

# The Rights of Older Persons

Over the past few decades, many diverse documents concerning the rights and status of the aged have been prepared at the international level. Each of the various bodies and organizations has regarded the subject from a slightly different angle. This has resulted in the preparation of an extensive set of international documents that cover a wide spectrum of subjects and issues relevant to older persons all over the world.

This book provides a unique collection of all the main, important international documents relating, at the international level, to the status of the aged and the phenomenon of ageing. For the first time, readers, the aged and professionals all over the world can obtain a comprehensive picture of the worldwide activities in the field of international law and ageing.

The editors of this collection of documents are active and known international elder law scholars. Dr. Israel Doron teaches elder law at Haifa University and has published and presented various papers regarding international dimensions of elder law and older persons' rights. Prof. Kate Mewhinney is a Clinical Law Professor and the Managing Attorney of The Elder Law Clinic of Wake Forest University School of Law. She is certified as an Elder Law Attorney by the National Elder Law Foundation, edited a special international issue of the NAELA Quarterly, and has organized and moderated programs on international elder law.



## The Rights of Older Persons

Collection of International Documents

Editors:

Israel Doron

Kate Mewhinney

The Rights of Older Persons Editors: Israel Doron & Kate Mewhinney



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IFA

International Federation on Ageing



ILC

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## Collection of International Documents

**Editors:**

**Israel Doron & Kate Mewhinney**



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## Foreword

This compendium of United Nations' Resolutions, Plans of Action, and other intergovernmental consensus documents contains an impressive – but often little known – array of international instruments on ageing and human rights agreed upon by the international community at both the global and the regional levels.

The International Federation on Ageing (IFA) is particularly pleased to present this volume, which is of special interest to researchers and human rights activists interested in gaining insight into existing agreements on the rights of older persons. Since the adoption of the IFA Declaration of the Rights and Responsibilities of Older Persons (1990), IFA has always considered itself as an advocate for the rights of older persons. IFA is justifiably proud that its Declaration served as one of the documents which formed the basis for the formulation of the 1991 UN Principles for Older Persons. To date, the UN Principles together with the General Comment on the Economic, Social and Cultural Rights of Older Persons constitute the only internationally agreed human rights instrument addressing the needs of all older people.

Many of the resolutions and international plans of action listed in this compendium pay tribute to the important roles older persons play in the lives of their families and communities. They are often unpaid caregivers to both old and young, volunteers in the community, as well as active workers, particularly in the informal sector. At the same time, too many older persons lead lives of deprivation, isolation, loneliness and poverty. It is to them that this volume is dedicated in the hope that it will give renewed impetus to the search for a consensus on the rights of older persons to lead fulfilling and independent lives, in dignity, participating in the life of their communities and families, while having access to care when needed.

The idea of compiling this compendium to stimulate interest in the rights of older persons was conceived and executed by Dr Israel Doron and Professor Kate Mewhinney with the help of Mr Tuvia Mendelson. Age Concern England and ILC-India have in part made publication of this collection of documents possible and we thank Mr Gordon Lishman and Dr Sharad Gokhale for their commitment. Finally special thanks to IFAs Immediate Past President, Professor Yitzhak Brick, Director General of ESHEL, for his particular interest and support for this project.

  
**Mrs Irene Hoskins**

President, International Federation on Ageing

  
**Dr Jane Barratt**

Secretary General





# **The Rights of Older Persons:** **Introduction**



## Introduction

The ageing of the human population was one of the most dramatic developments of the twentieth century and is already a key challenge of the twenty-first century. As the sheer number and proportion of older persons increase, countries are compelled to reorganize, plan and devise new social policies to contend with this new reality.

Since World War II, international bodies such as the United Nations have focused more attention on the subject of global aging. The same is true of regional international bodies, non-governmental organizations and other international associations.

Over the past few decades, many documents concerning the rights and status of the aged have been prepared at the international level. Each of the various bodies and organizations has regarded the subject from a slightly different angle. Over the years this has resulted in the preparation of an extensive set of international documents that cover a wide spectrum of subjects and issues relevant to ageing citizens all over the world.

Until now, these documents were dispersed and lodged in books or many different sites and it was very difficult for anyone interested in the subject to obtain an overall, international perspective of the status of the aged. This collection of international documents attempts to change that reality.

This book attempts, for the first time, to assemble all the main, important international and regional documents relating to the status of the aged and the phenomenon of ageing. For the first time, readers, the aged and professionals all over the world can obtain a comprehensive picture of the worldwide activities in this field.

There are many reasons why human rights are relevant to the increasing population of older people. Certain human rights instruments establish legal benchmarks for acceptable behaviour that can act as a guarantee of protection for those who are frail, vulnerable and dependent on the care of others. But human rights can offer more than this. At their core, they embody a series of values such as dignity, fairness, respect, equality and autonomy - all of which should underpin the design and delivery of services that support older people, promote their independence and encourage

their full participation in the community. However, many older people are still prevented from claiming their human rights by poverty, exclusion and discrimination. Human rights have the potential to create a vision of a better future for our ageing population where older people can enjoy better health, improved wellbeing and live their lives to the full.

The global picture we have assembled in this book is rich, diverse, fascinating and challenging. It is particularly interesting to discover how various bodies, in widely different places and from diverse cultures, each in its own way, formulate a policy on ageing. The amount of information and the richly varying viewpoints springing from the many documents that appear in the book demonstrate the vastness of the projects imposed on the international community in contending with the phenomenon of ageing.

We hope that this book will be a milestone along the road of extensive, ongoing development of international activities to improve the rights and status of the aged throughout the world.

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September 2007

# **The Rights of Older Persons: Documents -**

**The International  
Federation  
on Ageing**





# IFA Declaration of Rights and Responsibilities Of Older Persons 1990

## Preamble

The International Federation on Ageing,

Appreciating the tremendous diversity in the situation of older persons, not only among countries but within countries and between individuals, which requires a variety of policy responses,

Aware that in all nations, individuals are living to advanced age in greater number and in better health than ever before, and persuaded by the scientific research disproving many stereotypes about inevitable and irreversible declines with age,

Convinced that a world characterized by increasing numbers and proportions of older persons must provide opportunities for willing and capable older persons to participate and contribute to the ongoing activities of society,

Mindful that the strains on family life in both developed and developing nations requires support for caregivers of frail older persons,

Emphasizing that fundamental human rights do not diminish with age and believing that because of the marginalization and disabilities which old age may bring, older persons are at risk of losing their rights and being rejected by society unless these rights are clearly identified and respected,

Recognizing that without these rights, older persons cannot meet their desired responsibilities,

Bearing In Mind the standards already set in the Universal Declaration of Human Rights, the International Covenants on Human Rights, and the International Plan of Action on Ageing, as well as the adoption of other declarations to assure the application of universal standards to particular groups

Now Proclaims the following rights of older persons which should be secured to them by national and international action so that they may be protected and enabled to make continuing contributions to society, as well as the responsibilities which they acknowledge:

# RIGHTS OF OLDER PERSONS

## **Independence**

*Older persons have the right:*

To obtain adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.

To work and to pursue other income-generating opportunities with no barriers based on age.

To retire and participate in determining when and at what pace withdrawal from the labor force takes place.

To access educational and training programs to enhance literacy, facilitate employment, and permit informed planning and decision-making.

To live in environments that are safe and adaptable to personal preferences and changing capacities.

To reside at home for as long as possible.

## **Participation**

*Older persons have the right:*

To remain integrated and participate actively in society, including the process of development and the formulation and implementation of policies which directly affect their well-being.

To share their knowledge, skills, values and life experience with younger generations.

To seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

To form movements or associations of the elderly.

## **Care**

*Older persons have the right:*

To benefit from family support and care consistent with the well-being of the family.

To obtain health care to help them maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

To access social and legal services to enhance capacity for autonomy and provide protection and care.

To utilize appropriate levels of institutional care which provide protection, rehabilitation and social and mental stimulation in a humane and secure environment.

To exercise human rights and fundamental freedoms when residing in any shelter, care and treatment facility, including full respect for their dignity, beliefs, needs, and privacy and for the right to make decisions about their care and quality of life.

### **Self-Fulfillment**

*Older persons have the right:*

To pursue opportunities for the full development of their potential.

To access the educational, cultural, spiritual, and recreational resources of society.

### **Dignity**

*Older persons have the right:*

To be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and to be valued independently of their economic contributions.

To live in dignity and security and to be free of exploitation and physical or mental abuse.

To exercise personal autonomy in health care decision-making, including the right to die with dignity by assenting to or rejecting treatments designed solely to prolong life.

## **Responsibilities Of Older Persons**

*Consistent with individual values and as long as health and personal circumstances permit, older persons should try:*

To remain active, capable, self-reliant and useful.

To learn and apply sound principles of physical and mental health to their own lives.

To take advantage of literacy training.

To plan and prepare for old age and retirement.

To update their knowledge and skills, as needed, to enhance their employability if labor force participation is desired.

To be flexible, together with other family members, in adjusting to the demands of changing relationships.

To share knowledge, skills, experience and values with younger generations.

To participate in the civic life of their society.

To seek and develop potential avenues of service to the community.

To make informed decisions about their health care and to make decisions about terminal care known to their physician and family.



# IFA Montreal Declaration, 1999

## Preamble

The world is facing unprecedented demographic change. In the next 30 years the world's population of older persons is expected to triple, with much of this increase taking place in developing countries. All societies are enriched by their older people and demographic change will increase the potential for even greater benefits.

Ageing is a natural process of life. Older persons are a valuable resource. They are the repositories of tradition, culture, knowledge and skills. These attributes are essential in maintaining intergenerational link. The vast majority of older persons make vital contributions to their societies, families and communities as workers, caregivers, volunteers, mentors and as active citizens. There is an increase in inequalities between developing and developed countries, between rural and urban environments and within individual countries.

The United Nations and its member states need to develop strategies with realistic goals and measurable objectives so as to ensure that the world's population ages well and that older persons' needs for a secure and productive future are met.

As we assemble in Montreal in September 1999 at the Fourth Global Conference of the International Federation on Ageing, we note with concern that the 1991 UN Principles for Older Persons are still not universally recognized nor adhered to; neither has the 1982 Vienna International Plan of Action been fully implemented.

Therefore,

We, the older people throughout the world, our families and colleagues, universally call upon the United Nations and its agencies to work with national governments, non-governmental organisations, the corporate, private and voluntary sectors, in addressing the following urgent issues.

## **Issues**

Many older persons throughout the world lack access to the essentials of life as the result of discrimination on the basis of age, disability, ethnicity, race, gender or religion, or because of employment practices and legislative barriers.

Women, as the majority of the ageing population, suffer disproportionately from poverty, poor health and isolation.

Older persons with disabilities face cultural and socio-economic barriers which impact on their quality of life.

Developing countries face the most rapid rate of population ageing and the greatest economic difficulties, but lack the necessary financial, social and health infrastructures to address these issues.

The devastating effects of conflict and illnesses such as AIDS have drastically altered the population structure of some countries, exposing older persons to greater vulnerability.

Changes in family patterns, structures and life styles can have a detrimental impact on older persons.

## **Principles**

We reaffirm the 1982 Vienna International Action Plan on Ageing, then the 1990 IFA Declaration of Rights and Responsibilities of Older Persons, and the 1991 UN Principles for the Elderly.

Older persons have the right to self-determination and fulfillment, dignity and respect, personal security, freedom of speech, association, and religious expression.

Older persons have the right of access to work, income, health care and shelter.

The responsibilities of older persons include contributing to the realization of these rights by participating in the political processes of their community in accordance with UN democratic principles.

The empowerment of older persons necessitates their recognition as full participants and equal citizens in society.

## **Recommendations**

*We, the older persons of the world:*

Call upon the United Nations General Assembly in this era of rapid ageing of the world's population to declare a Decade of Older Persons;

Call upon the United Nations to strongly urge each member state to adopt a National Plan on Ageing (as suggested in the UN National Targets on Ageing) that must include older persons in its development and strategies for implementation. National Plans should pay special attention to issues of gender, ethnicity, and diversity;

Call upon the United Nations to convene a World Assembly on Ageing in five years to review the progress achieved by individual member states in the adoption and implementation of their National Plan on Ageing;

Call upon the United Nations to assure that ageing concerns be systematically incorporated into the agendas, products and research of all relevant United Nations commissions, committees, consultations, plans of action, and programmes; and that issues of ageing be a major component in the development agenda;

Call upon the United Nations to expand the human and financial resources for the UN Programme on Ageing and for other UN agencies whose programmes impact on ageing.

Recommend to the United Nations that all National Plans on Ageing

Assure the universal access of older persons to economic security, food, health care, shelter, clothing and transportation.

Assure the full participation of older persons in the social, cultural and political life of their communities.

Assure that the dignity and quality of care for older persons are established, maintained and safeguarded, and that older persons are free from exploitation and mental and physical abuse.

Assure that employment barriers for older persons are eliminated by the provision of training and work opportunities and appropriate work conditions.

Strengthen the capacity of the family and community to provide basic care and support for older persons.

Strengthen opportunities for intergenerational dialogue, exchanges, collaboration and mentoring.

Incorporate Universal Design principles to assure older persons access to all environments.

Strengthen the ability of the public, private, voluntary, and non-governmental sectors to work together for the benefit of older persons.

**The Rights of Older Persons:  
Part A -**

**United Nations  
Documents  
on Ageing**



## Draft Resolution on a Declaration of Old Age Rights, 1948

The General Assembly,

Whereas the Members of the United Nations, by virtue of Article 55 of the Charter, are pledged to create conditions of stability and well-being which are necessary for peaceful and friendly relations among nations, by promoting higher standards of living, full employment, and conditions of general progress and the solution of related social problems;

Whereas in order to achieve these ends, it is essential to provide for mankind an atmosphere of social stability such as is already being brought into being by the social rights now existent and those in the process of achievement; and Taking into account that social questions are not concerned solely with poverty but with the human insecurity resulting from the discrimination created by society in the utilization of its wealth; and Considering that the social progress arising from the concern shown by the working masses is affected by legislation designed to establish more precise, effective and widespread human safeguards, extending beyond the limits of man's working capacity;

### **Declares**

That old age rights, having the same origin and purpose as other universal social safeguards, are essential for the improvement of the living conditions of the worker and for his welfare when his physical strength is at an end and he is exposed to poverty and neglect;

Takes special note of the declaration of old age rights submitted by the Argentine delegation and appended as follows:

#### *1. Right to assistance*

Every aged person has the right to full protection by his family. In the case of destitute persons, it is the duty of the State to provide such protection, either directly or by means of institutions or foundations created for the purpose or already existing, without prejudice to the right of the State or the said institutions to claim appropriate contributions from solvent relatives guilty of neglect, for the support of the aged person in question.

2. *Right to accommodation*

Every person, and therefore also those who have reached old age, has the inherent right to a healthful place of abode, and a minimum of home comfort.

3. *Right to food*

Special attention should be paid to the provision of a healthy diet adequate for the age and physical condition of the individual.

4. *Right to clothing*

In addition to the right to food, the inherent rights of the individual include that of adequate clothing, appropriate to the circumstances and climate.

5. *Right to the care of physical health*

The care and protection of the physical health of the aged must be the special and constant concern of institutions and Governments.

6. *Right to the care of moral health*

The right to free intellectual, as well as moral and religious, development, such as will enable the aged to maintain a state of moral health, should be safeguarded.

7. *Right to recreation*

Aged persons have the right to a reasonable minimum of recreation, to enable them to spend their leisure and retirement in a satisfactory manner.

8. *Right to work*

Every aged person has the right to prevent the diminution of his powers whilst still able to work, and institutions and States should assess his productive capacity and afford him possibilities of work.

9. *Right to stability*

Every aged person has the right to a definite and assured state of stability and a life free from distress and worry in the final years of his life.

10. *Right to respect*

Aged persons are entitled to the full respect and consideration of their fellow men.

*Decides to transmit this declaration to the Economic and Social Council for detailed study in consultation with the International Labour Organization.*



# World Population Plan of Action, 1974

The World Population Conference,

Having due regard for human aspirations for a better quality of life and for rapid socio-economic development,

Taking into consideration the interrelationship between population situations and socio-economic development,

Decides on the following World Population Plan of Action as a policy instrument within the broader context of the internationally adopted strategies for national and international progress:

## A. BACKGROUND TO THE PLAN

1. The promotion of development and improvement of quality of life require co-ordination of action in all major socio-economic fields including that of population, which is the inexhaustible source of creativity and a determining factor of progress. At the international level a number of strategies and programs whose explicit aim is to affect variables in fields other than population have already been formulated. These include the Provisional Indicative World Plan for Agricultural Development of the Food and Agriculture Organization of the United Nations, the United Nations/FAO World Food Program, the International Labour Organization's World Employment Program, the Action Plan for the Human Environment, the United Nations World Plan of Action for the Application of Science and Technology to Development, the Program of Concerted Action for the Advancement of Women, and, more comprehensively, the International Development Strategy for the Second United Nations Development Decade. The Declaration on the Establishment of a New International Economic Order and the Program of Action to achieve it, adopted by the United Nations General Assembly at its sixth special session (resolutions 3201 (S-VI) and 3202 (S-VI) of 1 May 1974), provide the most recent over-all framework for international co-operation. The explicit aim of the World Population Plan of Action is to help co-ordinate population trends and the trends of economic and social

development. The basis for an effective solution of population problems is, above all, socio-economic transformation. A population policy may have a certain success if it constitutes an integral part of socio-economic development; its contribution to the solution of world development problems is hence only partial, as is the case with the other sectoral strategies. Consequently, the Plan of Action must be considered as an important component of the system of international strategies and as an instrument of the international community for the promotion of economic development, quality of life, human rights and fundamental freedoms.

2. The formulation of international strategies is a response to universal recognition of the existence of important problems in the world and the need for concerted national and international action to achieve their solution. Where trends of population growth, distribution and structure are out of balance with social, economic and environmental factors, they can at certain stages of development, create additional difficulties for the achievement of sustained development. Policies whose aim is to affect population trends must not be considered substitutes for socio-economic development policies but as being integrated with those policies in order to facilitate the solution of certain problems facing both developing and developed countries and to promote a more balanced and rational development.
3. Throughout history the rate of growth of world population averaged only slightly above replacement levels. The recent increase in the growth rate began mainly as a result of the decline in mortality during the past few centuries, a decline that has accelerated significantly during recent decades. The inertia of social structures and the insufficiency of economic progress, especially when these exist in the absence of profound socio-cultural changes, partly explain why in the majority of developing countries the decline in mortality has not been accompanied by a parallel decline in fertility. Since about 1950, the world population growth rate has risen to 2 per cent a year. If sustained, this will result in a doubling of the world's population every 35 years. However, national rates of natural growth range widely, from a negative rate to well over 3 per cent a year.
4. The consideration of population problems cannot be reduced to the analysis of population trends only. It must also be borne in mind that the

present situation of the developing countries originates in the unequal processes of socio-economic development which have divided peoples since the beginning of the modern era. This inequity still exists and is intensified by lack of equity in international economic relations with consequent disparity in levels of living.

5. Although acceleration in the rate of growth of the world's population is mainly the result of very large declines in the mortality of developing countries, those declines have been unevenly distributed. Thus, at present, average expectation of life at birth is 63 years in Latin America, 57 years in Asia and only a little over 46 years in Africa, compared with more than 71 years in the developed regions. Furthermore, although on average less than one in 40 children dies before reaching the age of 1 year in the developed regions, 1 in 15 dies before reaching that age in Latin America, 1 in 10 in Asia and 1 in 7 in Africa. In fact, in some developing regions, and particularly in African countries, average expectation of life at birth is estimated to be less than 40 years and 1 in 4 children dies before the age of 1 year. Consequently, many developing countries consider reduction of mortality, and particularly reduction of infant mortality, to be one of the most important and urgent goals.

. . .

12. Declining birth rates also result in a gradual aging of the population. Because birth rates have already declined in developed countries, the average proportion of the population aged 65 years and over in these countries makes up 10 per cent of the total population, whereas it makes up only 3 per cent in developing countries. However, aging of the population in developing countries has recently begun, and is expected to accelerate. Thus, although the total population of these countries is projected to increase by an average of 2.3 per cent a year between 1970 and 2000, the population 65 years and over is expected to increase by 3.5 per cent a year. Not only are the numbers and proportions of the aged increasing rapidly but the social and economic conditions which face them are also rapidly changing. There is an urgent need, in those countries where such programs are lacking, for the development of social security and health programs for the elderly.

...

32. While recognizing the diversity of social, cultural, political and economic conditions among countries and regions, it is nevertheless agreed that the following development goals generally have an effect on the socio-economic context of reproductive decisions that tends to moderate fertility levels:
  - (e) The elimination of child labour and child abuse and the establishment of social security and old-age benefits;

## C. RECOMMENDATIONS FOR ACTION

### *Population structure*

63. All Governments are urged, when formulating their development policies and programs, to take fully into account the implications of changing numbers and proportions of youth, working-age groups and the aged, particularly where such changes are rapid. Countries should study their population structures to determine the most desirable balance among age groups.

...

66. Similarly, the other countries are urged to consider the contrary implications of the combination of their aging structure with moderate to low or very low fertility. All countries should carry out as part of their development programs, comprehensive, humanitarian and just programs of social security for the elderly.
67. In undertaking settlement and resettlement schemes and urban planning, Governments are urged to give adequate attention to questions of age and sex balance and, particularly, to the welfare of the family.

## **Resolution 36(20) of the General Assembly on the Question of the Elderly and the Aged, 1981**

The General Assembly,

Recalling its resolution 34/153 of 17 December 1979 on the question of the elderly and the aged,

Recalling also its resolution 33/52 of 14 December 1978, in which it decided to convene a World Assembly on aging in 1982 to launch an international action program on aging,

Considering that the international program of action on aging should respond to the socio-economic implications of the aging of populations and to the specific needs of older persons, and should pay due regard to the special situation of developing countries, in particular of the least developed countries,

Convinced that the objectives of an international plan of action on aging must be adapted to the aims of the new international economic order and the International Development Strategy for the Third United Nations Development Decade,

Noting with satisfaction the preparatory work for the World Assembly on Aging, and the leading role being played by the Centre for Social Development and Humanitarian Affairs of the Secretariat in the work of the United Nations in the field of Aging,

Aware of the need for the continuing role of the Commission for Social Development and other appropriate United Nations bodies in the monitoring and evaluation of the international plan of action that would result from the World Assembly on Aging,

Appreciating the efforts of the specialized agencies and regional commissions and of the non-governmental organizations concerned in the promotion of awareness of the situation of the aging,

Recognizing the important role of the United Nations Fund for Population Activities in furthering solutions to the problems of the elderly and the aged,

Noting that a United Nations Trust Fund for the World Assembly on Aging has been established by the Secretary-General in pursuance of General Assembly resolution 35/129 of 11 December 1980,

Taking note with appreciation of the progress report of the Secretary-General on the question of the elderly and the aged,

1. Recommends that Governments should continue to give attention to the question of aging, particularly in the formulation of national development policies and programs in accordance with their national priorities;
2. Invites Member States to consider designating in their respective countries a "Day for the Aging" devoted to activities by, and on behalf of, the elderly and the aged and to report their views and comments to the Secretary-General;
3. Requests the Secretary-General to report to the General Assembly at its thirty-seventh session the views and comments received from Member States pursuant to the invitation contained in paragraph 2 above;
4. Appeals to Member States to make voluntary contributions to the United Nations Trust Fund for the World Assembly on Aging;
5. Requests the Secretary-General to use the Trust Fund to encourage further interest in the field of aging among developing countries, particularly the least developed among them, within the context of the World Assembly on Aging;
6. Requests the Secretary-General to report to the General Assembly at its thirty-seventh session on the status of the Trust Fund and to include in his report an account of project activities financed by the Fund;
7. Requests the Secretary-General to strengthen, with in the limits of existing resources and voluntary contributions, activities in the field of aging in co-operation with the organizations concerned, and in particular:
  - (a) To assist Governments, at their request, in the formulation and implementation of policies and programs for the elderly;
  - (b) To continue to monitor and research the implication of aging populations, especially in developing countries;

- (c) To promote technical co-operation among developing countries in the exchange of information and technology in this field;
8. Requests the Secretary-General to report to the General Assembly at its thirty-seventh session on the implementation of paragraph 7 above and also to report any views received from Member States on the problems of the elderly and the aged;
  9. Invites the United Nations Fund for Population Activities to continue to provide financial support in the field of aging, particularly for the implementation of the plan of action that would result from the World Assembly on Aging;
  10. Decides to include in the provisional agenda of its thirty-seventh session the item entitled "Question of the elderly and the aged".

## **Resolution 37(51) of the General Assembly on the Question of Ageing, 1982**

The General Assembly,

Recalling its resolution 33/52 of 14 December 1978, in which it decided to convene a World Assembly on Aging to call world-wide attention to the serious problems besetting a growing portion of the population of the world and to provide a forum to launch an international program of action aimed at guaranteeing economic and social security to older persons, as well as opportunities for them to contribute to national development,

Recognizing that increasing longevity is a biological achievement and a sign of progress, and that the aged are an asset and not a liability to society because of the invaluable contribution they can give by virtue of their accumulated wealth of knowledge and experience,

Bearing in mind that countries gathered in the World Assembly on Aging reaffirmed their belief that the fundamental and invaluable rights enshrined in the Universal Declaration of Human Rights apply fully and undiminishedly to the aging, and recognize that the quality of life is no less important than longevity, and that the aging should therefore, as far as possible, be enabled to enjoy in their own families and communities a life of fulfillment, health, security and contentment, appreciated as an integral part of society,

Convinced that the Vienna International Plan of Action on Aging adopted by the World Assembly on Aging, must lead to developing and applying, at the international, regional and national levels, policies designed to enhance the lives of the aging as individuals and to mitigate, by appropriate measures, any negative effects resulting from the impact of the aging of populations on development,

Recognizing that the Plan of Action should be considered an integral component of the major international, regional and national strategies and programs formulated in response to important world problems and needs,



Recalling its resolutions 35/129 of 11 December 1980, in which it established a trust fund for preparatory and follow-up activities of the World Assembly on Aging, and 36/20 of 9 November 1981, in which it requested the Secretary-General to use the Trust Fund to encourage further interest in the field of aging among developing countries, particularly the least developed among them, within the context of the conclusions and recommendations of the World Assembly on Aging,

Acknowledging the role played by the United Nations and the specialized agencies through their efforts in the field of Aging and the need to strengthen this role in order to make the implementation of the recommendations of the Plan of Action effective,

Emphasizing the importance of the Vienna International Plan of Action on Aging and stressing the spirit of co-operation that prevailed during the World Assembly on Aging,

Expressing appreciation to the Government of Austria for hosting the World Assembly on Aging,

Having considered the report of the World Assembly on Aging, held at Vienna from 26 July to 6 August 1982,

1. Takes note of the report of the World Assembly on Aging;
2. Endorses the Vienna International Plan of Action on Aging contained in the report and adopted by consensus at the World Assembly on Aging;
3. Affirms that Aging should be considered in the context of economic, social and cultural development, as well as in the context of international strategies and plans;
4. Calls upon Governments to make continuous efforts to implement the principles and recommendations contained in the Plan of Action as adopted by the World Assembly on Aging in accordance with their national structures, needs and objectives;
5. Requests the Secretary-General to take the necessary steps to ensure that sufficient resources within reasonable limits are made available for the effective implementation of, and follow-up action to, the Plan of Action as well as to maintain the momentum generated by the World Assembly on Aging; in doing so, the Secretary-General should make every effort to reallocate existing global resources;

6. Also requests the Secretary-General to take such steps as may be appropriate for the necessary strengthening of activities in the field of Aging at the central and regional levels of the United Nations as set forth in the Plan of Action;
7. Further requests the Secretary-General to strengthen the international network of existing information, research and training centers in the field of aging in order to encourage and facilitate the exchange of knowledge, skills and experiences, as well as technical co-operation among countries within various regions;
8. Urges the Secretary-General to implement the recommendations concerning international co-operation with respect to aging, as well as the assessment, review and appraisal of the implementation of the Plan of Action, using the Centre for Social Development and Humanitarian Affairs of the Secretariat as the focal point;
9. Requests the Secretary-General to continue to use the Trust Fund to meet the rapidly increasing needs of the Ageing in the developing countries, in particular in the least developed ones;
10. Also requests the Secretary-General to use the Trust Fund to encourage greater interest among developing countries in matters related to aging and to assist Member States, at their request, in formulating and implementing policies and programmes for the elderly; further requests the Secretary-General to use the Trust Fund for technical co-operation and research related to the aging of populations and for promoting co-operation among developing countries in the exchange of relevant information and technology;
11. Appeals to Member States to make voluntary contributions to the Trust Fund;
12. Urges the United Nations Fund for Population Activities, in co-operation with all organizations responsible for international population assistance, to strengthen its assistance, within its mandate, in the field of aging, particularly in developing countries;
13. Requests the Economic and Social Council, through the Commission for Social Development, to review the implementation of the Plan of Action every four years, beginning in 1985, and to transmit its findings to the General Assembly;
14. Invites the specialized agencies concerned to co-operate with the Secretary-General in the implementation of the Plan of Action within their fields of competence;

15. Invites also the intergovernmental organizations and non-governmental organizations concerned to continue to give attention to major issues related to aging and to co-ordinate their work with the United Nations, particularly in view of the need for well co-ordinated activities for the implementation of the Plan of Action;
16. Requests the Secretary-General to report to the General Assembly at its thirty-eighth session on the progress achieved in implementing and following up the Plan of Action and to include in his report an account of project activities financed by the Trust Fund;
17. Decides to include in the provisional agenda of its thirty-eighth session a single item entitled "Question of aging" to replace the items "Question of the elderly and the aged" and "World Assembly on Aging".

# Vienna International Plan of Action on Ageing, 1983

## PREAMBLE

The countries gathered in the World Assembly on aging,

Aware that an increasing number of their populations is aging,

Having discussed together their concern for the aging, and in the light of this the achievement of longevity and the challenge and potential it entails,

Having determined that individually and collectively they will

- (i) Develop and apply at the international regional and national levels policies designed to enhance the lives of the aging as individuals and to allow them to enjoy in mind and in body, fully and freely, their advancing years in peace, health and security; and
  - (ii) Study the impact of aging populations on development and that of development on the aging, with a view to enabling the potential of the aging to be fully realized and to mitigating, by appropriate measures, any negative effects resulting from this impact
1. Do solemnly reaffirm their belief that the fundamental and inalienable rights enshrined in the Universal Declaration of Human Rights apply fully and undiminishedly to the aging;
  2. Do solemnly recognize that quality of life is no less important than longevity, and that the aging should therefore, as far as possible, be enabled to enjoy in their own families and communities a life of fulfillment, health, security and contentment, appreciated as an integral part of society.
  3. Recognizing the need to call world-wide attention to the serious problems besetting a growing portion of the populations of the world, the General Assembly of the United Nations decided, in resolution 33/52 of 14 December 1978, to convene a World Assembly on Aging in

1982. The purpose of the World Assembly would be to provide a forum "to launch an international action program aimed at guaranteeing economic and social security to older persons, as well as opportunities to contribute to national development". In its resolution 35/129 of 11 December 1980, the General Assembly further indicated its desire that the World Assembly "should result in societies responding more fully to the socio-economic implications of the aging of populations and to the specific needs of older persons". It was with these mandates in view that the present International Plan of Action on Aging was conceived.

4. The Plan of Action should therefore be considered an integral component of the major international, regional and national strategies and programs formulated in response to important world problems and needs. Its primary aims are to strengthen the capacities of countries to deal effectively with the aging of their populations and with the special concerns and needs of their elderly, and to promote an appropriate international response to the issues of aging through action for the establishment of the new international economic order and increased international technical co-operation, particularly among the developing countries themselves.
5. In pursuance of these aims, specific objectives are set:
  - (a) To further national and international understanding of the economic, social and cultural implications for the processes of development of the aging of the population;
  - (b) To promote national and international understanding of the humanitarian and developmental issues related to aging
  - (c) To propose and stimulate action-oriented policies and programs aimed at guaranteeing social and economic security for the elderly, as well as providing opportunities for them to contribute to, and share in the benefits of, development;
  - (d) To present policy alternatives and options consistent with national values and goals and with internationally recognized principles with regard to the aging of the population and the needs of the elderly; and
  - (e) To encourage the development of appropriate education, training and research to respond to the aging of the world's population and to foster an international exchange of skills and knowledge in this area.

6. The Plan of Action should be considered within the framework of other international strategies and plans. In particular, it reaffirms the principles and objectives of the Charter of the United Nations, the Universal Declaration of Human Rights (General Assembly resolution 217 A (III)), the International Covenants on Human Rights (General Assembly resolution 2200 A (XXI)) and the Declaration on Social Progress and Development (General Assembly resolution 2542 (XXIV)), the Declaration and the Program of Action on the Establishment of a New International Economic Order (General Assembly resolutions 3201 (S-VI) and 3202 (S-VI)) and the International Development Strategy for the Third United Nations Development Decade (General Assembly resolution 35/56) and also General Assembly resolutions 34/75 and 35/46, declaring the 1980s as the Second Disarmament Decade.
7. In addition, the importance of the following, adopted by the international community, must be stressed, for the question of aging and the aging of populations is directly related to the attainment of their objectives:
  - (a) The World; Population Plan of Action;'
  - (b) The World Plan of Action for the Implementation of the Objectives of the International Women's Year
  - (c) The Program of Action for the Second Half of the United Nations Decade for Women;
  - (d) The Declaration of Alma-Ata (on primary health care);<sup>4</sup>
  - (e) Declaration of Principles of the United Nations Conference on Human Settlements (HABITAT);
  - (f) The Action Plan for the Human Environment;
  - (g) The Vienna Program of Action on Science and Technology for Development;
  - (h) The Program of Action to Combat Racism and Racial Discrimination and the Program of Action for the second half of the same Decade;
  - (i) The Buenos Aires Plan of Action for Promoting and Implementing Technical Co-operation among Developing Countries;
  - (j) The International Labour Organization (ILO) Convention No. 102 concerning minimum standards of social security;
  - (k) ILO Convention No. 128 and Recommendation 131 on invalidity, old-age and survivors' benefits;
  - (l) ILO Recommendation No. 162 concerning older workers;
  - (m) The Program of Action of the World Conference on Agrarian Reform and Rural Development;

- (n) The World Program resulting from International Year of Disabled Persons;
- (o) The Caracas Declaration adopted by the Sixth United Nations Congress on the Prevention of Crime and the Treatment of Offenders;
- (p) The Recommendation on the development of adult education, adopted by the General Conference of UNESCO at its nineteenth session (Nairobi, 1976);
- (q) ILO Convention No. 157 concerning maintenance of social security rights, 1982. (Notes of reference 1-13 appear at the end of this document.)

## **II. PRINCIPLES**

25. The formulation and implementation of policies on aging are the sovereign right and responsibility of each State, to be carried out on the basis of its specific national needs and objectives. However, the promotion of the activities, safety and well-being of the elderly should be an essential part of an integrated and concerted development effort within the framework of the new international economic order in both the developed and the developing parts of the world. International and regional co-operation should, however, play an important role. The International Plan of Action on Aging is based on the principles set out below:

- (a) The aim of development is to improve the well-being of the entire population on the basis of its full participation in the process of development and an equitable distribution of the benefits there from. The development process must enhance human dignity and ensure equity among age groups in the sharing of society's resources, rights and responsibilities. Individuals, regardless of age, sex or creed, should contribute according to their abilities and be served according to their needs. In this context, economic growth, productive employment, social justice and human solidarity are fundamental and indivisible elements of development, and so are the preservation and recognition of cultural identity;

- (b) Various problems of older people can find their real solution under conditions of peace, security, a halt to the arms race and a rechanneling of resources spent for military purposes to the needs of economic and social development;
- (c) The developmental and humanitarian problems of the aging can best find their solution under conditions where tyranny and oppression, colonialism, racism, discrimination based on race, sex or religion, apartheid, genocide, foreign aggression and occupation and other forms of foreign domination do not prevail, and where there is respect for human rights;
- (d) In the context of its own traditions, structures and cultural values, each country should respond to demographic trends and the resulting changes. People of all ages should engage in creating a balance between traditional and innovative elements in the pursuit of harmonious development;
- (e) The spiritual, cultural and socio-economic contributions of the aging are valuable to society and should be so recognized and promoted further. Expenditure on the aging should be considered as a lasting investment;
- (f) The family, in its diverse forms and structures, is a fundamental unit of society linking the generations and should be maintained, strengthened and protected, in accordance with the traditions and customs of each country;
- (g) Governments and, in particular, local authorities, nongovernmental organizations, individual volunteers and voluntary organizations, including associations of the elderly, can make a particularly significant contribution to the provision of support and care for elderly people in the family and community. Governments should sustain and encourage voluntary activity of this kind;
- (h) An important objective of socio-economic development is an age-integrated society, in which age discrimination and involuntary segregation are eliminated and in which solidarity and mutual support among generations are encouraged;
- (i) Aging is a life-long process and should be recognized as such. Preparation of the entire population for the later stages of life should be an integral part of social policies and encompass physical, psychological, cultural, religious, spiritual, economic, health and other factors;



- (j) The Plan of Action should be considered within the broader context of the world's social, economic, cultural and spiritual trends, in order to achieve a just and prosperous life for the aging, materially as well as spiritually;
- (k) Aging, in addition to being a symbol of experience and wisdom, can also bring human beings closer to personal fulfillment, according to their beliefs and aspirations;
- (l) The aging should be active participants in the formulation and implementation of policies, including those especially affecting them;
- (m) Governments, non-governmental organizations and all concerned have a special responsibility to the most vulnerable among the elderly, particularly the poor, of whom many are women and from rural areas;
- (n) Further study on all aspects of aging is necessary.

# **General Assembly Resolution 45(106) on the Implementation of the International Plan of Action on Ageing and Related Activities, 1990**

The General Assembly,

Recalling its resolutions 44/67 and 44/76 of 8 December 1989, and reaffirming all of their relevant provisions, particularly those which endorsed the priorities set and the recommendations made by the Economic and Social Council in its resolution 1989/50 of 24 May 1989,

Noting that the Economic and Social Council recommended in its resolution 1989/50 the convening of an ad hoc working group of the Commission for Social Development at the Commission's thirty-second session to monitor preparatory activities for the tenth anniversary of the adoption of the International Plan of Action on Aging,

Noting with concern that, although in its resolution 43/93 of 8 December 1988 it recommended that aging should be considered a priority theme in the medium-term plan for the period 1992-1997, the resources assigned to subprogram 7 (Aging) of section 8 (Activities on global social development issues) in the program budget for the biennium 1990-1991 for the Centre for Social Development and Humanitarian Affairs of the Secretariat are not sufficient to implement the program adequately and to give it the

priority recommended,

Also noting with concern that the contributions to the United Nations Trust Fund for Aging have steadily declined since 1982, thereby reducing its resource base, and that unless this trend is reversed and the Fund strengthened, many priority requests will not be met and the implementation of the Plan of Action will be weakened where it is most needed, in developing countries,

Recognizing that the elderly are an asset to society and can contribute significantly to the development process,

Mindful of the need for innovative and effective international co-operation in the field of Aging if countries are to achieve self-reliance in responding to the aging of their populations,

Recognizing also the complexity and rapidity of the aging of the world's population and the need to have a common basis and frame of reference for the protection and promotion of the rights of the elderly, including the contribution that the elderly can and should make to society,

Recalling the establishment at Dakar in 1989 of the African Society of Gerontology,

Having considered the report of the Secretary-General on the question of aging,

1. Takes note of the report of the Secretary-General on the question of aging;
2. Endorses the action program on aging for 1992 and beyond as outlined in the report of the Secretary-General;
3. Urges Member States, the organs, organizations and bodies of the United Nations system and intergovernmental and non-governmental organizations concerned to participate in the action program on aging for 1992 and beyond, especially in selecting targets in the field of aging, in organizing community-wide activities and in launching an information and fund-raising campaign to celebrate the tenth anniversary of the adoption of the International Plan of Action on Aging at the local, national, regional and global levels;
4. Endorses the recommendation of the Economic and Social Council in its resolution 1989/50 that an ad hoc working group of the Commission for Social Development be convened at the Commission's thirty-second session, in 1991, to monitor the activities for the tenth anniversary, especially the launching of a global information campaign, and the selection of targets that might form the basis of the third review and appraisal of the Plan of Action to be made by the Commission at its thirty-third session, in 1993;
5. Invites Member States, the United Nations and non-governmental organizations to consider innovative and effective ways of co-operating on the selection of targets in the field of aging during 1991 and 1992;
6. Recommends that the Commission for Social Development give consideration to the desirability of convening, subject to the availability

- of funds, regional and sectoral meetings on the selection of targets in the field of aging during 1991 and 1992 and global consultations in 1993 and 1997, to coincide with the third and fourth quadrennial reviews and appraisals of the implementation of the Plan of Action;
7. Notes with appreciation the work of the recent ad hoc inter-agency meetings on aging, and recommends that inter-agency meetings on aging be convened biennially;
  8. Welcomes with appreciation the rapid progress made by the International Institute on Aging, in Malta, in establishing, in close collaboration and co-operation with the United Nations system, as well as with governmental and non-governmental institutions and organizations, programs that promote in a practical manner the implementation of the Plan of Action, particularly through curriculum development, training courses, a global survey on training and the establishment of an information network, and requests the Secretary-General, in reporting on the question of aging to the General Assembly at its forty-sixth session, to inform the Assembly of the activities of the Institute;
  9. Takes note with satisfaction of the plans for the establishment of training institutes on aging in Argentina and Yugoslavia and in Central America and the Caribbean;
  10. Requests the Centre for Social Development and Humanitarian Affairs of the Secretariat to provide, within existing resources, technical assistance to the African Society of Gerontology;
  11. Welcomes global fund-raising initiatives for activities in the field of aging, particularly the proposed establishment in 1991 of an independent foundation on aging under the patronage of the United Nations, to be called the Banyan Foundation, the main goal of which will be to empower the elderly in all world regions to maintain maximum independence and the ability to contribute to society in the context of the Plan of Action, thus serving as a much-needed international fund-raising vehicle for programs for the aging world wide;
  12. Requests the Commission on the Status of Women to consider under the priority theme "development" the positive contributions and specific roles of elderly women in the development of their societies;
  13. Notes with appreciation the support given by the United Nations Population Fund to the Aging Unit of the Centre for Social Development and Humanitarian Affairs, and urges the Fund to maintain this commitment;

14. Notes with satisfaction the close collaboration of the Centre for Social Development and Humanitarian Affairs, as the United Nations focal point on aging, with intergovernmental and non-governmental organizations active in the field of aging, and encourages the Centre to continue to strengthen this collaboration;
15. Designates 1 October as International Day for the Elderly;
16. Urges Governments and non-governmental organizations to contribute to the Trust Fund for aging;
17. Also urges Governments and non-governmental organizations to contribute human and financial resources through the Centre for Social Development and Humanitarian Affairs for the co-ordination and implementation of the action program on aging for 1992 and beyond;
18. Urges the Secretary-General to consider increasing the human and financial resources of the Aging Unit of the Centre for Social Development and Humanitarian Affairs in order to enable it to fulfill its mandate as the United Nations focal point on aging;
19. Requests the Secretary-General to report to the General Assembly at its forty-sixth session on the implementation of the present resolution;
20. Decides to include in the provisional agenda of its forty-sixth session the item entitled "Question of aging".

