the possibility of implementing a social pension in Singapore, Dr. Tsao said that her organization was advocating for this. Older people, most of whom were not educated and had little or no savings, were currently heavily dependent on children, but with birth rates being so low, there would be fewer children to care for older parents in the future.
CONCLUSIONS

Dr. Sidorenko noted that all programs needed both short-term and long-term goals and actions. A focus on rights and raising awareness could have an impact quickly, while broader changes in attitudes were goals for the medium and longer term. He said that the discussion at these meetings was helpful for the debate on follow-up to the Madrid International Plan of Action on Aging and to the process of developing resolutions within the Commission on Social Development. The coming year would be a time for assessing progress, and in a year’s time the international community would know better how successful the first five years of MIPAA had been.

In closing the meeting, Ms. Vreven noted highlights from the three days of briefings. The panels raised issues in the three substantive areas of the Madrid Plan:

➤ How to ensure income security for all older people regardless of where they live;

➤ How to ensure that longer lives also mean healthier lives; and

➤ How to make certain that older people live in an enabling environment—not only physical but also social, economic and cultural—and how to ensure that they can form and join their own civil society organizations to make their lives better.

In the area of income security, colleagues at the World Bank and the ILO told the group that the provision of a basic old-age pension is possible, even in low-income countries. The example from the Republic of Mauritius not only showed that sustainable policies could be put into place, but also illustrated how policies can be continuously adjusted so that all segments of the population—young and old—enjoy a degree of income security, access to health care and access to education and social justice. The spread of basic universal old-age pensions—also referred to as “social pensions”—to a number of low-income countries in Africa and Latin America was also encouraging. AARP’s President Olson picked up on this subject when he highlighted data from ILO which show that 80 percent of the global population is presently not adequately covered by social security provisions.

In the area of health, the group heard about the longevity dividend that accrues to societies if people not only live longer but also stay healthy longer. Dr. Olshansky argued that seven years of added healthy life expectancy was an achievable goal. The hope that research on the biology of aging could lead to a significant extension of healthy life stood in sharp contrast to the actual status of health and health care for older persons in developing countries, as was highlighted by the presentations dealing with Africa, Latin America and the Caribbean. The central role of public health was highlighted, as well as the need to adjust health systems to deal better with the prevention and management of chronic diseases. This session clearly pointed the way towards some of the global priorities in terms of resource allocation for development.

Finally, the group heard about the importance of an enabling environment for older people to realize their rights and to have access to benefits. The role of civil society organizations in ensuring an enabling environment for older persons was stressed, as was the importance of an enabling social and cultural environment for older people and their civil society organizations. Presenters stressed that we must encourage positive images of aging and recognize older persons as the valuable resources they are. Community and grassroots organizations are powerful agents for empowering and addressing the needs of older citizens.

In closing the meeting, Ms. Vreven posed a question and a challenge: “Where will we be five years from now when we celebrate the tenth anniversary of the Madrid Plan? We know the demographic projections. We know that there are doomsday scenarios in some circles of public opinion. But let us be aware that there are answers to these pressing issues. We need to seize the opportunity now to ensure action in these three areas of human endeavor—security, health and an enabling environment for people of all ages. Through AARP’s Social Impact Agenda, my own organization is committed to address these issues. We invite anyone who wants to work with us to ensure that we can honestly say five years from now: Yes—measurable progress has been made!”


3 For more information, see the ILO briefing paper, “Global update in income security in old age”.

4 Issues in social protection, Discussion paper 13, Geneva: ILO.


6 The poverty gap is the average income shortfall of the poor with respect to the poverty line.


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