# **General Assembly Resolution 46(91) on the Implementation of the International Plan of Action on Ageing and Related Activities, 1991**

The General Assembly,

Recalling Economic and Social Council resolution 1989/50 of 24 May 1989, in which the Council endorsed a draft program of United Nations activities relating to the tenth anniversary of the adoption of the International Plan of Action on Ageing, in 1992,

Pursuant to its resolution 45/106 of 14 December 1990, in which it endorsed the action program on ageing for 1992 and beyond as outlined in the report of the Secretary-General on the question of ageing, invited Member States, the United Nations and non-governmental organizations to consider innovative and effective ways of cooperating on the selection of targets in the field of ageing during 1991 and 1992, and urged Member States, the organs, organizations and bodies of the United Nations system and intergovernmental and non-governmental organizations concerned to participate in the action program on ageing for 1992 and beyond, especially in selecting targets in the field of ageing, in organizing community-wide activities and in launching an information and fund-raising campaign to celebrate the tenth anniversary of the adoption of the International Plan of Action on Ageing at the local, national, regional and global levels,

Recalling that in resolution 45/106 it endorsed also the convening of an ad hoc working group of the Commission for Social Development at its thirty-second session to monitor the activities for the tenth anniversary, especially the launching of a global information campaign, and the selection of targets that might form the basis of the third review and appraisal of the International Plan of Action on Ageing to be made by the Commission at its thirty-third session, in 1993, and recommended that the Commission should give consideration to the desirability of convening, subject to the availability of funds, regional and sectoral meetings on the selection of targets in the field of ageing during 1991 and 1992 and global consultations in 1993 and 1997,

Recalling also that in resolution 45/106, it recognized the complexity and rapidity of the ageing of the world's population and the need to have a common basis and frame of reference for the protection and promotion of the rights of the elderly, including the contribution that the elderly can and should make to society,

Aware of the plight of the elderly in developing countries, particularly the least developed among them, as well as those in difficult circumstances, such as refugees, migrant workers and victims of conflict,

Recalling Economic and Social Council resolution 1751 (LIV) of 16 May 1973 on the aged and social security,

1. Recommends that the United Nations define, on the basis of the recommendations of a small expert group meeting to be held in 1992 within existing resources, targets on ageing to provide a pragmatic focus for the broad and ideal goals of the International Plan of Action on Ageing, and issue them as "Targets on ageing: program recommendations at the national level for the year 2001";
2. Urges Member States to identify their specific national targets on ageing for the year 2001, on the basis of the proposed targets on ageing;
3. Invites the Centre for Social Development and Humanitarian Affairs of the Secretariat to develop, in consultation with United Nations organizations and bodies and international non-governmental organizations, a set of suggested global targets designed to support implementation of the national targets on ageing;
4. Decides to devote four plenary meetings, that is, two working days, at its forty-seventh session to an international conference on ageing to consolidate a set of targets on ageing for the year 2001 and to celebrate on an appropriate global scale the tenth anniversary of the adoption of the International Plan of Action on Ageing;
5. Urges the United Nations to give special attention to implementing the action program on ageing for 1992 and beyond;
6. Calls upon the Secretary-General to give all possible support, in the form of both regular and extrabudgetary resources, to the Ageing Unit of the Centre for Social Development and Humanitarian Affairs, to enable it to fulfill its mandate as lead agency for the action program on ageing;
7. Requests the Secretary-General to designate the Director-General of the United Nations Office at Vienna as coordinator for the preparations for

- the tenth anniversary of the adoption of the International Plan of Action on Ageing and for the implementation of the action program on ageing for 1992 and beyond;
8. Invites the Secretary-General to explore the feasibility of appointing an interregional adviser on ageing to assist developing countries in expanding their ability to respond effectively to the ageing of their populations;
  9. Invites the United Nations to examine the feasibility of launching a service composed of experts who are elderly, modeled on the United Nations Volunteers;
  10. Urges the United Nations Postal Administration, as called upon in General Assembly resolution 44/67 of 8 December 1989, to issue a stamp to mark the tenth anniversary of the adoption of the International Plan of Action on Ageing;
  11. Also urges the United Nations Postal Administration to consider, on an exceptional basis, issuing a medal on ageing bearing the emblem of the World Assembly on Ageing to mark activities planned for the decade 1992-2001;
  12. Decides to launch a global information campaign on the action program on ageing for 1992 and beyond, and welcomes the cooperation of the Department of Public Information of the Secretariat and the Centre for Social Development and Humanitarian Affairs and other United Nations bodies, specialized agencies and non-governmental organizations in this endeavor;
  13. Recommends that the United Nations provide further advisory services to countries in the process of development, change and transition, at their request, to ensure that the issue of ageing remains an important part of their social development programs;
  14. Adopts the United Nations Principles for Older Persons, based on the International Plan of Action on Ageing, annexed to the present resolution.



## ANNEX

# United Nations Principles for Older Persons

*To add life to the years that have been added to life*

The General Assembly,

Appreciating the contribution that older persons make to their societies,

Recognizing that, in the Charter of the United Nations, the peoples of the United Nations declare, inter alia, their determination to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small and to promote social progress and better standards of life in larger freedom,

Noting the elaboration of those rights in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights and other declarations to ensure the application of universal standards to particular groups,

In pursuance of the International Plan of Action on Ageing, adopted by the World Assembly on Ageing and endorsed by the General Assembly in its resolution 37/51 of 3 December 1982,

Appreciating the tremendous diversity in the situation of older persons, not only between countries but within countries and between individuals, which requires a variety of policy responses,

Aware that in all countries, individuals are reaching an advanced age in greater numbers and in better health than ever before,

Aware of the scientific research disproving many stereotypes about inevitable and irreversible declines with age,

Convinced that in a world characterized by an increasing number and proportion of older persons, opportunities must be provided for willing

and capable older persons to participate in and contribute to the ongoing activities of society,

Mindful that the strains on family life in both developed and developing countries require support for those providing care to frail older persons,

Bearing in mind the standards already set by the International Plan of Action on Ageing and the conventions, recommendations and resolutions of the International Labour Organization, the World Health Organization and other United Nations entities,

Encourages Governments to incorporate the following principles into their national programs whenever possible:

[see the following document]

## Proclamation on Ageing, 1992

The General Assembly,

Having convened an international conference on ageing on 15 and 16 October 1992 on the occasion of the tenth anniversary of the adoption of the International Plan of Action on Ageing, adopts the Proclamation on Ageing, annexed to the present resolution.

Noting the unprecedented ageing of populations taking place throughout the world,

Conscious that the ageing of the world's population represents an unparalleled, but urgent, policy and program challenge to governments, non-governmental organizations and private groups to ensure that the needs of the aged and their human resource potential are adequately addressed,

Conscious also that population ageing in developing regions is proceeding much more rapidly than it occurred in the developed world,

Aware that a revolutionary change in the demographic structure of societies requires a fundamental change in the way in which societies organize their affairs,

Optimistic that the coming decade will see an increase in partnerships, practical initiatives and resources devoted to ageing,

Welcoming the increasing contributions of older persons to economic, social and cultural development,

Welcoming also broad participation in the United Nations program on ageing,

Recognizing that ageing is a life-long process and that preparation for old age must begin in childhood and continue throughout the life cycle,

Recognizing also that older persons are entitled to aspire to and attain the highest possible level of health,

Recognizing further that with increasing age some individuals will need comprehensive community and family care,

Reaffirming the International Plan of Action on Ageing, which it endorsed in its resolution 37/51 of 3 December 1982, and the United Nations Principles for Older Persons, annexed to its resolution 46/91 of 16 December 1991,

Noting the many United Nations activities that address ageing in the context of development, human rights, population, employment, education, health, housing, family, disability and the advancement of women,

Having considered the challenges inherent in implementing the Plan of Action,

Recognizing the need for a practical strategy on ageing for the decade 1992-2001,

1. Urges the international community:
  - (a) To promote the implementation of the International Plan of Action on Ageing;
  - (b) To disseminate widely the United Nations Principles for Older Persons;
  - (c) To support the practical strategies for reaching the global targets on ageing for the year 2001;
  - (d) To support the continuing efforts of the Secretariat to clarify policy options by improving data collection, research, training, technical cooperation and information exchange on ageing;
  - (e) To ensure that the ageing of populations is adequately addressed in the regular programs of competent United Nations organizations and bodies, and that adequate resources are assigned through redeployment;
  - (f) To support broad and practical partnerships within the United Nations program on ageing, including partnerships between governments, specialized agencies and United Nations bodies, non-governmental organizations and the private sector;
  - (g) To strengthen the Trust Fund for Ageing as a means of supporting developing countries in adjusting to the ageing of their populations;
  - (h) To encourage donor and recipient countries to include older persons in their development programs;
  - (i) To highlight ageing at major forthcoming events, including, in the near future, events in the areas of human rights, the family, population, the advancement of women, crime prevention, youth and the proposed world summit for social development;

- (j) To encourage the press and the media to play a central role in the creation of awareness of population ageing and related issues, including the celebration of the International Day for the Elderly on 1 October and the dissemination of the United Nations Principles for Older Persons;
  - (k) To promote intraregional and interregional cooperation and exchange of resources for programs and projects on ageing, including those for life-long healthy ageing, income generation and new forms of productive ageing;
  - (l) To provide the immense human and material resources now urgently needed for adjustments to humanity's coming of age, which can be understood as a demographic phenomenon, but also as a social, economic and cultural one of great promise;
2. Also urges the support of national initiatives on ageing in the context of national cultures and conditions, so that:
- (a) Appropriate national policies and programs for the elderly are considered as part of overall development strategies;
  - (b) Policies which enhance the role of Government, the voluntary sector and private groups are expanded and supported;
  - (c) Governmental and non-governmental organizations collaborate in the development of primary health care, health promotion and self-help programs for the elderly;
  - (d) Older persons are viewed as contributors to their societies and not as a burden;
  - (e) The entire population is engaged in preparing for the later stages of life;
  - (f) Old and young generations cooperate in creating a balance between tradition and innovation in economic, social and cultural development;
  - (g) Policies and programs are developed which respond to the special characteristics, needs and abilities of older women;
  - (h) Older women are given adequate support for their largely unrecognized contributions to the economy and the well-being of society;
  - (i) Older men are encouraged to develop social, cultural and emotional capabilities which they may have been prevented from developing during breadwinning years;

- (j) Community awareness and participation is encouraged in the formulation and implementation of programs and projects with the involvement of older persons;
  - (k) Families are supported in providing care and all family members are encouraged to cooperate in caregiving;
  - (l) Local authorities cooperate with older persons, businesses, civic associations and others in exploring new ways of maintaining age integration in family and community;
  - (m) Decision makers and researchers cooperate in undertaking action-oriented studies;
  - (n) Policy makers focus attention and resources on tangible opportunities rather than on desirable but unobtainable goals;
  - (o) International cooperation is expanded to the extent feasible in the context of the strategies for reaching the global targets on ageing for the year 2001;
3. Decides to observe the year 1999 as the International Year of Older Persons, supported by the regular program budget for the biennium 1998-1999 and by voluntary contributions, in recognition of humanity's demographic coming of age and the promise it holds for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings, not least for global peace and development in the next century.

# **General Assembly Resolution 47(86) on the Implementation of the International Plan of Action on Ageing: Integration of Older Persons in Development, 1992**

The General Assembly,

Mindful of the challenges the ageing of populations poses to all countries,

Noting with appreciation the activities of the global information campaign for the tenth anniversary of the adoption of the International Plan of Action on Ageing and the many observances of the International Day for the Elderly,

Noting with satisfaction the active participation of Member States, specialized agencies, United Nations bodies, non-governmental organizations, older persons and experts in developing a practical strategy on ageing in the form of a set of targets on ageing for the year 2001,

Welcoming the convening of the XVth International Congress of Gerontology at Budapest, from 4 to 9 July 1993,

Welcoming with appreciation the participation of older persons in development programs and projects,

Aware of the plight of older persons, particularly those in developing countries and those in difficult circumstances,

Aware also of the heavy obligations on families that provide care to older persons and the need for comprehensive community care programs,

Aware further of the increasing concern of development agencies for securing the human and financial resources needed for adjusting policies and programs to population ageing,

1. Takes note with appreciation of the reports of the Secretary-General on the global targets on ageing for the year 2001: a practical strategy and on the implementation of the International Plan of Action on Ageing;

2. Adopts the global targets on ageing for the year 2001 as a practical strategy on ageing, and urges Member States to support that strategy and to consult the guide for setting national targets on ageing;
3. Invites the Centre for Social Development and Humanitarian Affairs of the Secretariat, as the lead and coordinating agency for the global targets, to update the target strategies periodically on the basis of achievements and new opportunities and to refine indicators for measuring progress in cooperation with the International Institute on Ageing in Malta and others;
4. Invites the regional commissions to assist Member States in their regions in setting regional targets on ageing for the year 2001, bearing in mind the global targets and the diverse national needs in their regions;
5. Invites the specialized agencies and United Nations bodies to examine technical, organizational and financial means of strengthening the inter-agency consultative process, including the biennial meetings on ageing, and to suggest measures for the consideration of the Administrative Committee on Coordination;
6. Calls upon the Secretary-General to give all possible support, in the form of both regular and extrabudgetary resources, to the Ageing Unit of the Centre, to enable it to fulfill its mandate as lead agency for the action program on ageing for 1992 and beyond;
7. Welcomes the support of the United Nations Population Fund, the Government of Sweden and two non-governmental organizations for the research project of the Centre entitled "Developmental Implications of Demographic Change: Global Population Ageing" and invites continuing support for this project as the basis of a global research component at the Centre;
8. Invites Member States to second national experts and junior professional officers to the Ageing Unit of the Centre to support selected target strategies;
9. Requests the Commission for Social Development to convene an ad hoc informal working group at its thirty-third session for the third review and appraisal of the International Plan of Action on Ageing and for proposing measures in support of setting national targets on ageing in the decade ahead;
10. Invites interested Member States and organizations to support the Centre in establishing and maintaining a data bank on ageing policies



and programs so that the data gathered in the quadrennial reviews can be systematized and made available to Member States and others on a continuing basis;

11. Acknowledges with appreciation the major contribution of the Department of Public Information of the Secretariat to the global information campaign, and requests it to continue its work on ageing during the coming decade;
12. Also acknowledges with appreciation the initiative, expertise and dedication of the non-governmental community, and invites the Centre to explore the feasibility of establishing a non-governmental advisory committee, funded by voluntary contributions, to assist the Secretariat in promoting the United Nations Principles for Older Persons and in implementing the Plan of Action and the target strategies;
13. Commends the International Institute on Ageing on its training program and related activities, and invites national, regional and international organizations to cooperate closely with the Institute;
14. Urges the United Nations, Member States and non-governmental organizations to support the African Society of Gerontology in developing and implementing a regional program of activities on ageing;
15. Invites interested Member States and others to explore the feasibility of establishing a training institute on ageing for Latin America and the Caribbean;
16. Also invites Member States generously to support the United Nations Trust Fund for Ageing in order to enable it to continue serving as an operational tool of the United Nations program on ageing;
17. Invites Member States, corporations and foundations to support the Banyan Fund Association: A World Fund for Ageing;
18. Urges the United Nations Development Program and other development agencies to include a component on ageing in their regular programs;
19. Requests the Secretary-General to report to the General Assembly at its forty-eighth session on the implementation of the present resolution under the item entitled "Social development".

# **General Assembly Resolution 48(98) on the Implementation of the International Plan of Action on Ageing, 1993**

The General Assembly,

Mindful of the growing concern of the international community with the issues related to population and individual ageing,

Noting with satisfaction the clear conceptual framework of the United Nations program on ageing, revealed in the United Nations Principles for Older Persons, the global targets on ageing for the year 2001 and the Proclamation on Ageing, to further the implementation of the International Plan of Action on Ageing,

Recalling that, in the Proclamation on Ageing, it decided to observe the year 1999 as the International Year of Older Persons,

Taking note of Economic and Social Council resolution 1993/22 of 27 July 1993, by which the Council invited Member States to strengthen their national mechanisms on ageing, inter alia, to enable them to serve as national focal points for the preparation and observance of the International Year of Older Persons,

Noting the recent measures aimed at consolidating the social and economic activities of the United Nations,

1. Takes note with appreciation of the report of the Secretary-General on the third review and appraisal of the implementation of the International Plan of Action on Ageing;
2. Endorses the recommendations contained in the report of the Secretary-General, in the form of global and national targets on ageing for the year 2001, aimed at streamlining the implementation of the Plan of Action in its second decade;
3. Calls upon the Secretary-General to maintain the integrity and the identity of the United Nations program on ageing;

4. Commends the International Institute on Ageing on its training program and related activities, and invites national, regional and international organizations to cooperate closely with the Institute;
5. Urges the United Nations, Member States and non-governmental organizations to support the African Society of Gerontology in developing and implementing a regional program of activities on ageing;
6. Invites interested Member States, non-governmental organizations and research centers to support the activities of the United Nations programme on ageing, particularly research activities aimed at suggesting policy options to enhance contributions by the elderly to development;
7. Invites Governments, non-governmental organizations and United Nations organizations and bodies concerned with ageing to submit to the Secretary-General their proposals for the preparations for and observance of the International Year of Older Persons;
8. Calls upon the Secretary-General to draft a conceptual framework of a program for the preparation and observance of the International Year of Older Persons and to submit it, through the Commission for Social Development at its thirty-fourth session in 1995, to the General Assembly for consideration at its fiftieth session in 1995.

## **General Assembly Resolution 49 (162) on the Integration of Older Women in Development, 1994**

The General Assembly,

Recalling its resolution 44/76 of 8 December 1989, in which it pointed out that age segregation, in addition to sex stereotyping, makes the social and economic problems of elderly women even more acute, and that they are often viewed only as beneficiaries and not as contributors to development,

Recalling also its resolution 40/30 of 29 November 1985, in which it emphasized that the elderly must be considered an important and necessary element in the development process at all levels within a given society,

Recalling further Commission on the Status of Women resolution 36/4 of 20 March 1992, See Official Records of the Economic and Social Council, 1992, Supplement No. 4 (E/1992/24), chap. I, sect. C. in which the Commission emphasized the need to adopt an approach for the advancement of women that takes into account all stages of life, so as to identify measures that respond to women's needs,

Calling attention to the urgent need to develop and improve the publication of statistics by sex and by age, and to identify and evaluate the different forms of activities of older women which are not normally recognized as having an economic value, in particular in the informal sectors,

Taking into consideration the proceedings of the International Symposium on Population Structure and Development, held at Tokyo from 10 to 12 September 1987, which called attention to the fact that the United Nations had estimated that there were 208 million women aged 60 and above in 1985, of which about half lived in the developed and half in the developing world, and that by the year 2025 this number had been projected to increase to 604 million elderly women for the world as a whole, of which nearly 70 per cent would be living in the developing countries, See ST/ESA/SER.R/85.

1. Takes note with appreciation of the joint publication by the International Research and Training Institute for the Advancement of Women and the Statistics Division of the Secretariat of The Situation of Elderly Women: Available Statistics and Indicators INSTRAW/SER.B/44. and

- encourages the Institute and the Division to continue their pioneering work in this field;
2. Requests the Committee on the Elimination of Discrimination against Women to pay particular attention to discrimination on grounds of age when evaluating national reports on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women; Resolution 34/180, annex.
  3. Invites the competent organs of the United Nations to adopt an approach that, in all their strategies and programs for the advancement of women, takes into account all stages of life;
  4. Invites the international development agencies and organizations, including the United Nations Development Fund for Women and the United Nations Development Program, to take account of the potential of elderly women as a human resource for development and to include older women in their development strategies and programs, and encourages Governments to ensure the inclusion of women, regardless of age, in development projects covered by national and multilateral financial institutions;
  5. Invites the Preparatory Committee for the World Summit for Social Development to ensure that older women's concerns and contributions to development are considered under the three main agenda items of the Summit: "Elimination of poverty", "Social integration" and "Employment";
  6. Urges the Commission on the Status of Women, as the preparatory body for the Fourth World Conference on Women: Action for Equality, Development and Peace, to ensure that older women's concerns and contributions to development are recognized and incorporated into the strategies, programs and policies of the Platform for Action which deal with equality, development and peace;
  7. Requests the Secretary-General to report to the General Assembly at its fiftieth session on the implementation of the present resolution under the item entitled "Advancement of women".

# **General Assembly Resolution 50 (141) on the International Year of Older Persons: Towards a Society For All Ages, 1995**

The General Assembly,

Recalling its resolution 47/5 of 16 October 1992, the annex to which contains the Proclamation on Ageing, by which the Assembly decided to observe the year 1999 as the International Year of Older Persons,

Recalling also Economic and Social Council resolution 1993/22 of 27 July 1993, in which the Council invited Member States to strengthen their national mechanisms on ageing, inter alia, to enable them to serve as national focal points for the preparations for and observance of the Year,

Recalling further its resolution 45/106 of 14 December 1990, in which it recognized the complexity and rapidity of the ageing of the world's population and the need to have a common basis and frame of reference for the protection and promotion of the rights of older persons, including the contribution that older persons could and should make to society,

Bearing in mind its resolution 49/162 of 23 December 1994 on the integration of older women in development,

1. Takes note of the conceptual framework of a program for the preparation and observance of the International Year of Older Persons in 1999, as contained in the report of the Secretary-General;
2. Invites Member States to adapt the conceptual framework to national conditions and to consider formulating national program for the Year;
3. Invites the United Nations organizations and bodies concerned to examine the conceptual framework and identify areas for expanding upon it in keeping with their mandates;
4. Requests the Secretary-General to monitor activities for the Year and to make appropriate coordinating arrangements, bearing in mind that the Department for Policy Coordination and Sustainable Development of the Secretariat has been designated the United Nations focal point on ageing;

5. Encourages the Secretary-General to allocate sufficient resources for promoting and coordinating activities for the Year, bearing in mind its resolution 47/5, in which it was decided that observance of the Year would be supported by the regular program budget for the biennium 1998-1999;
6. Invites Member States, United Nations organizations and bodies and non-governmental organizations to assist the global coordinating entity for the Year;
7. Invites the regional commissions, within the existing mandates, to bear in mind the goals of the Year when convening regional meetings in 1998 and 1999 at which to mark the Year and formulate action plans on ageing for the twenty-first century;
8. Encourages relevant United Nations funds and programs and the specialized agencies to support local, national and international programs and projects for the Year;
9. Encourages the United Nations Development Program to continue to ensure that the concerns of older persons are integrated into its development programs;
10. Invites the International Research and Training Institute for the Advancement of Women, the United Nations Research Institute for Social Development and other relevant research institutes to consider preparing studies on the four facets of the conceptual framework, namely, the situation of older persons, lifelong individual development, multigenerational relationships and the relationship between the ageing of populations and development, and requests the International Research and Training Institute for the Advancement of Women to continue its research on the situation of older women, including those in the informal sector;
11. Encourages the Department of Public Information of the Secretariat to launch, within existing resources, an information campaign for the Year;
12. Invites the Committee on Economic, Social and Cultural Rights to continue its work on ageing and the situation of older persons, as described in its reports;
13. Invites non-governmental organizations to develop programs and projects for the Year, particularly at the local level, in cooperation, inter alia, with local authorities, community leaders, enterprises, the media and schools;

14. Decides that henceforth the term “older persons” should be substituted for the term “the elderly”, in conformity with the United Nations Principles for Older Persons, with the result that the Year and the Day concerned shall be called the International Year of Older Persons and the International Day of Older Persons;
15. Requests the Secretary-General to report to the General Assembly at its fifty-second session on the preparations being made by Member States, United Nations organizations and bodies and non-governmental organizations for the observance of the Year.



# **The Economic, Social and Cultural Rights of Older Persons (General Comment 6) - 1995**

## **1. Introduction**

1. The world population is ageing at a steady, quite spectacular rate. The total number of persons aged 60 and above rose from 200 million in 1950 to 400 million in 1982 and is projected to reach 600 million in the year 2001 and 1.2 billion by the year 2025, at which time over 70 per cent of them will be living in what are today's developing countries. The number of people aged 80 and above has grown and continues to grow even more dramatically, going from 13 million in 1950 to over 50 million today and projected to increase to 137 million in 2025. This is the fastest growing population group in the world, projected to increase by a factor of 10 between 1950 and 2025, compared with a factor of six for the group aged 60 and above and a factor of little more than three for the total population. [1]
2. These figures are illustrations of a quiet revolution, but one which has far-reaching and unpredictable consequences and which is now affecting the social and economic structures of societies both at the world level and at the country level, and will affect them even more in future.
3. Most of the States parties to the Covenant, and the industrialized countries in particular, are faced with the task of adapting their social and economic policies to the ageing of their populations, especially as regards social security. In the developing countries, the absence or deficiencies of social security coverage are being aggravated by the emigration of the younger members of the population and the consequent weakening of the traditional role of the family, the main support of older people.

## **2. Internationally endorsed policies in relation to older persons**

4. In 1982 the World Assembly on Ageing adopted the Vienna International Plan of Action on Ageing. This important document was endorsed by the General Assembly and is a very useful guide, for it details the measures

that should be taken by Member States to safeguard the rights of older persons within the context of the rights proclaimed by the International Covenants on Human Rights. It contains 62 recommendations, many of which are of direct relevance to the Covenant. [2]

5. In 1991 the General Assembly adopted the United Nations Principles for Older Persons which, because of their programmatic nature, is also an important document in the present context. [3] It is divided into five sections which correlate closely to the rights recognized in the Covenant. "Independence" includes access to adequate food, water, shelter, clothing and health care. To these basic rights are added the opportunity to remunerated work and access to education and training. By "participation" is meant that older persons should participate actively in the formulation and implementation of policies that affect their well-being and share their knowledge and skills with younger generations, and should be able to form movements and associations. The section headed "care" proclaims that older persons should benefit from family care, health care and be able to enjoy human rights and fundamental freedoms when residing in a shelter, care or treatment facility. With regard to "self-fulfilment", the Principles that older persons should pursue opportunities for the full development of their potential through access to the educational, cultural, spiritual and recreational resources of their societies. Lastly, the section entitled "dignity" states that older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse, should be treated fairly, regardless of age, gender, racial or ethnic background, disability, financial situation or any other status, and be valued independently of their economic contribution.
6. In 1992, the General Assembly adopted eight global targets on ageing for the year 2001 and a brief guide for setting national targets. In a number of important respects, these global targets serve to reinforce the obligations of States parties to the Covenant. [4]
7. Also in 1992, and in commemoration of the tenth anniversary of the adoption of the Vienna International Plan of Action by the Conference on Ageing, the General Assembly adopted the Proclamation on Ageing in which it urged support of national initiatives on ageing so that older women are given adequate support for their largely unrecognized contributions to society and older men are encouraged to develop social,

cultural and emotional capacities which they may have been prevented from developing during breadwinning years; families are supported in providing care and all family members encouraged to cooperate in caregiving; and that international cooperation is expanded in the context of the strategies for reaching the global targets on ageing for the year 2001. It also proclaimed the year 1999 as the International Year of Older Persons in recognition of humanity's demographic "coming of age". [5]

8. The United Nations specialized agencies, especially the International Labour Organization, have also given attention to the problem of ageing in their respective fields of competence.

### **3. The rights of older persons in relation to the International Covenant on Economic, Social and Cultural Rights**

9. The terminology used to describe older persons varies considerably, even in international documents. It includes: "older persons", "the aged", "the elderly", "the third age", "the ageing", and, to denote persons more than 80 years of age, "the fourth age". The Committee opted for "older persons" (in French, *personnes âgées*; in Spanish, *personas mayores*), the term employed in General Assembly resolutions 47/5 and 48/98. According to the practice in the United Nations statistical services, these terms cover persons aged 60 and above (Eurostat, the statistical service of the European Union, considers "older persons" to mean persons aged 65 or above, since 65 is the most common age of retirement and the trend is towards later retirement still).
10. The International Covenant on Economic, Social and Cultural Rights does not contain any explicit reference to the rights of older persons, although article 9 dealing with "the right of everyone to social security, including social insurance", implicitly recognizes the right to old-age benefits. Nevertheless, in view of the fact that the Covenant's provisions apply fully to all members of society, it is clear that older persons are entitled to enjoy the full range of rights recognized in the Covenant. This approach is also fully reflected in the Vienna International Plan of Action on Ageing. Moreover, in so far as respect for the rights of older persons requires special measures to be taken, States parties are required by the Covenant to do so to the maximum of their available resources.

11. Another important issue is whether discrimination on the basis of age is Prohibited by the Covenant. Neither the Covenant nor the Universal Declaration of Human Rights refers explicitly to age as one of the prohibited grounds. Rather than being seen as an intentional exclusion, this omission is probably best explained by the fact that, when these instruments were adopted, the problem of demographic ageing was not as evident or as pressing as it is now.
12. This is not determinative of the matter, however, since the prohibition of discrimination on the grounds of "other status" could be interpreted as applying to age. The Committee notes that while it may not yet be possible to conclude that discrimination on the grounds of age is comprehensively prohibited by the Covenant, the range of matters in relation to which such discrimination can be accepted is very limited. Moreover, it must be emphasized that the unacceptableness of discrimination against older persons is underlined in many international policy documents and is confirmed in the legislation of the vast majority of States. In the few areas in which discrimination continues to be tolerated, such as in relation to mandatory retirement ages or access to tertiary education, there is a clear trend towards the elimination of such barriers. The Committee is of the view that States parties should seek to expedite this trend to the greatest extent possible.
13. Accordingly, the Committee on Economic, Social and Cultural Rights is of the view that States parties to the Covenant are obligated to pay particular attention to promoting and protecting the economic, social and cultural rights of older persons. The Committee's own role in this regard is rendered all the more important by the fact that, unlike the case of other population groups such as women and children, no comprehensive international convention yet exists in relation to the rights of older persons and no binding supervisory arrangements attach to the various sets of United Nations principles in this area.
14. By the end of its thirteenth session, the Committee and, before that, its predecessor, the Sessional Working Group of Governmental Experts, had examined 144 initial reports, 70 second periodic reports and 20 initial and periodic global reports on articles 1 to 15. This examination made it possible to identify many of the problems that may be encountered in implementing the Covenant in a considerable number of States parties that represent all the regions of the world and have different political,

socio-economic and cultural systems. The reports examined to date have not provided any information in a systematic way on the situation of older persons with regard to compliance with the Covenant, apart from information, of varying completeness, on the implementation of article 9 relating to the right to social security.

15. In 1993, the Committee devoted a day of general discussion to this issue in order to plan its future activity in this area. Moreover, it has, at recent sessions, begun to attach substantially more importance to information on the rights of older persons and its questioning has elicited some very valuable information in some instances. Nevertheless, the Committee notes that the great majority of States parties reports continue to make little reference to this important issue. It therefore wishes to indicate that, in future, it will insist that the situation of older persons in relation to each of the rights recognized in the Covenant should be adequately addressed in all reports. The remainder of this General Comment identifies the specific issues which are relevant in this regard.

#### **4. General obligations of States parties**

16. Older persons as a group are as heterogeneous and varied as the rest of the population and their situation depends on a country's economic and social situation, on demographic, environmental cultural and employment factors and, at the individual level, on the family situation, the level of education, the urban or rural environment and the occupation of workers and retirees.
17. Side by side with older persons who are in good health and whose financial situation is acceptable, there are many who do not have adequate means of support, even in developed countries, and who feature prominently among the most vulnerable, marginal and unprotected groups. In times of recession and of restructuring of the economy, older persons are particularly at risk. As the Committee has previously stressed (General Comment No. 3 (1990), para. 12), even in times of severe resource constraints, States parties have the duty to protect the vulnerable members of society.

18. The methods that States parties use to fulfil the obligations they have assumed under the Covenant in respect of older persons will be basically the same as those for the fulfilment of other obligations (see General Comment No. 1 (1989)). They include the need to determine the nature and scope of problems within a State through regular monitoring, the need to adopt properly designed policies and programmes to meet requirements, the need to enact legislation when necessary and to eliminate any discriminatory legislation and the need to ensure the relevant budget support or, as appropriate, to request international cooperation. In the latter connection, international cooperation in accordance with articles 22 and 23 of the Covenant may be a particularly important way of enabling some developing countries to fulfil their obligations under the Covenant.
19. In this context, attention may be drawn to Global target No. 1, adopted by the General Assembly in 1992, which calls for the establishment of national support infrastructures to promote policies and programmes on ageing in national and international development plans and programmes. In this regard, the Committee notes that one of the United Nations Principles for Older Persons which Governments were encouraged to incorporate into their national programmes is that older persons should be able to form movements or associations of older persons.

## 5. Specific provisions of the Covenant

### *Article 3: Equal rights of men and women*

20. In accordance with article 3 of the Covenant, by which States parties undertake “to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights”, the Committee considers that States parties should pay particular attention to older women who, because they have spent all or part of their lives caring for their families without engaging in a remunerated activity entitling them to an old-age pension, and who are also not entitled to a widow’s pension, are often in critical situations.
21. To deal with such situations and comply fully with article 9 of the Covenant and paragraph 2 (h) of the Proclamation on Ageing, States parties should institute non-contributory old-age benefits or other assistance for all

persons, regardless of their sex, who find themselves without resources on attaining an age specified in national legislation. Given their greater life expectancy and the fact that it is more often they who have no contributory pensions, women would be the principal beneficiaries.

*Articles 6 to 8: Rights relating to work*

22. Article 6 of the Covenant requires States parties to take appropriate steps to safeguard the right of everyone to the opportunity to gain a living by work which is freely chosen or accepted. In this regard, the Committee, bearing in mind that older workers who have not reached retirement age often encounter problems in finding and keeping jobs, stresses the need for measures to prevent discrimination on grounds of age in employment and occupation. [6]
23. The right “to the enjoyment of just and favourable conditions of work” (Covenant, art. 7) is of special importance for ensuring that older workers enjoy safe working conditions until their retirement. In particular, it is desirable, to employ older workers in circumstances in which the best use can be made of their experience and know-how. [7]
24. In the years preceding retirement, retirement preparation programmes should be implemented, with the participation of representative organizations of employers and workers and other bodies concerned, to prepare older workers to cope with their new situation. Such programmes should, in particular, provide older workers with information about: their rights and obligations as pensioners; the opportunities and conditions for continuing an occupational activity or undertaking voluntary work; means of combating detrimental effects of ageing; facilities for adult education and cultural activities, and the use of leisure time. [8]
25. The rights protected by article 8 of the Covenant, namely, trade union rights, including after retirement age, must be applied to older workers.

*Article 9: Right to social security*

26. Article 9 of the Covenant provides generally that States parties “recognize the right of everyone to social security”, without specifying the type or level of protection to be guaranteed. However, the term “social security” implicitly covers all the risks involved in the loss of means of subsistence for reasons beyond a person’s control.

27. In accordance with article 9 of the Covenant and the provisions concerning implementation of the ILO social security conventions - Convention No. 102 concerning Social Security (Minimum Standards) (1952) and Convention No. 128 concerning Invalidity, Old-Age and Survivors' Benefits (1967) - States parties must take appropriate measures to establish general regimes of compulsory old-age insurance, starting at a particular age, to be prescribed by national law.
28. In keeping with the recommendations contained in the two ILO Conventions mentioned above and Recommendation No. 162, the Committee invites States parties to establish retirement age so that it is flexible, depending on the occupations performed and the working ability of elderly persons, with due regard to demographic, economic and social factors.
29. In order to give effect to the provisions of article 9 of the Covenant, States parties must guarantee the provision of survivors' and orphans' benefits on the death of the breadwinner who was covered by social security or receiving a pension.
30. Furthermore, as already observed in paragraphs 20 and 21, in order fully to implement the provisions of article 9 of the Covenant, States parties should, within the limits of available resources, provide non-contributory old-age benefits and other assistance for all older persons, who, when reaching the age prescribed in national legislation, have not completed a qualifying period of contribution and are not entitled to an old-age pension or other social security benefit or assistance and have no other source of income.

*Article 10: Protection of the family*

31. On the basis of article 10, paragraph 1, of the Covenant and recommendations 25 and 29 of the Vienna International Plan of Action on Ageing, States parties should make all the necessary efforts to support, protect and strengthen the family and help it, in accordance with each society's system of cultural values, to respond to the needs of its dependent ageing members. Recommendation 29 encourages Governments and non-governmental organizations to establish social services to support the whole family when there are elderly people at home and to implement measures especially for low-income families who wish to keep elderly people at home. This assistance should also be provided for persons living alone or elderly couples wishing to remain at home.



*Article 11: Right to an adequate standard of living*

32. Of the United Nations Principles for Older Persons, principle 1, which stands at the beginning of the section relating to the independence of older persons, provides that: "Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help". The Committee attaches great importance to this principle, which demands for older persons the rights contained in article 11 of the Covenant.
33. Recommendations 19 to 24 of the Vienna International Plan of Action on Ageing emphasize that housing for the elderly must be viewed as more than mere shelter and that, in addition to the physical, it has psychological and social significance which should be taken into account. Accordingly, national policies should help elderly persons to continue to live in their own homes as long as possible, through the restoration, development and improvement of homes and their adaptation to the ability of those persons to gain access to and use them (recommendation 19). Recommendation 20 stresses the need for urban rebuilding and development planning and law to pay special attention to the problems of the ageing, assisting in securing their social integration, while recommendation 22 draws attention to the need to take account of the functional capacity of the elderly in order to provide them with a better living environment and facilitate mobility and communication through the provision of adequate means of transport.

*Article 12: Right to physical and mental health*

34. With a view to the realization of the right of elderly persons to the enjoyment of a satisfactory standard of physical and mental health, in accordance with article 12, paragraph 1, of the Covenant, States parties should take account of the content of recommendations 1 to 17 of the Vienna International Plan of Action on Ageing, which focus entirely on providing guidelines on health policy to preserve the health of the elderly and take a comprehensive view, ranging from prevention and rehabilitation to the care of the terminally ill.
35. Clearly, the growing number of chronic, degenerative diseases and the high hospitalization costs they involve cannot be dealt with only by curative treatment. In this regard, States parties should bear in mind

that maintaining health into old age requires investments during the entire life span, basically through the adoption of healthy lifestyles (food, exercise, elimination of tobacco and alcohol, etc.). Prevention, through regular checks suited to the needs of the elderly, plays a decisive role, as does rehabilitation, by maintaining the functional capacities of elderly persons, with a resulting decrease in the cost of investments in health care and social services.

*Articles 13 to 15: Right to education and culture*

36. Article 13, paragraph 1, of the Covenant recognizes the right of everyone to education. In the case of the elderly, this right must be approached from two different and complementary points of view: (a) the right of elderly persons to benefit from educational programmes; and (b) making the know-how and experience of elderly persons available to younger generations.
37. With regard to the former, States parties should take account of: (a) the recommendations in principle 16 of the United Nations Principles for Older Persons to the effect that older persons should have access to suitable education programmes and training and should, therefore, on the basis of their preparation, abilities and motivation, be given access to the various levels of education through the adoption of appropriate measures regarding literacy training, life-long education, access to university, etc.; and (b) recommendation 47 of the Vienna International Plan of Action on Ageing, which, in accordance with the concept of life-long education promulgated by the United Nations Educational, Scientific and Cultural Organization (UNESCO), recommends informal, community-based and recreation-oriented programmes for the elderly in order to develop their sense of self-reliance and the community's sense of responsibility. Such programmes should enjoy the support of national Governments and international organizations.
38. With regard to the use of the know-how and experience of older persons, as referred to in the part of the recommendations of the Vienna International Plan of Action on Ageing dealing with education (paras. 74-76), attention is drawn to the important role that elderly and old persons still play in most societies as the transmitters of information, knowledge, traditions and spiritual values and to the fact that this important tradition should not be lost. Consequently, the Committee attaches particular importance to

the message contained in recommendation 44 of the Plan: "Educational programmes featuring the elderly as the teachers and transmitters of knowledge, culture and spiritual values should be developed".

39. In article 15, paragraphs 1 (a) and (b), of the Covenant, States parties recognize the right of everyone to take part in cultural life and to enjoy the benefits of scientific progress and its applications. In this respect, the Committee urges States parties to take account of the recommendations contained in the United Nations Principles for Older Persons, and in particular of principle 7: "Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations"; and principle 16: "Older persons should have access to the educational, cultural, spiritual and recreational resources of society".
40. Similarly, recommendation 48 of the Vienna International Plan of Action on Ageing encourages Governments and international organizations to support programmes aimed at providing the elderly with easier physical access to cultural institutions (museums, theatres, concert halls, cinemas, etc.).
41. Recommendation 50 stresses the need for Governments, non-governmental organizations and the ageing themselves to make efforts to overcome negative stereotyped images of older persons as suffering from physical and psychological disabilities, incapable of functioning independently and having neither role nor status in society. These efforts, in which the media and educational institutions should also take part, are essential for achieving a society that champions the full integration of the elderly.
42. With regard to the right to enjoy the benefits of scientific progress and its applications, States parties should take account of recommendations 60, 61 and 62 of the Vienna International Plan of Action and make efforts to promote research on the biological, mental and social aspects of ageing and ways of maintaining functional capacities and preventing and delaying the start of chronic illnesses and disabilities. In this connection, it is recommended that States, intergovernmental organizations and non-governmental organizations should establish institutions specializing in the teaching of gerontology, geriatrics and geriatric psychology in countries where such institutions do not exist.

## General Bibliography [omitted]

## Notes

1. Global targets on ageing for the year 2001: a practical strategy. Report of the Secretary-General (A/47/339), para. 5.
2. Report of the World Assembly on Ageing, Vienna, 26 July-6 August 1982; (United Nations publication, Sales No. E.82.I.16).
3. General Assembly resolution 46/91 of 16 December 1991, "Implementation of the International Plan of Action on Ageing and related activities", annex.
4. Global targets on ageing for the year 2001: a practical strategy (A/47/339), chapters III and IV.
5. General Assembly resolution 47/5 of 16 October 1992, "Proclamation on Ageing".
6. See ILO Recommendation 162 (1980) concerning Older Workers, paras. 3-10.
7. Ibid., paras. 11-19.
8. Ibid., para. 30.

# Madrid International Plan of Action on Ageing, 2002

## I. Introduction

1. The International Plan of Action on Ageing,<sup>1</sup> adopted at the first World Assembly on Ageing in Vienna, has guided the course of thinking and action on ageing over the past 20 years, as crucial policies and initiatives evolved. Issues of human rights for older persons were taken up in 1991 in the formulation of the United Nations Principles for Older Persons,<sup>2</sup> which provided guidance in the areas of independence, participation, care, self-fulfilment and dignity.
2. The twentieth century saw a revolution in longevity. Average life expectancy at birth has increased by 20 years since 1950 to 66 years and is expected to extend a further 10 years by 2050. This demographic triumph and the fast growth of the population in the first half of the twenty-first century mean that the number of persons over 60 will increase from about 600 million in 2000 to almost 2 billion in 2050 and the proportion of persons defined as older is projected to increase globally from 10 per cent in 1998 to 15 per cent in 2025. The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years. In Asia and Latin America, the proportion of persons classified as older will increase from 8 to 15 per cent between 1998 and 2025, although in Africa the proportion is only expected to grow from 5 to 6 per cent during the period but then doubling by 2050. In sub-Saharan Africa, where the struggle with the HIV/AIDS pandemic and with economic and social hardship continues, the percentage will reach half that level. In Europe and North America, between 1998 and 2025 the proportion of persons classified as older will increase from 20 to 28 per cent and 16 to 26 per cent, respectively. Such a global demographic transformation

1 See Report of the World Assembly on Ageing, Vienna, 26 July to 6 August 1982 (United Nations publication, Sales No. E.82.I.16), chap. VI, sect. A.

2 General Assembly resolution 46/91, annex.

has profound consequences for every aspect of individual, community, national and international life. Every facet of humanity will evolve: social, economic, political, cultural, psychological and spiritual.

3. The remarkable demographic transition under way will result in the old and the young representing an equal share of the world's population by mid-century. Globally, the proportion of persons aged 60 years and older is expected to double between 2000 and 2050, from 10 to 21 per cent, whereas the proportion of children is projected to drop by a third, from 30 to 21 per cent. In certain developed countries and countries with economies in transition, the number of older persons already exceeds the number of children and birth rates have fallen below replacement levels. In some developed countries, the number of older persons will be more than twice that of children by 2050. In developed countries the average of 71 men per 100 women is expected to increase to 78. In the less developed regions, older women do not outnumber older men to the same extent as in the developed regions, since gender differences in life expectancy are generally smaller. Current sex ratios in developing countries average 88 men per 100 women among those 60 and older, and are projected to change slightly to 87 by mid-century.
4. Population ageing is poised to become a major issue in developing countries, which are projected to age swiftly in the first half of the twenty-first century. The proportion of older persons is expected to rise from 8 to 19 per cent by 2050, while that of children will fall from 33 to 22 per cent. This demographic shift presents a major resource challenge. Though developed countries have been able to age gradually, they face challenges resulting from the relationship between ageing and unemployment and sustainability of pension systems, while developing countries face the challenge of simultaneous development and population ageing.
5. There are other major demographic differences between developed and developing countries. While today the overwhelming proportion of older persons in developed countries live in areas classified as urban, the majority of older persons in developing countries live in rural areas. Demographic projections suggest that, by 2025, 82 per cent of the population of developed countries will live in urban areas, while less than half of the population of developing countries will live there. In developing countries, the proportion of older persons in rural areas is

higher than in urban areas. Although further study is needed on the relationship between ageing and urbanization, the trends suggest that in the future in rural areas of many developing countries there will be a larger population of older persons.

6. Significant differences also exist between developed and developing countries in terms of the kinds of households in which older persons live. In developing countries a large proportion of older persons live in multigenerational households. These differences imply that policy actions will be different in developing and developed countries.
7. The fastest growing group of the older population is the oldest old, that is, those who are 80 old years or more. In 2000, the oldest old numbered 70 million and their numbers are projected to increase to more than five times that over the next 50 years.
8. Older women outnumber older men, increasingly so as age increases. The situation of older women everywhere must be a priority for policy action. Recognizing the differential impact of ageing on women and men is integral to ensuring full equality between women and men and to the development of effective and efficient measures to address the issue. It is therefore critical to ensure the integration of a gender perspective into all policies, programmes and legislation.
9. It is essential to integrate the evolving process of global ageing within the larger process of development. Policies on ageing deserve close examination from the developmental perspective of a broader life course and a society-wide view, taking into account recent global initiatives and the guiding principles set down by major United Nations conferences and summits.
10. The International Plan of Action on Ageing, 2002 calls for changes in attitudes, policies and practices at all levels in all sectors so that the enormous potential of ageing in the twenty-first century may be fulfilled. Many older persons do age with security and dignity, and also empower themselves to participate within their families and communities. The aim of the International Plan of Action is to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights. While recognizing that the foundation for a healthy and enriching old age is laid early in life, the Plan is intended to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population ageing. The

common features of the nature of ageing and the challenges it presents are acknowledged and specific recommendations are designed to be adapted to the great diversity of circumstances in each country. The Plan recognizes the many different stages of development and the transitions that are taking place in various regions, as well as the interdependence of all countries in a globalizing world.

11. A society for all ages, which was the theme for the 1999 International Year of Older Persons, contained four dimensions: individual lifelong development; multigenerational relationships; the interrelationship between population ageing and development; and the situation of older persons. The International Year helped to advance awareness, research and policy action worldwide, including efforts to integrate the issue of ageing in all sectors and foster opportunities integral to all phases of life.
12. The major United Nations conferences and summits and special sessions of the General Assembly and review follow-up processes have set goals, objectives and commitments at all levels intended to improve the economic and social conditions of everyone. These provide the context in which the specific contributions and concerns of older persons must be placed. Implementing their provisions would enable older persons to contribute fully and benefit equally from development. There are a number of central themes running through the International Plan of Action on Ageing, 2002 linked to these goals, objectives and commitments, which include:
  - (a) The full realization of all human rights and fundamental freedoms of all older persons;
  - (b) The achievement of secure ageing, which involves reaffirming the goal of eradicating poverty in old age and building on the United Nations Principles for Older Persons;
  - (c) Empowerment of older persons to fully and effectively participate in the economic, political and social lives of their societies, including through income-generating and voluntary work;
  - (d) Provision of opportunities for individual development, self-fulfilment and well-being throughout life as well as in late life, through, for example, access to lifelong learning and participation in the community while recognizing that older persons are not one homogenous group;



- (e) Ensuring the full enjoyment of economic, social and cultural rights, and civil and political rights of persons and the elimination of all forms of violence and discrimination against older persons;
  - (f) Commitment to gender equality among older persons through, inter alia, elimination of gender-based discrimination;
  - (g) Recognition of the crucial importance of families, intergenerational interdependence, solidarity and reciprocity for social development;
  - (h) Provision of health care, support and social protection for older persons, including preventive and rehabilitative health care;
  - (i) Facilitating partnership between all levels of government, civil society, the private sector and older persons themselves in translating the International Plan of Action into practical action;
  - (j) Harnessing of scientific research and expertise and realizing the potential of technology to focus on, inter alia, the individual, social and health implications of ageing, in particular in developing countries;
  - (k) Recognition of the situation of ageing indigenous persons, their unique circumstances and the need to seek means to give them an effective voice in decisions directly affecting them.
13. The promotion and protection of all human rights and fundamental freedoms, including the right to development, is essential for the creation of an inclusive society for all ages in which older persons participate fully and without discrimination and on the basis of equality. Combating discrimination based on age and promoting the dignity of older persons is fundamental to ensuring the respect that older persons deserve. Promotion and protection of all human rights and fundamental freedoms is important in order to achieve a society for all ages. In this, the reciprocal relationship between and among generations must be nurtured, emphasized and encouraged through a comprehensive and effective dialogue.
14. The recommendations for action are organized according to three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. The extent to which the lives of older persons are secure is strongly influenced by progress in these three directions. The priority directions are designed to guide policy formulation and implementation towards the specific goal of successful adjustment to an ageing world, in which success is measured in terms of social development, the improvement

for older persons in quality of life and in the sustainability of the various systems, formal and informal, that underpin the quality of well-being throughout the life course.

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

## **II. Recommendations for action**

### **A. Priority direction I: Older persons and development**

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

economic growth. One of the principles in the Copenhagen Declaration on Social Development 3 and Programme of Action 4 adopted at the World Summit for Social Development is the creation of a framework by Governments to fulfil their responsibility for present and future generations by ensuring equity across the generations. Furthermore, the Millennium Summit affirmed the long-term imperative of eradicating poverty and fulfilling the social and humanitarian goals set up by the global conferences of the 1990s.

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

### **Issue 1: Active participation in society and development**

19. A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society. To work towards this goal, it is necessary to remove whatever excludes or discriminates against them. The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Moreover, these roles contribute to the preparation of the future labour force. All these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly women, should be recognized.
20. Participation in social, economic, cultural, sporting, recreational and volunteer activities also contribute to the growth and maintenance of personal well-being. Organizations of older persons are an important means of enabling participation through advocacy and promotion of multigenerational interactions.

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

**Actions**

- (a) Ensure the full enjoyment of all human rights and fundamental freedoms by promoting the implementation of human rights conventions and other human rights instruments, particularly in combating all forms of discrimination;
- (b) Acknowledge, encourage and support the contribution of older persons to families, communities and the economy;
- (c) Provide opportunities, programmes and support to encourage older persons to participate or continue to participate in cultural, economic, political, social life and lifelong learning;
- (d) Provide information and access to facilitate the participation of older persons in mutual self-help, intergenerational community groups and opportunities for realizing their full potential;
- (e) Create an enabling environment for volunteering at all ages, including through public recognition, and facilitate the participation of older persons who may have little or no access to the benefits of engaging in volunteering;
- (f) Promote a wider understanding of the cultural, social and economic role and continuing contribution of older persons to society, including that of unpaid work;
- (g) Older persons should be treated fairly and with dignity, regardless of disability or other status, and should be valued independently of their economic contribution;
- (h) Take account of the needs of older persons and respect the right to live in dignity at all stages of life;
- (i) Promote a favourable attitude among employers regarding the productive capacity of older workers as being conducive to their continued employment and promote awareness of their worth, including their self-awareness, in the labour market;
- (j) Promote civic and cultural participation as strategies to combat social isolation and support empowerment.

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

**Actions**

- (a) Take into account the needs and concerns of older persons in decisionmaking at all levels;
- (b) Encourage, when they do not already exist, the establishment of organizations of older persons at all levels to, inter alia, represent older persons in decision-making;
- (c) Take measures to enable the full and equal participation of older persons, in particular older women, in decision-making at all levels.

**Issue 2: Work and the ageing labour force**

23. Older persons should be enabled to continue with income-generating work for as long as they want and for as long as they are able to do so productively. Unemployment, underemployment and labour market rigidities often prevent this, thus restricting opportunities for individuals and depriving society of their energies and skills. Implementation of commitment<sup>3</sup> of the Copenhagen Declaration on Social Development<sup>3</sup> on promoting the goal of full employment is fundamentally important for these very reasons, as are the strategies and policies outlined in the Programme of Action<sup>4</sup> of the World Summit and the further initiatives for growth of employment recommended by the twenty-fourth special session of the General Assembly.<sup>5</sup> There is a need to increase awareness in the workplace of the benefits of maintaining an ageing work force.
24. In developing countries and countries with economies in transition, most persons who are now old and who work are engaged in the informal economy, which often deprives them of the benefits of adequate working conditions and social protection provided by the formal sector economy. The life expectancy in many developed countries and countries with economies in transition exceeds the established retirement or pension age. In these countries, moreover, fewer persons are entering the labour market because of the decrease in the birth rate; this trend is often

3 Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995 (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annex I.

4 Ibid., annex II.

5 See General Assembly resolution S-24/2, annex.

accompanied by age discrimination. Labour shortages are likely to occur resulting from the decline in the pool of young persons entering the labour market, the ageing workforce and the tendency towards early retirement. In this context, policies to extend employability, such as flexible retirement new work arrangements, adaptive work environments and vocational rehabilitation for older persons with disabilities are essential and allow older persons to combine paid employment with other activities.

25. Factors affecting older women in the labour market deserve special attention, in particular those factors that affect women's engagement in paid work, including lower salaries, lack of career development due to interrupted work histories, family care obligations and their ability to build pensions and other resources for their retirement. A lack of family-friendly policy regarding the organization of work can increase these difficulties. Poverty and low income during women's earning years can often lead to poverty in old age. An integral goal of the International Plan of Action is to achieve age diversity and gender balance in the workplace.
26. In addressing the goal of employment for all, it must be recognized that the continued employment of older workers need not reduce labour market opportunities for younger persons and can provide an ongoing and valuable contribution to the improvement of national economic performance and output for the benefit of all members of society. The overall economy can also benefit from other plans to use the experience and skills of older workers to train younger and newer employees.
27. Where potential labour shortages exist, major changes in existing incentive structures may be needed in order to encourage more workers to willingly defer full retirement and continue to be employed, whether as part-time or as full-time employees. Human resources management practices and policies should take into account and address some of the specific needs of older employees. Appropriate adjustments may be needed to the workplace environment and working conditions to ensure that older workers have skills, health and capacity to remain employed into their later years. This suggests that employers, workers organizations and human resource personnel should pay closer attention to emerging workplace practices, both domestic and international, that might facilitate the retention and productive fulfilment of older workers in the workforce.

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

**Actions**

- (a) Place employment growth at the heart of macroeconomic policies, for example by ensuring that labour market policies aim to foster high rates of growth in production and employment for the benefit of persons of all ages;
- (b) Enable older persons to continue working as long as they want to work and are able to do so;
- (c) Take action to increase participation in the labour market of the working age population and to reduce the risk of exclusion or dependency in later life. This action is to be promoted through the implementation of policies such as: increasing older women's participation; sustainable work-related health-care services with emphasis on prevention, promotion of occupational health and safety so as to maintain work ability; access to technology, life-long learning, continuing education, on-the-job training, vocational rehabilitation and flexible retirement arrangements; and efforts to reintegrate the unemployed and persons with disabilities into the labour market;
- (d) Make special efforts to raise the participation rate of women and disadvantaged groups, such as the long-term unemployed and persons with disabilities, thereby reducing the risk of their exclusion or dependency in later life;
- (e) Promote self-employment initiatives for older persons, inter alia, by encouraging the development of small and microenterprises and by ensuring access to credit for older persons, without discrimination, in particular gender discrimination;
- (f) Assist older persons already engaged in informal sector activities by improving their income, productivity and working conditions;
- (g) Eliminate age barriers in the formal labour market by promoting the recruitment of older persons and preventing the onset of disadvantages experienced by ageing workers in employment;
- (h) Promote, as appropriate, a new approach to retirement that takes account of the needs of the employees as well as the employers, in particular by applying the principle of flexible retirement policies and practices, while maintaining acquired pension rights. Possible

measures to achieve this goal may include reducing the incentives and pressures for early retirement and removing disincentives to working beyond retirement age;

- (i) Recognize and accommodate the caring responsibilities of increasing proportions of workers for older family members, persons with disabilities and persons with chronic diseases, including HIV/AIDS, by developing, inter alia, family-friendly and gender-sensitive policies aimed at reconciling work and care-giving responsibilities;
- (j) Remove disincentives to working beyond retirement age, for example through protecting acquired pension rights, disability benefit rights and health benefits from being affected by delayed retirement age;
- (k) Promote new work arrangements and innovative workplace practices aimed at sustaining working capacity and accommodating the needs of workers as they age, inter alia, by setting up employee assistance programmes;
- (l) Support workers in making informed decisions about the potential financial, health and other impacts of a longer participation in the workforce;
- (m) Promote a realistic portrait of older workers' skills and abilities by correcting damaging stereotypes about older workers or job candidates;
- (n) Take into account the interests of older workers when policy or decision makers approve business mergers so that they are not subject to greater disadvantages, reduction of benefits or loss of employment than are their younger counterparts.

### **Issue 3: Rural development, migration and urbanization**

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



transition often still lack basic services and have insufficient economic and community resources.

30. Despite restrictions on legal international migration, migration flows have increased internationally. In developing countries and countries with economies in transition, economic support, including remittances from children abroad, is often a vital lifeline to older persons and through them to their communities and local economies. As international migrants from earlier decades grow older, some Governments are seeking to assist older migrants.
31. The urban setting is generally less conducive to sustaining the traditional extended family network and reciprocity system than are rural areas. Older migrants from rural to urban areas in developing countries often face loss of social networks and suffer from the lack of a supporting infrastructure in cities, which can lead to their marginalization and exclusion, in particular if they are ill or disabled. In countries with a long history of rural to urban migration and the expansion of underdeveloped cities, there is a growing population of poor older persons. The urban setting for the older migrant in developing countries and countries with economies in transition is often one of crowded housing, poverty, loss of economic autonomy and little physical and social care from family members who must earn their living outside the home.

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

**Actions**

- (a) Strengthen the capacity of ageing farmers through continued access to financial and infrastructure services and training for improved farming techniques and technologies;
- (b) Encourage the establishment and revitalization of small-scale enterprises by providing funding or support for income-generating projects and rural cooperatives and by widening economic diversification;
- (c) Foster the development of local financial services, including microcredit schemes and microfinance institutions, in underserved rural areas in order to encourage investment;
- (d) Promote ongoing adult education, training and retraining in rural and remote areas;

- (e) Connect rural and remote populations to the knowledge-based economy and society;
- (f) Ensure that the rights of older women in rural and remote areas are taken into account with regard to their equal access to and control of economic resources;
- (g) Encourage appropriate social protection/social security measures for older persons in rural and remote areas;
- (h) Ensure equal access to basic social services for older persons in rural and remote areas.

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

**Actions**

- (a) Design and implement programmes and provide services to sustain the independence of older persons in rural areas, including older persons with disabilities;
- (b) Facilitate and strengthen traditional rural and community support mechanisms;
- (c) Focus support on older persons in rural areas without kin, in particular older women who face a longer old age, often with fewer resources;
- (d) Give priority to the empowerment of older women in rural areas through access to financial and infrastructure services;
- (e) Promote innovative rural and community support mechanisms, including those that facilitate the exchange of knowledge and experience among older persons.

**34. Objective 3: Integration of older migrants within their new communities.**

- (a) Encourage supportive social networks for older migrants;
- (b) Design measures to assist older migrants to sustain economic and health security;
- (c) Develop community-based measures to prevent or offset the negative consequences of urbanization, such as the establishment of centres for older persons;
- (d) Encourage housing design to promote intergenerational living, where culturally appropriate and individually desired;

- (e) Assist families to share accommodation with older family members who desire it;
- (f) Develop policies and programmes that facilitate, as appropriate, and as consistent with national laws, the integration of older migrants into the social, cultural, political and economic life of countries of destination and encourage respect for those migrants;
- (g) Remove linguistic and cultural barriers when providing public services to older migrants.

#### **Issue 4: Access to knowledge, education and training**

- 35. Education is a crucial basis for an active and fulfilling life. At the Millennium Summit, a commitment was made to ensure that, by 2015, all children complete a full course of primary schooling. A knowledge-based society requires that policies be instituted to ensure lifelong access to education and training. Continuing education and training are essential to ensure the productivity of both individuals and nations.
- 36. At the present time, developing countries have a large number of persons reaching old age with minimal literacy and numeracy, which limits their capacity to earn a livelihood and may thus influence their enjoyment of health and well-being. In all countries lifelong education and training is also a prerequisite for the participation of older persons in employment.
- 37. A workplace with a diverse age distribution creates an environment where individuals can share skills, knowledge and experience. This kind of mutual training can be formalized in collective agreements and policies or left to informal practices.
- 38. Older persons facing technological change without education or training can experience alienation. Increased access to education at a younger age will benefit persons as they grow older, including in coping with technological change. Despite such access, however, illiteracy continues to remain high in many areas of the world. Technology can be used to bring persons together and thereby contribute to the reduction of marginalization, loneliness and segregation between the ages. Measures that enable older persons to have access to, take part in and adjust to technological changes should therefore be taken.
- 39. Training, retraining and education are important determinants of a worker's ability to perform and adapt to workplace changes. Technological and organizational changes may render an employee's

skills obsolete and dramatically depreciate the value attached to previously accumulated work experience. Greater emphasis on access to knowledge, education and training opportunities is needed for older persons in the workforce. These persons often experience more difficulties adapting to technological and organizational changes than younger workers, in particular when considering the increasingly widespread use of information technologies.

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

**Actions**

- (a) Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;
- (b) Encourage and promote literacy, numeracy and technological skills training for older persons and the ageing workforce, including specialized literacy and computer training for older persons with disabilities;
- (c) Implement policies that promote access to training and retraining for older workers and encourage them to continue to use their acquired knowledge and skills after retirement;
- (d) Ensure that the benefits of new technologies, especially information and communication technologies, are available to all, taking into account the needs of older women;
- (e) Develop and disseminate user-friendly information to assist older persons to respond effectively to the technological demands of everyday life;
- (f) Encourage the design of computer technology and print and audio materials that take into account the changes in the physical abilities and the visual capacity of older persons;
- (g) Encourage further research to better determine the relationship between training and productivity so as to clearly demonstrate to both employers and employees the benefits of continuous training and education of older persons;
- (h) Raise the awareness of employers and workers organizations of the value of retraining of older workers, particularly women.

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

**Actions**

- (a) Consider measures to fully utilize the potential and expertise of older persons in education;
- (b) Provide opportunities within educational programmes for the exchange of knowledge and experience between generations, including the use of new technologies;
- (c) Enable older persons to act as mentors, mediators and advisers;
- (d) Encourage and support traditional and non-traditional multigenerational mutual assistance activities with a clear gender perspective in the family, the neighbourhood and the community;
- (e) Encourage older volunteers to offer their skills in all fields of activities, in particular information technologies;
- (f) Encourage the utilization of the social, cultural and educational knowledge and potential of older persons.

**Issue 5: Intergenerational solidarity**

42. Solidarity between generations at all levels – in families, communities and nations – is fundamental for the achievement of a society for all ages. Solidarity is also a major prerequisite for social cohesion and a foundation of formal public welfare and informal care systems. Changing demographic, social and economic circumstances require the adjustment of pension, social security, health and long-term care systems to sustain economic growth and development and to ensure adequate and effective income maintenance and service provision.
43. At the family and community level, intergenerational ties can be valuable for everyone. Despite geographic mobility and other pressures of contemporary life that can keep people apart, the great majority of people in all cultures maintain close relations with their families throughout their lives. These relationships work in both directions, with older persons often providing significant contributions both financially and, crucially, in the education and care of grandchildren and other kin. All sectors of society, including Governments, should aim to strengthen those ties. Nevertheless, it is important to recognize that living with younger generations is not always the preferred or best option for older persons.

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

**Actions**

- (a) Promote understanding of ageing through public education as an issue of concern to the entire society;
- (b) Consider reviewing existing policies to ensure that they foster solidarity between generations and thus promoting social cohesion;
- (c) Develop initiatives aimed at promoting mutual, productive exchange between the generations, focusing on older persons as a societal resource;
- (d) Maximize opportunities for maintaining and improving intergenerational relations in local communities, inter alia, by facilitating meetings for all age groups and avoiding generational segregation;
- (e) Consider the need to address the specific situation of the generation of people who have to care, simultaneously, for their parents, their own children and their grandchildren;
- (f) Promote and strengthen solidarity among generations and mutual support as a key element for social development;
- (g) Initiate research on the advantages and disadvantages of different living arrangements for older persons, including familial co-residence and independent living in different cultures and settings.

**Issue 6: Eradication of poverty**

- 45. The struggle against poverty among older persons, aiming towards its eradication, is a fundamental aim of the International Plan of Action on Ageing. Although global attention has recently been focused more actively on poverty eradication targets and policies, older persons in many countries still tend to be excluded from these policies and programmes. Where poverty is endemic, persons who survive a lifetime of poverty often face an old age of deepening poverty.
- 46. For women, institutional biases in social protection systems, in particular those based on uninterrupted work histories, contribute further to the feminization of poverty. Gender inequalities and disparities in economic power-sharing, unequal distribution of unremunerated work between

women and men, lack of technological and financial support for women's entrepreneurship, unequal access to, and control over, capital, in particular land and credit and access to labour markets, as well as all harmful traditional and customary practices, have constrained women's economic empowerment and exacerbated the feminization of poverty. In many societies, female-headed households, including divorced, separated and unmarried women and widows, are at particular risk of poverty. Special social protection measures are required to address feminization of poverty, in particular among older women.

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

**48. Objective 1: Reduction of poverty among older persons.**

**Actions**

- (a) Reduce the proportion of persons living in extreme poverty by one half by 2015;
- (b) Include older persons in policies and programmes to reach the poverty reduction target;
- (c) Promote equal access for older persons to employment and income-generation opportunities, credit, markets and assets;
- (d) Ensure that the particular needs of older women, the oldest old, older persons with disabilities and those living alone are specifically addressed in poverty eradication strategies and implementation programmes;
- (e) Develop, as appropriate and at all appropriate levels, age and gender-relevant poverty indicators as an essential means to identify the needs of poor older women and encourage the use of existing indicators of poverty so that the review is carried out according to age group and gender;
- (f) Support innovative programmes to empower older persons, particularly women, to increase their contributions to and benefit from development efforts to eradicate poverty;
- (g) Enhance international cooperation to support national efforts to eradicate poverty, in keeping with internationally agreed goals, in order to achieve sustainable social and economic support for older persons;

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

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

- 49. Income security and social protection/social security measures, whether contributory or not, include informal as well as highly structured schemes. They are part of a foundation for economic prosperity and social cohesion.
- 50. Globalization, structural adjustment programmes, fiscal constraints and a growing older population are often perceived as exerting pressure on formal social protection/social security systems. Sustainability in the provision of adequate income security is of great importance. In developing countries with limited coverage formal systems of social protection/social security, populations are vulnerable to market shocks and individual misfortunes that strain informal family support. In countries with economies in transition, economic transformations have impoverished whole segments of the population, in particular older persons and many families with children. Where it has occurred, hyperinflation has rendered pensions, disability insurance, health benefits and savings almost worthless.
- 51. Appropriate social protection/social security measures are required to address the feminization of poverty, in particular among older women.
- 52. **Objective 1: Promotion of programmes to enable all workers to acquire basic social protection/social security, including where applicable, pensions, disability insurance and health benefits.**

#### **Actions**

- (a) Develop and implement policies aimed at ensuring that all persons have adequate economic and social protection during old age;
- (b) Strive to ensure gender equality in social protection/social security systems;
- (c) Ensure, where appropriate, that social protection/social security systems cover an increasing proportion of the formal and informal working population;



- (d) Consider innovative social protection/social security programmes for persons working in the informal sector;
- (e) Introduce programmes to promote employment of low-skilled older workers, giving access to social protection/social security systems;
- (f) Strive to ensure the integrity, sustainability, solvency and transparency of pension schemes, and, where appropriate, disability insurance;
- (g) Establish a regulatory framework for private and supplementary pension and, where appropriate, disability insurance;
- (h) Provide advice and counselling services for older persons regarding all areas of social protection/social security.

**53. Objective 2: Sufficient minimum income for all older persons, paying particular attention to socially and economically disadvantaged groups.**

**Actions**

- (a) Consider establishing where appropriate, a non-contributory pension system and disability benefit system;
- (b) Organize, as a matter of urgency where they do not exist, social protection/social security systems to ensure minimum income for older persons with no other means of support, most of whom are women, in particular those living alone and who tend to be more vulnerable to poverty;
- (c) Take into account the living standards of older persons whenever pension systems and disability insurance, as appropriate, are being reformed;
- (d) Take measures to counteract the effects of hyperinflation on, as appropriate, pension, disability insurance and savings arrangements;
- (e) Invite international organizations, in particular the international financial institutions, according to their mandates, to assist developing countries and all countries in need in their efforts to achieve basic social protection, in particular for older persons.

## Issue 8: Emergency situations

54. In emergency situations, such as natural disasters and other humanitarian emergencies, older persons are especially vulnerable and should be identified as such because they may be isolated from family and friends and less able to find food and shelter. They may also be called upon to assume primary caregiving roles. Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction.
55. **Objective 1: Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies.**

### Actions

- (a) Take concrete measures to protect and assist older persons in situations of armed conflict and foreign occupation, including through the provision of physical and mental rehabilitation services for those who are disabled in these situations;
- (b) Call upon Governments to protect, assist and provide humanitarian assistance and humanitarian emergency assistance to older persons in situations of internal displacement in accordance with General Assembly resolutions;
- (c) Locate and identify older persons in emergency situations and ensure inclusion of their contributions and vulnerabilities in needs assessment reports;
- (d) Raise awareness among relief agency personnel of the physical and health issues specific to older persons and of ways to adapt basic needs support to their requirements;
- (e) Aim to ensure that appropriate services are available, that older persons have physical access to them and that they are involved in planning and delivering services as appropriate;
- (f) Recognize that older refugees of different cultural backgrounds growing old in new and unfamiliar surroundings are often in special need of social networks and of extra support and aim to ensure that they have physical access to such services;
- (g) Make explicit reference to, and design national guidelines for,

assisting older persons in disaster relief plans, including disaster preparedness, training for relief workers and availability of services and goods;

- (h) Assist older persons to re-establish family and social ties and address their post-traumatic stress;
- (i) Following disasters, put in place mechanisms to prevent the targeting and financial exploitation of older persons by fraudulent opportunists;
- (j) Raise awareness and protect older persons from physical, psychological, sexual or financial abuse in emergency situations, paying particular attention to the specific risks faced by women;
- (k) Encourage a more targeted inclusion of older refugees in all aspects of programme planning and implementation, inter alia, by helping active persons to be more self-supporting and by promoting better community care initiatives for the very old;
- (l) Enhance international cooperation, including burden-sharing and coordination of humanitarian assistance to countries affected by natural disasters and other humanitarian emergencies and post-conflict situations in ways that would be supportive of recovery and long-term development.

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

**Actions**

- (a) Include older persons in the provision of community relief and rehabilitation programmes, including by identifying and helping vulnerable older persons;
- (b) Recognize the potential of older persons as leaders in the family and community for education, communication and conflict resolution;
- (c) Assist older persons to re-establish economic self-sufficiency through rehabilitation projects, including income generation, educational programmes and occupational activities, taking into account the special needs of older women;
- (d) Provide legal advice and information to older persons in situations of displacement and dispossession of land and other productive and personal assets;

- (e) Provide special attention for older persons in humanitarian aid programmes and packages offered in situations of natural disasters and other humanitarian emergencies;
- (f) Share and apply, as appropriate, lessons learned from practices that have successfully utilized the contributions of older persons in the aftermath of emergencies.

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

- 57. Good health is a vital individual asset. Similarly, a high overall level of health of the population is vital for economic growth and the development of societies. The full benefits of healthy longevity have yet to be shared by all humanity, evidenced by the fact that entire countries, especially developing countries and certain population groups, still experience high rates of morbidity and mortality at all ages.
- 58. Older persons are fully entitled to have access to preventive and curative care, including rehabilitation and sexual health care. Full access for older persons to health care and services, which include disease prevention, involves recognition that health promotion and disease prevention activities throughout life need to focus on maintaining independence, prevention and delay of disease and disability treatment, as well as on improving the quality of life of older persons who already have disabilities. The health care and services need to include the necessary training of personnel and facilities to meet the special needs of the older population.
- 59. The World Health Organization defines health as a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity. To reach old age in good health and well-being requires individual efforts throughout life and an environment within which such efforts can succeed. The responsibility of individuals is to maintain a healthy lifestyle; the responsibility of Government is to create a supportive environment that enables the advancement of health and wellbeing into old age. For both humanitarian and economic reasons, it is necessary to provide older persons with the same access to preventive and curative care and rehabilitation as other groups. At the same time, health services designed to meet the special needs of the older population must be available, taking into account the introduction of geriatric medicine in relevant university curricula and health-care

systems, as appropriate. In addition to Governments, there are other important actors, in particular non-governmental organizations and families, which provide support for individuals in maintaining a healthy lifestyle while cooperating closely with Governments in creating a supportive environment.

60. An epidemiological transition is now under way in all regions of the world, indicating a shift in predominance of infectious and parasitic diseases to one of chronic and degenerative diseases. Many developing countries and countries with economies in transition are, however, confronting a double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS, tuberculosis and malaria, in parallel with the increasing threat of non-communicable diseases.
61. The growing need for care and treatment of an ageing population requires adequate policies. The absence of such policies can cause major cost increases. Policies that promote lifelong health, including health promotion and disease prevention, assistive technology, rehabilitative care, when indicated, mental health services, promotion of healthy lifestyles and supportive environments, can reduce disability levels associated with old age and effect budgetary savings.

### **Issue 1: Health promotion and well-being throughout life**

62. Health promotion encourages persons to monitor and improve their own health. The basic strategies for health promotion were laid down in the Ottawa Charter for Health Promotion (1986).<sup>6</sup> Goals of increasing the healthy lifespan, improving the quality of life for all, reducing mortality and morbidity rates and increasing life expectancy were set at the International Conference on Population and Development (1994).<sup>7</sup> These goals can be more effectively achieved through implementation of actions recommended by the World Health Organization to improve both public health and access to adequate health care.
63. Health promotion activities and equal access of older persons to health care and services that include disease prevention throughout life is the cornerstone of healthy ageing. A life course perspective involves recognizing that health promotion and disease prevention activities

<sup>6</sup> WHO/HPR/HEP/95.1.

<sup>7</sup> Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

need to focus on maintaining independence, prevention and delay of disease and disability and providing treatment, as well as on improving the functioning and quality of life of older persons who already have disabilities.

64. Maintaining and enhancing health status requires more than specific actions to affect individual health. Health is strongly influenced by environmental, economic and social determinants, including the physical environment, geography, education, occupation, income, social status, social support, culture and gender. Improvements in the economic and social situation of older persons will result in improvements in their health as well. Despite improvements in legislation and service delivery, equal opportunities for women through the life course are still not realized in many areas. For women, a life course approach to well-being in old age is particularly important, as they face obstacles throughout life with a cumulative effect on their social, economic, physical and psychological well-being in their later years.
65. Children and older persons are more susceptible to various forms of environmental pollution than individuals in the intermediate ages and are more likely to be affected by even the lowest pollution levels. Medical conditions due to environmental pollution reduce productivity and affect quality of life of persons as they age. Malnutrition and poor nutrition also place older persons at disproportionate risk and can adversely affect their health and vitality. The leading causes of disease, disability and mortality in older persons can be alleviated through health promotion and disease prevention measures that focus, inter alia, on nutrition, physical activity and cessation of smoking.
66. **Objective 1: Reduction of the cumulative effects of factors that increase the risk of disease and consequently potential dependence in older age.**

### **Actions**

- (a) Give priority to poverty eradication policies to, inter alia, improve the health status of older persons, in particular the poor and marginalized;
- (b) Ensure, as appropriate, conditions that enable families and communities to provide care and protection to persons as they age;
- (c) Set targets, in particular gender-specific targets, to improve the health status of older persons and reduce disability and mortality;

- (d) Identify and address the main environmental and socio-economic factors that contribute to the onset of disease and disability in later life;
- (e) Focus on the major known risks arising from unhealthy diet, physical inactivity and other unhealthy behaviours, such as smoking and alcohol abuse, in health promotion, health education, prevention policies and information campaigns;
- (f) Take comprehensive action to prevent the abuse of alcohol, to reduce the use of tobacco products and involuntary exposure to tobacco smoke in promoting the cessation of tobacco use at all ages;
- (g) Set in place and implement legal and administrative measures and organize public information and health promotion, including campaigns to reduce the exposure to environmental pollutants from childhood and throughout life;
- (h) Promote the safe use of all medications and minimize the misuse of prescription drugs through regulatory and education measures with the participation of the industry and professional sectors involved.

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

**Actions**

- (a) Design early interventions to prevent or delay the onset of disease and disability;
- (b) Promote adult immunization programmes as a preventive measure;
- (c) Ensure that gender-specific primary prevention and screening programmes are available and affordable to older persons;
- (d) Provide training and incentives for health and social service and care professionals to counsel and guide persons reaching old age on healthy lifestyles and self-care;
- (e) Pay attention to the dangers arising from social isolation and mental illness and reduce the risk they pose to the health of older persons by supporting community empowerment and mutual aid groups, including peer outreach and neighbourhood visiting programmes and by facilitating the active participation of older persons in voluntary activities;
- (f) Promote civic and cultural participation of older persons as strategies to combat social isolation and support empowerment;

- (g) Rigorously implement and reinforce, where applicable, national and international safety standards that aim at preventing injuries at all ages;
- (h) Prevent unintentional injuries by developing a better understanding of their causes and by undertaking measures to safeguard pedestrians, implementing fall prevention programmes, minimizing hazards, including fire hazard in the home, and providing safety advice;
- (i) Develop statistical indicators at all levels on common diseases in older persons to guide policies aimed at preventing further illness in this age group;
- (j) Encourage older persons to maintain or adopt an active and healthy lifestyle, including physical activity and sport.

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

**Actions**

- (a) Promote equal access to clean water and safe food for older persons;
- (b) Achieve food security by ensuring a safe and nutritionally adequate food supply at both the national and international levels. In this regard, ensure that food and medicine are not used as tools for political pressure;
- (c) Promote lifelong healthy and adequate nutrition from infancy, with particular attention to ensuring that specific nutritional needs of men and women throughout the life course are met;
- (d) Encourage a balanced diet to provide adequate energy and prevent macro-and micro-nutrient deficiency, preferably based on local foods through, inter alia, developing national dietary goals;
- (e) Pay particular attention to nutritional deficiencies and associated diseases in the design and implementation of health promotion and prevention programmes for older persons;
- (f) Educate older persons and the general public, including informal caregivers, about specific nutritional needs of older persons, including adequate intake of water, calories, protein, vitamins and minerals;
- (g) Promote affordable dental services to prevent and treat disorders that can impede eating and cause malnutrition;



- (h) Include specific nutritional needs of older persons into curricula of training programmes for all health and relevant care workers and professionals;
- (i) Ensure appropriate and adequate provision of accessible nutrition and food for older persons in hospital and other care settings.

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

69. Investing in health care and rehabilitation for older persons extends their healthy and active years. The ultimate goal is a continuum of care ranging from health promotion and disease prevention to the provision of primary health care, acute care treatment, rehabilitation, community care for chronic health problems, physical and mental rehabilitation for older persons including older persons with disabilities and palliative care for older persons suffering painful or incurable illness or disease. Effective care for older persons needs to integrate physical, mental, social, spiritual and environmental factors.
70. Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination. Older persons can experience financial, physical, psychological and legal barriers to health-care services. They may also encounter age discrimination and age-related disability discrimination in the provision of services because their treatment may be perceived to have less value than the treatment of younger persons.
71. We recognize the gravity of the public health problems afflicting many developing countries and least developed countries, especially those resulting from HIV/AIDS, tuberculosis, malaria and other epidemics. We stress the need for the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights to be part of the wider national and international action to address these problems.
72. Intellectual property protection is important for the development of new medicines. We also recognize the concerns about its effects on prices. We agree that the Agreement on Trade-Related Aspects of Intellectual Property Rights does not and should not prevent Member States from taking measures to protect public health. Accordingly, while reiterating our commitment to the Agreement, we affirm that the Agreement can

and should be interpreted and implemented in a manner supportive of the right of Governments to protect public health and, in particular, to promote access to medicines for all.

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

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

**Actions**

- (a) Take measures to ensure equal distribution of health and rehabilitation resources to older persons and, in particular, increase access for these resources for older persons who are poor and promote their distribution to poorly served areas, such as rural and remote areas, including affordable access to essential medications and other therapeutic measures;
- (b) Promote equal access to care for older persons who are poor, as well as for those who live in rural or remote areas by, inter alia, the reduction or elimination of user fees, provisions of insurance schemes and other financial support measures;
- (c) Promote affordable access to essential medications and other therapeutic measures;
- (d) Educate and empower older persons in the effective use and selection of health and rehabilitation services;
- (e) Implement international obligations to ensure the access of older persons to primary health care without discrimination based on age or other forms of discrimination;
- (f) Enhance the access of older persons to primary health care and take steps to eliminate discrimination in health care based on age and other forms of discrimination;

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

**75. Objective 2: Development and strengthening of primary health-care services to meet the needs of older persons and promote their inclusion in the process.**

**Actions**

- (a) Take measures to provide universal and equal access to primary health care and establish community health programmes for older persons;
- (b) Support local communities in providing health support services to older persons;
- (c) Include traditional medicine in primary health-care programmes where appropriate and beneficial;
- (d) Train primary health-care workers and social workers in basic gerontology and geriatrics;
- (e) Encourage, at all levels, arrangements and incentives to mobilize commercial enterprises, especially pharmaceutical enterprises, to invest in research aimed at finding remedies that can be provided at affordable prices for diseases that particularly afflict older persons in developing countries and invite the World Health Organization to consider improving partnerships between the public and private sectors in the area of health research.

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

**Actions**

- (a) Develop regulatory mechanisms at appropriate levels to set suitable standards of health care and rehabilitation for older persons;
- (b) Implement community development strategies that determine a systematic needs assessment baseline for the planning, execution and evaluation of locally based health programmes. The baseline should include contributions from older persons;
- (c) Improve the coordination of primary health care, long-term care and social services and other community services;

- (d) Support the provision of palliative care<sup>8</sup> and its integration into comprehensive health care. To this end, develop standards for training and palliative care<sup>8</sup> and encourage multidisciplinary approaches for all service providers of palliative care;
- (e) Promote the establishment and coordination of a full range of services in the continuum of care, including prevention and promotion, primary care, acute care, rehabilitation, long-term and palliative care, 8 so that resources can be deployed flexibly to meet the variable and changing health needs of older persons;
- (f) Develop specialized gerontological services and improve coordination of their activities with primary health-care and social care services.

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

**Actions**

- (a) Include older persons in the planning, implementation and evaluation of social and health care and rehabilitation programmes;
- (b) Encourage health and social care providers to fully include older persons in decision-making related to their own care;
- (c) Promote self-care in older persons and maximize their strengths and abilities within health and social services;
- (d) Integrate the needs and perceptions of older persons in the shaping of health policy.

**Issue 3: Older persons and HIV/AIDS**

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

8 The definition of palliative care, based on the World Health Organization, is active total care of patients whose disease is not responsive to curative treatment, namely by controlling pain and other symptoms of the disease and offering psychological, social and spiritual support to patients and their families.

79. **Objective 1: Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and those who are caregivers for infected or surviving family members.**

**Actions**

- (a) Ensure and expand the compilation of HIV/AIDS data to allow for the assessment of the extent of HIV/AIDS infection in older persons;
- (b) Pay special attention to older carers of HIV/AIDS patients, including the collection of both quantitative and qualitative data on the health status and needs of older carers.

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

**Actions**

- (a) Revise, as appropriate, public health and prevention strategies to reflect local epidemiology. Information on prevention and risks of HIV/AIDS for the general population should meet the needs of older persons;
- (b) Provide training to older caregivers to help them to provide effective care while minimizing the possible negative impact on their own health and well-being;
- (c) Ensure that AIDS treatment and support strategies recognize the needs of older persons who are infected by HIV/AIDS.

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

**Actions**

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

9 General Assembly resolution S-26/2, annex.

- (b) Introduce policies to provide in-kind support, health care and loans to older caregivers to assist them in meeting the needs of children and grandchildren in accordance with the Millennium Declaration;<sup>10</sup>
- (c) Foster collaboration between governmental agencies and nongovernmental organizations that work with children, youth and older persons on HIV/AIDS issues;
- (d) Encourage the elaboration of studies to better understand and highlight the contribution of older persons to social and economic development in all countries, in particular those countries severely affected by HIV/AIDS, and disseminate the findings as widely as possible.

#### **Issue 4: Training of care providers and health professionals**

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

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

#### **Actions**

- (a) Initiate and promote education and training programmes for health professionals, social care professionals and informal care providers in the services for and care of older persons, including in gerontology and geriatrics, and support all countries, in particular developing countries, in these efforts;
- (b) Provide health-care and social-care professionals with continuing education programmes, with a view to an integrated approach of health, well-being and care of older persons as well as the social and psychological aspects of ageing;
- (c) Expand professional education in gerontology and geriatrics, including through special efforts to expand student enrolment in geriatrics and gerontology.

<sup>10</sup> General Assembly resolution 55/2.

## **Issue 5: Mental health needs of older persons**

84. Worldwide, mental health problems are a leading cause of disability and of reduced quality of life. Mental health problems are clearly not an inevitable outcome of growing old, but a significant increase in the number of older persons with mental illnesses can be expected due to population ageing. Various losses and life changes can often lead to an array of mental health disorders, which, if not properly diagnosed, can lead to inappropriate treatment, or no treatment, and/or clinically unnecessary institutionalization.
85. Strategies to cope with such diseases include medication, psychosocial support, cognitive training programmes, training for caring family members and caring staff and specific structures of inpatient care.
86. **Objective 1: Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons.**

### **Actions**

- (a) Develop and implement national and local strategies designed to improve prevention, timely detection and treatment of mental illness in old age, including diagnostic procedures, appropriate medication, psychotherapy and education for professionals and informal caregivers;
- (b) Develop, where appropriate, effective strategies to increase the level of quality assessment and diagnosis of Alzheimer's and related disorders at an early stage. Research on these disorders should be undertaken on a multidisciplinary basis that meets the needs of the patient, health professionals and carers;
- (c) Provide programmes to help persons with Alzheimer's disease and mental illness due to other sources of dementia to be able to live at home for as long as possible and to respond to their health needs;
- (d) Develop programmes to support self-help and provide respite care for patients, families and other carers;
- (e) Develop psychosocial therapy programmes to assist in reintegration of patients discharged from hospitals;

- (f) Develop a comprehensive continuum of services in the community to prevent unnecessary institutionalization;
- (g) Establish services and facilities that provide safety and treatment and that promote personal dignity to meet the needs of older persons suffering from mental disorders;
- (h) Promote public information about the symptoms, treatment, consequences and prognosis of mental diseases;
- (i) Provide mental health services to older persons residing in long-term care facilities;
- (j) Provide ongoing training to health-care professionals in the detection and assessment of all mental disorders and of depression.

### **Issue 6: Older persons and disabilities**

- 87. Incidence of impairment and disability increases with age. Older women are particularly vulnerable to disability in old age due to, inter alia, gender differences in life expectancy and disease susceptibility and gender inequalities over the life course.
- 88. The effects of impairment and disability are often exacerbated by negative stereotypes about persons with disabilities, which may result in lowered expectations of their abilities, and in social policies that do not allow them to reach their full potential.
- 89. Enabling interventions and environments supportive of all older persons are essential to promote independence and empower older persons with disabilities to participate fully in all aspects of society. The ageing of persons with cognitive disabilities is a factor that should be considered in planning and decision-making processes.
- 90. **Objective 1: Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities.**

### **Actions**

- (a) Ensure that the agendas of national policy and programme coordination agencies dealing with disabilities include attention to issues concerning older persons with disabilities;
- (b) Develop, as appropriate, gender and age-sensitive national and local policies, legislation, plans and programmes for the treatment and



- prevention of disabilities, taking health, environmental and social factors into account;
- (c) Provide physical and mental rehabilitation services for older persons with disabilities;
  - (d) Develop community-based programmes to provide education on causes of disabilities and information on how to prevent or manage them throughout the life course;
  - (e) Create age-friendly standards and environments to help prevent the onset or worsening of disabilities;
  - (f) Encourage the development of housing options for older persons with disabilities that reduce barriers to and encourage independence and, where possible, make public spaces, transportation and other services, as well as commercial premises and services used by the general public accessible to them;
  - (g) Encourage the provision of rehabilitation and appropriate care and assistive technologies for older persons with disabilities to fulfil their need for services, support and full integration into society;
  - (h) Promote, in accordance with applicable international law, including international agreements acceded to, the accessibility for all, without discrimination, including the most vulnerable sectors of the population, to pharmaceuticals or medical technologies, as well as their affordability for all, including disadvantaged groups;
  - (i) Encourage and facilitate the establishment of self-help organizations of older persons with disabilities and their caregivers;
  - (j) Encourage employer receptivity to older persons with disabilities who remain productive and capable of paid or volunteer work.

### **C. Priority direction III: Ensuring enabling and supportive environments**

91. The promotion of an enabling environment for social development was one of the central goals agreed at the World Summit for Social Development. It was renewed and strengthened at the twenty-fourth special session of the General Assembly on social development. The commitment included essential framework conditions such as: participatory, transparent and accountable political systems, as well as good governance at the national and international levels, as established in the Millennium Declaration; recognition of the universal indivisible interdependent and

interrelated nature of all human rights; increased external assistance to developing countries through official development assistance and debt relief; recognition of the important interaction between environmental, economic and social policies; improved access for developing countries and countries with economies in transition to the markets of the developed countries; and reduction of the negative impact of international financial turbulence. Realization of these and other aspects of an enabling environment and the economic growth and social development to which they contribute will make possible the achievement of the goals and policies agreed upon in the present International Plan of Action.

92. The mobilization of domestic and international resources for social development is an essential component for the implementation of the International Plan of Action on Ageing, 2002. Since 1982, reforms to promote the effective and efficient utilization of existing resources have received increasing attention. However, inadequate national revenue generation and collection, combined with new challenges regarding social services and social protection systems arising from demographic changes and other factors, jeopardize the financing of social services and social protection systems in many countries. There is also greater acceptance of the view that the increasing debt burden faced by the most indebted developing countries is unsustainable and constitutes one of the principal obstacles to achieving progress in people-centred sustainable development and poverty eradication. For many developing countries, as well as countries with economies in transition, excessive debt servicing has severely constrained their capacity to promote social development and provide basic services.
93. We note with concern current estimates of dramatic shortfalls in resources required to achieve the internationally agreed development goals, including those contained in the Millennium Declaration. Achieving the internationally agreed development goals, including those contained in the Millennium Declaration, demands a new partnership between developed and developing countries. We commit ourselves to sound policies, good governance at all levels and the rule of law. We also commit ourselves to mobilizing domestic resources, attracting international flows, promoting international trade as an engine for development, increasing international financial and technical cooperation for development, sustainable debt financing and external debt relief and

enhancing the coherence and consistency of the international monetary, financial and trading systems.

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

### **Issue 1: Housing and the living environment**

95. Housing and the surrounding environment are particularly important for older persons, inclusive of factors such as: accessibility and safety; the financial burden of maintaining a home; and the important emotional and psychological security of a home. It is recognized that good housing can promote good health and well-being. It is also important that older persons are provided, where possible, with an adequate choice of where they live, a factor that needs to be built into policies and programmes.
96. In developing countries, and some countries with economies in transition, rapid demographic ageing is taking place in a context of continuing urbanization and a growing number of persons who are ageing in urban areas lack affordable housing and services. At the same time a large number of persons are ageing in isolation in rural areas, rather than in the traditional environment of an extended family. Left alone, they are often without adequate transportation and support systems.
97. In developed countries, the built environment and adequate transportation for older persons are also a growing concern. Housing developments are typically designed for young families who have their own transport. Transportation is problematic in rural areas because

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

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

**Actions**

- (a) Promote the development of age-integrated communities;
- (b) Coordinate multi-sectoral efforts to support the continued integration of older persons with their families and communities;
- (c) Encourage investment in local infrastructure, such as transportation, health, sanitation and security, designed to support multigenerational communities;
- (d) Introduce policies and support initiatives that ease access of older persons to goods and services;
- (e) Promote equitable allocation of public housing for older persons;
- (f) Link affordable housing with social support services to ensure the integration of living arrangements, long-term care and opportunities for social interaction;
- (g) Encourage age-friendly and accessible housing design and ensure easy access to public buildings and spaces;
- (h) Provide older persons, their families and caregivers with timely and effective information and advice on the housing options available to them;
- (i) Ensure that housing provided for older persons takes appropriate account of their care and cultural needs;
- (j) Promote the growing continuum of housing options for older persons.

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

**Actions**

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

- (b) Promote employment of technology and rehabilitation services designed to support independent living;
- (c) Meet the need for shared and multigenerational co-residence through the design of housing and public space;
- (d) Assist older persons in making their homes free of barriers to mobility and access.

100. **Objective 3: Improved availability of accessible and affordable transportation for older persons.**

**Actions**

- (a) Improve the availability of efficient public transportation services in rural and urban areas;
- (b) Facilitate the growth of both public and private alternative forms of transport in urban areas, such as neighbourhood-based businesses and services;
- (c) Encourage the training and assessment of older drivers, the design of safer roadways and the development of new kinds of vehicles that cater to the needs of older persons and persons with disabilities.

**Issue 2: Care and support for caregivers**

- 101. Provision of care to those who need it, either by older persons or for them, is mostly done by the family or community, especially in developing countries. Families and communities also play a key role in prevention, care, support and treatment of persons affected by HIV/AIDS. Where the caregivers are older persons, provisions should be made to assist them; and where they are the recipients of care there is a need to establish and strengthen human resources and health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services. This caregiving system should be strengthened and reinforced by public policies as the proportion of the population needing such care increases.
- 102. Even in countries with well-developed formal care policies, intergenerational ties and reciprocity ensure that most care is still informal. Informal care has a complementary character and does not replace professional care. Ageing in one's community is an ideal in all countries. In many countries, however, family care without compensation to caregivers is creating new economic and social

strains. The cost to women, in particular, who continue to provide the majority of informal care, is now recognized. Female caregivers bear financial penalty of low pension contributions because of absences from the labour market, foregone promotions and lower incomes. They also bear the physical and emotional cost of stress from balancing work and household obligations. The situation is especially demanding for women with both child and elder care responsibilities.

103. In many parts of the world, especially Africa, the HIV/AIDS pandemic has forced older women, already living in difficult circumstances, to take on the added burden of caring for children and grandchildren with HIV/AIDS and for grandchildren orphaned by AIDS. At a time when it is more normal for adult children to look after their ageing parents, many older persons find themselves with the unexpected responsibility of caring for frail children or with the task of becoming sole parents to grandchildren.
104. In the last two decades, community care and ageing in place have become the policy objective of many Governments. Sometimes the underlying rationale has been financial, because, based on the assumption that families will supply the bulk of care, community care is expected to cost less than residential care. Without adequate assistance, family caregivers can be overburdened. In addition, formal community care systems, even where they exist, often lack sufficient capacity because they are poorly resourced and coordinated. As a result, residential care may be the preferred option of either the frail older person or the caregiver. In view of this range of issues, a continuum of affordable care options, from family to institutional, is desirable. Ultimately, the participation of older persons in assessing their own needs and monitoring service delivery is crucial to the choice of the most effective option.
105. **Objective 1: Provision of a continuum of care and services for older persons from various sources and support for caregivers.**

### **Actions**

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

- (c) Support caregivers through training, information, psychological, economic, social and legislative mechanisms;
- (d) Take steps to ensure the provision of assistance to older persons in cases where informal support is unavailable, has been lost, or is not desired;
- (e) Facilitate comparative research into care systems in different cultures and settings;
- (f) Prepare and implement strategies for meeting the special needs of ageing caregivers for persons with cognitive disabilities;
- (g) Establish and apply standards and mechanisms to ensure quality care in formal care settings;
- (h) Develop social support systems, both formal and informal, with a view to enhancing the ability of families to take care of older persons within the family, including in particular the provision of long-term support and services for the growing number of frail older persons;
- (i) Enhance, through appropriate measures, self-reliance of older women and men and create conditions that promote quality of life and enable them to work and live independently in their own communities for as long as possible and desired;
- (j) Promote provision of community-based care and support of family care, taking into account equal distribution of caring responsibilities between women and men by measures for better reconciliation of working and family life.

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

**Actions**

- (a) Encourage the provision of social support, including respite services, advice and information for both older caregivers and the families under their care;
- (b) Identify how to assist older persons, in particular older women, in caregiving and address their specific social, economic and psychological needs;
- (c) Reinforce the positive role of grandparents in raising grandchildren;
- (d) Take account of the growing numbers of older caregivers in service provision plans.

### **Issue 3: Neglect, abuse and violence**

107. Neglect, abuse and violence against older persons takes many forms – physical, psychological, emotional, financial – and occurs in every social, economic, ethnic and geographic sphere. The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help. Communities must work together to prevent abuse, consumer fraud and crimes against older persons. Professionals need to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home and in community and institutional settings.
108. Older women face greater risk of physical and psychological abuse due to discriminatory societal attitudes and the non-realization of the human rights of women. Some harmful traditional and customary practices result in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection.
109. Women's poverty is directly related to the absence of economic opportunities and autonomy, lack of access to economic resources, including credit, land ownership and inheritance, lack of access to education and support services and their minimal participation in the decision-making process. Poverty can also force women into situations in which they are vulnerable to sexual exploitation.
110. **Objective 1: Elimination of all forms of neglect, abuse and violence of older persons.**

#### **Actions**

- (a) Sensitize professionals and educate the general public, using media and other awareness-raising campaigns, on the subject of elder abuse and its various characteristics and causes;
- (b) Abolish widowhood rites that are harmful to the health and well-being of women;
- (c) Enact legislation and strengthen legal efforts to eliminate elder abuse;
- (d) Eliminate harmful traditional practices involving older persons;
- (e) Encourage cooperation between Government and civil society,



- including non-governmental organizations, in addressing elder abuse by, inter alia, developing community initiatives;
- (f) Minimize the risks to older women of all forms of neglect, abuse and violence by increasing public awareness of, and protecting older women from, such neglect, abuse and violence, especially in emergency situations;
  - (g) Encourage further research into the causes, nature, extent, seriousness and consequences of all forms of violence against older women and men and widely disseminate findings of research and studies.

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

**Actions**

- (a) Establish services for victims of abuse and rehabilitation arrangements for abusers;
- (b) Encourage health and social service professionals as well as the general public to report suspected elder abuse;
- (c) Encourage health and social service professionals to inform older persons suspected of suffering abuse of the protection and support that can be offered;
- (d) Include handling of elder abuse in the training of the caring professions;
- (e) Establish information programmes to educate older persons about consumer fraud.

**Issue 4: Images of ageing**

112. A positive view of ageing is an integral aspect of the International Plan of Action on Ageing, 2002. Recognition of the authority, wisdom, dignity and restraint that comes with a lifetime of experience has been a normal feature of the respect accorded to the old throughout history. These values are often neglected in some societies and older persons are disproportionately portrayed as a drain on the economy, with their escalating need for health and support services. Although healthy ageing is naturally an increasingly important issue for older persons, public focus on the scale and cost of health care, pensions and other services have sometimes fostered a negative image of ageing. Images of older persons as attractive, diverse and creative

individuals making vital contributions should compete for the public's attention. Older women are particularly affected by misleading and negative stereotypes: instead of being portrayed in ways that reflect their contributions, strengths, resourcefulness and humanity, they are often depicted as weak and dependent. This reinforces exclusionary practices at the local and national levels.

113. **Objective 1: Enhancement of public recognition of the authority, wisdom, productivity and other important contributions of older persons.**

**Actions**

- (a) Develop and widely promote a policy framework in which there is an individual and collective responsibility to recognize the past and present contributions of older persons, seeking to counteract preconceived biases and myths and, consequently, to treat older persons with respect and gratitude, dignity and sensitivity;
- (b) Encourage the mass media to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older women and men, including older persons with disabilities;
- (c) Encourage educators to recognize and include in their courses the contribution made by persons of all ages, including older persons;
- (d) Encourage the media to move beyond portrayal of stereotypes and to illuminate the full diversity of humankind;
- (e) Recognize that the media are harbingers of change and can be guiding factors in fostering the role of older persons in development strategies, including in rural areas;
- (f) Facilitate contributions by older women and men to the presentation by the media of their activities and concerns;
- (g) Encourage the media and the private and public sectors to avoid ageism in the workplace and to present positive images of older persons;
- (h) Promote a positive image of older women's contributions to increase their self-esteem.

III. Implementation and follow-up.

114. The implementation of the International Plan of Action on Ageing, 2002 will require sustained action at all levels in order to both respond to the demographic changes ahead and to mobilize the skills and energies

of older persons. It will require systematic evaluation to respond to new challenges. In addition there is a critical and continuing need for international assistance to help developing countries to pursue policies that address ageing.

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

### **National action**

116. Governments have the primary responsibility for implementing the broad recommendations of the International Plan of Action, 2002. A necessary first step in the successful implementation of the Plan is to mainstream ageing and the concerns of older persons into national development frameworks and poverty eradication strategies. Programme innovation, mobilization of financial resources and the development of necessary human resources will be undertaken simultaneously. Accordingly, progress in the implementation of the Plan should be contingent upon effective partnership between Governments, all parts of civil society and the private sector as well as an enabling environment based, inter alia, on democracy, the rule of law, respect for all human rights, fundamental freedoms and good governance at all levels, including national and international levels.
117. The role of non-governmental organizations is important in supporting Governments in their implementation, assessment and follow-up of the International Plan of Action, 2002.
118. Efforts should be made to promote institutional follow-up to the International Plan of Action, including, as appropriate, the establishment of agencies on ageing and national committees. National committees on ageing that include representatives of relevant sectors of civil society, especially organizations of older persons, can make very valuable contributions and can serve as national advisory and coordinating mechanisms on ageing.
119. Other crucial elements of implementation include: effective organizations of older persons; educational, training and research activities on ageing; and national data collection and analysis, such

as the compilation of gender and age specific information for policy planning, monitoring and evaluation. Independent, impartial monitoring of progress in implementation is also valuable and can be conducted by autonomous institutions. Governments, as well as civil society, can facilitate the mobilization of resources by organizations representing and supporting older persons by increasing incentives.

### **International action**

120. We recognize that globalization and interdependence are opening new opportunities through trade, investment and capital flows and advances in technology, including information technology, for the growth of the world economy and the development and improvement of living standards around the world. At the same time, there remain serious challenges, including serious financial crises, insecurity, poverty, exclusion and inequality within and among societies. Considerable obstacles to further integration and full participation in the global economy remain for developing countries, in particular the least developed countries, as well as for some countries with economies in transition. Unless the benefits of social and economic development are extended to all countries, a growing number of people in all countries and even entire regions will remain marginalized from the global economy. We must act now in order to overcome those obstacles affecting peoples and countries and to realize the full potential of opportunities presented for the benefit of all.
121. Globalization offers opportunities and challenges. The developing countries and countries with economies in transition face special difficulties in responding to those challenges and opportunities. Globalization should be fully inclusive and equitable, and there is a strong need for policies and measures at the national and international levels, formulated and implemented with the full and effective participation of developing countries and countries with economies in transition to help them respond effectively to those challenges and opportunities.
122. In order to complement national development efforts, enhanced international cooperation is essential to support developing countries, least developed countries and countries with economies in transition in implementing the International Plan of Action, 2002, while recognizing the importance of assistance and the provision of financial assistance, inter alia, by:

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

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

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

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

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

and 0.15 per cent of GNP of developed countries to least developed countries and encourage developing countries to build on progress achieved in ensuring that official development assistance is used effectively to help achieve development goals and targets.

123. Enhanced and focused international cooperation and an effective commitment by developed countries and international development agencies will enhance and enable the implementation of the International Plan of Action. International financial institutions and regional development banks are invited to examine and adjust their lending and grants practices to ensure that older persons are recognized as a development resource and are taken into account in their policies and projects as part of efforts to assist developing countries and countries with economies in transition in the implementation of the International Plan of Action, 2002.
124. Similarly, commitment by United Nations funds and programmes to ensure integration of the question of ageing in their programmes and projects, including at country level, is important. Support by the international community and international development agencies for organizations that specifically promote training and capacity-building on ageing in developing countries is extremely important.
125. Other priorities for international cooperation on ageing should include exchange of experiences and best practices, researchers and research findings and data collection to support policy and programme development as appropriate; establishment of income-generating projects; and information dissemination.
126. The United Nations System Chief Executives Board for Coordination should include system-wide implementation of the International Plan of Action on Ageing, 2002 in its agenda. The focal points that were set up within the United Nations system in preparation for the World Assembly on Ageing should be maintained and strengthened. The institutional capacity of the United Nations system to undertake its responsibilities for implementation of the Plan should be improved.
127. As the focal point on ageing in the United Nations system, the primary action of the Department of Economic and Social Affairs programme on ageing will be to facilitate and promote the International Plan of Action on Ageing, 2002, including: designing guidelines for policy development and implementation; advocating means to mainstream

ageing issues into development agendas; engaging in dialogue with civil society and the private sector; and information exchange.

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

## **Research**

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

## **Global monitoring, review and updating**

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

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



# **Resolution Adopted by the General Assembly 60/135. Follow-up to the Second World Assembly on Ageing, 2006**

The General Assembly,

Recalling its resolution 57/167 of 18 December 2002, in which it endorsed the Political Declaration and the Madrid International Plan of Action on Ageing, 2002 (Report of the Second World Assembly on Ageing, Madrid, 8–12 April 2002), its resolution 58/134 of 22 December 2003, in which it took note, *inter alia*, of the road map for the implementation of the Madrid Plan of Action, and its resolution 59/150 of 20 December 2004,

Recalling also Economic and Social Council resolution 2003/14 of 21 July 2003, in which the Council invited Governments, the United Nations system and civil society to participate in a “bottom-up” approach to the review and appraisal of the Madrid Plan of Action,

Recalling further Commission for Social Development resolution 42/1 of 13 February 2004 entitled “Modalities for the review and appraisal of the Madrid International Plan of Action on Ageing, 2002”, (Official Records of the Economic and Social Council, 2004, Supplement No. 6), in which the Commission decided to undertake the review and appraisal of the Madrid Plan of Action every five years, with each review and appraisal cycle to focus on one of the priority directions of the Madrid Plan of Action,

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

1. Calls upon Governments, the organizations and bodies of the United Nations system and the non-governmental community to reinforce their advocacy campaigns aimed at informing all major societal actors, including older persons and their organizations, about the decisions taken at the Second World Assembly on Ageing;

2. Recommends that ongoing efforts to achieve the internationally agreed development goals, including those contained in the United Nations Millennium Declaration (resolution 55/2), take into account the situation of older persons;
3. Calls upon Governments and, within their mandates, the agencies and organizations of the United Nations system, and encourages the non-governmental community, to ensure that the challenges of population ageing and the concerns of older persons are adequately incorporated into their programmes and projects;
4. Invites Member States and the organizations and bodies of the United Nations system to take into account the needs and concerns of older persons in decision-making at all levels;
5. Stresses the need for additional capacity-building at the national level in order to promote and facilitate implementation of the Madrid International Plan of Action on Ageing, 2002, (Report of the Second World Assembly on Ageing, Madrid, 8–12 April 2002 ), and in this connection encourages Governments to support the United Nations Trust Fund for Ageing to enable the Department of Economic and Social Affairs of the Secretariat to provide expanded assistance to countries, upon their request;
6. Calls upon Governments to consult and utilize the Research Agenda on Ageing for the Twenty-First Century, adopted by the Valencia Forum in April 2002, as a tool for strengthening national capacity on ageing for the implementation, review and appraisal of the Madrid Plan of Action;
7. Invites Governments, intergovernmental organizations and nongovernmental organizations to encourage and support comprehensive, diversified and specialized research on ageing in all countries;
8. Invites the functional commissions of the Economic and Social Council to integrate the issues of population and individual ageing into their work in order to promote implementation of the Madrid Plan of Action;
9. Recommends that the Commission on the Status of Women continue to consider the situation of older women, in particular those who are most vulnerable, including those living in rural areas;

10. Encourages those regional commissions that have not yet done so to elaborate a regional strategy for the implementation of the Madrid Plan of Action;
11. Takes note of Commission for Social Development resolution 42/1,2 and in this context requests the Secretary-General to present his proposals for conducting the review and appraisal exercise at the regional and global levels to the Commission at its forty-fourth session;
12. Requests the organizations and bodies of the United Nations system to continue to strengthen the capacity of the focal points on ageing and to provide them with adequate resources for further implementation of the Madrid Plan of Action, in particular through appropriate mainstreaming action;
13. Stresses the importance of the collection of data and population statistics disaggregated by age and sex on all aspects of policy formulation by all countries, and encourages the relevant entities of the United Nations system to support national efforts in capacity-building, especially those of developing countries and countries with economies in transition, takes note in this context of the establishment by the United Nations of an Internet-accessible database on ageing, and invites States to submit, whenever possible, information for inclusion in the database;
14. Takes note of the report of the Secretary-General, (A/60/151), and requests that it be forwarded to the Commission for Social Development at its forty-fourth session in order to assist the Commission in its deliberations;
15. Requests the Secretary-General to report to the General Assembly at its sixty-first session on the implementation of the present resolution.

# **United Nations General Assembly**

**19 July 2006**

## **Follow-up to the Second World Assembly on Ageing Report of the Secretary-General**

### **I. Introduction**

1. The General Assembly, in its resolution 60/135 of 16 December 2005, entitled "Follow-up to the Second World Assembly on Ageing", stressed the need for additional capacity-building at the national level in order to promote and facilitate implementation of the Madrid International Plan of Action on Ageing, 2002 (Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002). In the same resolution, the Assembly called upon Governments to consult and utilize the Research Agenda on Ageing for the Twenty-first Century, adopted by the Valencia Forum in April 2002, as a tool for strengthening national capacity on ageing for the implementation, review and appraisal of the Madrid Plan of Action.
2. Member States have taken a number of actions to enhance their capacities to achieve the objectives of the Madrid Plan of Action, including institutional strengthening and legislative action to create an enabling environment. The road map for the implementation of the Madrid Plan of Action (A/58/160, sect. III) of which the General Assembly took note in its resolution 58/134 of 22 December 2003 had identified national capacity-building, and mainstreaming of ageing into national development agendas, as two essential facets of the implementation process. The present report, prepared in response to Assembly resolution 60/135, highlights various efforts undertaken at the national and international levels in relation to the capacity-building goals pertinent to the Madrid Plan of Action.
3. Apart from discussing some basic elements of the capacity-building process, the report addresses specific national actions needed to implement the Madrid Plan of Action and highlights international cooperation efforts in this regard. The conclusion presents recommendations for consideration by the General Assembly.

## **II. Capacity-building for implementation of the Madrid International Plan of Action on Ageing: conceptual framework**

4. National capacity to implement policies and programmes on ageing is determined by a set of factors originating from various spheres of the policy environment and interacting at different stages of the policy process. Capacity building is a multifaceted process geared towards strengthening the ability of people, institutions and societies to “perform functions, solve problems and set and achieve objectives” (Sakiko Fukuda-Parr, Carlos Lopes and Khalid Malik, eds., *Capacity for Development*. London and New York, Earthscan). Capacity-building is also a means of creating a political, socio-economic and legal environment conducive to social progress. Democracy, the rule of law, respect for all human rights, fundamental freedoms and good governance at all levels allow the citizenry, including older persons, to articulate their concerns and effectively claim their rights. Effective systems of management, appropriate organizational skills, and accountable institutions of government are essential for the conduct of the implementation and monitoring process.
5. The accurate assessment of a country’s capacity for implementing the Madrid Plan of Action can present a challenge, as the existence of national policies and plans on ageing by themselves are not always strong indicators of the ability of a country to actually carry out the initiatives and achieve the results envisioned in the Madrid Plan of Action. Nonetheless, a number of elements can be relied upon to help guide an assessment of national capacity on ageing, including: the ability of a country to set clear goals and develop a national plan of action on ageing that corresponds with the declaration and objectives agreed to in the Madrid Plan of Action; the political will of a country to implement ageing programmes, as seen, for example, in the creation of institutions dedicated to ageing issues; the extent to which a national Government actively engages in and promotes partnerships with other stakeholders, including the private sector, non-governmental organizations, families and associations of older persons; the degree to which a country invests in human resources — in personnel to implement and oversee policies and programmes on ageing as well as in the education and training of

older persons themselves to help keep them vital and engaged; the efforts that a country makes to find and secure resources — both nationally and internationally — to carry out ageing programmes; and the commitment that a country makes to improving the quality of its research, data and analysis on ageing issues.

6. The essential elements of national capacity development that Governments have addressed or may wish to address in designing, implementing and monitoring their implementation strategies within the context of the Madrid Plan of Action are listed below. They have been selected in light of the recommendations of the Madrid Plan of Action and include: (a) institutional infrastructure; (b) human resources; (c) mobilization of financial resources; (d) research, data collection and analysis; and (e) a sound policy process, including the use of mainstreaming. All of the above elements of national capacity are complementary, and should be seen in a holistic manner.
7. The establishment of agencies and national committees on ageing is an essential first step in creating an institutional infrastructure for promoting follow-up to the Madrid Plan of Action. Cooperation and partnerships between government representatives and all major stakeholders are crucial for the success of their work. In addition, a specifically appointed focal point on ageing within the government, designated at the central, provincial and local levels, is particularly important in respect of providing the necessary political and administrative weight to the ageing agenda. Non-governmental organizations have an important role in supporting Governments in their assessment, implementation and follow-up efforts. Strengthening organizations representing older persons can increase the capacity of civil society organizations to support the policy process and work more effectively with other stakeholders.
8. Human resource development is the key element of any capacity-building effort. It encompasses investment in training for the acquisition of skills in crucial areas of expertise such as policy design, data collection and analysis, gerontology and geriatric health care. Universities and other education establishments could pay greater attention to these areas in the courses and programmes that they offer to their students. The educational and training activities may be complemented by volunteering done by older persons. Volunteering contributes to social

capital and ensures that the abilities and skills of older persons are used effectively, thus enhancing national capacity.

9. Mobilization of financial resources, including budget allocations earmarked for programmes and policies related to older persons, is a clear expression of the political will to address ageing issues. Intergenerational equity in public spending and allocation of funds are necessary considerations. Properly assessing the effectiveness of ageing-related social spending, and placing it within the context of relevant national and international experience, can improve national capacity in this important area of policymaking.
10. The conceptualization and design of new policies are best achieved when based on empirical evidence that is reliable, representative and valid. Better research and data collection — addressing both quantitative and qualitative aspects — will provide the necessary information for new policy interventions. The participation of older persons in this process may enhance the potential for obtaining reliable data through censuses and surveys, as well as through qualitative, participatory methods of data collection. Achieving the capacity to collect, disaggregate and analyse age specific data remains an acute challenge in many countries.
11. Enhancing and deepening research on all aspects of ageing, including the study of its economic and social consequences, are vital for building capacity for evidence-based policymaking. Increasing funding and developing human resources are crucial elements in strengthening research capacity. Countries that lack domestic resources in this area could seek partnerships with universities and research centres abroad, apply to international donors for project funding or increase training of domestic staff. The Research Agenda on Ageing for the 21st century could serve as a topical guide for policy-related research activities.
12. Mainstreaming, as a policy tool, should integrate ageing issues systematically into current and future development agendas, including legal frameworks, work programmes and budgets. Mainstreaming may be seen as a strategy and a process as well as a multidimensional effort that should lead to better social integration of older persons and to the inclusion of ageing concerns into all aspects of social, political, economic and cultural life. Mainstreaming ageing and the concerns of older

persons into national development frameworks and poverty eradication strategies is identified in the Madrid Plan of Action as a necessary first step in its successful implementation.

13. Systematic, independent and impartial monitoring of progress in implementation is essential. It can be conducted by the Government or by autonomous institutions, as recommended in the Madrid Plan of Action. The first five-year review and appraisal of the Madrid Plan of Action will commence in 2007 and will be conducted by and large through a participatory bottom-up approach that will be based on the opinions of older persons (Commission for Social Development resolution 44/1). The adoption of a bottom-up participatory approach on a global scale for conducting the review and appraisal of a major international policy document like the Madrid Plan of Action is without precedent and represents a substantive challenge. Additional efforts may be needed to build or enhance pertinent elements of national implementation mechanisms, including strengthening research and data collection. To assist Governments in organizing and conducting their review and appraisal exercises, the United Nations Secretariat has prepared the publication entitled *Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing: Bottom-up Participatory Approach*. More conventional approaches to collecting and analyzing information will also be utilized. To support national efforts, a set of indicators has been developed and could be used during the review and appraisal process.

### **III. National implementation actions**

14. Since the Madrid Plan of Action is not a legally binding document, there is no mandatory procedure through which Member States would regularly inform the United Nations Secretariat about their implementation efforts. Thus, in the absence of comprehensive information about national implementation, a thorough assessment of national capacity on ageing is not possible at this point. It is hoped that this gap will be bridged during the review and appraisal exercise set to take place in 2007 and 2008. Based on the information available to the Secretariat, this report will give merely a snapshot of national capacity to implement



the Madrid Plan of Action, highlighting both the achievements and the challenges faced by a cross section of Member States.

## **A. Institutional infrastructure**

15. National capacity to implement the Madrid Plan of Action is closely tied to the institutional framework in place to ensure follow-up of policies and programmes on ageing. For example, countries that have designated agencies or ministries on ageing, and sufficient financial and human resources to carry out initiatives geared towards older persons, tend to demonstrate the greatest capacity to implement the Madrid Plan of Action. Several countries have fully established government offices on ageing at the ministerial or similar level, such as the Department of Health and Ageing (Australia), the Division of Ageing and Seniors of the Public Health Agency (Canada), the National Committee on Ageing (China), the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Germany) and the Administration on Ageing (United States of America).
16. In the face of competing demands and obligations and often insufficient human and financial resources, many countries have placed focal points on ageing within various ministries dealing with social issues. The success of government focal points rests on their capacity to work across a spectrum of various government offices and mainstream ageing issues into other relevant policy processes, as well as to collaborate with a variety of stakeholders. This requires that focal points enjoy political support at the highest level.
17. A number of countries have established independent advisory bodies, such as committees or commissions composed of academics, the private sector and nongovernmental organizations, to address ageing issues and the concerns of older persons. These advisory bodies are typically charged with the task of assisting or advising Governments in developing and implementing policies and programmes, and can serve as watchdogs for government policymaking, since top-down approaches often overlook the needs of older persons. Advisory bodies incorporate opinions and facilitate close and regular monitoring of policy implementation at the local or community level. Equally important, such

bodies can evaluate and assess the impact of newly proposed policies and suggest possible changes.

18. Advisory bodies currently exist in a variety of countries such as Austria, Chile, Guatemala, India and Mexico. Austria, for example, has established an independent council of senior citizens with rights and responsibilities similar to those of a chamber of commerce, which has become a major contributor to discussions on national policy on ageing. Chile has created a National Service for Older Persons (SENAMA) which includes an advisory committee composed of representatives of older persons' organizations, academia and institutions working with older persons. Guatemala has a National Council for Protection of the Aged which consults with civil society and organizations of older persons in its policymaking. In India, a National Council of Older Persons was formed, with 25 per cent of its members drawn from the government and 75 per cent comprising, inter alia, academics and retired persons from both rural and urban communities. The Government accepts the Council as a watchdog agency designed to monitor policy on ageing. In Mexico, the National Institute of Older Persons (INAPAM) requires that senior citizens be included in advisory bodies concerned with relevant issues. A common feature of all of these advisory bodies is that they enjoy independence and can therefore play a key role in monitoring the implementation of the Madrid Plan of Action.
19. In the Latin American and Caribbean region, various countries or areas have initiated strategies involving non-governmental organizations in implementing the Madrid Plan of Action. The National Council of Older Persons (CONAPAM) in Costa Rica, for instance, is coordinating efforts with organizations of older persons to help them implement a communication and awareness-raising campaign for all ages. Similarly, Anguilla and Belize have embarked on producing a series of radio and TV programmes to draw attention to ageing issues. Other countries in the Caribbean, such as Guyana and Saint Kitts and Nevis, are promoting special days for intergenerational activities. Joint education campaigns are also being held throughout the region, addressing such issues as the ageing process, rights of older persons and elder abuse. Of particular interest is the campaign by the Latin American Association of Publicity Agencies (ALAP), in conjunction with the Inter- American Development

Bank, to promote a new culture of ageing, stressing the value of older persons to society.

20. Several regional initiatives have promoted partnerships between the major stakeholders in the process of implementation of the Madrid Plan of Action. The Economic and Social Commission for Asia and the Pacific (ESCAP) has made an effort to improve the quality of consultations between government officials and civil society and has facilitated multi-stakeholder dialogues. To this end, ESCAP has made use of photo displays and video productions, involving the media, the private sector and highly visible individuals.
21. In the European Union (EU), evidence of a successful partnership between the government and civil society can be seen in the outcome of the spring summit 2006 held in Brussels. AGE — The European Older People's Platform, a group of 148 organizations representing 22 million older people in Europe, campaigned with other non-governmental organizations to bring the social dimension back into the Lisbon Strategy. Their influence was notable, for instance, in the recommendations on employment of older persons mentioned in the Presidency Conclusions of the Brussels European Council (23 and 24 March 2006).

## **B. Human resources**

22. Human resources needed to deal effectively with ageing issues range from health-care personnel who are properly trained to care for an ageing population, to actuarial and budgetary specialists who can ensure that pension and social security schemes are sufficiently funded, to community service providers who can make sure that the needs of older persons are met within their communities. The human potential of older persons themselves also needs to be nurtured and developed, as people can continue to make valuable contributions to their communities as they age.
23. The capacity of countries to meet the health-care needs of their ageing populations varies considerably depending to their level of economic development. The World Health Organization (WHO) warns that there is a critical shortage of health workers, including doctors, nurses and

laboratory technicians, in developing countries. According to The World Health Report 2006: Working Together for Health, (Geneva, WHO, 2006) at least 1.3 billion people around the world have no access to basic health care often owing to a deficit of health workers. Africa, for example, accounts for 11 per cent of the world population but has only 3 per cent of all health workers, despite the fact that it carries 25 per cent of the disease burden. WHO estimates that an additional 4 million health workers are needed to provide essential health care in the 57 countries facing the greatest shortages in health personnel. Compounding the problem is the “brain drain” of skilled health professionals from developing to developed countries: about 1 in 4 doctors trained in Africa is currently working in Organization for Economic Cooperation and Development (OECD) countries. The combination of these factors cause many developing countries to be poorly prepared to meet the challenges of the epidemiological transition from an acute to a chronic disease burden.

24. Many countries, however, are making a concerted effort to improve their capacity for meeting the human resources needs of an ageing society. In Chile, for example, the Government will train 570 health professionals for specialization in geriatrics. They will then serve in 103 doctors’ offices across the country. A school will also be developed to provide health training to leaders of clubs and community unions of older persons.
25. Ukraine established in July 2005 a State Educational Geriatric Centre, thereby providing another example of human resources development. The Centre aims to develop and implement educational programmes for medical and social workers, as well as volunteers, in the field of care for older persons. Professionals and volunteers will be trained concurrently, so that they can share their diverse experiences in the care of older persons.

### **C. Financial resources**

26. The Madrid Plan of Action emphasized that in the national implementation process, programme innovation, mobilization of financial resources and the development of necessary human resources would be undertaken

simultaneously (para. 116). In many developing countries, additional financial resources are required to support the inclusion of older persons in national development frameworks, poverty eradication strategies, and emergency relief operations. Fund allocations are also needed in developing countries and countries with economies in transition to provide micro credit and other forms of financial support for small-scale intergenerational enterprises that can help older persons become or remain selfsufficient.

27. Mobilization of financial resources for programmes and policies dealing with older persons, such as social security, pension plans and health care, is strongest in high-income countries. The concern of a growing number of high-income countries is not how to mobilize more resources, but how to control costs for pensions and health-care plans at a time when the active working population is shrinking in proportion to the number of retired persons.
28. The Directorate General for Economic and Financial Affairs of the European Commission organized a conference in March 2006 on the economic and budgetary impact of ageing, which brought together politicians, academics, national authorities, the European Commission and international organizations to discuss the impact of ageing on pensions and health-care systems in Europe. With the ageing of the population in Europe, combined with the tendency towards early retirement, much attention has been drawn to the costs of maintaining existing pension and health plans for older persons.
29. Although the lack of financial resources is typically cited as the main stumbling block to effective implementation of programmes to support older persons, the experiences of various countries have shown that the costs of social pension programmes are not as prohibitive as initially anticipated. In South Africa, for example, pensions reach 1.9 million older people at a cost of 1.4 per cent of gross domestic product (GDP). The investment has been worth the cost because the pensions have proved to be an effective way of targeting aid to the poorest people and their dependants, as the pension is estimated to have reduced the number of people living on less than \$1 per day by 5 per cent (2.24 million people). Likewise in Brazil, pensions reach 5.3 million poor older people at a cost of 1 per cent of GDP. Having a pensioner in the family

can reduce a household's probability of becoming poor by 21 per cent. Other countries have had similar experiences: the cost of implementing a large-scale social pension scheme was less than 2 per cent of GDP in Namibia; and administration costs were found to account for only 2-3 per cent of benefit payments in Botswana and Mauritius.

30. Chile has taken direct action to improve the quality of services for older persons through the establishment of a National Fund for Older Adults. The Fund will make available \$1.25 million to legally established organizations of older persons to enable them to carry out social and development programmes aimed at assisting those over age 60. The Fund is intended to complement the newly created free health-care and social pension programme.
31. Furthermore, it is important not to overlook the benefits that pension plans can generate for the local economy, as recipients spend their pension money on needed goods and services, such as food, water, health care and education. Evidence shows that pensions can increase the share of the poorest 5 per cent of the population in national consumption, as pensions have been demonstrated to increase the income of this group by 100 per cent in Brazil and by 50 per cent in South Africa. When perceived as an investment in the well-being of older persons, their families and communities, pensions may be said to represent a wise use of financial resources. Although much attention has been directed to the costs associated with an ageing population, it is important to keep in mind the economic, as well as the noneconomic contributions that older persons make to the societies in which they live.

#### **D. Research, data collection and analysis**

32. There is a persistent call for more and better data to assist in planning, evaluation and monitoring of programmes and policies on ageing. That global poverty data are not disaggregated by age is a continuing shortcoming, making it difficult to accurately determine the pervasiveness of poverty among older persons. Moreover, the absence of such data forestalls efforts to evaluate progress in meeting the Millennium Development Goals, particularly with regard to halving

extreme poverty and hunger among older persons. The ongoing difficulties in data-collection efforts, particularly in developing countries, remain an obstacle to gaining accurate and timely information about the status of older persons throughout the world. Nevertheless, countries in different regions are demonstrating a growing capacity to gain accurate and timely information on the ageing process as evidenced by the convening of scientific meetings and the publication of research studies.

33. In Africa, research on ageing remains very limited. It originates mostly from universities, in particular from the field of the medical sciences. The Government of South Africa in its report to the Second World Assembly on Ageing in 2002 acknowledged the dire need for research to be extended to encompass the social aspects of ageing and for government to develop a research programme that was relevant to national needs. Data disaggregated by age remain rare in African countries. The Asian region also has limited capacity in respect of research and data collection, although signs of progress are evident. In Thailand, for example, the Second National Long-term Plan for Older Persons (2002-2021) includes research strategies to support policy and programme development and to monitor and evaluate the National Plan.
34. The challenges and opportunities of ageing European societies have triggered considerable data collection, research and discussion on the issue, which have improved capacity to develop policies in this area. The European Centre for Social Welfare Policy and Research, a United Nations-affiliated intergovernmental organization, collaborates with the Austrian Government and the Economic Commission for Europe (ECE) secretariat in scientifically and technically assisting governments in monitoring the regional implementation strategy for the Madrid Plan of Action. The European Research Area in Ageing (ERA-AGE), a four-year project funded by the European Commission, aims to promote the development of a European strategy for research on ageing. The Design for Ageing Network was established in 1994 in the Netherlands to act as a Europe-wide forum for exchange of information, ideas and expertise related to ageing, and as a springboard for new collaborations at local, national and international levels.

35. In the Latin American region, a number of countries have built up their capacity to conduct research and analysis on ageing issues. In Argentina, for example, the Programme of Ageing and Society of the Latin American Faculty of Social Sciences (FLACSO-Argentina) has begun studying the issue of the ageing workforce, and the Group of Socio-Anthropology of Older Persons and Community Planning of Ageing at the University of Mar del Plata has carried out extensive research on social support networks for older persons. The Centre of Psychogerontology in Colombia has studied ageing from a variety of perspectives and has published a number of books and articles; and in Venezuela, the Unit on Research in Gerontology of the National Experimental University Francisco de Miranda has initiated research on support networks and social policies geared to older persons.
36. The Caribbean subregion recently convened its first Symposium on Ageing in Trinidad and Tobago, with a view to strengthening regional capacities in implementing the Madrid Plan of Action. The symposium was a joint exercise of the Government, the Pan American Health Organization (PAHO), the University of the West Indies and the Economic Commission for Latin America and the Caribbean (ECLAC). The Jamaica campus of the University of the West Indies has established a Centre for Gerontology, and the University of Suriname has undertaken research on the impact of physical activities on the well-being of older persons.
37. Australia has demonstrated a considerable commitment to promoting research and data collection on population ageing. The Department of Health and Ageing has funded or developed scores of research projects, grants and publications on ageing issues, as well as a large number of statistics, geared towards guiding future policy directions in this area (<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/Research>). The National Health and Medical Research Council also provides funding to support medical research and training on health issues for people of all ages throughout Australia.
38. In the United States of America, research and analysis on ageing issues are carried out by a wide range of entities, including the government, academia, foundations and non-profit organizations. One such public policy research institute is the National Academy on an Aging Society (<http://www.agingsociety.org/agingsociety/about/index.html>) which



conducts research on public policy issues associated with population ageing with the aim of enhancing the quality of debates about the challenges and opportunities inherent in an ageing society. It also serves as the policy arm of the Gerontological Society of America, a professional organization that provides researchers, educators, practitioners and policymakers with the opportunity to integrate basic and applied research on ageing and to use it to improve people's quality of life as they age. There is also a White House Conference on Aging, last held in 2005, which is convened every 10 years to develop recommendations for the United States Government on issues, policy and research in the field of ageing.

## **E. Policy development**

39. Countries are designing and implementing policies and programmes within a broad framework provided by the Madrid Plan of Action. Many countries have adopted comprehensive national strategies on ageing, including concomitant legislation. Some of these strategies, however, have not necessarily emerged in follow-up to the Madrid Plan of Action but rather reflect long-term efforts to address national priorities in population and individual ageing.
40. Actions on poverty eradication and income security feature most prominently in national implementation actions. The provision of income support to older persons is a fundamental policy requirement. Yet, according to estimates of the International Labour Organization (ILO), only 20 per cent of the world's population has adequate social protection coverage, with the situation even more dire in sub-Saharan Africa, where coverage for old age income protection extends to just 10 per cent of the labour force. Without coverage under contributory old age pensions, a large proportion of the older population in lower-income countries are vulnerable to poverty.
41. Not surprisingly, the highest-income countries — which also happen to be those with the greatest share of their populations over age 60 — are far more likely than lower-income countries to provide their citizens with social protection coverage. Among the 25 EU countries, for example, 21 per cent of their populations are over age 60; in 2001, expenditures on

social protection constituted on average 27.3 per cent of each country's GDP. Not only do the countries of EU have the financial capacity to provide social protection coverage, but with 1 of 5 persons over age 60, they also have a large constituency of older persons who regularly exercise their democratic right to ensure that the needs and concerns of older persons are met.

42. By comparison, most countries in sub-Saharan Africa are struggling to acquire both the financial resources and the political will to implement social protection policies. A recent analysis by the United Nations Development Programme (UNDP) indicates that the cost of providing a universal non-contributory social pension to all older persons in the region would be between 2 and 3 per cent of GDP, an amount rivalling public spending on education and health care in some countries (Nanak Kakwani and Kalanidhi Subbarao, "Ageing and poverty in Africa and the role of social pensions", International Poverty Centre Working Paper, No. 8 (Brasilia, Brazil, UNDP) Given that only 5 per cent of the population in the region is aged 60 years or over, compared with 41 per cent who are under age 15, the relatively low priority given to policies for older persons becomes evident. Their minority status, in terms of numbers, is compounded by the fact that these older persons are less likely to be empowered to draw attention to their concerns. Moreover, since the majority of countries in sub-Saharan Africa are classified as "low-income", the lack of financial resources to establish social pension schemes is an overriding consideration. This could help explain why only four countries in sub-Saharan Africa, namely, Botswana, Mauritius, Namibia and South Africa (three of which are categorized as upper middle-income countries), are known to have universal pension schemes. Nonetheless, the Economic Commission for Africa (ECA) has called for social protection strategies to be developed by the African Union New Partnership for Africa's Development (NEPAD) programme by 2007 ("Social protection for vulnerable older people", available from the HelpAge International website). Alternatively, some Governments have instituted cash payment programmes targeted to a small number of poor older persons.
43. The development of income support programmes for older persons remains crucial in policy interventions, especially given that 4 of

5 older people living in developing countries have no regular income and approximately 100 million live on less than \$1 per day. As a result, a regular non-contributory cash payment in the form of a social pension can be extremely beneficial to older persons, providing them with income to meet their basic daily needs. In recent years, a number of Governments and international agencies have developed an interest in universal non-contributory pensions as an essential part of national social protection programmes.

44. An example of a limited cash programme can be found in Indonesia, where in May 2006, the Government started to provide cash assistance to some 2,500 elderly persons classified as "neglected" in six provinces, including Jakarta. To qualify, people must be over age 60 and poor. If the programme is deemed a success, the Government will extend it to other areas of the country. Although this is an important step, it represents a very small intervention in terms of tackling the problem, as the 2004 census estimates that there are 16 million older persons in the country, of whom 2 million are considered to be neglected and about 4 million vulnerable to neglect ("Cash assistance planned for needy elderly, disabled", The Jakarta Post, 15 March 2006).
45. Other approaches to providing income support for older persons include government-sponsored savings plans, intended to encourage people to save for retirement. The Finance Minister of India, for example, announced the introduction of a pension-linked saving scheme in February 2006, in which an individual can save up to 100,000 rupees per year with a rebate in personal taxation (Moneer Alam, *Ageing in India: Socio-Economic and Health Dimensions*, Institute of Economic Growth, Studies in Economic Development and Planning, No. 66 (Delhi, Academic Foundation, 2006).
46. Other countries, particularly those in Eastern Europe and Western Asia, face the dual challenge of supporting a rapidly ageing population and having limited financial resources to meet their needs. Policies directed at older persons have garnered attention in part because the changing demographics demand it, but perhaps more importantly because older persons in these countries tend to be more politically and socially active than members of other age groups. In Kazakhstan, for instance, older persons constitute an active electorate, with 72 per cent of those over

age 65 voting in recent elections, compared with just over 50 per cent of those aged 35-40.<sup>16</sup> With a general legislative base in place, including laws on pensions, and social help, an essential foundation for additional work in the area of ageing policy has been created.

47. Aside from developing specific policies on ageing, countries are also placing greater emphasis on mainstreaming ageing issues. Although some progress has been made in mainstreaming policies on ageing into national development frameworks, great challenges remain, particularly with regard to incorporating ageing issues into poverty reduction strategies. Part of the problem stems from the inattention given to ageing issues in the United Nations Millennium Declaration, (General Assembly resolution 55/2). the Millennium Development Goals and the 2005 World Summit Outcome (General Assembly resolution 60/1). These oversights are then carried down to the national level, where older persons are frequently left out of the Poverty Reduction Strategy Papers consultation process and ageing issues oftentimes are not adequately addressed in national development plans. Nevertheless, some countries have successfully included ageing in their national poverty reduction strategies. For instance, the United Republic of Tanzania recently incorporated several cross-cutting issues pertaining to older persons and ageing in its National Strategy for Growth and Reduction of Poverty, which covers the period 2005-2010. Specifically, the strategy aims to explore options for more effective control of malaria through prompt treatment of older persons and to eliminate all forms of barriers to health care for older persons. Lesotho, one of the least developed countries, placed the financing and administration of its universal social pension plan within the remit of its National Vision and Poverty Reduction strategy programme. Several countries with economies in transition, such as Azerbaijan and Bosnia and Herzegovina, have also specifically targeted older persons in their Poverty Reduction Strategy Papers.

#### **IV. International cooperation to implement the Madrid**

##### **International Plan of Action on Ageing at the national level**

48. The Madrid Plan of Action emphasized the need for enhanced and focused international cooperation for its implementation and underlined

the importance of the support provided by the international community and international development agencies to organizations that promoted training and capacity-building on ageing in developing countries. In its resolution 44/1, the Commission for Social Development requested the Secretariat “to work with the organizations, organs and bodies of the United Nations system and other interested parties to coordinate efforts in identifying support that could be provided to Governments, upon their request, in undertaking participatory review and appraisal of the implementation of the Madrid Plan of Action” (Official Records of the Economic and Social Council, 2006, Supplement No. 6). The review and appraisal framework envisages a major role for the regional commissions in convening regional review and appraisal activities and the Commission encouraged interested Governments to offer assistance in convening regional review and appraisal events during 2006-2007.

49. The Division for Social Policy and Development of the Department of Economic and Social Affairs of the United Nations Secretariat began work on a technical assistance initiative in 2003 to support Member States in implementing the Madrid Plan of Action. Funding from the Development Account has been made available to expand the Division’s work under a “Capacity-building project to integrate older persons in development goals and frameworks through the implementation of the Madrid International Plan of Action on Ageing”. The overall approach of the project is to promote the integration of an ageing perspective into national development frameworks.
50. Several regional commissions have provided technical support for national implementation of the Madrid Plan of Action. For instance, the Economic Commission for Latin America and the Caribbean (ECLAC) and the Economic and Social Commission for Asia and the Pacific (ESCAP) have provided assistance for the developing of national implementation strategies. The current focus of the regional commissions is moving towards building the capacity of Member States in respect of conducting the bottom-up review and appraisal of the Madrid Plan of Action. However, the financial and human resources needed to undertake this work are limited and demand far outstrips available resources. The Economic Commission for Europe (ECE) supports Member States in their efforts to implement the ECE Regional Implementation Strategy.

However, owing to lack of resources, direct technical support to Member States for building their capacity on ageing is not available. In the absence of resources, the Economic and Social Commission for Western Asia (ESCWA) and the Economic Commission for Africa (ECA) are unable to offer support for capacity-building in their Member States.

51. Given the persistent deficit or even complete absence of resources for technical cooperation on ageing in the regional commissions, the Department of Economic and Social Affairs of the United Nations Secretariat has drafted a funding proposal to offer training at the regional and subregional levels to assist national focal points on ageing in organizing national review and appraisals; and to provide resources for regional review and appraisal conferences where findings of national appraisals could be shared. Donor funding is currently being sought to help, in particular, those regional commissions with no budget to support national review and appraisal activities.
52. In an effort to build capacity on data collection, the United Nations Statistics Division is active in a number of country-level initiatives to improve data collection and analysis. These capacity-building efforts should contribute to the availability of better and more comprehensive data, particularly those that are disaggregated by sex and age. Another sign of progress is that population data will be available for five year cohorts up to 100 years of age and will also include a new category of 100+ years, in recognition of the increasing longevity of persons throughout the world.
53. The United Nations Population Fund (UNFPA) is actively involved in the formulation of national plans and programmes on ageing, such as the National Plan on Active Ageing in Benin, the National Policy on Older Persons in Guatemala, the National Policy for Older Persons in the Lao People's Democratic Republic, and the National Programme of Action on Ageing in Viet Nam. In Uganda, UNFPA worked closely with the Government to formulate and promulgate a population policy that includes a section on older persons. UNFPA also took part in a policy workshop in 2006 on the implementation of the Madrid Plan of Action organized by the Parliament of Ukraine and the United Nations programme on ageing.

54. UNFPA supports projects aimed at strengthening government capacity to formulate and implement evidence-based strategic plans and policies on ageing. In A/61/16716 06-43637 Benin, the Fund supported the development of a database of census information on older persons and a special census volume on older persons. In China, UNFPA is working with the China National Committee on Ageing and the non-governmental organization HelpAge International to implement a project aimed at formulating policy with special emphasis on active and healthy ageing. UNFPA also provides support for a participatory review and appraisal of the implementation of the existing Chinese Law on Protection of the Rights and Interests of the Elderly which is scheduled to be revised in 2007.
55. In Malaysia, UNFPA helps to review existing legal provisions in order to make recommendations aimed at encouraging increased employment of older persons. In Thailand, UNFPA commissioned a study to examine how HIV/AIDS impacts on the economic, social, health and emotional status of older persons and supports a project on HIV/AIDS and older persons that seeks to induce the National AIDS Prevention and Control Body to include the needs and concerns of older people affected by HIV/AIDS. A study was also undertaken to identify emerging issues arising out of population ageing in Thailand and to review the national policies, plans and services for older people and their implementation.
56. UNFPA also funded the collection of data on the health care of older women in Uganda and provided substantial support to the Uganda 2002 population and housing census which included information on the socio-economic situation of older persons. In Ukraine, UNFPA conducted a situational analysis entitled "Population Ageing in Ukraine: some demographic, socio-economic and medicare issues", which provided recommendations for effective policies to respond to the challenges of population ageing. In Viet Nam, UNFPA works to enhance knowledge of population ageing issues and policy responses among policymakers and government leaders and to strengthen the policy framework relating to care and interventions.
57. Training is one of the major priorities in UNFPA support for developing national capacity on ageing. At the global level, UNFPA is working with the International Institute on Ageing in Malta to create a training programme

for senior government officials designed to strengthen their capacity to formulate, implement, monitor and evaluate policies and programmes on ageing. UNFPA also sponsored a number of government officials and UNFPA staff in order that they might attend training courses in population ageing at the Institute. In Guatemala, UNFPA supported the training of those who care for older persons and the creation of daycare centres for older persons. Working with the Uganda Reach the Aged Association and the African Regional Development Centre of HelpAge International, UNFPA funded the training of policymakers and UNFPA staff in the area of population ageing.

58. Through its initiative that comprises a series of Country Reviews of Employment Policy (CREP), the International Labour Organization (ILO) analyses the country situation, including issues related to ageing, and provides recommendations to individual Member States on how to strengthen their national employment and labour-market policies. For example, the Country Review for Albania contains recommendations concerning older workers that are oriented towards preventing age discrimination, increasing the retirement age, aiding the employability of older persons, and making continued employment attractive for older persons.
59. The work of the Food and Agriculture Organization of the United Nations (FAO) concentrates on empowering older rural persons by promoting their integration and participation in rural development and food security strategies. FAO has undertaken a number of country studies, most recently in Bolivia and Thailand, to improve understanding of rural ageing. The findings of these studies are presented in a series of technical papers. These materials reinforce the capacity of agricultural policymakers to anticipate the effects of rural ageing and put in place the appropriate measures to maximize the opportunities of older rural persons. Most recently, FAO has moved to explore the impact of HIV/AIDS on the older rural persons in sub-Saharan Africa in order to strengthen the capacity of ministries of agriculture to respond to the needs of older persons in HIV/AIDS-affected rural areas. In addition to promoting the well-being of older persons, the technical assistance that FAO provides to Member States promotes policy interventions and legislation that support older persons as contributors to agricultural development.



60. WHO has designed three capacity-building initiatives to strengthen the primary health-care sector as well as the community capacity to deal with ageing issues. The first initiative aims to produce a toolkit with which to make primary health-care services more accessible and responsive to older peoples by sensitizing and educating providers about the specific needs of older persons. Australia, Brazil, Canada, Costa Rica, Jamaica, Singapore and Spain participate in this initiative.
61. The second initiative is aimed at producing an "age-friendly cities guideline" for the provision of a framework for policies, services and structures related to the physical and social environment that will support and enable older persons to age actively and participate fully in society. The project design aims for the attainment of broad community participation, including participatory research, with older persons acting as project monitors. Fieldwork will be undertaken in Argentina, Australia, Brazil, Canada, Chile, China, Costa Rica, Ireland, Jamaica, Japan, Lebanon, Spain, Switzerland, Turkey, the United Kingdom of Great Britain and Northern Ireland and the United States of America.
62. The third initiative will produce a knowledge base to assist policymakers in formulating integrated health and social policies focused on the primary health care system and encompassing the community and family care. Countries from Africa, Asia, the Caribbean, Latin America and the Middle East are participating in the project and are paired in a South-to-South exchange of experience and learning. WHO is also working on a number of publications, reports and initiatives aimed at providing information with which to build the capacity of medical personnel and policymakers.
63. The non-governmental organization HelpAge International has been working with Governments to mainstream ageing issues into development strategies. For example, the United Republic of Tanzania office of HelpAge International was instrumental in having older persons included in specific targets in the country's recently revised strategy for growth and reduction of poverty. In Uganda, older persons now feature in national plans on poverty, agriculture and health owing to a cross-ministerial working group facilitated by Uganda Reach the Aged Association, one of the partners of HelpAge International. HelpAge has also been working closely with several Governments, namely

those of Albania, Kyrgyzstan, Montenegro, Mozambique and Serbia, on developing national plans of action on ageing.

64. In addition, HelpAge International works in specific thematic areas at the national level to ensure that older persons are included in national policies and programmes. Much of this work involves building the capacity of civil society organizations at the national level to take forward issues of ageing. For instance, partner organizations in Asia are working with older people's associations in Cambodia, Thailand and Viet Nam on issues of support to older carers of victims of HIV/AIDS and AIDS orphans. In addition to supporting older persons in emergency and conflict situations — for example, in Darfur, the Sudan, in drought-stricken Ethiopia, in earthquake-affected Pakistan and in the Indian Ocean region following the Asian tsunami — HelpAge International works with various agencies to ensure that older persons are included in general relief programmes.
65. Another non-governmental organization, the International Association of Gerontology and Geriatrics, organizes regular global, regional and national meetings of scientists and practitioners to discuss the most recent research findings and their implications for science and society. Together with the United Nations programme on ageing, the Association conducted a series of regional workshops that helped to identify priorities for research to support the implementation of the Madrid Plan of Action in different world regions. The International Research Centre for Healthy Ageing and Longevity, A private sector initiative, was established in 2004 in Sydney, Australia. The Centre's mission is to promote healthy ageing and longevity through interdisciplinary collaboration among the world's leading experts and to disseminate evidence-based knowledge among the nations of the developed and the developing world.
66. Within the United Nations system, a major proportion of current assistance to ageing seems to have focused on the funding of specific, if not discrete, ageing related activities rather than on an overall and integrated strategy for mainstreaming ageing as called for in the Madrid Plan of Action. In consequence, existing success stories and good practices of mainstreaming ageing into national development frameworks often represent the outcomes of efforts by the non-governmental rather than by the United Nations development community.

67. Nevertheless, there is evidence of recent developments in the international assistance area that may promote a more holistic framework within which to integrate ageing and national development. For instance, the donor and international development community has begun to shift its funding approach from group- to theme-based targeting. This approach has the potential to maximize the use of resources by consolidating the issues of excluded groups and their needs within one framework thus facilitating the reciprocal impact of policies and programmes. EU and some bilateral development agencies have reorganized their policies along these lines, placing particular emphasis on issues of social cohesion and inclusion. Also against this background, the Department of Economic and Social Affairs has partnered with the Department for International Development (United Kingdom) and the United Nations Development Programme (UNDP) to explore some of the issues underlying the transformation of the theoretical framework of social exclusion into the basis for an action-based strategy for social inclusion. Such an approach could place ageing issues within the development context and constitute a more effective platform for the provision of the international assistance needed to resolve social exclusion of different social groups.

## **V. Conclusion**

68. This report illustrates progress in building or strengthening national capacity on ageing and provides several examples of international assistance to support countries in their efforts to implement the Madrid Plan of Action. The report also demonstrates that issues related to ageing and older persons remain relatively low on the list of items in both national and international development agendas, as evidenced by the insufficient political attention and inadequate financial support geared towards building national capacity for implementing the Madrid Plan of Action. As a result, the lack of awareness of many Member States regarding the Madrid Plan of Action and its recommendations and their consequent failure to raise the issue of ageing as one requiring international assistance further contribute to the low profile of ageing issues.

69. In order to achieve the broad objectives of incorporating the challenges and opportunities of population ageing and the concerns of older persons into the policies, programmes and projects of Governments, as well as intergovernmental and non-governmental organizations, several strategic measures are needed. It is therefore recommended that:

- Greater attention be paid to building capacity to reduce poverty among older persons, particularly older women, by mainstreaming ageing issues into poverty reduction strategies and national development frameworks, and by encouraging greater consultation with older persons in the course of developing, implementing and monitoring poverty reduction plans
- Ageing-related policies be conducted through inclusive consultations that involve government ministries and parliaments as well as other stakeholders and social partners, in the interest of creating national policy ownership and consensus-building
- Governments and organizations forge stronger partnerships with civil society groups, including organizations of older persons, academia, research foundations, community-based organizations and the private sector, in an effort to help build capacity on ageing issues
- Governments designate specific institutions, such as agencies, ministries, national committees or advisory councils, to be primarily responsible for handling follow-up of national plans of action on ageing. At the beginning of the first cycle of the review and appraisal of the Madrid Plan of Action, the General Assembly may wish to encourage Governments to promote a bottom-up participatory approach throughout the entire implementation process
- Governments, intergovernmental organizations and non-governmental organizations demonstrate commitment and provide additional funding to research and data-collection initiatives on ageing in order to better understand the challenges and opportunities presented by population ageing and provide policymakers with more accurate and more specific information on gender and ageing.

# **The Rights of Older Persons: Part B -**

## **Regional Non European**

## **Documents on Ageing**



# African Charter on Human and Peoples' Rights, 1981

Entry into force: 21 October 1986

## Article 2

Every individual shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, color, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status.

## Article 15

Every individual shall have the right to work under equitable and satisfactory conditions, and shall receive equal pay for equal work.

## Article 16

1. Every individual shall have the right to enjoy the best attainable state of physical and mental health.
2. States Parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

.....

## Article 29

The individual shall also have the duty:

1. To preserve the harmonious development of the family and to work for the cohesion and respect of the family; to respect his parents at all times, to maintain them in case of need;

.....

## Article 18

4. The aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs.

# Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 2003

## *Article 20: Widows' Rights*

States Parties shall take appropriate legal measures to ensure that widows enjoy all human rights through the implementation of the following provisions:

- a) That widows are not subjected to inhuman, humiliating or degrading treatment;
- b) A widow shall automatically become the guardian and custodian of her children, after the death of her husband, unless this is contrary to the interests and the welfare of the children;
- c) A widow shall have the right to remarry, and in that event, to marry the person of her choice.

## *Article 21: Right to Inheritance*

1. A widow shall have the right to an equitable share in the inheritance of the property of her husband. A widow shall have the right to continue to live in the matrimonial house. In case of remarriage, she shall retain this right if the house belongs to her or she has inherited it.
2. Women and men shall have the right to inherit, in equitable shares, their parents' properties.

## *Article 22: Special Protection of Elderly Women*

The States Parties undertake to:

- a) Provide protection to elderly women and take specific measures commensurate with their physical, economic and social needs as well as their access to employment and professional training;
- b) Ensure the right of elderly women to freedom from violence, including sexual abuse, discrimination based on age and the right to be treated with dignity.



*Article 23: Special Protection of Women with Disabilities*

The States Parties undertake to:

- a) Ensure the protection of women with disabilities and take specific measures commensurate with their physical, economic and social needs to facilitate their access to employment, professional and vocational training as well as their participation in decision-making;
- b) Ensure the right of women with disabilities to freedom from violence, including sexual abuse, discrimination based on disability and the right to be treated with dignity.

## Kigali Declaration on Human Rights in Africa, 2003

The Conference:

1. Reaffirms the principle that all human rights are universal, indivisible, inter-dependent and inter-related.
2. Notes with satisfaction the achievements made by Member States in the promotion and protection of human and peoples' rights, especially since the adoption of the Grand Bay Declaration and Plan of Action, and recognizes the need for Member States to build upon these achievements for the benefit and welfare of all African peoples;
3. Reaffirms the right to development, and calls upon the international community to support Member States in their continuing efforts to realize this right.
4. Urges Member States and regional institutions to accord the same importance to economic, social and cultural rights and civil and political rights, and apply, at all levels, a rights-based approach to policy, program planning, implementation and evaluation.
- ...
17. Calls upon Member States to fulfill their obligations under international law and, in particular, to take the necessary measures to put an end to the practice of child-soldiers and to ensure the protection of civilian populations, particularly children, women, elderly persons and persons with disability in situations of armed conflict.
- ...
20. Further calls upon Member States to develop a Protocol on the protection of the rights of people with disabilities and the elderly.

# **Launch of the African Union Policy Framework and Plan of Action on Ageing December 2003, Addis Ababa, Ethiopia**

## **Speech by Tavengwa M Nhongo, HelpAge International Africa Regional Representative**

The population of older people the world over is increasing at an alarming rate. The United Nations projections suggest that this increase will take place despite the effects of the HIV/AIDS pandemic. From only 200 million in 1950, the population of older people will shoot to 2 billion by year 2050.

For the first time in human history, this group of people will be larger than the number of children below the age of 14 years. Contrary to popular belief, the developing world, including Africa, accounts for a very large chunk of this increase. A growth in the number of the older population inevitably means an increase in the range and intensity of their problems and needs. There is already a lot of suffering that older people are experiencing in a society that is increasingly hostile, competitive and intolerant. Older people are among the poorest in every society. They are abandoned, isolated, abused and subjugated by those members of society and institutions upon which they must depend. The break down of the extended family system in Africa has exploded the myth that older people will be looked after by their children or their relatives.

Governments, development agencies, donors and the private sector marginalise them. All this takes place without regard to the contribution that they make to the development of families, societies and nations. It happens without recognition of the contribution that they are making to the sustenance of families, especially in the face of the HIV/AIDS pandemic. The sad thing is that, for most of Africa, issues of older people do not appear to be taken into account. Most of the continent therefore remains unprepared for the challenges that an increasingly ageing world presents now and in the future. The development of national policies on ageing is critical in ensuring that the

needs and problems of older people are addressed. One of the issues that has consistently come up in discussions with HelpAge International member and partner organizations and older people themselves, is the connection between their plight and the absence of policies and legislation that address their issues.

As far as we are aware, very few of the 54 states in Africa have developed comprehensive policies and legislation covering the needs and concerns of older people. This state of affairs could be as a result of the prevailing attitudes towards older people. They are viewed as spent forces that are not worth investing in because they are approaching the end of their lives. However, the rate at which society is now looking to older people to manage the AIDS crisis points towards the fact that, indeed, older people are not spent forces. Their adult children return home to seek their care when AIDS has ravaged them to a point of helplessness. When the sick die, they leave behind numerous children, whose responsibility is automatically assumed by older people. Can we therefore refer to such people as spent forces that are not worthy of our attention?

Credit must be given to those countries that have endeavoured to provide for their older people and continue to seek ways to improve their conditions:

- Mali has for quite some time made sure that older people's concerns are incorporated in a government ministry – it must be noted that Mali was the first country in Africa to have a Ministry where older people were mentioned as part of the Ministry's name.
- Mauritius moved quite quickly to put in a draft policy on ageing when the Policy Framework and Plan of Action was still in its draft form.
- Uganda has moved from merely having a desk for older people in one of the ministries, to the creation of a department and appointment of a Minister for Elderly and Disability Affairs.
- A number of other countries are at various stages of working on their policies for older people. These include Senegal, Burkina Faso, Kenya, Uganda, South Africa and Ghana.
- Tremendous progress has been witnessed in Rwanda, Mozambique and Tanzania where the Governments have approved policies on older people.

- Zimbabwe started the process of formulating legislation on older people in 1993, but despite the commitment of the President that policy has not made much progress.

Despite these positive steps in addressing the plight of older people, even in the countries where these policies have been written, these have not been developed into legislation.

We must register our disappointment that the majority of countries have still not seen it fit to move towards addressing the needs of their senior citizens. We pray that this will be made a priority in the not too distant future. In an effort to tackle the problems of older people on the continent and in recognition of the fact that many African countries do not have policies that address this situation, the Organisation of African Unity – now the African Union – began collaborative work with HelpAge International African Regional Development Centre at the 1999 Session of the OAU Labour and Social Affairs Commission held in Namibia. This partnership over time saw the drafting and finalising of the Policy Framework and Plan of Action on Ageing that we are gathered here to officially launch today. It must be noted that policies are enacted not only for governments to implement, but also to create an environment through which other stakeholders can make contributions in improving the lives of older people.

We wish to pay special thanks to the following institutions and individuals for their support during the whole process of developing this document:

- The African Union and its various organs.
- The donors which include DFID, Rockefeller Foundation, WHO-AFRO, United Nations Trust Fund on Ageing, the Finland Embassy in Kenya and the Netherlands Government.
- Those governments that hosted the conferences that developed the document, Kenya and Uganda, all the governments that gave their support towards the development of the document.
- The African experts who worked on the document at various stages of its development.

# American Declaration of the Rights and Duties of Man, 1948

## *Article 2: Right to equality before law*

All persons are equal before the law and have the rights and duties established in this Declaration, without distinction as to race, sex, language, creed or any other factor.

...

## *Article 11: Right to the preservation of health and to well-being*

Every person has the right to the preservation of his health through sanitary and social measures relating to food, clothing, housing and medical care, to the extent permitted by public and community resources.

...

## *Article 14: Right to work and to fair remuneration*

Every person has the right to work, under proper conditions, and to follow his vocation freely, insofar as existing conditions of employment permit. Every person who works has the right to receive such remuneration as will, in proportion to his capacity and skill, assure him a standard of living suitable for himself and for his family.

...

## *Article 16: Right to social security*

Every person has the right to social security which will protect him from the consequences of unemployment, old age, and any disabilities arising from causes beyond his control that make it physically or mentally impossible for him to earn a living.

...

## *Article 30: Duties toward children and parents*

It is the duty of every person to aid, support, educate and protect his minor children, and it is the duty of children to honor their parents always and to aid, support and protect them when they need it.

*Article 35: Duties with respect to social security and welfare*

It is the duty of every person to cooperate with the state and the community with respect to social security and welfare, in accordance with his ability and with existing circumstances.

# American Convention on Human Rights “Pact Of San Jose, Costa Rica,” 1969

Entry into force: 18 July 1978

## Article 1: Obligation to Respect Rights

1. The States Parties to this Convention undertake to respect the rights and freedoms recognized herein and to ensure to all persons subject to their jurisdiction the free and full exercise of those rights and freedoms, without any discrimination for reasons of race, color, sex, language, religion, political or other opinion, national or social origin, economic status, birth, or any other social condition.
2. For the purposes of this Convention, “person” means every human being.

## Article 4: Right to Life

5. Capital punishment shall not be imposed upon persons who, at the time the crime was committed, were under 18 years of age or over 70 years of age; nor shall it be applied to pregnant women.



# **Additional Protocol To The American Convention on Human Rights in the Area of Economic, Social and Cultural Rights “Protocol Of San Salvador,” 1988**

Entry into force: 11 November 1999

## *Article 3: Obligation of Nondiscrimination*

The State Parties to this Protocol undertake to guarantee the exercise of the rights set forth herein without discrimination of any kind for reasons related to race, color, sex, language, religion, political or other opinions, national or social origin, economic status, birth or any other social condition.

## *Article 6: Right to Work*

1. Everyone has the right to work, which includes the opportunity to secure the means for living a dignified and decent existence by performing a freely elected or accepted lawful activity.
2. The State Parties undertake to adopt measures that will make the right to work fully effective, especially with regard to the achievement of full employment, vocational guidance, and the development of technical and vocational training projects, in particular those directed to the disabled. The States Parties also undertake to implement and strengthen programs that help to ensure suitable family care, so that women may enjoy a real opportunity to exercise the right to work.

## *Article 9: Right to Social Security*

1. Everyone shall have the right to social security protecting him from the consequences of old age and of disability which prevents him, physically or mentally, from securing the means for a dignified and decent existence. In the event of the death of a beneficiary, social security benefits shall be applied to his dependents.

2. In the case of persons who are employed, the right to social security shall cover at least medical care and an allowance or retirement benefit in the case of work accidents or occupational disease and, in the case of women, paid maternity leave before and after childbirth.

*Article 10: Right to Health*

1. Everyone shall have the right to health, understood to mean the enjoyment of the highest level of physical, mental and social well-being.
2. In order to ensure the exercise of the right to health, the States Parties agree to recognize health as a public good and, particularly, to adopt the following measures to ensure that right:
  - a. Primary health care, that is, essential health care made available to all individuals and families in the community;
  - b. Extension of the benefits of health services to all individuals subject to the State's jurisdiction;

...

  - f. Satisfaction of the health needs of the highest risk groups and of those whose poverty makes them the most vulnerable.

*Article 17: Protection of the Elderly*

Everyone has the right to special protection in old age. With this in view the States Parties agree to take progressively the necessary steps to make this right a reality and, particularly, to:

- a. Provide suitable facilities, as well as food and specialized medical care, for elderly individuals who lack them and are unable to provide them for themselves;
- b. Undertake work programs specifically designed to give the elderly the opportunity to engage in a productive activity suited to their abilities and consistent with their vocations or desires;
- c. Foster the establishment of social organizations aimed at improving the quality of life for the elderly.

*Article 18: Protection of the Handicapped*

Everyone affected by a diminution of his physical or mental capacities is entitled to receive special attention designed to help him achieve the greatest possible development of his personality. The States Parties agree to adopt such measures as may be necessary for this purpose and, especially, to:

- a. Undertake programs specifically aimed at providing the handicapped with the resources and environment needed for attaining this goal, including work programs consistent with their possibilities and freely accepted by them or their legal representatives, as the case may be;
- b. Provide special training to the families of the handicapped in order to help them solve the problems of coexistence and convert them into active agents in the physical, mental and emotional development of the latter;
- c. Include the consideration of solutions to specific requirements arising from needs of this group as a priority component of their urban development plans;
- d. Encourage the establishment of social groups in which the handicapped can be helped to enjoy a fuller life.

## **Latin American and Caribbean Meeting Of Leaders of Organisations of Older People, 2001 (Declaration of Lima)**

We, the undersigned, participants in the First Latin American and Caribbean Meeting of Leaders of Older People and with the Second World Assembly on Ageing, Madrid 2002, in mind, members of diverse organisations from Argentina, Bolivia, Chile, Colombia, Ecuador, Mexico, Nicaragua, the Dominican Republic and Peru, gathered together in the city of Lima – Peru on 23, 24 and 25 May 2001, address the international community to indicate the following:

We confirm that in countries such as ours, we, the older people, live in a situation of long-term injustice, discrimination, violation of our social, economic, political and cultural rights;

Governmental efforts are still insufficient to guarantee us a quality of life in keeping with our condition of human beings;

It is with satisfaction that we observe that an active movement of older people is emerging over the region, promoting proposals which address the ageing issues and claiming a presence in local and national decision-making spaces;

In the light of this we declare:

1. That, as a way to recovering our role in society and actively continuing as social actors, we must strengthen our organisations by conforming a network of organisations of older people of Latin American and the Spanish-speaking Caribbean
2. That we will organise the second Latin American and Caribbean meeting of Leaders of Organisations of Older People, this time in Colombia
3. That we will present the Regional Agenda of the older people of Latin America and the Caribbean to our national governments and international for a
4. That we will demand that the national governments of our countries and international organisms destine necessary and sufficient resources for the implementation of programmes for older people

5. That we will participate actively with our proposals in the second UN World Assembly on Ageing to be held in Madrid next year
6. That we will participate actively with out proposals in the civil society Global Forum on ageing to be held in Madrid in 2002
7. That we will promote an International Convention on the Rights of Older People
8. That we will promote the constitution of national and regional instances to monitor and guarantee compliance with national laws and international agreements

## **General Conclusions**

### **1. REGIONAL AGENDA**

#### *a) Principal Problems*

1. Economic: governments do not assign adequate budgets for services or for programmes and policies; lack of income security; deterioration of the social security systems; low pensions; vulnerability of older people with no social benefits; no access to credit; labour discrimination; migration due to economic factors generates abandonment of older people and increase the family burden
2. Policies: older people lose their integral rights; older people suffer discrimination at local and national decision-making levels; older people's organisations not promoted; displacement by political violence; no compliance with laws and international agreements
3. Organisational: older people have difficulty in managing and sustaining their organisations
4. Socio-cultural: prejudice; derogatory treatment; family and social violence; social discrimination; intergenerational conflict
5. Basic services: lack of planning of public services, given the growth of the ageing population; lack of research and information; inadequate and non-specialised health, housing, education, nutrition and recreation programmes and services

*b) Proposals*

1. Economic Area
  - Universal and adequate income
  - Creation of labour opportunities for older people
  - Inversion of development funding in anti-poverty programmes targeting older people
    - Gender
    - Credit
    - Income generation
  - Older people to have access to investment control
    - A dignified pension in accordance with the cost of living in each country
    - A subsistence allowance for older people with no access to social security
    - Partial exoneration of municipal tax, electricity and water payments
2. Political Area
  - Older people organised into movements to participate in public policy processes
  - Governments comply with existing laws
  - Implement educational campaigns on the rights of older people
    - Information about civil society
    - Information about older people
      - Greater social participation
      - Dissemination of existing plans
3. Organisation and Participation
  - Invest in training leaders
  - Strengthen groups of older people
4. Socio-cultural Area
  - Social justice/solidarity
  - More humane, quality treatment on the part of authorities and civil society

## 5. Basic Services

- Access to basic services
  - Health
    - Home care programmes
    - Free and efficient treatment in state health centres, including medicines
  - Housing programmes for older people
  - Education: access to different professional and technical levels
  - Nutrition: free access to food programmes to guarantee adequate nutrition
  - Recreation: special discount for cultural, artistic and sporting events
  - Transport: half-price fares on local transport
  - Community: equal access to community benefits
- Promote research which permits adequate policy planning of services for older people

### *c) Proposals Of Policies In Favour Of Older People In The Region*

1. Invest development funds in anti-poverty programmes for older people, such as gender, credit and income generation
2. Secure the support of the states to strengthen institutions and organisations which work with older people and all aspects of ageing
3. Promote health prevention programmes for older people
4. A relative percentage of all annual budgets should be assigned to activities for older people
5. Each national parliament commits to passing a law for older people, integrating group leaders into the process in order to incorporate their experiences
6. National states and provincial governments promote the creation of a sector specialising in ageing issues and older people's affairs
7. Emphasise the need to revise intergenerational education policies which promote awareness of the inter-relation of the different age groups with the ageing process

## 2. REGIONAL ACTION PLAN

### Objectives

1. Strengthen the organisations of older people in Latin America and the Caribbean with a view to promoting regional organisation
2. Build management, representational and lobbying capacity to guarantee the participation of older people in decision-making levels and the formulation of public policy
3. Disseminate the regional proposal produced by the organisations of older people and promote their participation in national and international for a. Promote a convention which reclaims the rights of older people
4. Establish communication networks for the organisations of older people
5. Constitute national and regional mechanisms to monitor and guarantee compliance with national laws and international agreements

### *Main Lines of Action*

1. Organisational Development
  - Form a Coordinating Commission for the network of organisations of older persons
  - Organise a second meeting of leaders of organisations of older people
  - Establish internal, national and international channels of communication
2. Develop Capacity
  - Train leaders of older people in each country in management, epresentation, lobby and other aspects
3. Diffusion
  - Diffuse the Regional Agenda in each country and in international for a
  - Participate in the Second UN World Assembly on Ageing, Madrid 2002
  - Participate in the NGO Forum in Madrid 2002
  - Lobby for an International Convention of Rights for Older People
  - Launch a Webb page (free) to promote the agenda and the regional action plan, national experiences, claims etc.
  - Establish virtual working groups to develop key issues for Madrid



4. Networking
  - Promote and/or strengthen opportunities for national and international inter-institutional dialogue
5. Social control
  - Develop a strategy to permit organisations of older people to exercise control over the implementation of national policies and international agreements
  - Civil society to produce reports on the reality of older people for international for a.
- Constitute a civil society monitoring commission for international agreements

### *Strategies*

1. Guarantee the participation of organised older people in the formulation of local and national policies
2. Partnerships with local government
3. Intergenerational partnerships
4. Partnerships with universities
5. Networking
6. National and international lobby
7. Utilise national administrative channels
8. Position the issue of older people in the mass media
9. Partnerships with private en

# **Declaration of the Pan American Symposium on Ageing and Health: Innovative Approaches to Health and Social Services for the Elderly, 2001**

The ageing of the population should be considered as a sign of social progress. However, in some societies, ageing represents an additional challenge, alongside development and poverty eradication.

A population that is healthy at every age is essential for future growth and development. In particular, public policies must encourage the autonomy of the elderly, enable them to realize their full potential, and foster their social integration and involvement.

The results of present and future development must benefit equitably every member of society both men and women of every origin and age.

Many countries are experiencing concurrent epidemiological and demographic transitions.

Their still youthful populations are ageing at a rapid rate. While infectious diseases remain a major health problem, the burden of chronic ailments is beginning to weigh on them as well. These countries have fewer resources than others, even though they face this twofold challenge.

Certain social conditions are changing simultaneously with the ageing of the population. Women are entering the labor market, youth is migrating from rural to urban areas, and families are shrinking in size. Although family, neighbors, and the community provide most of the support for the elderly, their roles are changing. The impact of these changes the social life of the elderly, their financial welfare, and the availability of aid must be considered when drafting policies.

Countries have their own experience and culture, which enables them to develop policies and programs to ensure access to well-being and health to citizens of all ages, especially the elderly. It is important to build on existing assets, and to strive for future development based on the strengths of existing healthcare and social systems, and of local communities.

Health and well-being are the result of a dynamic balance between individuals and their environment. Health and well-being are reflected by their physical, mental, and social ability to act within their environment and to fulfill the roles that they wish to play in a manner that is acceptable to themselves and to the groups to which they belong. Age must never be grounds for social discrimination, or a classification factor that results in inequity. It must be remembered that age brackets are arbitrary distinctions, which vary from society to society, from era to era, and from culture to culture. The elderly are active citizens, whose contribution to development can take many forms, and must be recognized and fostered.

Access to healthcare and social services is a right, regardless of age. Advanced age sometimes gives rise to special needs related to pathologies, deficiencies, functional limitations, and disabilities that society, communities, and groups must take into consideration when providing services.

## Undertakings

The States undertake to:

Improvement of Well-Being, Fostering Health, and Prevention of Illness

Implement strategies to promote health and to prevent illness, in order to ensure healthy

ageing. These strategies will endeavor to promote the autonomy of the elderly, to prevent

and delay the onset of disease and disability, and ultimately, to improve the quality of their lives.

Promote active ageing by adopting public policies that foster social involvement by the

elderly by supporting associations of seniors, encouraging groups that protect the interests of the elderly, and backing social initiatives along these lines. The entire population should be exposed to the challenges and benefits of active ageing, through public education and information campaigns.

Foster seniors' groups and encourage micro initiatives that are managed by the elderly and geared towards meeting their needs.

Ensure the development of suitable surroundings for the ageing population, where seniors can exercise their autonomy and have access to essential goods and services. In particular, the elderly must be guaranteed a secure food supply, access to good quality housing, and suitable transportation services.

Develop inter-generational solidarity, through support for common activities that help people to deal with the collective and individual challenges that arise at the various stages of life.

Protect and defend the civil rights of the elderly, and enable these rights to be exercised

effectively. This objective can only be attained by ensuring their dignity as persons and as citizens, as well as their right to financial security.

Prevent abuse and eliminate mistreatment.

## Services

The elderly need a full range of healthcare and social services. Appropriate quality services should be organized along the following lines:

- Responsibility for the health of the elderly;
- Responsibility for the spectrum of healthcare and social services;
- Responsibility for delivering all services, regardless of the point of service;
- Emphasis on community services and support within a familiar environment;
- Assurance of providing care and services in a flexible, coordinated manner, on an on-going basis, and adapted to the needs of the community's elderly population;
- Participation of local seniors in the development of policies and programs;
- Availability of information systems for efficient and effective delivery of service;
- Adoption of means for systematically assessing the quality of all services.

Efforts aimed at the elderly must cover all of their healthcare needs. An integrated

approach must be adopted to public health, community action, primary healthcare, and

sufficient clinical facilities to ensure that all of the following services are available:

- Health promotion;
- Prevention of illness and disability;
- Health education;
- Diagnosis and treatment of symptoms and illnesses;
- Referrals to geriatric and other specialized medical services;
- Home care and help, day centres, and day hospitals;
- Case management, multi-disciplinary teams, and follow-up;
- Rehabilitation;
- Rest for caregivers;
- Terminal care.

Access to healthcare and social services and social policy development must be based on

the principles of justice, dignity, and equality. In practice, these policies may be introduced gradually by targeting the elderly persons who are poor, alone, and weak.

The costs and difficulties of transfers and referrals from one organization or service to another must be eased through efficient service coordination. These costs and problems must never be borne by the elderly, who must be able to move easily from one service to another.

The needs and abilities of the elderly, their families and friends, and their social and support systems should be taken into account when developing services. Public agencies and social organizations should combine efforts to improve the quality of life and support for the elderly and for their families and friends.

Seniors have acquired a wealth of human and spiritual experience. Service planners, managers, professionals, and workers should respect their values and life choices.

The elderly prefer to live in their own communities, neighborhoods, villages, and homes. This keeps them close to their families, friends, and acquaintances. They can exchange services and benefit from their support and assistance when necessary. The community is where the role of the family in relation to the elderly can best be preserved and developed.

In this regard, family and friends should receive support from public services in order to ensure the perseverance of their efforts. Public services and community agencies can provide them with direct or indirect assistance, as well as the necessary training.

Health and social service professionals and workers of every kind should be involved in

developing services such as nursing, front-line medical services, social services, paramedical services, family education, and home-care. Developing these services requires a substantial investment in professional training.

From the outset of their training, all types of health and social service professionals should develop skills and competencies in gerontology and geriatrics. Their work should be supported by specialists in these fields. The number of professionals and their training will enable them to respond swiftly and competently to requests for referrals from front-line services and, in particular, to arrive at diagnoses and geriatric profiles of fragile seniors, as well as collaborate in planning adequate services.

Long-term residences provide living quarters for the dependent seniors staying there. These homes know how to strike a balance between the demands of a place to live and a place to receive care. Government should set standards for the quality of the buildings and operations. Residences should be subjected to periodic approval. Moreover, establishments should adopt mechanisms for continuously assessing the quality of their services.

Public, private, and community resources, both volunteer and professional, should cooperate in developing and improving services for the elderly.

## **International Cooperation**

Developed and developing countries are sharing the impact of the demographic transition.

The social, economic, and political demands of this transition, the efforts that they make to meet the challenges, and the policies that they develop to ensure the welfare of their people constitutes a pool of knowledge and experience that they would benefit from sharing. The Pan American Symposium on Ageing and Health has given the countries of the Americas an opportunity to strengthen a cooperative process that must be sustained by means of real projects. These projects could be: exchange of information, collaboration on the development of policies and programs, cooperation in gerontological and geriatric research, evaluation and development, and training projects for professionals and workers.

# Andean Charter for the Promotion and Protection of Human Rights, 2002

## DISCRIMINATION AND INTOLERANCE

### *Article 10*

They reaffirm their decision to combat all forms of racism, discrimination, xenophobia and any kind of intolerance or exclusion against individuals or communities on account of race, color, sex, age, language, religion, public opinion, nationality, sexual orientation, immigration status or any other condition, and, decide to promote national legislations that punish racial discrimination.

### *Article 11*

They shall strengthen educational plans and programs on human rights in order to promote a social culture based on tolerance, the respect of differences and non-discrimination.

### *Article 12*

They agree to undertake the necessary actions to ensure the protection of the human rights of minorities and to combat all acts of discrimination, exclusion or xenophobia directed against, and affecting, them.

...

### *Article 24*

They reaffirm their commitment to comply with, and enforce compliance of, the rights and obligations set forth in the International Covenant on Economic, Social and Cultural Rights and, in particular, to take measures, either separately or through international assistance and cooperation, to the full extent of their resources, to progressively attain, through the appropriate means, the full exercise of the human rights recognized in the Covenant, including the right:



1. To have the opportunity to make a living through freely chosen or accepted work.
2. To enjoy just and satisfactory working conditions.
- ...
4. To social security.
5. To protection and assistance for the family.
6. To an adequate standard of living for the individual and the families, including the rights to adequate food, clothing, and housing, and to the continued improvement of their living conditions.
- 7 To the highest attainable standard of physical and mental health.
- ...

## **RIGHTS OF GROUPS OBJECT OF SPECIAL PROTECTION**

### **C. RIGHTS OF OLDER ADULTS**

#### *Article 46*

They reiterate their commitment to fulfill and enforce fulfillment of the rights and obligations designed to promote and protect the human rights of older adults.

#### *Article 47*

They shall address the following main themes with a view to improving the promotion and protection of the human rights of older adults in their respective jurisdictions and in the Andean sphere:

1. Protection of older adults against all forms of discrimination and violence, including domestic violence.
2. Facilitation of opportune attention to older adults in public and private entities and services.
3. Participation of older adults and their organizations in decision-making on public issues concerning them.
4. Effective protection of the right of older adults to social security, particularly in connection with the rights and guarantees related to retirement.
5. Promotion of the participation and integration of older adults in society.

## **D. RIGHTS OF PERSONS WITH DISABILITIES**

### *Article 48*

They reiterate their commitment to fulfill and enforce fulfillment of the rights and obligations set forth in the United Nations Declaration on the Rights of Disabled Persons (1975); in international instruments designed to promote and protect the human rights of persons with disabilities, such as the Inter-American Convention in favor of Persons with Disabilities (1999); and in other declarations, resolutions and agreements on social protection adopted within the framework of the United Nations, the International Labour Organization, the World Health Organization and the Pan American Health Organization.

### *Article 49*

They shall address the following main themes with a view to improving the promotion and protection of the human rights of persons with disabilities in their respective jurisdictions and in the Andean sphere:

1. Protection against all forms of discrimination and violence against persons with disabilities.
2. Prevention of causes originating disabilities, through education, safety in the workplace and public information.
3. Realization of the right to social security and health of persons with disabilities.
4. Fostering of personal development through programs that address the particular needs of persons with disabilities.
5. Social integration of persons with disabilities through work, education and full participation in their respective national communities.
6. Facilitation of early assistance, medical treatment, rehabilitation, education, professional training and personal attention of persons with disabilities, with a view to their insertion in the working world under dignified and equitable conditions with respect to the rest of workers.
7. Information to the population on the rights of persons with disabilities in order to eliminate prejudice, stereotypes and discrimination, to which they are susceptible.
8. Drafting of architectural design programs in urban, rural and remote areas to enable better mobility and use of public spaces by disabled persons.

# **Towards a Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, Santiago, Chile, 19-21 November 2003**

## **Annex 1**

The Latin American and Caribbean countries participating in the Regional Intergovernmental Conference on Ageing: Towards a Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, held in Santiago, Chile, from 19 to 21 November 2003, Considering that:

### **I. GENERAL CONSIDERATIONS:**

1. The adoption of the Madrid International Plan of Action on Ageing and of the Political Declaration on 12 April 2002 was a landmark event in the treatment of the issue of population ageing throughout the world.
2. The context of the demographic transition under way in Latin America and the Caribbean reveals that the region[’s population] is gradually but inexorably ageing. This is a generalized process, in which all the countries are advancing towards the “greying” of their societies. Nevertheless, the situation varies from one country to another: some countries are at an advanced stage of population ageing, while others are at the opposite extreme, at an incipient stage of the process. Therefore, although their medium- and long-term challenges may be similar, their short-term priorities may differ.
3. The process of population ageing is the result of a steady decline in fertility rates, inward and outward migration for some countries and an increase in life expectancies. These phenomena reflect societies’

increased ability to avert early death and to enable couples to freely determine the number of children they wish to have. From this perspective, ageing constitutes a success story in terms of public health and the exercise of rights.

4. The fact that the population structure is growing older poses challenges that are made more complex by traits of the process itself and by the situation in the region. First, the population is ageing at a more rapid pace, and will continue to do so in the future, than the rates recorded in the past by today's developed countries. Second, this is taking place in a context of high poverty rates, a high and rising rate of labour force participation in the informal market, persistent and acute social inequity, a low level of institutional development and limited social security coverage. In addition, greater difficulties may arise in the future if the children of the younger cohorts, who will be the ones providing support for the older generations, are not able to secure enough resources to compensate for the fact that their family networks are smaller and if the State does not provide support for the services that are now furnished, especially by women, within the family.
5. Nevertheless, the increased investment in the human capital of new generations made possible by the decline in fertility rates permits the creation of conditions for the maintenance of family support. At the same time, the decrease in fertility rates has created a window of opportunity owing to the lower rate of demographic dependency and the resulting reduction in the burden placed on the working-age population by boys, girls, adolescents and older persons.
6. The ageing process clearly displays a number of gender-, ethnically- and racially-based inequities that have an impact on the quality of life and inclusion of older persons. In general, these groups occupy an unsatisfactory position in the labour market (lower wages and more precarious contractual conditions). Women, in addition, owing to breaks in economic participation associated with childbearing and their greater longevity, are in a more disadvantageous position vis-à-vis social security systems. Consequently, the goal of gender, ethnic and racial equity is a fundamental policy condition and entails the elimination of all forms of discrimination.

7. The general goal of this regional strategy is to define priorities for the implementation of the Madrid International Plan of Action on Ageing, which is based on the United Nations Principles for Older Persons (independence, participation, care, self-fulfilment and dignity) and is set within the framework of the commitments made in the Millennium Declaration.
8. It also sets forth general guidelines that underlie the proposed goals, objectives and actions, including the following:
  - (a) Active ageing understood as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as persons age— fosters people’s self-esteem and dignity and the full exercise of all their human rights and fundamental freedoms.
  - (b) The central role of older persons in the achievement of their own economic well-being calls for their full integration into the labour market and access to continuing education and training opportunities that enable them to narrow generation and gender gaps.
  - (c) One of the hallmarks of older persons as a group is their heterogeneity, owing to differences of age, gender, socio-economic level, ethnic identity, migratory or displaced status and urban or rural residence, among others.
  - (d) A life-cycle approach and a long-term prospective vision must be adopted in order to understand ageing as a process which spans each individual’s entire life and which, in consequence, makes it necessary to consider the effects during old age of actions carried out at earlier stages.
  - (e) Intergenerational solidarity is a fundamental value in guiding measures targeting older persons. The aim is to move forward in building an attitude of respect, support, encouragement and exchange among generations.
  - (f) The incorporation of the issue of ageing into the development process as a whole and into public policies, with the attendant reallocation of resources among the generations, is one of the adjustments that need to be made in order to address the problems encountered by demographically older societies. In these societies, a

new social covenant is required in which the whole of society takes part with a view to achieving the eradication of poverty and a better quality of life for older persons in the region.

## II. OLDER PERSONS AND DEVELOPMENT

9. Development involves not only a country's ability to produce a larger amount of goods and services at high levels of productivity, but also the availability and equitable access to those resources for all its inhabitants and the creation of conditions for personal self-fulfilment within a context of security and dignity.
10. Old age represents the continuation of a series of achievements and the maturation of a person's life experience, and older persons' participation in development contributes an interrelationship with their fellow citizens which is enriching for all concerned.
11. A fundamental component of older persons' quality of life is their economic security, defined as the capacity to independently have and use an adequate quantity of economic resources on a sustained basis so that they can live with dignity and achieve quality of life in old age.
12. Conditions with respect to economic security in many of the Latin American and Caribbean countries are insufficient and inequitable, especially for women, rural inhabitants and ethnic and racial groups.
13. Many older persons would like to continue working or pursuing projects that would enable them to generate income, remain active or seek personal fulfilment. In most cases, however, they lack access to credit and to the training needed to engage in such activities.
14. Older persons carry out different kinds of activities that redound to their own and the community's benefit through their participation in organizations composed exclusively of older adults or intergenerational organizations and, in general, they generate positive changes in terms of their living conditions and their empowerment as a social group.
15. Many older persons in the region do not have access to opportunities for continuing education, even though they are the group with the lowest level of schooling and a high rate of illiteracy, especially among women.

The following overall goal is therefore established:

- A. Protection of the human rights of older persons and creation of conditions of economic security, social participation and education that promote the satisfaction of older persons' basic needs and their full inclusion in society and development** In order to achieve this overall goal, the following specific objectives are set, along with the corresponding recommendations for action:

16. Objective 1: Promote the human rights of older persons

*Recommendations for action:*

- (a) Explicitly incorporate the rights of older persons at the level of policy, legislation and regulations.
- (b) Formulate and propose specific legislation to define and protect these rights in accordance with international standards and the instruments accepted by the States.
- (c) Create oversight mechanisms through the relevant national agencies.

17. **Objective 2: Promotion of access, under conditions of equality, to decent employment, continuing training and credit for individual or community undertakings**

*Recommendations for action:*

- (a) Apply the provisions of International Labour Organization recommendation No. 162 referring to the promotion of policies of equality of opportunity and treatment for workers of all ages.
- (b) Conduct campaigns directed at interlocutors in the public and private labour markets in order to raise awareness and promote the productive potential of older persons.
- (c) Generate incentives for the participation of older persons in paid and unpaid (volunteer) work.
- (d) Offer programmes to develop the labour and other skills of older persons at the individual and organizational levels, such as literacy training, vocational training and instruction in the use of information technologies, to help them remain in the labour market and to generate and strengthen income-producing activities and projects.

- (e) Promote access to credit opportunities for older persons in order to help them embark upon undertakings of their own.
- (f) Foster a solidarity-based economic model in rural, marginal and indigenous areas.
- (g) Promote the formation of non-governmental organizations devoted to the socio-economic development of the older adult population in vulnerable areas.

**18. Objective 3: Promotion and facilitation of the inclusion of older persons in the formal-sector workforce**

*Recommendations for action:*

- (a) Foster the creation of jobs with shorter working hours that are more in keeping with labourmarket demand.
- (b) Promote all methods and standards that tend to make it possible for older persons to continue in the workforce and to re-enter the labour market, even after they have become retirees or pensioners.
- (c) Design measures and guidelines for protecting older persons from occupational health and safety risks.

**19. Objective 4: Expansion and improvement of the coverage of both contributory and noncontributory pension schemes**

*Recommendations for action:*

- (a) Expand the coverage and amount of non-contributory pensions in a gradual and sustainable manner, using targeting criteria which ensure the inclusion of older persons who are in more vulnerable positions.
- (b) Include the problems of the older population in comprehensive poverty reduction strategies.
- (c) Establish mechanisms for cooperation among the State, civil society and older persons' organizations in order to uphold the rights of older persons.

**20. Objective 5: Creation of suitable conditions for older persons' full involvement in society as a means of promoting their empowerment as a social group and strengthening the exercise of active citizenship**



*Recommendations for action:*

- (a) Ratify, in the appropriate cases, make known, promote and disseminate the international instruments for older adults that are in force and fulfil, in accordance with conditions in each country, the commitments made in this respect at the various global summits.
- (b) Incorporate older persons in the design and monitoring of policies that affect them through their participation as voting members in consultative or advisory councils in institutions responsible for older persons' affairs at the national level.
- (c) Promote financial and technical support for older persons' organizations to facilitate their operation and self-management, especially with a view to meeting —together with local governments— the needs of older persons living in poverty.
- (d) Incorporate the interests and expectations of older persons into the services offered by nongovernmental organizations, private enterprise and Governments.
- (e) Support the preparation of studies that quantify the contribution of older persons to their families, communities and society at large.

**21. Objective 6: Promotion of equality of opportunity and access to lifelong education**

*Recommendations for action:*

- (a) Foster equality of opportunity to facilitate access to literacy training for older persons so that they may achieve greater social autonomy.
- (b) Develop incentives and flexible systems for enabling older persons to complete their basic and secondary education.
- (c) Promote older persons' role in transmitting local culture and history to new generations, thus helping to preserve the traditions and cultural roots of local communities.
- (d) Foster access for older persons to programmes of higher education.
- (e) Create and foster activities for retired older persons, whose occupational and professional experience may serve as effective and useful support for groups in younger generations.

### III. FOSTERING HEALTH AND WELL-BEING DURING OLD AGE

22. Health in old age is a result of the manner in which people have lived throughout their lifetimes. Conditions and practices in childhood and adulthood with regard to general health care, sexual and reproductive health, nutrition, physical and recreational activity and other factors have a strong influence on the healthfulness of older persons.
23. Older persons in the region face different health problems whose course is determined by their social status, gender and ethnic identity and by inequity in terms of timely access to quality health-care services.
24. The promotion of health is one of the strategies that has the greatest impact on the health status of the population. However, fewer than 2% of the countries set wellness targets for the population aged and over. Given the increase in life expectancy, one of the main challenges facing the region's Governments is to develop a community health approach that promotes active ageing. A number of instructive experiences with community health promotion for older persons have been identified in Latin America and the Caribbean, but the fact that most of them have not been evaluated or systematized has prevented them from being used to full advantage.
25. The prevalence of chronic illness and disabilities among older persons could be reduced through the promotion of health and the prevention of disease, which would result in significant savings for health-care systems and an improvement in older persons' quality of life.
26. The HIV/AIDS epidemic is posing a great burden on families, caregivers and health systems.
27. Health-care services for older persons are fragmented and do not offer comprehensive care. The service network is not coordinated in a manner suitable to their needs, which means that new users find themselves entering a system designed to address the acute problems of younger users rather than those of older persons.
28. Many countries of the region lack sensitized personnel trained to care for older persons. Despite the fact that all older adults have the right

to be treated by health-care personnel who have been trained to deal with the problems most commonly suffered by the elderly, a significant percentage of such personnel lack training in public health and ageing, gerontology and geriatrics. This problem is worsened in a number of countries, particularly in the Caribbean, by the selective emigration of health-care professionals, especially nurses, to developed countries.

29. Family care is crucial for older family members with some kind of disability. It is usually undertaken by a single caregiver, who is usually a woman and sometimes even another older person. This represents an excessive burden which is almost always compounded by other responsibilities. It is therefore necessary to acknowledge the role that women have played in providing services and care and to devise ways of helping to ensure that such activities are also the responsibility of men.
30. The development and enforcement of regulations governing the operation of long-stay institutions is limited. Nor is there suitable enforcement of the human rights of older persons living in such institutions or monitoring of States' compliance with the international obligations they have assumed with regard to the treatment and care of such persons.
31. Research and the monitoring of the health status of older persons are limited. At present, none of the region's existing oversight systems has the capacity to analyse the nature and magnitude of the threats posed by malnutrition, falls, arthropathy or dementia as people grow older. There is no research on risk factors or on changing harmful behaviours among people aged 60 or over.

The following overall goal is therefore established:

**B. Older persons should have access to comprehensive health-care services which are suited to their needs and which guarantee a better quality of life in old age and the preservation of their autonomy and ability to function.**

In order to achieve this overall goal, the following specific objectives are set, along with the corresponding recommendations for action:

**32. Objective 1: Promotion of universal coverage for older persons to health-care services through the inclusion of ageing as an essential component of national legislation and policies on health**

*Recommendations for action:*

- (a) Define and apply appropriate standards to promote equitable access for all older persons to necessary and adequate health care in accordance with international human rights instruments ratified by the States of the region and international standards approved by international agencies.
- (b) Develop a health system that emphasizes the promotion of health, the prevention of disease and the provision of equitable care with dignity for older adults.
- (c) Set standards concerning the right to receive services and the provision of essential medications, assistive devices and comprehensive rehabilitation services especially adapted to enhance the autonomy of older persons who have disabilities.
- (d) Seek to improve the provision of health-care services to older persons who are poor, belong to indigenous groups or live in rural areas, taking such measures as may be necessary to guarantee them non-discriminatory access while taking their cultural patterns into account, both under the law and in national public health policies.
- (e) Incorporate the health of older adults in the essential functions of public health as approved by the health ministers of the region and the Pan American Health Organization.
- (f) Formulate policies that define the types of care needed by older persons and mechanisms for providing access to them.
- (g) Train and sensitize all health-care workers in the implementation of the changes needed to eliminate barriers to older persons' access to health-care services.

**33. Objective 2: Establishment of comprehensive health-care services that meet the needs of older adults by strengthening and refocusing existing services and creating new ones where necessary**

*Recommendations for action:*

- (a) Implement a comprehensive health plan, and progressively endowing it with the necessary human and financial resources, which will

coordinate health-care services for older adults at the local, regional and national levels.

- (b) Apply a basic plan for the distribution of equipment, medications, prostheses and orthoses, products and technologies that help older persons to function, participate and be independent.
- (c) Develop programmes in the area of mental health, within the context of primary care, with emphasis on promotion, prevention and early diagnosis, which include community-based rehabilitation programmes.
- (d) Establish appropriate mechanisms for collaboration among the different public and private institutions that provide health-care services to older persons.
- (e) Encourage policies and programmes targeting the female population to include specific topics for older adults, in particular in the field of sexual and reproductive health, using an approach based on the promotion of health and ongoing follow-up.

**34. Objective 3: Promotion of healthy personal behaviours and environments through legislation, policies, programmes and measures at the national and community levels**

*Recommendations for action:*

- (a) Conduct nationwide and local campaigns to combat risk factors and promote healthy lifestyles, including physical activity and a balanced diet, as well as health practices particularly sexual and reproductive health practices – conducive to a better quality of life during old age.
- (b) Develop adequate mechanisms for making information on healthful habits accessible.
- (c) Promote the inclusion of the issue of ageing in formal and informal education programmes from a life-cycle perspective.
- (d) Generate multisectoral collaboration at the local level for the implementation of health promotion activities for older persons.
- (e) Promote mechanisms for participation by older persons in the establishment of community health goals.

**35. Objective 4: Creation of legal frameworks and suitable mechanisms for the protection of the rights of older persons who use long-term care services**

*Recommendations for action:*

- (a) Implement legal provisions for the opening and operation of residential centres for older persons and for the oversight of the living conditions, human rights and fundamental freedoms of residents in such centres.
- (b) Strengthen governmental and institutional capacity to establish, disseminate and enforce the rules and standards that should govern establishments that offer long-term care for older persons, especially those with disabilities, in order to protect such persons' rights and dignity and to prevent their violation. .
- (c) Train the personnel in charge of compliance with those standards and with all international instruments ratified by the States and supervise their performance.
- (d) Prepare and regularly update a registry of establishments offering long-term care and set up oversight mechanisms involving various State institutions, as appropriate..
- (e) Develop close multisectoral collaboration in order to educate providers and users of these services about the quality of care and the human rights, freedoms and optimum living conditions for their well-being, together with the establishment and dissemination of effective complaint mechanisms that are readily accessible to users and their family members.
- (f) Foster the creation of support networks for family caregivers in order to make it feasible for older persons to continue living at home while at the same time, preventing the physical and mental exhaustion of the caregiver.
- (g) Foster the creation of community-based options for the provision of long-term care for older persons.

**36. Objective 5: Promotion of the development of human resources through the design and implementation of a national gerontology and geriatrics training plan for existing and future health-care providers at all levels of care, with emphasis on primary health care**

*Recommendations for action:*

- (a) Propose that the basic tools of gerontology and geriatrics be incorporated into university education in the field of health.

- (b) Promote the development of specialization programmes in geriatrics in schools of medicine.
- (c) Promote the involvement of existing health-care professionals in specialized training in gerontology and geriatrics.
- (d) Formulate regional and national initiatives for the establishment of practical geriatrics training models.
- (e) Incorporate the concept of ageing as a part of the life cycle and the particular features of care for this population group into primary health-care services.

**37. Objective 6: Development and utilization of instruments for improving the understanding of the health status of older persons and monitoring changes in this regard**

*Recommendations for action:*

- (a) Establish mechanisms for the systematic compilation of the available information on persons aged 60 and over which is more fully disaggregated by sex and by ethnic and racial group, to include the following data: sociodemographic features, mortality, morbidity, risk factors for disease and disability, nutritional status, functional capacity, access to and utilization of services, including the use of medications and devices (such as crutches and wheelchairs), personal expenditure on health, barriers to access and discriminatory practices.
- (b) Develop specific five-yearly regional and national health targets to be appraised by means of an oversight system that includes at least the basic indicators needed to monitor them.
- (c) Promote the establishment of an agenda for research on health and ageing and the search for resources for its implementation.
- (d) Develop trained human resources for research on health and ageing, especially in the areas of epidemiology, biology, the demography of ageing and bioethics.
- (e) Promote the inclusion of ageing issues on national research agendas.

#### IV. CREATION OF AN ENABLING AND SUPPORTIVE ENVIRONMENT

38. The creation of suitable political, economic, physical, social and cultural conditions for older persons is essential for social development and the exercise of rights, duties and freedoms during old age.
39. Within the region, the conditions that its societies offer to persons at this stage of life exhibit serious shortcomings in terms of both the physical environment and the social, political, economic and cultural setting which detract from the ability of older persons to achieve meaningful changes in their living conditions.
40. Although most older persons own the dwellings they inhabit, these dwellings do not meet their needs in terms of liveability, safety and accessibility. The challenge of providing safe and suitable housing for older persons involves recognizing, on the one hand, the diversity of older persons' needs and preferences—including the option and the right to "grow old at home"—and, on the other, conditions of frailty that require care and special living arrangements.
41. Some public spaces are not equipped to accommodate older persons. which discourages their use. In order for older persons to become integrated and exercise their citizenship, especially in urban areas, public areas are needed that display physical and spatial traits which provide a safe and accessible environment. In addition, a new generation of public space design and transport facilities are needed that will enable older persons to exercise their right to move around autonomously and safely so that they can have access not only to social and recreational opportunities, but also to social services and, moreover, will be able to exercise their civil, political, economic, social and cultural rights.
42. Age discrimination is manifested in various ways, including the lack of an express recognition of older persons as passive objects of violence and abuse in some legislation. There is also a tendency to present a stereotypical image of old age that is one of passivity, illness, deterioration, social burdens or a state of being cut off from society which, in general, the media maintain and perpetuate.



43. Informal social support networks are part of the social capital assets accumulated by older persons in the course of their lives and are therefore important factors for their well-being. Older men are highly vulnerable to the risk that their support networks will be lost or will shrink after their retirement. In the case of women, the main difficulties are associated with access to and availability of formal support networks, especially social security.

*The following overall goal is therefore established:*

- C. Older persons will enjoy physical, social and cultural environments that enhance their development and are conducive to the exercise of rights and duties during old age

In order to achieve this overall goal, the following specific objectives are set, along with the corresponding recommendations for action:

**44. Objective 1: Adaptation of the physical environment to the characteristics and needs of older persons to enable them to live independently in their old age**

*Recommendations for action:*

- (a) Promote initiatives that permit older adults to gain access to financing for the purchase of a dwelling or adapt their own housing to their new needs in terms of liveability and safety.
- (b) Introduce into national housing construction standards the needs of older persons in relation to accessibility, safety and the provision of public services.
- (c) Adapt public means of transport to the needs of older persons and ensure the enforcement, where applicable, of legal provisions on accessibility, preferential treatment (via designated seats) and discounted fares.
- (d) Introduce, in urban policies, the creation and outfitting of age-friendly, safe public spaces while guaranteeing, through the removal of architectural barriers, their accessibility for older persons.
- (e) Reduce the risk of traffic accidents among older persons through pedestrian and driver education, adequate signalling on public roads and the use of suitable vehicles for transporting passengers.

**45. Objective 2: Increased availability, sustainability and suitability of social support systems for older persons**

*Recommendations for action:*

- (a) Foster the creation and improvement of social and community services infrastructure at the local level.
- (b) Encourage incentives to support families who provide care for older persons.
- (c) Sensitize people, especially men, to the importance of creating and maintaining networks of family members, friends or communities during their lives so that they will be able to enjoy their support and company in their old age.
- (d) Promote activities during people's working years that will serve as support for them during their transition to retirement in order to lessen its negative effects.
- (e) Support the creation and strengthening of local self-managing organizations formed by older persons and other stakeholders.
- (f) Ensure gender equity in access to the social protection system and other sources of formal support.
- (g) Facilitate mechanisms to coordinate formal and informal support systems.

**46. Objective 3: Elimination of all forms of discrimination and mistreatment against older persons**

*Recommendations for action:*

- (a) Seek to ensure that advertising does not include discriminatory images of older persons and ageing.
- (b) Foster, within the family, in education and in the media, values such as tolerance and respect for diversity based on age differences or on any other social condition such as gender, ethnic identity or other characteristics.
- (c) Foster social action, cultural, civic and other programmes in which a "society for all ages" is a society marked by intergenerational integration and collaboration on the basis of knowledge and understanding of the characteristics of each stage of life.
- (d) Create awareness-raising programmes concerning the various

stages of human beings' lives, especially old age, in order to build intergenerational relationships based on complementarity and mutual support.

- (e) Combat violence, abuse, neglect and exploitation of older persons by establishing laws and regulations that penalize all forms of physical, psychological, emotional and economic abuse, in accordance with constitutional and general human rights provisions.
- (f) Facilitate access to legal and psychosocial assistance for the reporting and punishment of abuse and mistreatment of older persons.
- (g) Promote the inclusion, in governmental human rights bodies, of a specific chapter on the human rights of older persons.

47. Objective 4: Promotion of a positive image of old age Recommendations for action:

- (a) Sensitize the communications and advertising media so that they will project a positive image of old age.

## **V. IMPLEMENTATION AND FOLLOW-UP OF THE REGIONAL STRATEGY**

48. The responsibility of the signatory Governments is of crucial importance in implementing these agreements and following up on developments in the situation of older persons in the region. The following overall goal is therefore established:

- D. Each country of the region is encouraged to promote the actions necessary for the full implementation of this strategy and to establish mechanisms for its application, followup evaluation and review, in accordance with their particular circumstances

In order to achieve this overall goal, the following specific objectives are set, along with the corresponding recommendations for action:

49. Objective 1: Incorporation of the issue of ageing into all spheres of public policy in order to adjust State actions to reflect demographic changes and the aim of building a society for all ages;

*Recommendations for action:*

- (a) Integrate the issue of population ageing into national development plans and in the planning of measures to be taken by ministries of

finance, planning, social development, health, education, housing, transport, labour, tourism and communication, as well as in programmes affording social security coverage.

- (b) Establish or strengthen, where they already exist, focal points on ageing within the appropriate national ministries.
- (c) Promote the creation of focal points, where they do not already exist, on ageing within multilateral organizations and the inclusion of the issue in the work they carry out in the region.
- (d) Integrate the issue of ageing into the responsibilities of government administrations at all levels in order to meet the challenges inherent in the heterogeneity of older persons and their circumstances.
- (e) Act on an ongoing and coordinated basis at all levels by promoting strategic alliances between the State, civil society and older persons' organizations, and even engaging the private sector in the implementation of the strategy, while bearing in mind that the primary responsibility falls on national Governments.
- (f) Work to ensure the budgetary support needed to implement the measures envisaged in policies and programmes for older persons.

**50. Objective 2: Procurement of technical assistance, through cooperation between countries and support from international agencies, for the design of policies and programmes on ageing**

*Recommendations for action:*

- (a) Request international institutions working in the area of ageing through the Inter-Agency Group on Ageing, consisting of ECLAC, the United Nations Population Fund, the Pan American Health Organization, the Inter-American Development Bank, the International Labour Organization, the United Nations Programme on Ageing and the World Bank, to coordinate their activities in order to respond better to the countries' requests for technical assistance in preparing national policies and programmes directed at older persons.
- (b) Convene groups of experts and older persons' organizations in each country in order to identify and debate ageing-related priorities and how they can be addressed in line with each country's particular circumstances.

- (c) Request technical assistance from ECLAC and other members of the Inter-Agency Group to support the countries in the preparation of their own plans of action.
- (d) Promote suitable formulas for collaboration in the follow-up to the Madrid International Plan of Action on Ageing with intergovernmental, international and civil society networks involved in the field of ageing in the region, such as RIICOTEC, CARICOM and all others that work in this sphere, in order to achieve a satisfactory degree of complementarity in their efforts.

**51. Objective 3: Design and implementation of a system of specific indicators to serve as a frame of reference for the follow-up and evaluation of the situation of older persons at the national and regional levels**

*Recommendations for action:*

- (a) Collect all available information from censuses and other sources of data on the situation of older persons in the individual countries and in the region and analyse and disseminate this information, disaggregated by age, gender, ethnic identity and race.
- (b) Devise ways to obtain information that can be used to monitor the key indicators of the strategy's results, including the incorporation into household surveys and other national surveys of special modules referring to the quality of life of older persons, in order to appraise the progress made towards each of the objectives.
- (c) Establish a system for monitoring the situation of older persons in the framework of oversight systems developed in other summits or national programmes.
- (d) Request international agencies to provide the technical and financial support needed in order to design and apply instruments that will make it possible to ascertain the situation of older adults.

**52. Objective 4: Pursuit and promotion of research on the main aspects of ageing at both the country and regional levels**

*Recommendations for action:*

- (a) Promote the formulation of a research agenda that covers the main issues relating to older persons in the countries and in the region.

- (b) Implement strategies to raise financing for this research.
  - (c) Encourage cooperation among the different specialized international agencies and organizations, universities and academia in order to approach the research in a coherent manner.
53. Objective 5: Request ECLAC and other relevant organizations to promote contacts with all countries of the region and to present them with a formal offer of support from the Inter- Agency Group for the development of the necessary mechanisms for the suitable implementation of the commitments emanating from this Conference

## VI. EVALUATION AND REVIEW

54. Paragraph 114 of the Madrid International Plan of Action on Ageing states that the success of the Plan will require sustained action at all levels (Governments, civil society, the private sector and other stakeholders) in order to respond to the needs of a demographically changing society.
55. This regional strategy offers a framework for each country's adoption of the measures that are best adapted to its situation.
56. ECLAC, as a regional commission of the United Nations, is in an ideal position to set up links with the countries, the national authorities responsible for older persons' affairs, specialized agencies of the United Nations system and other international agencies in order to coordinate the follow-up process.
57. The Regional Intergovernmental Conference on Ageing was held and this strategy for the implementation of the Madrid Plan of Action was formulated at the request of the States members of ECLAC in resolution 590(XXIX) as adopted at the twentieth session of ECLAC, held in Brasilia in May 2002, and proposed by the Committee on Population and Development. Within this context, the Committee on Population and Development constitutes the most suitable intergovernmental organ.

The countries participating in the Conference therefore agree to:

58. Define, within six months after the end of the present Conference and in accordance with their particular circumstances, the specific targets to be met under each of the objectives contained in the strategy, together

with mechanisms for the follow-up of the policies and programmes they implement. The progress made in this direction will be presented at the meeting of the ad hoc Committee on Population and Development to be held within the framework of the thirtieth session of ECLAC in Puerto Rico in May 2004.

59. Request the Economic Commission for Latin America and the Caribbean, in collaboration with the other members of the Inter-Agency Group on Ageing, to continue to act as technical secretariat and to compile information on the targets set by each of the countries and their follow-up.
60. To review the results obtained with respect to the targets set at the national level on the occasion of the meeting of the ad hoc Committee on Population and Development to be held within the framework of the thirty-first session of ECLAC in 2006.
61. Invite ECLAC to continue to publish its information bulletin on ageing as a means of disseminating and reporting on the actions undertaken in each country.

## **Annex 2: LIST OF PARTICIPANTS**

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# Bali Declaration on Population and Sustainable Development 1992

## H. Ageing

### *Issues*

Population ageing is closely interrelated with the dynamic processes of demographic and socio-economic change, with implications for the family, community and nation. With significant and rapid fertility declines and improvements in mortality, population ageing will assume greater importance in the future. The majority of the elderly have considerable potential for both self-reliance and making contributions to their families and communities.

They have a right and a responsibility to make those contributions. The family is still the principal source of support for the elderly. However, with rapid industrialization, urbanization and the increasing frequency of both spouses engaging in full-time paid work, traditional family support systems for the elderly will be placed under considerable strain.

### *Recommendations*

48. Governments are urged to formulate long-term development strategies that take into consideration the changing age structure of the population, in particular the implications of population ageing for economic and social development. Development policies and programs must take into account the characteristics of future cohorts of older people, their potential for involvement in the process of development and the role of the family and community in caring for the elderly.
49. Comprehensive programs that aim to increase the support and contributions of the elderly should involve all sectors and levels of government, as well as non-governmental organizations, the private sector and unions.
50. Efforts should be made to develop policies and programs at the local level to bring the active elderly into the mainstream of economic and social development to enhance their contributions to their families and communities. This may include lifelong education programs.



51. The family support system should be strengthened by providing economic incentives, such as tax exemptions and special privileges, to families taking care of their elderly members.
52. It is important to recognize the differing needs of the rural and urban elderly in developing countries, particularly in those lacking social security systems.
53. Communities should be encouraged to form voluntary and mutual aid organizations to provide support for the elderly and their families.
54. Broad information and educational programs should be introduced to create awareness and understanding of the issues of ageing and to instill moral and social values related to the support of older people. Such programs should be targeted at families and the general public with special emphasis on the younger generation.
55. Appropriate training programs should be developed for caregivers such as medical and paramedical staff, residential care providers, community and social workers and family members, keeping in view the perspectives of both the caregivers and the elderly.
56. Research is needed on the interrelationship among changes in family patterns and structure, cultural and traditional changes and ageing, the findings of which would promote effective integration of the elderly into the mainstream of economic and social development, and the formulation and implementation of appropriate policies and programs.

## Macau Declaration on Ageing for Asia and the Pacific 1998

Appreciating the contribution that older persons are making and can continue to make to their societies,

Recognizing that, in the Charter of the United Nations, the peoples of the United Nations declare, *inter alia*, their determination to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small, and to promote social progress and better standards of life in larger freedom,

Recalling General Assembly resolution 47/5 of 16 October 1992, in which the Assembly decided to observe the year 1999 as the International Year of Older Persons, and its resolution 50/141 of 21 December 1995, in which it invited the regional commissions to bear in mind the goals of the Year when convening regional meetings in 1998 and 1999 at which to mark the Year and formulate action plans on ageing for the twenty-first century,

Reaffirming the relevance and need for continued implementation of the Vienna International Plan of Action on Ageing, adopted at the World Assembly on Ageing in 1982, which was the first comprehensive international instrument in the field of ageing that set out the principles and guidelines for the formulation and implementation of policies concerning ageing and older persons,

In pursuance of the Manila Declaration on the Agenda for Action on Social Development in the ESCAP Region adopted at the Asian and Pacific Ministerial Conference in Preparation for the World Summit for Social Development in October 1994,

Noting that the ageing of societies in the twentieth century, unprecedented in the history of mankind, poses a serious and complex challenge to all nations and requires a basic change in social attitude towards ageing and older persons and in the way in which societies organize themselves,

Aware that the Asian and Pacific region is rooted in the dynamism of social, economic and cultural development, that, in the region, individuals

are reaching an advanced age in greater numbers and are in better health, and that the tremendous diversity in the situation of older persons, not only between countries but also within countries, requires a variety of policy responses,

Mindful that, in many countries, the family, as the natural fundamental unit of society, needs to be strengthened as a system of support in the provision of care and protection for older persons,

Reaffirming our solidarity and collective support of the spirit of regional cooperation in addressing issues of common concern relating to ageing and older persons,

Expressing a firm commitment to accord priority to the development of older persons, to take immediate measures to bring active older persons into the economic and social mainstream and to meet the basic needs and social security of rural and urban elderly,

Urging the international community and development assistance bodies to provide full support and adequate resources for the region's pursuit of the goals and targets contained in the international and regional mandates related to ageing and older persons mentioned above,

Acknowledging the national experience and capacity of members and associate members to formulate, strengthen and implement their respective policies concerning ageing and older persons, mindful of their own social, economic and political conditions,

1. Adopt the Plan of Action on Ageing for Asia and the Pacific as annexed to the present Declaration;
2. Urge members and associate members:
  - a. To set corresponding goals and targets in accordance with the Plan of Action;
  - b. To establish and strengthen their respective national policies on ageing and national mechanisms for the implementation, monitoring and evaluation of the Plan of Action;
3. Call upon the Commission to devote at least one plenary meeting at its fifty-fifth annual session, to be held in 1999, to the commemoration of the International Year of Older Persons and to generate greater awareness of issues related to ageing and older persons;

4. Recommend that the Commission endorse the Plan of Action on Ageing for Asia and the Pacific at that session and provide support for its successful implementation;
5. Also call upon the Commission and other concerned United Nations and international organizations to assist in the early and full implementation of the Plan of Action on Ageing for Asia and the Pacific.

# Plan of Action on Ageing for Asia and the Pacific

## Introduction

1. The Plan of Action on Ageing for Asia and the Pacific addresses important issues relating to ageing and older persons by identifying specific courses of action to be taken by countries of the region, individually and collectively. It contains concise recommendations with specific guidelines. Individual countries will set their own goals and targets within the framework of the recommendations and implement them in accordance with their national circumstances.
2. The present Plan of Action draws on the Vienna International Plan of Action on Ageing, adopted at the World Assembly on Ageing in 1982, the Proclamation on Ageing as annexed to General Assembly resolution 47/5 of 16 October 1992, the United Nations Principles for Older Persons and other relevant United Nations mandates relating to ageing and older persons. It is also supportive of the relevant goals and targets contained in the Programme of Action adopted at the International Conference on Population and Development, held in Cairo in 1994, the Copenhagen Programme of Action adopted at the World Summit for Social Development in 1995 and of the Agenda for Action on Social Development in the ESCAP Region as revised by the Fifth Asian and Pacific Ministerial Conference on Social Development in 1997.
3. In formulating the present Plan of Action, the governments recognize that, for many developing countries in the region, the overall social and economic development of the nation, including the provision of basic social services for all the population, remains the priority national task. Hunger, poverty, ill health, social exclusion, unemployment, and limited access to education and basic amenities are critical national areas of concern requiring corrective action and competing for scarce resources. The governments appreciate the need to view the issues relating to ageing and older persons within this broader developmental context of priorities, needs and resource allocation.
  - I. Major areas of concern relating to ageing and older persons

4. The governments recognize that the twentieth century has heralded, in the Asian and Pacific region, the beginning of a demographic transformation that will have a profound impact on the countries in the region. At its core, the transformation dramatically alters the age structure of all societies, disproportionately increasing the number and percentage of older persons. The twin processes of mortality and fertility reduction contribute to this dramatic increase in the proportion of older persons which, in some countries, is expected to rise to as high as 25 per cent by the early twenty-first century. The combined effects of improved longevity and declining fertility lead to a maturing of the age structure, with a high concentration of the population in the middle or older ages. The increase in the presence of older persons will be felt in all aspects of social life.
5. The rise in the population of older persons, in absolute and relative terms, poses challenges in both developmental and humanitarian areas. At the societal, developmental level, the effects of structural changes in the age composition of the population on the social, economic and political life of a society will be profound. The sheer size of the older population will impact on existing societal arrangements, such as age at retirement and relative political influence. The differential size of the younger and older populations will further lead to a shift in the economic dynamics of production, consumption, savings and investment. The aggregate effects of these changes are multifaceted and are just beginning to be appreciated. Research on the development implications at country and regional levels is intensifying and will guide future policy responses.
6. At the community and individual levels, the humanitarian needs of older persons require special attention. Societies have to promote and safeguard the rights and well-being of older persons. This includes the prevention of age discrimination and the promotion of productive ageing. The aspirations, knowledge and energy of older persons need to be effectively channelled in the process of national economic and social development. The service infrastructure needs to be broadened and strengthened to meet the social, emotional, health, financial and developmental needs of this growing population.
7. This demographic phenomenon is occurring within a context of changes in national institutions and values because of rapid social and economic

development. The traditional institutions for the care of older persons, such as the family and the community, are undergoing transformation in response to these changes. Traditional support may no longer be adequate or may have diminished. The support systems for older persons need to be re-examined with a view to improving their scope and effectiveness.

8. The present Plan of Action addresses seven areas of concern relating to ageing and older persons in the Asian and Pacific region: (a) the social position of older persons; (b) older persons and the family; (c) health and nutrition; (d) housing, transportation and the built environment; (e) older persons and the market; (f) income security, maintenance and employment; and (g) social services and the community.

## **II. Action on major areas of concern**

9. Noting that the demographic transformation will manifest its full impact in the decades to come, the governments recognize that population ageing is imminent. It is an important phenomenon with long-term concerns, posing no immediate difficulties but increasing pressure on the socio-economic development of the nation. For most countries, the structural changes in the age composition of the population have thus far been slow and the number of older persons manageable. However, in many areas, immediate action must be taken.
10. The immediate tasks for the Asian and Pacific region focus on four major areas: the understanding of the issues and implications of population ageing on society; the preparation of the population for an ageing process that is productive and fulfilling; the development of a service infrastructure and environment based on traditional and modern institutions that will be able to meet present and future needs; and the delivery of essential services needed by the growing number of older persons.
11. There is a continuum among the countries in the Asian and Pacific region in respect of the level of governmental interest in issues relating to ageing and older persons, and the extensiveness of the policies and programmes initiated for older persons. Underlying these differences,

however, is a universal awareness that the issues and challenges are similar across countries and much can be learnt from the experiences of each other. These issues and challenges emanate from the demographic and social realities that are faced by all countries in the region.

## **A. Social position of older persons**

12. The conventional perception of older persons tends to be negative. Older persons are often depicted as frail, disabled and dependent. Economically and socially, they are perceived to be at risk of being marginalized as countries go through rapid economic and technological development. The reality, as documented in research findings, is very different. The older persons in the region engage in a variety of activities that have a significant bearing on the cultural, social and economic life of a country. They have a significant presence in both formal and informal sectors. Most of them are healthy and independent. In an era of rapid globalization and technological change, the older person is a cultural icon providing continuity and stability in the country's traditions. The contributions of older persons have proved to be valuable resources for the country's social and economic development.
13. Ageing is an extension of life that has been made possible by technological advances, especially those in medical and health services. As life expectancy continues to rise and more people are living to older ages, the role of older persons assumes special significance. The preparation for a productive and meaningful role at older ages should be undertaken at both the individual and the society level. At the individual level, the extension of life must be associated with personal satisfaction and fulfilment achieved through involvement in family, community and workplace activities. This involvement is a lifelong process that starts from an early age, a process that should be nurtured in preparing younger people for life at older ages. At the society level, preparation for productive ageing should include steps such as lifelong education and provision of equal opportunity, to allow older persons to remain engaged in as many social, economic and community activities as possible.
14. The governments recognize that, in preparation for an ageing society, serious efforts should be made to dispel the negative perception of



older persons. A new, positive role for older persons will be vigorously inculcated, a role based on the positive contributions of older persons in the family and in society. In this regard, the governments will give due publicity to the United Nations Principles for Older Persons within the national and cultural context. The governments will harness the contributions of older persons as a national resource and ensure that future generations benefit from a programme of lifelong preparation for productive ageing.

## **B. Older persons and the family**

15. The family has a distinctive place in the countries of the Asian and Pacific region. It is the most basic social unit, with much of the country's social and economic life revolving around it. In many rural communities, it is also the economic unit engaging in productive activities. Binding the families together are deeply rooted cultural mores and religious practices. Filial piety, which underpins the relationship between generations, is a key attribute that reinforces the family's cohesiveness. The older person is guaranteed a special position in the family, giving and receiving support from other family members.
16. The region has a high regard for the unique role that the family plays in supporting older persons. Most countries place special emphasis on the family as the frontline institution in their plans for population ageing. They realize that the emotional, social, physical and economic supports provided by the family are indispensable and cannot be replaced by any other institutions. It is also recognized that the family institution remains strong in spite of cultural changes and migratory movements. In many countries, it is an accepted planning norm that the family will continue to play this critical support role in the century to come.
17. The governments appreciate the forces that have adversely affected the capacity of the family to support and care for older persons. Declining family size, the increasing number of women joining the workforce, the diminishing extended family arrangement and the geographic mobility of family members are contributing factors. They reduce the number of potential caregivers within the family and the options of burden-sharing. Given these changes, it becomes necessary for governments

to take effective steps to enhance the care-giving capability of the family through appropriate programmes. This is a cost-effective approach and is compatible with the cultural mores of the region.

18. Recognizing the importance of the care-giving role of the family, governments agree to initiate comprehensive programmes that will strengthen the family in this aspect. The programmes should include the following elements:
  - (a) Promotion of co-residence through housing policies and financial incentives;
  - (b) Provision of home nursing services for the older persons;
  - (c) Provision of facilities for respite care;
  - (d) Provision of programmes on counselling, professional guidance and emotional support;
  - (e) Strengthening of inter-generational relationships.
19. The governments are aware of the existence of vulnerable older persons whose families are no longer able to offer support or who have no family. These groups of older persons, which include the destitute, the low-income, the minorities, the displaced, the disabled and persons with long-term medical conditions, require direct humanitarian assistance. These groups should receive special attention and be adequately covered by the social safety net. The governments will identify and assess the size of these groups and the extent to which assistance is required. In this regard, the governments recognize that widows constitute the largest group among older persons. Their special needs will be monitored and met through special programmes. Older persons, especially those without children, are among the most vulnerable during natural disasters and emergencies. The governments will make adequate provision for older persons in emergency planning and relief efforts.
20. The governments will pay special tribute to the contributions of the older persons to the family institution. The notion that older persons only receive support and contributions from their family members should be dispelled. The inter-generational exchange is two-way, with all members benefiting from the process. The assistance rendered by older persons range from intangibles such as helping with child care to providing financial support for the family. These contributions, taken together, strengthen the family unit and bind the generations over the life course.

## C. Health and nutrition

21. While older persons are prone to age-related illnesses, the ageing process is not necessarily associated with poor health. Cohorts of older persons are now reaching the same age in better health than before. Research has shown that maintenance of good health can be achieved through proper nutrition, early diagnosis, preventive care and healthy lifestyles, including harmonious family life, health and physical education and social participation. The promotion and implementation of these low-cost, prevention-based initiatives could significantly enhance the well-being of older persons.
22. Advances in medical technologies in the past decades have made possible the prolongation of life through better medical care and intensive interventions. These new technologies are, however, expensive and are not easily accessible to the average person. The majority of the population comes in contact with primary and secondary health care facilities. Improvements in these facilities would have a more significant impact on the quality of life among the masses. For older persons, whose contacts with health facilities are more frequent, economical and preventive services are essential.
23. The health needs of the older persons are multidimensional. While physical health is often the focus of attention, the psychological and mental health of older persons is equally important in ensuring their sense of well-being. A system of coordinated care will be put in place to evaluate the health needs of older persons in a holistic manner and to implement appropriate person-oriented interventions. Within this system, suitable programmes will be instituted to detect the presence of psychological and mental problems and provide suitable solutions.
24. The governments agree with the need to put a systematic programme of activities in place to educate the population on healthy ageing. The components of healthy ageing include awareness of physiological changes, understanding of the symptoms of common ailments and the risk factors of poor health, and the adoption of a healthy lifestyle. Information about common ailments such as high blood pressure, diabetes, cataract, arthritis, osteoporosis and neuro-psychiatric diseases

such as Parkinson's and Alzheimer's will be disseminated, accompanied by early diagnosis and mass screening programmes. Nutritional advice will be provided to minimize dietary deficiencies and imbalances. The governments reaffirm that these low-cost, community-based activities will be integrated into existing community health programmes.

25. The governments recognize that the health care of older persons will be a key issue in the future resulting in significant budgetary commitments. Regional variations in health care financing do exist, reflecting country preferences. However, more innovative options need to be evolved including co-payment of medical costs between employees and employers, the setting up of medical funds to cover medical expenses and the establishment of insurance-based schemes to provide financing for major illnesses and hospitalization needs.

## **D. Housing, transportation and the built environment**

26. In the Asian and Pacific region, older persons tend to live with the family. For them, the family house is the centre of almost all activities. Their quality of life is thus unavoidably affected by the adequacy of living conditions. Ensuring a proper living environment has been a national concern for regional countries. The governments have associated themselves with the Global Strategy for Shelter to the Year 2000, which obliges the State to assume responsibility for the protection and improvement of housing conditions. Resources should be made available to address the housing needs of the older persons.
27. To the extent possible, the governments will ensure that older persons have a reasonable and adequate living environment. Barrier-free access throughout the community will be made possible through appropriate means. Incentives will be given to facilitate home upgrading and improvements to the surrounding environment. Public housing programmes will include options for older persons who live alone either by choice or by circumstance. For older persons who need community residential care, it is important that nursing homes and shelters for the aged destitute are well run and deliver satisfactory levels of care and service.

28. Special arrangements will be made to meet the transportation needs of older persons. Concessions in travel fares will be considered for older persons commuting by public transport. Wherever feasible, adaptations will be made to the physical environment and transportation infrastructure to facilitate the independent, unrestricted mobility of older persons. The governments will promote road safety as older persons are particularly at risk of traffic accidents.

## **E. Older persons and the market**

29. Older persons are a special group of consumers, as many of them require specialized goods and services in their daily living. The provision of such goods and services is generally undertaken by the private sector. In some countries, this has grown to become a well-defined market with older persons becoming captive consumers. However, the range and the quality of goods and services, as well as their prices, may vary, depending on the size of the market and the number of firms. Older persons, particularly those consumers with limited purchasing power or knowledge of the products, may be susceptible to monopolistic pricing and unscrupulous or aggressive market practices. Governments will ensure that their rights as consumers, as provided for in the United Nations Guidelines for Consumer Protection, are recognized and safeguarded. Older persons should be encouraged to join or form consumer groups to safeguard their interest.
30. The governments recognize the potential of private sector initiatives in meeting the day-to-day needs of older persons through pay-for-service transactions. These initiatives are important market mechanisms responding to the needs and demands of the consumers. As the number of older persons increases, innovative private sector services are likely to emerge to cater to their special needs. The rise of a service industry catering to older persons is inevitable, and it has already happened in many countries in the region. The governments will facilitate and regulate the development of this market by providing appropriate incentives and guidance and by putting safeguards in place to prevent abuse and ensure minimum standards.

## **F. Income security, maintenance and employment**

31. Income security at older ages is affected by a number of factors. The ability to accumulate wealth during the younger years determines the degree to which an older person is financially vulnerable. A reasonable stock of savings may see an older person through years with no income and ensure an acceptable standard of living. The maintenance of a steady income stream through gainful employment provides the best guarantee of financial security. In countries where social security or pension benefits are available, financial security is further assured by societal arrangements. The family will, in many cases, provide the ultimate safeguard for an older person's financial well-being.
32. Saving for old age is a tradition in the Asian and Pacific region. The practice is widespread, hence the region's reputation of having the highest savings rates in the world. In economies with a prominent formal sector, a steady wage income allows many families to save for old age and for other contingencies. In rural communities, and in the informal sector, savings for old age may be a lesser concern when the day-to-day livelihood is at constant risk. Nonetheless, saving for old age remains a valued behaviour and is carried out whenever possible.
33. The governments will assess the extent to which the different sectors of the population are saving for old age. Savings during the economically active life span of each person provide for the consumption needs in retirement years. This is a key element in a person's lifelong preparation for old age. Many countries already have a mechanism to encourage savings among the population. This mechanism will be expanded with adequate incentives to facilitate the saving habit. Appropriate mechanisms need to be established in countries where no such schemes exist.
34. The governments note that employment for older persons is critical for financial security as it generates an income flow. Participation in the workforce will be encouraged as long as older persons are able to continue to work. They should not be forced out of their jobs by a rigid retirement age or other discriminatory practices. A flexible retirement scheme and legal protection will enable capable older persons to remain economically active. Job creation and retention programmes should

be established to bring back older workers. Such programmes will also enhance the employability of older workers through upgrading of knowledge and skills. Self-employment among older persons will be encouraged through advisory services and other assistance.

35. A variety of social security or pension schemes exist in the region. These are designed in line with national circumstances. In cases where only partial coverage is provided, there is a need to extend the coverage, especially to vulnerable groups such as the older destitute, widows, housewives and the disabled. The governments will constantly review the adequacy of the benefits to meet a reasonable standard of living. Where possible, additional resources will be devoted to social security schemes to improve the coverage and the current level of benefits. The governments realize that the sustainability and viability of social security schemes are an important policy issue, and urge that intensive studies be made to examine the implications and to evolve new instruments of income security.

## **G. Social services and the community**

36. As a result of the physiological, social and financial changes that older persons experience, they may require assistance from time to time to regain a sense of well-being. Events such as the demise of a spouse, retirement from work and onset of age-related illnesses may put older persons through brief periods of distress. External help or support may be needed by some to bring relief and expedite adjustment. Such assistance may include temporary day-care rehabilitation, counselling or dietary advice. These services, taken together, help older persons to overcome their temporary difficulties and improve their well-being. The focus on age-related difficulties sets these services apart from traditional welfare programmes, though some overlap does exist.
37. There is much variability among countries in the coverage and accessibility of social services for older persons. The variability is dependent on the levels of financial and manpower resources available for allocation to social services. Within each country, variability also exists between urban and rural areas. The urban areas tend to have a higher concentration of service centres, leading to better coverage and accessibility.

38. The governments recognize the occasional need for social service assistance by older persons. Adequate resources will be committed to ensure that a reasonable level of services is available to older persons in each member country. Proper coordination of government and non-governmental service agencies will be implemented to establish an adequate network of services that reach out to older persons in both urban and rural areas.
39. With their experience, knowledge and mature outlook, older persons form a potential pool of expertise that can be tapped for community projects and activities. As residents of the community, they are familiar with local circumstances and their inputs could be a critical success factor. As key beneficiaries, they also have much to gain from sharing pertinent information and skills in community projects. There are ample opportunities available for community participation of older persons and extension of help to each other.
40. The governments agree that older persons constitute a valuable resource in the community. The governments will open up avenues for their participation through membership in community clubs and resident associations. Associations of older persons will be encouraged, and older persons will be empowered to undertake projects that would improve community well-being.

### **III. Implementation: structures and processes**

41. The governments recognize that the task of implementing the Plan of Action is a national responsibility, requiring the combined efforts of the government, non-governmental organizations and other social units. To this end, member countries will establish appropriate structures and processes in accordance with their differing national circumstances. These structures and processes are components of a national service infrastructure which enhances, safeguards and preserves the well-being of older persons and promotes their participation in society.



## **A. National infrastructure for ageing and older persons**

42. Recognizing the importance of organizing and instituting a national infrastructure that will deal with issues relating to ageing and older persons in a holistic and integrated manner, the governments commit themselves to building this infrastructure as an integral part of the implementation of the Plan of Action. They will seek to balance the needs of the old against the demands of the young, and allocate adequate resources to meet the needs of older persons while satisfying the requirements of all social groups, with particular emphasis on women, the poor and people in rural areas.
43. A national infrastructure for ageing should consist of three principal components: (a) governmental institutions and non-governmental organizations; community-based organizations and organizations of older persons; and resources, including personnel concerned with ageing and older persons; (b) a service delivery network with acceptable standards of service quality; and (c) an information, training and research apparatus on ageing issues.
44. The governments will examine the present arrangement of institutions and agencies dealing with older persons and enhance their coordination as a total system. There are many elements in this system, from government agencies such as the pension office and old-age homes to non-governmental service centres. A central coordinating agency should be established to ensure the adequacy of the system to respond to the needs of older persons.
45. The governments, in collaboration with non-governmental organizations, will assess the training needs of personnel in the institutions and agencies and initiate plans to upgrade the skills of personnel. Health personnel, community and social workers and researchers need to keep abreast of the latest developments in their specialized fields that impinge on the ageing. Formal learning, informal on-the-job training and exchange of information and experiences will be encouraged among the front-line personnel to strengthen their professional capabilities and enhance their productivity.

46. Many countries already have a system of service delivery to older persons and their families. This includes medical, health, social and other related services. The governments will enhance service quality, improve coverage and reduce wastage. The governments will also promote the establishment of service standards that are important yardsticks by which the well-being of older persons can be judged. While the setting of standards may depend on the resources available, evolution to higher standards over time is important.
47. The governments will encourage the establishment of an information and research apparatus on ageing and issues relating to older persons. Many concerns of older persons are new and linked to the changes in societies at large. National planning and research efforts are essential to understand and assess these concerns, their societal impact and policy options. In support of the research activities and as inputs for planning and policy-making, the governments will undertake to establish national databanks on older persons. Where necessary, surveys on the ageing will be conducted to provide benchmark information and measure changes over time. The governments will support social policy analysis based on reliable empirical databases.

## **B. Planning and targeting**

48. With a national infrastructure for the ageing in place, plans and programmes can be drawn up to meet the guidelines in the Plan of Action. The governments will specify attainable goals and targets for the national plans and programmes in terms of quantifiable outputs to be produced within well-defined time-frames. Such targeting of national plans and programmes is essential for assessment of the progress achieved. The governments will consider the planning and targeting of programmes in conjunction with resource availability and allocation. Inputs should be obtained from all participating sectors so that the plans made and targets set are within reasonable and realizable limits. While setting targets, the governments will give due consideration to promoting gender equality and minimizing rural-urban imbalance.

## **C. Intersectoral collaboration and support**

49. In the multisectoral approach to the present Plan of Action, the governments appreciate the need to work in close cooperation and collaboration with non-governmental organizations and the private sector. The wide-ranging nature of the issues concerning older persons requires a holistic and systemic response from society at all levels.
50. The governments are aware of the critical role that non-governmental organizations play. Many of these organizations are pioneers in organizing and delivering services to older persons. In many member countries, they are the core institutions in the national infrastructure for ageing. The governments will encourage the development of a strong non-governmental sector and enhance the participation of these organizations in planning and implementing policies and programmes concerning older persons. Facilitation of the development of this sector should include the formulation of a legal framework for the establishment and registration of such organizations, and the provision of budgetary subvention and assistance in other forms to them.
51. Open competition by the private sector in service delivery can improve efficiency and cost-effectiveness. The governments will provide all opportunities for the private sector to complement public programmes on health care, housing and other basic services for older persons. Where the private sector can bring about better standards in services, the governments should consider the privatization of such services.

## **D. Coordination and monitoring**

52. The implementation of the present Plan of Action must be well coordinated at the national level. National coordination of all the sectors involved in the ageing issues minimizes duplication and facilitates the optimal allocation of resources. Piecemeal solutions to the issues may bring the desired outcome in one area, but may lead to adverse consequences in another. The solutions, like the issues themselves, are multifaceted. Their implementation requires careful coordination by all sectors.

53. Recognizing the need for sectoral coordination, the governments will designate a national coordinating body to provide the overall policy direction and guidance in planning and formulation of national programmes. The national coordinating agency on ageing will be represented by all sectors, with leadership being provided by the governments. It is essential to monitor and review the implementation of the present Plan of Action on a regular basis, at intervals to be determined by each country. There will be consultation of the players involved at every stage of the implementation. Such consultation during the monitoring and review process will provide insightful feedback to the national coordinating agency on changes in local conditions and the ensuing adjustments required to be made to the national plans and programmes.

## **E. Resource mobilization and allocation**

54. The governments recognize that a national infrastructure for ageing can only function with adequate financial and manpower resources. Many countries in the region are, however, faced with multiple priorities in their budgetary provisions and manpower plans. The governments must show the commitment to review such national priorities and, where necessary, revise them to ensure the judicious mobilization and allocation of resources for the implementation of the present Plan of Action.
55. Funding support from the regular government budget is essential for a large number of programmes and services for older persons. The governments will increase, where possible, their financial contributions to the national infrastructure for ageing and older persons. The governments will explore new ways of financing, including the establishment of a dedicated fund to provide additional resources for implementing the present Plan of Action.
56. As well as the State, which provides direct financing, non-governmental organizations are important agents in mobilizing financial resources from the community. The governments will give them appropriate assistance in their fund-raising activities and guidance for sound financial administration. In some countries, matching or capital grants, tax exemptions and other fiscal incentives are instruments used by the government to facilitate community resource mobilization.

57. Volunteerism, which exists in all societies, provides a ready source of financial and manpower resources. The governments will encourage all expressions of volunteerism in services to older persons, by giving appropriate training, guidance and due recognition as far as possible. Many older persons themselves are volunteers. The governments will accord high priority to help older volunteers in organizing themselves and providing services for others.

## **F. Regional and international cooperation**

58. Regional and international cooperation on issues related to ageing and older persons has made a significant contribution towards the implementation of the mandates of the Vienna Plan of Action and other global initiatives. Current modalities of cooperation at the country, regional or international level include the exchange of information, joint research and training activities, awareness creation and demonstration projects. The governments call upon all regional and international entities to strengthen their commitment to these current modalities and to establish new avenues of cooperation.
59. As the regional arm of the United Nations for Asia and the Pacific and the focal point for the region on issues related to ageing and older persons, the Economic and Social Commission for Asia and the Pacific should continue to carry out its unique role in facilitating the exchange of national experiences, carrying out joint training, research and planning activities and providing technical assistance and information and advisory services to its members and associate members. The governments call on the Commission, in collaboration with concerned United Nations bodies and specialized agencies, to design programmes for regional cooperation in support of the present Plan of Action. The Commission should continue to give support to countries in establishing regional cooperation mechanisms, resource mobilization from multilateral donor institutions, coordination with international organizations in activities on ageing, and monitoring and evaluation of the implementation of the Plan of Action. The capabilities of the Commission to undertake the above and serve as the regional focal point for United Nations agencies on all activities and programmes on ageing and related issues should be strengthened.

60. The governments call upon the United Nations system to increase its support of the infrastructure for ageing and older persons at the country level. Such support will include the provision of technical assistance in policy and programme development, financial support for major initiatives and a mechanism for capacity-building. Specific measures can take the form of dissemination of relevant information and technical materials, the conducting of seminars, workshops and training courses on ageing and related social issues, advisory services on programme planning and evaluation, assessment of training needs and priorities, and the design of training materials.
61. The governments welcome the initiatives of international non-governmental organizations and their regional and in-country representatives. The positive outcomes of their activities for older persons should be placed on record and given due recognition. The governments encourage all international non-governmental organizations to intensify their efforts in the interests of the older persons of the world. An important area of contribution from these organizations will be the provision of technical assistance to enhance the national information, training and research capabilities of countries in the region.
62. Given the differing conditions in the population and development status of various subregions of the Asian and Pacific region, the governments agree that the present Plan of Action could be viewed at subregional levels. The governments urge the Commission and concerned international organizations to provide subregional organizations with appropriate technical assistance and other support in defining and implementing programmes in accordance with the Plan of Action.
63. The governments call upon the secretariat of the Commission to review progress in the implementation of the Plan of Action and report its findings and recommendations for further action by all concerned to the Commission at its annual session in 2001 and every five years thereafter.

## Arab Charter on Human Rights, 1994

### Article 2

Each State Party to the present Charter undertakes to ensure to all individuals within its territory and subject to its Jurisdiction the right to enjoy all the rights and freedoms recognized herein, without any distinction on grounds of race, colour, sex, language, religion, political opinion, national or social origin, property, birth or other status and without any discrimination between men and women.

...

### Article 30

The State guarantees every citizen's right to work in order to secure for himself a standard of living that meets the basic requirements of life. The State also guarantees every citizen's right to comprehensive social security.

...

### Article 32

The State shall ensure that its citizens enjoy equality of opportunity in regard to work, as well as a fair wage and equal remuneration for work of equal value.

...

### Article 38

- (a) The family is the basic unit of society, whose protection it shall enjoy.
- (b) The State undertakes to provide outstanding care and special protection for the family, mothers, children and the aged.

## Declaration on the Rights of Elderly - An Islamic Perspective 1999

In response to the urgent need of the Islamic Countries to accord due attention to the growing elderly category, promote their health, enable them to enjoy as much living conditions as possible,

capitalize on their rich experience, knowledge and skills as well as the ideals and values they embrace and which embody their conduct and ethics; and inspired by the profound beliefs characterizing the Muslims of these Countries, whose religion is the

beacon guiding their lives; and to make use of the deeply- rooted health and social heritage of these countries; and to guard them against the materialistic development trend which focuses on the development of wealth rather than the development of human beings, where religious values decline, the humanity of man recede, the family' s role as the adobe of society is endangered, family bonds disintegrate, individualism and selfishness prevail and disrespect of the elderly becomes the norm, the 12th Medical Juristic Symposium on the Rights of Elderly from an Islamic Perspective held in Kuwait on 18 thru 21 October 1999, adopts the following Declaration on the Rights of Elderly:

**First:** Human soul is invaluable and honored by God, to sustain it is to sustain the mankind. Moral sustenance of Human soul -by securing dignified life thereto -is no less significant than immoral sustenance.

**Second:** Believers resemble a single body where any infliction of an organ would cause the rest of the body into sleeplessness and fever in response thereto. Caring for the aged, the weak the sick and the disable is a collective obligation on the entire society .Sinful are all members of the society someone fails to do the obligation.

**Third:** The elderly have rights that should be recognized and admitted by their communities.

**Fourth:** It is the right of any old person to have a good access to a possible source of income so long as he/she is able to work even after tile retirement age. The elderly must be enabled to serve himself if he/she can do so. They



must be reassured they are useful members of their society, in preservation of their dignity and psychological health and to benefit from their knowledge, wisdom and ethics, especially in the upbringing of their grandsons and granddaughters. Their wide experiences and advice can be utilized in making the state's policy and realizing its interests.

**Fifth:** Family is the nucleus of the Islamic society. The elderly have the right to enjoy family life among their children. If the elderly have no family to embrace them, the society has to create for them a familial atmosphere by securing a certain family to look after them assigning escorts to them, or living in a decent elderly houses.

**Sixth:** The aged have a prominent standing in their respective communities. No word of contempt must be uttered to them. They are to be treated decently and held in high esteem.

**Seventh:** Relatives, neighbors or companions have to visit the elderly when sick, call on them even if not sick and instigate their feeling of loneliness. Good words are a charitable gift, showing cheerfulness in the elderly's presence is a charitable gift, guiding a poor-righted man is a charitable gift, giving a hand to the weak is a charitable gift and helping the mute or the deaf is a charitable gift.

**Eighth:** Awareness of the aged has to be enhanced as regards how they can preserve their health ward off diseases and accidents and how to take medicines. This is a call for righteousness which is the duty of every Muslim.

**Ninth:** An old person is to be helped if need be. He should be provided with food, clothing, lodging and medical care. He/she must be protected against any attack, since all Muslims are brothers and sisters in Islam, they must not treat unjustly or let down each other. Regulations and legislations are to be issued to serve this noble purpose.

**Tenth:** The Symposium calls on all international organizations, Governments, Voluntary and Non-governmental organizations and after civil society institutions to spare no effort in operationalizing elderly rights, especially in the following areas:

- a. To set up an elderly care supreme council in all countries, in which all relevant bodies are represented. This council must have a full mandate of implementation

- b. To enact legislations securing the elderly rights and guaranteeing all health, psychological, social, economic and living care for them, including full health and social insurance for all segments of the elderly, as well as providing them with all facilities possible.
- c. Civil society institutions have to do whatever necessary to care for the elderly and secure their physical and mental practices, especially establishing sport, social and cultural clubs, as well as help them find appropriate jobs.
- d. To introduce audio-visual and print media which aims at raising awareness of the aged regarding how to defend their interests, providing necessary entertainment, and educating citizens, ever since the stage of childhood, on how to provide full care for the aged.
- e. To insert subjects on elderly care and maintenance of their rights into several educational curriculum.
- f. To conduct thematic and field researches aiming at identifying elderly status, needs and problems and working out solutions thereto.
- g. To call on OIC and ISESCO in conjunction with IOMS to adopt and declare a document on rights of the elderly from an Islamic perspective.
- h. IOMS has to issue a book on: "Islamic Ordinances" on worship, dealings and other Islamic ordinances related to the elderly.

# **The Rights of Older Persons: Part C -**

**Regional  
European  
Documents  
on Ageing**



# Convention for the Protection of Human Rights and Fundamental Freedoms, as amended by Protocol No. 11 Rome, 4.XI.1950

The governments signatory hereto, being members of the Council of Europe,

Considering the Universal Declaration of Human Rights proclaimed by the General Assembly of the United Nations on 10th December 1948;

Considering that this Declaration aims at securing the universal and effective recognition and observance of the Rights therein declared;

Considering that the aim of the Council of Europe is the achievement of greater unity between its members and that one of the methods by which that aim is to be pursued is the maintenance and further realisation of human rights and fundamental freedoms;

Reaffirming their profound belief in those fundamental freedoms which are the foundation of justice and peace in the world and are best maintained on the one hand by an effective political democracy and on the other by a common understanding and observance of the human rights upon which they depend;

Being resolved, as the governments of European countries which are like-minded and have a common heritage of political traditions, ideals, freedom and the rule of law, to take the first steps for the collective enforcement of certain of the rights stated in the Universal Declaration,

Have agreed as follows:

## *Article 1 – Obligation to respect human rights*

The High Contracting Parties shall secure to everyone within their jurisdiction the rights and freedoms defined in Section I of this Convention.

## **Section I – Rights and freedoms**

### *Article 2 – Right to life*

- 1 Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence

of a court following his conviction of a crime for which this penalty is provided by law.

- 2 Deprivation of life shall not be regarded as inflicted in contravention of this article when it results from the use of force which is no more than absolutely necessary:
  - a in defence of any person from unlawful violence;
  - b in order to effect a lawful arrest or to prevent the escape of a person lawfully detained;
  - c in action lawfully taken for the purpose of quelling a riot or insurrection.

### *Article 3 – Prohibition of torture*

No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

### *Article 4 – Prohibition of slavery and forced labour*

- 1 No one shall be held in slavery or servitude.
- 2 No one shall be required to perform forced or compulsory labour.
- 3 For the purpose of this article the term “forced or compulsory labour” shall not include:
  - a any work required to be done in the ordinary course of detention imposed according to the provisions of Article 5 of this Convention or during conditional release from such detention;
  - b any service of a military character or, in case of conscientious objectors in countries where they are recognised, service exacted instead of compulsory military service;
  - c any service exacted in case of an emergency or calamity threatening the life or well-being of the community;
  - d any work or service which forms part of normal civic obligations.

### *Article 5 – Right to liberty and security*

- 1 Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law:
  - a the lawful detention of a person after conviction by a competent court;

- b the lawful arrest or detention of a person for non-compliance with the lawful order of a court or in order to secure the fulfilment of any obligation prescribed by law;
  - c the lawful arrest or detention of a person effected for the purpose of bringing him before the competent legal authority on reasonable suspicion of having committed an offence or when it is reasonably considered necessary to prevent his committing an offence or fleeing after having done so;
  - d the detention of a minor by lawful order for the purpose of educational supervision or his lawful detention for the purpose of bringing him before the competent legal authority;
  - e the lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants;
  - f the lawful arrest or detention of a person to prevent his effecting an unauthorised entry into the country or of a person against whom action is being taken with a view to deportation or extradition.
- 2 Everyone who is arrested shall be informed promptly, in a language which he understands, of the reasons for his arrest and of any charge against him.
- 3 Everyone arrested or detained in accordance with the provisions of paragraph 1.c of this article shall be brought promptly before a judge or other officer authorised by law to exercise judicial power and shall be entitled to trial within a reasonable time or to release pending trial. Release may be conditioned by guarantees to appear for trial.
- 4 Everyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful.
- 5 Everyone who has been the victim of arrest or detention in contravention of the provisions of this article shall have an enforceable right to compensation.

### *Article 6 – Right to a fair trial*

- 1 In the determination of his civil rights and obligations or of any criminal charge against him, everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal established by law. Judgment shall be pronounced publicly but the press and public may be excluded from all or part of the trial in the interests of morals, public order or national security in a democratic society, where the interests of juveniles or the protection of the private life of the parties so require, or to the extent strictly necessary in the opinion of the court in special circumstances where publicity would prejudice the interests of justice.
- 2 Everyone charged with a criminal offence shall be presumed innocent until proved guilty according to law.
- 3 Everyone charged with a criminal offence has the following minimum rights:
  - a to be informed promptly, in a language which he understands and in detail, of the nature and cause of the accusation against him;
  - b to have adequate time and facilities for the preparation of his defence;
  - c to defend himself in person or through legal assistance of his own choosing or, if he has not sufficient means to pay for legal assistance, to be given it free when the interests of justice so require;
  - d to examine or have examined witnesses against him and to obtain the attendance and examination of witnesses on his behalf under the same conditions as witnesses against him;
  - e to have the free assistance of an interpreter if he cannot understand or speak the language used in court.

### *Article 7 – No punishment without law*

- 1 No one shall be held guilty of any criminal offence on account of any act or omission which did not constitute a criminal offence under national or international law at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the criminal offence was committed.



- 2 This article shall not prejudice the trial and punishment of any person for any act or omission which, at the time when it was committed, was criminal according to the general principles of law recognised by civilised nations.

*Article 8 – Right to respect for private and family life*

- 1 Everyone has the right to respect for his private and family life, his home and his correspondence.
- 2 There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

*Article 9 – Freedom of thought, conscience and religion*

- 1 Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.
- 2 Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others.

*Article 10 – Freedom of expression*

- 1 Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers. This article shall not prevent States from requiring the licensing of broadcasting, television or cinema enterprises.
- 2 The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties as are prescribed by law and are necessary

in a democratic society, in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.

*Article 11 – Freedom of assembly and association*

- 1 Everyone has the right to freedom of peaceful assembly and to freedom of association with others, including the right to form and to join trade unions for the protection of his interests.
- 2 No restrictions shall be placed on the exercise of these rights other than such as are prescribed by law and are necessary in a democratic society in the interests of national security or public safety, for the prevention of disorder or crime, for the protection of health or morals or for the protection of the rights and freedoms of others. This article shall not prevent the imposition of lawful restrictions on the exercise of these rights by members of the armed forces, of the police or of the administration of the State.

*Article 12 – Right to marry*

Men and women of marriageable age have the right to marry and to found a family, according to the national laws governing the exercise of this right.

*Article 13 – Right to an effective remedy*

Everyone whose rights and freedoms as set forth in this Convention are violated shall have an effective remedy before a national authority notwithstanding that the violation has been committed by persons acting in an official capacity.

*Article 14 – Prohibition of discrimination*

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

### *Article 15 – Derogation in time of emergency*

- 1 In time of war or other public emergency threatening the life of the nation any High Contracting Party may take measures derogating from its obligations under this Convention to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with its other obligations under international law.
- 2 No derogation from Article 2, except in respect of deaths resulting from lawful acts of war, or from Articles 3, 4 (paragraph 1) and 7 shall be made under this provision.
- 3 Any High Contracting Party availing itself of this right of derogation shall keep the Secretary General of the Council of Europe fully informed of the measures which it has taken and the reasons therefor. It shall also inform the Secretary General of the Council of Europe when such measures have ceased to operate and the provisions of the Convention are again being fully executed.

### *Article 16 – Restrictions on political activity of aliens*

Nothing in Articles 10, 11 and 14 shall be regarded as preventing the High Contracting Parties from imposing restrictions on the political activity of aliens.

### *Article 17 – Prohibition of abuse of rights*

Nothing in this Convention may be interpreted as implying for any State, group or person any right to engage in any activity or perform any act aimed at the destruction of any of the rights and freedoms set forth herein or at their limitation to a greater extent than is provided for in the Convention.

### *Article 18 – Limitation on use of restrictions on rights*

The restrictions permitted under this Convention to the said rights and freedoms shall not be applied for any purpose other than those for which they have been prescribed.

# European Interim Agreement on Social Security Schemes relating to Old Age, Invalidity and Survivors, 1953

Entry into force: September 1 1954

The governments signatory hereto, being members of the Council of Europe, Considering that the aim of the Council of Europe is to achieve greater unity between its members for the purpose, among others, of facilitating their social progress;

Affirming the principle that the nationals of any one of the Contracting Parties to this Agreement should receive under the laws and regulations of any other Contracting Party relating to benefits payable in respect of old age, invalidity or survivors, equal treatment with the nationals of the latter, a principle sanctioned by Conventions of the International Labour Organization;

Affirming also the principle that the nationals of any one of the Contracting Parties should receive the benefits of agreements relating to old age, invalidity and survivors concluded by any two or more of the other Contracting Parties;

Desirous of giving effect to these principles by means of an Interim Agreement pending the conclusion of a general convention based on a network of bilateral agreements,

Have agreed as follows:

## *Article 1*

1. This Agreement shall apply to all social security laws and regulations which are in force at the date of signature or may subsequently come into force in any part of the territory of the Contracting Parties and which relate to:
  - a. Benefits in respect of old age;
  - b. Benefits in respect of invalidity, other than those awarded under an employment injury scheme;

- c. Benefits payable to survivors, other than death grants or benefits awarded under an employment injury scheme.
2. This Agreement shall apply to schemes of contributory and non-contributory benefits. It shall not apply to public assistance, special schemes for civil servants or benefits paid in respect of war injuries or injuries due to foreign occupation.
3. For the purpose of this Agreement the word "benefit" shall include any increase in or supplement to the benefit.
4. The terms "nationals" and "territory" of a Contracting Party shall have the meaning assigned to them by such a Party in a declaration addressed to the Secretary General of the Council of Europe for communication to all other Contracting Parties.

## *Article 2*

1. Subject to the provisions of Article 9, a national of any one of the Contracting Parties shall be entitled to receive the benefits of the laws and regulations of any other of the Contracting Parties under the same conditions as if he were a national of the latter, provided that:
  - a. In the case of invalidity benefit under either a contributory or non-contributory scheme he had become ordinarily resident in the territory of the latter Contracting Party before the first medical certification of the sickness responsible for such invalidity;
  - b. In the case of benefit payable under a non-contributory scheme, he has been resident in that territory for a period in the aggregate of not less than fifteen years after the age of twenty, has been ordinarily resident without interruption in that territory for at least five years immediately preceding the claim for benefit and continues to be ordinarily resident in that territory;
  - c. In the case of benefit payable under a contributory scheme, he is resident in the territory of any one of the Contracting Parties.
2. In any case where the laws and regulations of any one of the Contracting Parties impose a restriction on the rights of a national of that Party who was not born in its territory, a national of any other of the Contracting Parties born in the territory of the latter shall be treated as if he were a national of the former Contracting Party born in its territory.

### *Article 3*

1. Any agreement relating to the laws and regulations referred to in Article 1 which has been or may be concluded by any two or more of the Contracting Parties shall, subject to the provisions of Article 9, apply to a national of any other of the Contracting Parties as if he were a national of one of the former Parties insofar as it provides, in relation to those laws and regulations:
  - a. For determining under which laws and regulations a person should be insured;
  - b. For maintaining acquired rights and rights in course of acquisition and, in particular, for adding together insurance periods and equivalent periods for the purpose of establishing the right to receive benefit and calculating the amount of benefit due;
  - c. For paying benefit to persons residing in the territory of any one of the Parties to such agreement;
  - d. For supplementing and administering the provisions of such agreement referred to in this paragraph.
2. The provisions of paragraph 1 of this article shall not apply to any provision of the said agreement which concerns benefits provided under a non-contributory scheme, unless the national concerned has been resident in the territory of the Contracting Party under whose laws and regulations he claims benefit for a period in the aggregate of not less than fifteen years after the age of twenty and has been ordinarily resident without interruption in that territory for a period of at least five years immediately preceding the claim for benefit.

### *Article 4*

Subject to the provisions of any relevant bilateral and multilateral agreements, benefits which in the absence of this Agreement have not been awarded, or have been suspended, shall be awarded or reinstated from the date of the entry into force of this Agreement for all the Contracting Parties concerned with the claim in question, provided that the claim thereto is presented within one year after such date or within such longer period as may be determined by the Contracting Party under whose laws and regulations the benefit is claimed. If the claim is not presented within such period, the benefit shall be awarded or reinstated from the date of the claim or such earlier date as may be determined by the latter Contracting Party.

#### *Article 5*

The provisions of this Agreement shall not limit the provisions of any national laws or regulations, international conventions, or bilateral or multilateral agreements which are more favorable for the beneficiary.

#### *Article 6*

This Agreement shall not affect those provisions of national laws or regulations which relate to the participation of insured persons, and of other categories of persons concerned, in the management of social security.

#### *Article 7*

1. Annex I to this Agreement sets out in relation to each Contracting Party the social security schemes to which Article 1 applies which are in force in any part of its territory at the date of signature of this Agreement.
2. Each Contracting Party shall notify the Secretary General of the Council of Europe of every new law or regulation of a type not included in Annex I in relation to that Party. Such notifications shall be made by each Contracting Party within three months of the date of publication of the new law or regulation, or if such law or regulation is published before the date of ratification of this Agreement by the Contracting Party concerned, at that date of ratification.

#### *Article 8*

1. Annex II to this Agreement sets out in relation to each Contracting Party the agreements concluded by it to which Article 3 applies which are in force at the date of signature of this Agreement.
2. Each Contracting Party shall notify the Secretary General of the Council of Europe of every new agreement concluded by it to which Article 3 applies. Such notification shall be made by each Contracting Party within three months of the date of coming into force of the agreement, or if such new agreement has come into force before the date of ratification of this Agreement, at that date of ratification.

#### *Article 9*

1. Annex III to this Agreement sets out the reservations hereto made at the date of signature.

2. Any Contracting Party may, at the time of making a notification in accordance with Article 7 or Article 8, make a reservation in respect of the application of the present Agreement to any law, regulation or agreement which is referred to in such notification. A statement of any such reservation shall accompany the notification concerned; it will take effect from the date of entry into force of the new law, regulation or agreement.
3. Any Contracting Party may withdraw either in whole or in part any reservation made by it by a notification to that effect addressed to the Secretary General of the Council of Europe. Such notification shall take effect on the first day of the month following the month in which it is received and this Agreement shall apply accordingly.

#### *Article 10*

The annexes to this Agreement shall constitute an integral part of this Agreement.

#### *Article 11*

1. Arrangements, where necessary, between the competent authorities of the Contracting Parties shall determine the methods of implementation of this Agreement.
2. The competent authorities of the Contracting Parties concerned shall endeavour to resolve by negotiation any dispute relating to the interpretation or application of this Agreement.
3. If any such dispute has not been resolved by negotiation within a period of three months, the dispute shall be submitted to arbitration by an arbitral body whose composition and procedure shall be agreed upon by the Contracting Parties concerned, or, in default of such agreement, within a further period of three months, by an arbitrator chosen at the request of any of the Contracting Parties concerned by the President of the International Court of Justice. Should the latter be a national of one of the Parties to the dispute, this task shall be entrusted to the Vice-President of the Court or to the next judge in order of seniority not a national of one of the Parties to the dispute.
4. The decision of the arbitral body, or arbitrator, as the case may be, shall be made in accordance with the principles and spirit of this Agreement and shall be final and binding.



## *Article 12*

In the event of the denunciation of this Agreement by any of the Contracting Parties,

- a. Any right acquired by a person in accordance with its provisions shall be maintained and, in particular, if he has, in accordance with its provisions, acquired the right to receive any benefit under the laws and regulations of one of the Contracting Parties while he is resident in the territory of another, he shall continue to enjoy that right;
- b. Subject to any conditions which may be laid down by supplementary agreements concluded by the Contracting Parties concerned for the settlement of any rights then in course of acquisition, the provisions of this Agreement shall continue to apply to insurance periods and equivalent periods completed before the date when the denunciation becomes effective.

## *Article 13*

1. This Agreement shall be open to the signature of the members of the Council of Europe. It shall be ratified. Instruments of ratification shall be deposited with the Secretary General of the Council of Europe.
2. This Agreement shall come into force on the first day of the month following the date of deposit of the second instrument of ratification.
3. As regards any signatory ratifying subsequently, the Agreement shall come into force on the first day of the month following the date of the deposit of its instrument of ratification.

## *Article 14*

1. The Committee of Ministers of the Council of Europe may invite any State not a member of the Council of Europe to accede to this Agreement.
2. Accession shall be effected by the deposit of an instrument of accession with the Secretary General of the Council of Europe, which shall take effect on the first day of the month following the date of deposit.
3. Any instrument of accession deposited in accordance with this article shall be accompanied by a notification of such information as would be contained in the Annexes I and II to this Agreement if the government of the State concerned were, on the date of accession, a signatory hereto.

4. For the purposes of this Agreement any information notified in accordance with paragraph 3 of this article shall be deemed to be part of the annex in which it would have been recorded if the government of the State concerned were a signatory hereto.

#### *Article 15*

The Secretary General of the Council of Europe shall notify:

- a. the members of the Council and the Director General of the International Labour Office:
  - i. Of the date of entry into force of this Agreement and the names of any members who ratify it;
  - ii. Of the deposit of any instrument of accession in accordance with Article 14 and of such notifications as are received with it;
  - iii. Of any notification received in accordance with Article 16 and its effective date;
- b. the Contracting Parties and the Director General of the International Labour Office:
  - i. Of any notifications received in accordance with Articles 7 and 8;
  - ii. Of any reservation made in accordance with paragraph 2 of Article 9;
  - iii. Of the withdrawal of any reservation in accordance with paragraph 3 of Article 9.

#### *Article 16*

This Agreement shall remain in force for a period of two years from the date of its entry into force in accordance with paragraph 2 of Article 13. Thereafter it shall remain in force from year to year for such Contracting Parties as have not denounced it by a notification to that effect addressed to the Secretary General of the Council of Europe at least six months before the expiry either of the preliminary two-year period, or of any subsequent yearly period. Such notification shall take effect at the end of the period to which it relates. In witness whereof the undersigned, being duly authorised thereto, have signed this Agreement

# European Social Charter, 1961

Entry into Force: 26 February 1965

## PART I

The Contracting Parties accept as the aim of their policy, to be pursued by all appropriate means, both national and international in character, the attainment of conditions in which the following rights and principles may be effectively realized:

...

12. All workers and their dependents have the right to social security.

...

## PART II

### *Article 12: The right to social security*

With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake:

1. To establish or maintain a system of social security;
2. To maintain the social security system at a satisfactory level at least equal to that required for ratification of International Labour Convention No. 102 Concerning Minimum Standards of Social Security;
3. To endeavour to raise progressively the system of social security to a higher level;
4. To take steps, by the conclusion of appropriate bilateral and multilateral agreements, or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
  - a. Equal treatment with their own nationals of the nationals of other Contracting Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Contracting Parties;

- b. The granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Contracting Parties.

*Article 13: The right to social and medical assistance*

With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake:

1. To ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;
2. To ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;
3. To provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;
4. To apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Contracting Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11th December 1953.

# European Convention on Social Security 1972

Entry into force: March 1, 1977

...

## Article 2

1. This Convention applies to all legislation governing the following branches of social security:
  - a. Sickness and maternity benefits;
  - b. Invalidity benefits;
  - c. Old-age benefits;
  - d. Survivors' benefits;
  - e. Benefits in respect of occupational injuries and diseases;
  - f. Death grants;
  - g. Unemployment benefits;
  - h. Family benefits.
2. This Convention applies to all general social security schemes and special schemes, whether contributory or non-contributory, including employers' liability schemes in respect of the benefits referred to in the preceding paragraph. Bilateral or multilateral agreements between two or more Contracting Parties shall determine, as far as possible, the conditions in which this Convention shall apply to schemes established by means of collective agreements made compulsory by decision of the public authorities.
3. Where schemes relating to seafarers are concerned, the provisions of Title III of this Convention shall apply without prejudice to the legislation of any Contracting Party governing the liabilities of shipowners, who shall be treated as the employers for the purposes of the application of this Convention.
4. This Convention does not apply to social or medical assistance schemes, to benefit schemes for victims of war or its consequences, or to special schemes for civil servants or persons treated as such.
5. This Convention does not apply to legislation designed to give effect to a social security convention concluded between a Contracting Party and one or more other States.

## Article 8

1. Unless otherwise specified in this Convention, persons who are resident in the territory of a Contracting Party and to whom the Convention is applicable shall have the same rights and obligations under the legislation of every Contracting Party as the nationals of such Party.
2. However, entitlement to non-contributory benefits, the amount of which does not depend on the length of the periods of residence completed, may be made conditional on the beneficiary having resided in the territory of the Contracting Party concerned or, in the case of survivors' benefits, on the deceased having resided there for a period which may not be set:
  - a. At more than six months immediately preceding the lodging of the claim, for maternity benefits and unemployment benefits;
  - b. At more than five consecutive years immediately preceding the lodging of the claim, for invalidity benefits, or immediately preceding death, for survivors' benefits;
  - c. At more than ten years between the age of sixteen and the pensionable age, of which it may be required that five years shall immediately precede the lodging of the claim, for old-age benefits.
3. If a person does not fulfill the conditions laid down in sub-paragraph b or sub-paragraph c of the preceding paragraph, but has been subject – or, in the case of survivors' benefits, if the deceased has been subject – to the legislation of the Contracting Party concerned for at least one year, that person or the survivors of the deceased shall nevertheless, without prejudice to the provisions of Article 27, be entitled to benefits calculated on the basis of the full benefit and up to an amount not exceeding it:
  - a. In the case of invalidity or death benefits, in proportion to the ratio of the number of years of residence completed by the person concerned or the deceased under the said legislation between the date on which he reached the age of sixteen and the date of his incapacity for work followed by invalidity or death, to two-thirds of the number of years separating those two dates, disregarding any years subsequent to pensionable age;
  - b. In the case of old-age pension, in proportion to the ratio of the number of years of residence completed by the person concerned under the said legislation between the date on which he reached the age of sixteen and the pensionable age, to thirty years.

## **Recommendation 1254 (94) of the Parliamentary Assembly on the Medical and Welfare Rights of the Elderly: Ethics and Policies, 1994**

1. The Assembly notes that there is a risk that, as they take on greater importance, the scientific and medical lobbies, as well as the economic lobby, will supplant political and legislative power when it comes to defining the main lines of welfare policy. The traditional rules of social welfare are therefore in danger of being replaced by policy rules of purely financial considerations.
2. In order to avoid this unacceptable prospect, the political authorities, in their capacity as guardians of democracy, must make decisive choices in social matters relating to vulnerable sections of the community. Because of its human and budgetary importance, its tangible nature and the seriousness of the problems faced, the medical and social welfare of the elderly is at the centre of this debate.
3. The end of the division of Europe and the ideological divide should provide an opportunity, in the medium to long term, for a more objective joint appraisal to be made of what policies to adopt in response to the ageing of our populations and the place of the elderly in society. It will be necessary for society to make fundamental choices, which will have to be put to the citizens' vote.
4. Nevertheless, for the moment, the Assembly cannot fail to note that the situation and the concerns of the two Europes, East and West, are currently quite different and call for correspondingly different measures.
5. The present economic situation in central and eastern Europe makes it impossible to draw up any long-term plan for social protection; what it demands is urgent action to preserve minimum social protection, centered on the most vulnerable sections of the community, and in particular on the elderly; these social priorities are essential in order to ensure that the transition is politically viable.
6. Western Europe, for its part, is in a recession. It must maintain cohesion between generations. To achieve this it must aim to preserve jobs for the active population, maintain the income of the retired and look after the sick.

7. Accordingly, the Assembly recommends that the Committee of Ministers call upon and help the states of central and eastern Europe, whether already members or candidates wishing to join the Council of Europe, to take minimum short-term measures aiming:
  - i. To guarantee adequate minimum incomes for the vulnerable core of the community (the unemployed, the sick, the disabled and the elderly) in order to avoid tension and conflict;
  - ii. To combat the deterioration of the public health system and to maintain or establish simple structures for primary health care (community health centers for example), which are less expensive and financially accessible for people with very low incomes, such as the elderly;
  - iii. To develop local services for the elderly and introduce or develop training for welfare workers;
  - iv. To make public social services more effective so as to provide real support for the community and families.
8. In addition, the Assembly recommends that the Committee of Ministers call on the western European member states to reaffirm their attachment to social cohesion and show this by adopting:
  - i. An employment and labour policy which establishes a new place for the elderly in active economic life:
    - a. By breaking down the clear-cut distinction drawn today between periods of activity and inactivity and between those who work and those who do not work;
    - b. By rethinking the concept of hierarchy in the workplace in order to avoid the adverse effects of gerontocracy and the risks of rejection of the elderly;
    - c. By providing vocational training which enables mature workers to adapt to changes and thus avoid the alienation and exclusion that occur because they are elderly rather than because they are not efficient;
  - ii. A retirement and pensions policy which encourages solidarity between the generations and guarantees the right to retirement, representation and involvement in the community for pensioners and the independence and neutrality of pension funds;
  - iii. A suitable policy for the control of public health costs which avoids financial excesses and rejects ethical aberrations such as unequal treatment of patients, or treatment withdrawal or euthanasia on financial grounds;



- iv. A health and social policy which gives priority to:
  - a. An all-round approach to providing for the risk of dependence;
  - b. The use of new technology making it possible to “delocalise” medical care and provide treatment in the home;
  - c. An increase in local services for the elderly providing a better quality of life and creating large numbers of jobs.
- 9. The Assembly further recommends that the Committee of Ministers invite the various relevant steering committees to take into account this recommendation when implementing the intergovernmental program of activities.

## **Recommendation No. R (94) 9 of the Committee of Ministers to Member States Concerning Elderly People, 1994**

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is the achievement of greater unity among its members, for the purpose of safeguarding and realizing the ideals and principles which are their common heritage and of facilitating their economic and social progress;

Bearing in mind the right to respect for private and family life as defined in Article 8 of the European Convention on Human Rights;

Bearing in mind the Declaration on equality between women and men, adopted by the Committee of Ministers at its 83rd Session (16 November 1988) Welcoming the designation by the European Community of the year 1993 as “European Year of Older People and Solidarity between the Generations”, and the Declaration of Principles of the Council of the European Union and the Ministers of Social Affairs in the framework of the Council, 6 December 1993 (OJ 93/C 343/01 of 21/12/93);

Taking account of the legal instruments of the United Nations entities concerning older persons;

Bearing in mind the wide range of legal instruments already prepared by the Council of Europe which take into account the social, economic, and cultural specificities of elderly people, and of the many legal instruments which take older people in the family context into consideration;

Considering the demographic changes in Europe and the ever-increasing number of elderly people in our societies;

Considering that the great increase in life expectancy which has taken place during this century, and which is structural, should be perceived not as a burden for society to bear but as a positive trend which opens up new perspectives for younger people;

Considering, nevertheless, the possibility that many people, already disadvantaged when younger, may become doubly disadvantaged as they enter old age;

Considering that differences in life-conditions between men and women, as a consequence of family patterns and status, may increase in older age and can contribute to the effects of social exclusion, especially for older women living alone;

Considering the importance of adequate financial resources for carrying out planned and proposed measures in the member states,

Recommends that the governments of member states adopt suitable measures for elderly people, in accordance with the guiding principles appended hereto.

Appendix to Recommendation No. R (94) 9

### ***Ageing as a process***

Ageing is a process: being old depends on the individual's circumstances and wider environment, and the functional handicaps related to ageing begin to show gradually. It is therefore useless to attempt to define exactly when old age begins. It is necessary, on the other hand, to prepare oneself to age well.

The majority of elderly people manage their own lives, in an autonomous manner, and are in principle not more dependent than the population is as a whole.

There will be a greater proportion of elderly and very old people in society which will have consequences for all sectors of government policies. Governments should take the appropriate measures in these fields, adapting finances if necessary.

### **The specific role of elderly people, and solidarity between generations**

Elderly people form an important human, social and economic resource within society.

In a rapidly changing society, elderly people transmit timeless values to the younger generations.

Solidarity between generations is of great importance and should be encouraged; both in the family and on the individual level, as well as on the private and public institutional level.

Elderly people have a positive role to play in maintaining relationships between generations, both in the family and in the community, and in particular in the transmission of their experience, knowledge and know-how.

### **Prevention and the quality of life**

Preventive policies aimed at enabling people to age well and to avoid as much as possible becoming dependent are necessary to start dealing with ageing at an early age.

Longer life should not mean diminished enjoyment of life: people should have the opportunity of maintaining enriching social and individual activities and occupations.

Society should enable elderly people, including those who live in institutions, to lead lives which are as autonomous as possible, taking into account their handicaps.

Elderly people should be able to live in security, wherever they are, free from fear of exploitation or of physical or mental abuse.

The necessary steps should be taken by society to ensure elderly people that care will be available in the future whenever they need it, promoting thereby a feeling of security and an improved quality of life.

### **Rights and duties**

Elderly people have the same entitlement to human dignity as other members of society, and therefore to the same rights and duties: in particular, elderly people should retain their right to self-determination, and should exercise their choices appropriately, taking into account the different stages in their ageing.

Society owes it to itself to recognize the past and present active role and contribution of elderly people.

The human rights of increasingly vulnerable people must be particularly safeguarded.

Modern technology can make a substantial contribution to the maintenance of the autonomy of elderly people. Public authorities should promote this.

### **Participation**

Elderly people should be entitled to equal participation at all levels and in all fields, whether social, cultural or political.

Elderly people should be able to participate in the establishment and the provision of services for themselves, including in their setting up, management and evaluation.

Society has a responsibility to help create arenas of participation, to prepare the conditions for self-help groups and thus contribute positively to prevent isolation.

Society should increase or facilitate activities for elderly people, especially those who live in institutions, by providing opportunities for social, cultural and individual activities in a manner that secures self-determination and freedom of choice for the people concerned.

It is important for every citizen to participate in society and to engage in meaningful paid or unpaid activities according to their age and possibilities. This will give them a meaningful life, help them to avoid loneliness, and add to their integration into society.

### **Fighting against and preventing social exclusion**

The state, voluntary welfare organizations, the local community and the family should aim to promote the social integration of elderly people, in order to prevent their social exclusion in all its forms, whatever their ethnic or national origin, family status, language, religion, or social condition.

Adequate housing and social protection systems that take into consideration the needs of particularly vulnerable groups are an essential factor in preventing social exclusion.

Governments need to be aware of the specific problems of elderly migrants and refugees.

### **The role of information and education**

The importance of information and education for elderly people themselves, for families, for professional and voluntary workers, and for the community as a whole, needs to be recognized.

Appropriate information and education can increase family and public sensitivity to the issues of relevance to elderly people, and in particular enhance positive perceptions of the role of elderly people in society.

In this respect the media have a crucial role to play in the dissemination of information and in the promotion of educational programs.

## Towards a Europe for All Ages, 1999

### 1) *Objective*

Raising awareness and prompting a more active response at all levels with regard to the implications of the ageing of the population. Proposing a strategy for effective policy responses, based on strengthening cooperation amongst all actors and solidarity and equity between generations.

### 2) *Community Measures*

Commission Communication of 21 May 1999: Towards a Europe for All Ages  
- Promoting prosperity and Intergenerational Solidarity.

### 3) *Contents*

1. This communication constitutes the contribution of the European Commission to the UN International Year of Older Persons (1999). It aims to stimulate debate between and with Member States.
2. Besides adopting this communication, the Commission is supporting a series of studies and conferences on the various aspects of active ageing in order to help the Member States in their search for sound strategies, as part of the International Year of Older Persons 1999.
3. Between 1960 and 1995, the average life expectancy of EU citizens increased by 8 years for men and 7 years for women. This longer lifespan, coupled with the drop in fertility, makes the phenomenon of demographic ageing particularly dramatic in the 21st century.
4. The communication describes the challenges with which the ageing of the population will confront our societies.
  - Relative decline of the working age population and ageing of the workforce.
5. The next 20 years will see considerable changes in this field. Between 1995 and 2015, the 20-29 age group will fall in number by 11 million (-20 percent), while the 50-64 age group will increase by 16.5 million (+ 25 percent).
6. In the light of these forecasts, a strong focus on the age aspects of human resources management, a factor that has until now been neglected, is called for. It also implies reviewing policies which encourage

an early exit from the labour market, instead of lifelong learning and new opportunities.

- Pressure on pension systems and public finances stemming from the growing number of retired people and a decline in the working age population
- 7. Over the next 20 years, the population above the standard retirement age (65 years) will increase by 17 million. Within this group the very old (those over 80) will increase by 5.5 million.
- 8. Intergenerational equity requires that greater importance be given to the long-term sustainability of public finances. A broader base for social protection systems must be secured through a higher employment rate for people of working age. In particular, pension systems must be made less sensitive to demographic changes.
- A growing need for health care for older persons.
- 9. The sharp growth in the number of very old people in need of care will lead to a growing demand on formal care systems. These systems will have to gear up to the new situations. At the same time, policies must be developed with the aim of curtailing the growth in dependency through the promotion of healthy ageing, accident prevention and post-illness rehabilitation.
- Growing diversity among older people in terms of resources and needs.
- 10. Differences in family and housing situations, educational and health status and income and wealth crucially determine the quality of life of older people. Nowadays, the majority of older people enjoy good living conditions. Nonetheless, the fact that conditions are better than in the past for most people should not blind us to the continued risk of social exclusion and poverty tied to age.
- 11. It is therefore essential to have policies which more accurately reflect the diversity of social situations of older people, better mobilize resources for more of them, and more effectively combat the risks of social exclusion late in life.



- Gender-related aspects.
12. The gender issue is also of particular importance, especially as regards social protection. Today women account for almost two-thirds of the over-65s. The historically weak labour market participation of women, social protection systems based on the model of the male breadwinner, and gender differences in longevity have resulted in many older women receiving drastically insufficient pensions.
  13. Faced with the wide-ranging impact of the problems caused by the ageing of the population of the Member States, the Commission has come to a series of policy conclusions.

#### *European Employment Strategy*

14. In the European Employment Strategy, the European Union has set out to combat unemployment and significantly increase the employment rate of Europe on a lasting basis. The low employment rate of older workers is considered an important factor and, due to this, Member States have been invited to develop measures aimed at:
  - Keeping workers in the labour market longer;
  - Promoting life-long learning;
  - Increasing work flexibility (through part-time work);
  - Adjusting the tax and benefit systems;
  - Providing better incentives for employment and training.
15. The Strategy stresses the particular role of the social partners in this regard. The Commission will invite the social partners to reflect on how to integrate the problem of population ageing into human resource management.

#### *Policies on social protection*

16. In its work program for 1999, the Commission has undertaken to develop policies to modernize and improve social protection.
17. To fulfill this undertaking, the Commission could adopt a communication on social protection, proposing a new process of cooperation with Member States in this field. The issues that it seems particularly important to address are finding ways to reverse the trend towards early retirement, exploring new forms of gradual retirement and making pension schemes better and more flexible.

### *Health and medical research policies*

18. The Commission will pay special attention to medical and social research related to ageing in the fifth framework program for Community research. This action aims to cover a wide range of research activity, including basic, medical, technological and social research.
19. The health aspects of ageing are also a central concern in preparations for the development of new public health instruments at Community level.
20. Furthermore, the Commission will support the Member States in their efforts to develop adequate responses to the effect of ageing on health and care through studies of how different national systems work.

### *Combating discrimination and social exclusion*

21. In its Social Action Program 1998 - 2000, the Commission undertook to put forward proposals based on article 13 of the Treaty (amended by the Treaty of Amsterdam) in which workplace-based discrimination on grounds of age or other factors would be dealt with.
22. The program also sets out the Commission's intention to explore the possibilities of developing new Community action programs based on articles 13, 129 and 137 of the Treaty, which would allow protection of older persons affected by discrimination, unemployment and social exclusion.
23. The magnitude of the demographic changes set to take place as we enter the 21st century will force the European Union to rethink and change outmoded practices and institutions.
24. An active society for all ages requires a strategy which both enables and motivates older people to stay involved in working and in social life. The growing number of retired people constitutes a wealth of under-utilized experience and talent. They also create new needs to be met by enterprises, governments an

# European Conference on Independent Living of Older Persons and Persons with Disabilities, 1999

## ***A. Workshop Towards an inclusive society: Removing Barriers***

While recognizing that the Council of Europe, the European Union and other international organizations have given much attention to the building of a society for all, the progress has been slow.

The new Millennium should be seen as an opportunity to accelerate improvement in the quality of life for all minorities. In fact, all members of society belong to some minority.

When the living environment, products and services are designed without giving consideration to the human diversity, this weakens their accessibility.

All minorities are affected by the lack of accessibility, therefore there is a need to work together in order to achieve a society designed for all.

It is necessary to communicate this message to all actors in society.

Politicians and business leaders should realize the value of a society in which everyone has the opportunity to contribute.

*Concrete recommendations for the administrations at European, national, regional and local level:*

To improve the accessibility to the public facilities and services through different programs.

To develop legislation and programs that ensure access to lifespan houses which are adaptable to a person's evolving needs.

To ensure that accessibility policies as well as sustainability policies are implemented when building a society for all.

To ensure that accessibility programs are developed in collaboration with all the actors involved and that the programs take into account the 'design for all' criteria.

The 'design for all' criteria are defined as: designing the environments, products and services in a way that everybody, including the future generations, and regardless of gender, age, abilities or cultural background can participate in the development of societies.

To promote dissemination of good practices in all sectors and levels of society.

To fight against excluding attitudes.

To ensure that the business sector provides services and products based on ethical principles and equitable use.

To promote the adoption of the 'design for all' cities in the private sector.

To ensure equal opportunities in access to the lifelong learning process.

To guarantee participation of the minorities in the decision-making bodies.

### ***B. Workshop on equal opportunities and non-discrimination***

The forthcoming proposals of the European Commission concerning article 13 were welcomed. The Commission's "package" consists of proposals for two directives and a program of action.

It is important to concretize article 13 and to have a disability specific directive on that basis, as well as a EU initiative or program for practical co-operation at the EU level of disability organizations and professionals, administrators and decision-makers.

One of the forthcoming proposals for directives will cover access to employment and occupation, promotion, vocational training, employment and working conditions. However, it was stressed that the directives should not concentrate on employment-related issues only.

In preparing the proposals, the Commission should carry out a comprehensive consultation in the Member States and among disability organizations and organizations of older persons.

A society is discriminatory if some parts of it are not accessible for everyone. Efforts to eliminate discrimination are an important step, but only one step in improving the situation of people with disabilities. The social change is also vital in this process.

It is important to involve people with disabilities in the process of drafting anti-discrimination legislation. There have been good experiences of this e.g. in UK and Germany. As one working method has been used peer support and counseling and training people with disabilities to advocate their own points of view.

It is fundamental that any rights, legislation or policy with reference to people with disabilities must also address the question of equal treatment in health care.

Disabled women have special problems in society, and they are often more oppressed than disabled men. It may be difficult for disabled women to integrate in a feminist or other women's movement because of prejudices.

Special attention and support should be given to the applicant countries in developing their disability policies. Also, the disability organizations in these countries should be supported to learn more about independent living, anti-discrimination and exchange programs. Although disability legislation may exist, there is lack of co-ordination and competence to implement the laws. It is important that the countries in transition would also take care of continuity while making reforms, i.e. ensure supportive services.

It is important to promote an open debate about discrimination and anti-discriminatory policies.

### ***C. Workshop on the UN International Year for Older Persons***

There is a need for more discussion about values in our societies. Values, implicit or explicit, underlie all that is done in a society. Values and attitudes change in different cultures, and they may vary between generations and groups. It must be realized that older people are not a homogenous group. There are a number of variables which will have an impact: group age, gender, marital status, cultural background, physical and mental ability.

Much more emphasis must be put on the values underlying our decisions at different levels. The UN International Year for Older Persons 1999 has given an opportunity to re-examine the values that affect the choices available to older people and the care they receive.

Environment is important to everybody. A carefully planned environment and houses designed for all can create the potential for even persons with

serious handicaps to cope alone. Design for all is a major challenge for mainstream companies in understanding the paradigm shift in the behavior of people and in inviting users as experts to participate in the product and service development.

The creation of smart, adaptable homes is an objective combining high technology with the needs of occupants. In creating Smart House Technology we need to consider five A's: availability, accessibility, affordability, awareness and appropriateness. Smart Home Technology still is in its infancy, technology needs to be reliable and user interfaces need to be simple.

The UN International Year for Older Persons has given an important opportunity at international/European/national/local levels to improve the position of older persons.

WHO highlighted the concept of active ageing and the importance of the global approach in ageing. "Active ageing is the process of optimizing opportunities for physical, social and mental well-being throughout the life course in order to extend healthy life expectancy" (Canadian Government 1998). It is important to recognize healthy ageing as a key element, and ageing populations should be seen as a potential solution to problems. Older persons are not a burden but a resource.

The European Commission has issued a Communication: "Towards a society of all ages – promoting prosperity and intergenerational solidarity", in which the concept of active ageing is a key element.

### **The Commission emphasizes six points:**

1. The main response to ageing must come from the labour market;
2. Older persons have great reservoirs of untapped resources which can help us cope;
3. Pension systems must be adapted to support later and more gradual retirement;
4. Preventive strategies of healthy ageing can contain the growth in needs for health and care services;
5. To remain active when we age is the key to adding life to years;
6. Collaboration on ageing policies at the European level (e.g. UN Year 1999, Luxembourg employment process, article 13 (discrimination) and article 137 (social inclusion).

The Commission is preparing proposals for legislation and action programs to combat discrimination and social inclusion.

Following the UN principles concerning older persons, European countries have furthered the cause of older persons by raising issues that are important in each country. The UN International Year for Older Persons 1999 has been carried out at the grass-root level. Different actors, e.g. NGOs, labour unions, municipalities, industry and commerce, have been active in many countries. The important task is to keep the established networks functioning. A well functioning network is an important element in developing the well-being of older persons.

During the theme year the issues of older persons have been visible at the international and national levels both in decision-making and in media. Older persons have become visible (e.g. Older Women's Network in most European countries).

## Council of Europe Policy Declaration on Ageing in the 21st Century, 1999

*We, the Ministers responsible for health, gathered at this Council of Europe's Ministerial Conference in Athens, are conscious:*

of the success and challenges of an ageing population to present day societies;

That older people are full members of our society, and deserve the full respect of fundamental individual and social human rights;

That in present day societies which are competitive, stressful, hasty and technology driven, older persons, in particular older women, are vulnerable;

and equity and should focus on the needs of individuals whatever their age;

That preventive policies are indispensable for preparation for healthy ageing.

Agree therefore to have policies which are:

Based on human rights and respect for the individual;

Oriented towards maintenance, promotion, and restoring of independence;

Designed to address situations where older people are prone to unfair and discriminatory attitudes and treatment;

Inspired by caring for and dignity of older people;

Directed towards services which are comprehensive, integrated, unbureaucratic and of good quality;

Designed to support the family and promote intergenerational solidarity;

Commit ourselves to working on the basis of these fundamental basic principles and towards the following objectives:

1. We consider the increasing number of older people as both a success and a challenge. Our success is that more and more citizens are gaining the opportunity to live long and fulfilled lives; our challenge is that older



people in general have a greater need for community health and social care support than when they were young and healthy. There is therefore a need for a shift in priorities in the social and health services.

2. Autonomy is a very important factor of well-being and essential in safeguarding the dignity of the individual. Every effort should therefore be made to foster it as long as possible. We believe that measures are needed in our member states to provide older persons with meaningful missions, which maintain their zest for life and keeps them integrated in society. We will give top priority to maintaining the autonomy of older persons, and to this end, we will support the mission of the International Year of Older People: "A Society for All Ages" and commit ourselves to contribute towards :

Creating a positive and realistic image of ageing in our societies by demonstrating that the majority of older persons constitute a valuable pool of experience and enjoy good health, so as to support the spirit of solidarity between generations and guarantee social cohesion ;

Ensuring a social infra-structure that helps older persons to maintain a proper standard of living as well as motivation and interest in the life of their community;

Taking measures, financial and otherwise, to help older persons remain in their home environment,

Giving appropriate support to families taking care of older persons where it is agreed by the carers and the older persons concerned;

Taking preventive actions early in life to maintain good health and promote healthy lifestyles;

Ensuring acute care in treatable conditions to avoid early loss of autonomy and provide rehabilitation measures.

3. Care for health is a fundamental social right. Equal access to care and cure must therefore be ensured. We are deeply convinced that health promotion, disease prevention, health care and rehabilitation should be directed indiscriminately to the whole of society irrespective of age or condition, and to this end, we will:

Establish a balance of cure and care which affords to older persons a wide range of support services which they can apply to their specific needs;

Combat and eliminate discriminatory age-related criteria of in respect of health promotion, disease prevention, care and cure

Develop integrated and client-oriented health care and social services, hospital and community services based on a monitoring system of demographic and epidemiological trends;

Promote multiprofessional co-operation between the services in different sectors from a variety of disciplines, particularly to direct the older persons needing it to the appropriate services;

Support continuity of care to prevent overlapping or deficiencies in the services.

4. As Ministers responsible for health, we maintain that member states should make every effort to support older people in staying in their home environment and assist them in the activities of daily living through appropriate community planning and adequate social security benefits, and to this end, we will :

Develop a comprehensive and coherent policy framework which takes into account a shift in relations between prevention, cure and care as well as a balance between formal and informal care networks ;

Do our utmost to devise a system, adapted to the administrative and legal structures of each member state, whereby older persons can easily and comfortably obtain all the information they might need on social and health support;

Support the co-operation between the local and regional authorities, non-governmental organisations and the governmental structures of the state, recognising their respective roles and responsibilities in delivering social care thus contributing to the well-being of older people;

Encourage non-governmental organisations active in voluntary work for older persons to provide appropriate services, in co-operation with formal care networks and favour active participation of these older persons in the work of these non-governmental organisations;

Develop the capacity of the health care system to combat pain by developing palliative services when the progress of the disease and accompanying suffering cannot be stopped by even the best curative measures available.

5. The consequences of increasing numbers of older persons in Europe today raise ethical, societal, health and economic issues. We need to study these issues in depth, and to this end, we will contribute to:

Developing centres of excellence and knowledge-based networks of information;

Ensuring undergraduate, post graduate training and continuing education of health and social care professionals taking care of older persons;

Establishing a separate medical speciality in gerontology where necessary

Supplementing the existing curricula to include gerontology and other knowledge on ageing

Offering training opportunities for volunteers working with older people;

We, the Ministers of Health representing the member states of the Council of Europe, pledge to reflect the issue of healthy ageing in its Work Program by:

Developing and monitoring coherent policies for older people, in close co-operation with other international organisations active in the field of health and healthy ageing, as well as relevant financial international institutions such as the Social Development Fund of the Council of Europe

Developing a web site concerning the science base of health and social issues of older people for the exchange of information.

# Charter of Fundamental Rights of The European Union, 2000

...

## *Article 1: Human dignity*

Human dignity is inviolable. It must be respected and protected.

...

## *Article 15: Freedom to choose an occupation and right to engage in work*

1. Everyone has the right to engage in work and to pursue a freely chosen or accepted occupation.
2. Every citizen of the Union has the freedom to seek employment, to work, to exercise the right of establishment and to provide services in any Member State.
3. Nationals of third countries who are authorized to work in the territories of the Member States are entitled to working conditions equivalent to those of citizens of the Union.

...

## *Article 21: Non-discrimination*

1. Any discrimination based on any ground such as sex, race, color, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited.
2. Within the scope of application of the Treaty establishing the European Community and of the Treaty on European Union, and without prejudice to the special provisions of those Treaties, any discrimination on grounds of nationality shall be prohibited.

# EASPD Declaration on Ageing and People with Intellectual Disabilities, 2001

The declaration is mindful of the rich and economic diversity of the Union. It calls on:

1. Service providers who organize support for people with intellectual disabilities and their families.
2. Researchers in the field of intellectual disabilities, particularly ageing.
3. European, regional and national policy makers.

To ensure that practice, research and policy are based on the following principles.

## *Principles:*

1. Getting old is not an illness. Older people with intellectual disability should be respected and treated as wise people who are knowledgeable of the family and the service system in which they live.
2. People with disabilities are individuals. Services should be the result of a dialogue. It will enable family and staff members to identify their individual needs. This helps to make a difference between a good life and the risk of being isolated.
3. Starting early with appropriate support will ensure that people with intellectual disabilities learn to live with responsibilities, opportunities, risks, choice and control.
4. Parents, brothers, sisters and friends need to get support for they play a critical role. They are the link to the wider community.
5. Staff training programs should draw on sources of research data to shape new models and approaches of service delivery. Staff should obtain the competence and knowledge necessary to realize a person centered support process. A combination of theory and practice should help professionals to become "reflective practitioners".
6. People with disabilities themselves, their family and the general public should have access to training and information on living, working and support, to enable them to take up their responsibilities with dignity and achieve a good quality of life.

7. A variety of systems must be available; to ensure people with intellectual disabilities can make individual choices and live the life they want to live. Accessible information on social policy and support systems should enable families and professional carers to learn about alternatives and make conscious choices.
8. Realistic and appropriate funding is a key requisite in the provision of support. This funding should be used to achieve the long-term objectives of a healthy and inclusive life for people with intellectual disabilities. Their right to be active citizens must be reflected by an adequate income, access to all new technologies, enhanced communication adapted to their individual needs, (physical) accessibility and transport.
9. There is an urgent need for outcome based evaluation of generic and specialized services to enhance the quality of life dimensions (material, emotional and physical wellbeing, rights, self-determination, interpersonal relationships, social inclusion and personal development) in existing and future services.
10. It is essential to gather comparative data (statistical and narrative) on people with intellectual disabilities across the European Countries in order to address demographic challenges at national and local levels and to form a basis for action.

EASPD will disseminate this document to policy makers on all levels, researchers and service providers to promote the implementation of these principles in the support for ageing people with intellectual disabilities.

## **Berlin Ministerial Declaration**

### **A Society for All Ages in the UNECE Region, 2002**

1. We, the representatives of the member states of the United Nations Economic Commission for Europe, gathered at the UNECE Ministerial Conference on Ageing in Berlin from 11 to 13 September 2002, adopt the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing 2002 in the UNECE region and commit our governments to implement this comprehensive strategy.
2. We recognise that the UNECE region is experiencing unprecedented demographic changes and has the highest proportion of older persons. These changes are the result of a profound socioeconomic transformation. They pose multiple challenges and provide numerous opportunities for our societies. We have a responsibility, in collaboration with all relevant actors of civil society and the private sector, to seize these opportunities and fully respond to these challenges.
3. We welcome the continual growth in longevity as an important achievement of our societies. Older persons are a valuable resource and make an essential contribution to society. We emphasise the importance of enabling older persons to continue to participate fully in all aspects of life. Our approach to ageing is all-inclusive, promoting the development of a society for all ages through the strengthening of intergenerational and intragenerational solidarity. Young generations have responsibilities and a special role in building a society for all ages.
4. We are aware that promotion and protection of human rights and fundamental freedoms are essential for the active participation of older persons in all aspects in life and for the creation of a society for all ages. We commit ourselves to ensure the full enjoyment of economic, social and cultural rights, and civil and political rights of persons and the elimination of all forms of violence, abuse and neglect, and of discrimination against older persons. In this connection, groups with special needs, irrespective of the age of their members, including the poor, socially excluded and those with disabilities, are of particular concern to us. We are determined to enable all persons to reach old age

in better health and well-being, with particular attention to the situation of older women, and to enhance the recognition of the dignity and independence of older persons.

5. We are cognisant of the economic and social consequences of the long-term nature of demographic changes. To be successful, responses to these changes should be sustainable. Moreover, the responses should be based on a holistic approach, so that ageing is mainstreamed in all policy fields. Policies for different sectors, systems and groups should be comprehensive, properly co-ordinated, mutually supportive and gender sensitive. The challenge is for society as a whole to adapt to demographic changes, in particular ageing.
6. We are aware that our increasingly integrated region consists of societies at vastly different levels of economic and social development and that a number of countries with economies in transition are less equipped to face the challenges of population ageing. Thus assistance to these countries should be enhanced.
7. We affirm that our societies share common values, including those pertaining to human rights, fundamental freedoms and elimination of all forms of discrimination. We also recognize the existence of substantial variations among UNECE member states in economic, social, political, and cultural fields. The Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 is sensitive to these differences.
8. In adopting the Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002, and in pursuance of mainstreaming ageing into all policy fields, we give particular priority to: expanding participation of older persons in society and fostering social inclusion and independent living; promoting equitable and sustainable economic growth in addressing the implications of population ageing; strengthening adequate and sustainable social protection for present and future generations; encouraging labour markets to respond to ageing and take advantage of the potential of older persons; promoting life-long learning; enhancing lifelong physical and mental health and well-being; ensuring equal access to high quality health and social care; mainstreaming a gender perspective in all ageing policies; supporting



older persons, their families, and communities in their care-giving roles; and promoting intergenerational solidarity.

9. We commit ourselves to implement the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing 2002 at all levels, from local to national. We reiterate that we have the primary responsibility to pursue this objective, working in close co-operation with civil society, the private sector and other relevant stakeholders, particularly older persons themselves. Their contribution to the development of effective policy responses is vital.
10. We resolve to promote and take part in co-operation among the UNECE member states in implementing the Regional Implementation Strategy. Such co-operation could be further enhanced by active collaboration among relevant United Nations departments and agencies and other intergovernmental organisations and institutions active in the field of ageing in the UNECE region as well as NGO networks. We consider that co-operation within the region should be fully in line with commitments made at the Second World Assembly on Ageing regarding all dimensions of international co-operation.
11. We stress the importance of an effective follow-up to the implementation of the Regional Implementation Strategy that should allow for a productive exchange of information, experience and best practices. This process would benefit as much as possible from adequate collaboration and active participation of relevant organisations of the region.
12. We are convinced that putting into effect the Regional Implementation Strategy is the best way of implementing the Madrid International Plan of Action on Ageing 2002 in the UNECE region and, therefore, we will spare no effort at achieving this objective.

# **Regional Implementation Strategy for the Madrid International Plan of Action on Ageing, 2002**

## **COMMITMENTS**

### **COMMITMENT 1:**

#### **TO MAINSTREAM AGEING IN ALL POLICY FIELDS WITH THE AIM OF BRINGING SOCIETIES AND ECONOMIES INTO HARMONY WITH DEMOGRAPHIC CHANGE TO ACHIEVE A SOCIETY FOR ALL AGES**

1. In line with the goals, objectives and commitments of the Madrid International Plan of Action on Ageing 2002, the overarching aim of this Regional Implementation Strategy (RIS) for the UNECE region is to provide a framework of commitments to support member states in their endeavours to respond adequately to the challenges and opportunities of population ageing in order to achieve a society for all ages.
2. Our global commitment is to mainstream ageing concerns in all policy fields with the aim of securing gender-sensitive and evidence-based co-ordinated and integrated policies to bring societies and economies into harmony with demographic change. This applies equally to the health, economic, labour market, social protection and education sectors.
3. To be effective, policies in response to population ageing should have a holistic approach and be pursued in a co-ordinated way over a wide range of policy areas. Account must be taken of the multifaceted and intertwined challenges and opportunities arising from population ageing in order to devise a framework from which effective policy responses can flow. The approach also rests on the premise that the right policies in the various domains – if properly co-ordinated and consistently applied – would be able to successfully meet the challenges arising from these demographic changes and release the unused potential embedded in some population groups, in particular older persons.

4. This strategy will facilitate the development of appropriate policy tools to cope with present and future ageing challenges by collecting and disseminating the best knowledge and evidence-based practices available in the region about adequate policy responses to ageing. The strategy must reflect the variety of social, political, economic and demographic situations within the UNECE region.
5. All policies should take into account the changes that occur in the situation of a person throughout life. They should be designed to facilitate participation in the development of society and counteract social exclusion as a result of decreased functional ability due to factors related to ageing and disability.
6. Demographic changes are challenging the tenets of social security arrangements in the UNECE region. For example, a smaller working population will have to support in the future the financial needs of a growing older population. This will affect the intergenerational transfer of resources in society as a whole. At the same time, demographic change will increasingly cause transfers of wealth from older to younger generations within the family. Consequently, policies should be designed to promote intergenerational solidarity, inter alia through innovative action to meet the financial challenges and promote dialogue among generations.
7. The relationship between different groups of older persons also needs to be addressed. Neighbourhood and other community action play an important role in this respect, and non-governmental organisations particularly of older persons are an important factor in fostering such activities together with public authorities where appropriate. Intragenerational solidarity also needs to take into consideration that the distribution of societal resources would always tend to favour those groups that are most able to successfully pursue/present their claims.
8. The promotion and protection of all human rights and fundamental freedoms is essential for the creation of an inclusive society for all ages in which older persons participate fully and without discrimination and on the basis of equality. Combating discrimination based on age and promoting the dignity of older persons is fundamental to ensuring the respect that older persons deserve. Promotion and protection of all

human rights and fundamental freedoms is important in order to achieve a society for all ages. In this, the reciprocal relationship between and among generations must be nurtured, emphasized and encouraged through a comprehensive and effective dialogue.

9. Thus, the following set of interrelated commitments is intended to assist member states to focus on the main policy priorities in relation to population ageing. We want to ensure the full integration and participation of older persons in society and implement the strategy in the closest possible partnership with the civil society, particularly older persons, organisations and the private sector.

## **COMMITMENT 2:**

### **TO ENSURE FULL INTEGRATION AND PARTICIPATION OF OLDER PERSONS IN SOCIETY**

10. Existing international instruments reaffirm the principle that no individual should be denied the opportunity to participate in society and to benefit from economic and social developments. Older persons are at a greater risk of being denied that opportunity and that is why it is essential to combat all forms of discrimination and ensure the full enjoyment of all human rights and fundamental freedoms. A combination of factors, including geographical mobility, urbanisation, economic development and age-based inequalities in access to social institutions and the labour force have resulted in age segregation and hamper the successful integration of older persons in society. Large numbers of older persons in the countries of southern and eastern Europe who live in rural and remote areas without support from their families continue to witness specific problems, especially in terms of access to infrastructure and services. Among the means to combat social isolation and marginalization, political, economic, civic and cultural participation play an important role. It also enhances the quality of life of older persons and contributes to the functioning of the communities and society as a whole.

11. Older persons play crucial roles in families and the community, although their contributions are often not sufficiently recognised, and the social capital that they possess very often remains under-utilised. The knowledge older people have gained from life-long experience is an important asset for social and economic development. Older persons make many valuable contributions that are not measured in economic terms, including care for family members, productive subsistence work, household maintenance and voluntary activities in the community. The role of older women in these unpaid activities is particularly important and should be better recognised.
12. A positive image of ageing and older persons, particularly of older women, in society is of crucial importance in ensuring the full integration and participation of older persons. Images of older persons as active participants must be enhanced. In many countries of the region successive cohorts reaching advanced age are better educated, more financially independent and in better health. In the countries with economies in transition the economic and social conditions of older persons remain extremely difficult. However, in recent years in a number of these countries the developments achieved are encouraging in terms of improvements in the overall situation. Notwithstanding that, special efforts need to be undertaken by all parties concerned to promote a positive image of ageing and older persons in these countries.
13. The following policy objectives should be met as part of this commitment:

*Further enhance the social, economic, political and cultural participation of older persons*

14. The actions to be undertaken as part of this objective should be based on the understanding that older persons' contribution to society extends beyond their economic activities, and should recognise, encourage and support their contribution to families, communities and society as a whole. This could be achieved through media campaigns and school curricula that highlight the contribution of older persons to society. Families also play an important role in promoting a better understanding of the contributions made by older persons. Older persons should also

be recognised as a significant consumer group with shared and specific needs, interests, and preferences. Governments, service providers and civil society should take into account the views of older persons on the design of products and delivery of services. Participation in social, economic, political, and cultural activities, is not only a valuable contribution to society, but also fosters a positive image of older persons and is important in combating social isolation; it thus needs to be facilitated and encouraged in all its forms by all social actors concerned. Political participation, in particular, plays an important role in empowering older persons and should be emphasised. Barriers to older persons, particularly women, reaching decision-making positions at all levels should be removed. Governments and other actors should make every effort to mainstream the needs and concerns of older persons in the decision-making processes at all levels and in all areas. Governments should encourage the establishment of organisations of and mechanisms for older persons at appropriate levels to represent older persons in decision-making through adequate measures.

15. Older persons are the best advocates of their own cause. As recommended by the Vienna International Plan of Action on Ageing, a number of countries have set up national commissions of Older Persons aimed at ensuring a dynamic and co-ordinated national response to the phenomenon of ageing by, amongst others, protecting the rights of older persons, promoting their well-being, and by evaluating policies, programmes and services for older persons. These national commissions have proved to be an excellent platform to promote the contribution of older persons to decision-making processes.
16. Concerted and intensified efforts are needed to improve the housing and living environment of older persons in rural areas, especially in many economies in transition. Improvement of living conditions and infrastructure in rural areas is particularly important to alleviate marginalization of older people. Policies should be developed and implemented in order to provide incentives and subsidies for housing, utility and sanitation services, and encourage age-friendly solutions to provide accessible and affordable transportation for older people, in particular in rural and remote areas.

*Promote the integration of older persons by encouraging their active involvement in the community and by fostering intergenerational relations*

17. Involvement of older persons in local communities contributes to their quality of life, as well as to the functioning of the community. Governments, in consultation with local authorities, non-governmental organizations (NGOs) and representatives of older persons should, therefore, encourage the maintenance, or development of age integrated communities through a broad-based, integrated approach, which targets in a holistic manner policy areas such as community development, housing, environment, transport, health, social care, education, work, and leisure. Within these communities, the actors concerned should be encouraged to make facilities available to persons of all ages, and create incentives for people of different generations with similar interests to meet, interact and share experiences. The establishment or further development of centres of volunteer activity should be promoted, so that young and older persons are able to interact and help each other. Local authorities should be encouraged to ensure that transport and other infrastructure services are safe, reliable, accessible and user-friendly. Programmes should be aimed at rural and remote areas, where older persons might find themselves isolated, without access to their immediate families or to social and other types of infrastructure.

### **Promote a positive image of ageing**

18. The actions to achieve this objective should include media campaigns, as well as targeted incentives aimed at employers, local communities and other social actors. The role of media in promoting a positive image of ageing, including older persons with disabilities and in highlighting their contribution to society is crucial. Governments in consultation with local authorities and NGOs should work with the mass media to ensure that this is done in an appropriate and efficient way. Special efforts should be made to make employers in all sectors more aware of the contributions that older persons can make and the advantages of a diverse workforce. Any disincentives for the continued participation of older workers in the labour force should be removed. Action should also be undertaken by governments in consultation with local authorities and NGOs at the community level to facilitate dialogue and a better understanding between the generations. In that respect, all actions aimed at promoting

the integration of older persons can contribute to promoting a positive image of ageing. All social actors need to recognise that older persons are a heterogeneous group, whose members have to be considered as a very important resource irrespective of differences in background, their economic activities, or of their need of care and support. Accordingly, measures need to be taken to promote a differentiated and variegated view of the life of older people, both men and women, which better reflects reality.

19. The promotion of a positive, active and developmentally-oriented view of ageing may well result from action by older persons themselves. It is important to encourage older persons to make the general public more aware of the positive aspects of ageing by developing realistic portrayals of old age. The mass media, with the assistance of older persons, could play an important role in highlighting the wisdom, strengths, contributions and resourcefulness of older persons.

### **COMMITMENT 3:**

#### **TO PROMOTE EQUITABLE AND SUSTAINABLE ECONOMIC GROWTH IN RESPONSE TO POPULATION AGEING**

20. Population ageing in the UNECE region will further increase the ratio of the number of persons who are not employed to the number of those who are. This trend will continue to raise concerns about the financial sustainability of social protection systems in general and pension schemes in particular. In this context, the fundamental economic issue is to share resources in an equitable and sustainable way between those employed and those not employed. In general, distribution and transfer issues are easier to address when the available resources are increasing at a sufficient rate. It is therefore important that every effort be made to raise the underlying rates of economic growth and productivity in the UNECE region, ensuring in the process that growth is environmentally and socially sustainable. Faster rates of economic growth will not automatically lead to satisfactory distributive outcomes but they will, if accompanied by a broad strategic policy response to population ageing, make it much easier to meet the challenges of this major demographic development.



21. Growth itself will not be sufficient to address the distributional issues raised by population ageing, nor indeed is there any guarantee that growth will lead to socially acceptable outcomes. Policymakers should be cognisant of the need for the benefits of growth to be as widely shared as possible. That is why the emphasis in policy discussion in recent years has started to focus on equitable and sustainable growth as, in other words, the result of growth should in no way be detrimental to individuals or population groups on the one hand, and long-term benefits and potentials for the many should not be jeopardised, on the other hand, by the attainment of short-term benefits to a few. It is thus felt that economic growth should ensure full employment, poverty eradication, price stability and sustainable fiscal and external balances in order for its benefits to reach all people, especially the poor. Moreover, there is compelling evidence that policies to support health, education, to reduce poverty and provide safety nets against the effects of economic shocks improve the prospects for growth. Social and health policies for the coming years must take into account the growth need for integral health care and social services for older persons, as well as the funding for benefits, which require sustained economic growth. But all these variables interact over time and it is therefore important for policy to act upon a broad front – including that of the macro-economy.
22. The existing differences in the macroeconomic situation and capabilities between the Western part of the region and economies in transition, in particular those who are not among candidates for accession to the EU, necessitate that economic and social policy reforms in these countries should respond to the challenges of their ageing societies.
- The following policy objectives should be met as part of this commitment:

*Aim to accelerate the underlying growth rate in Western Europe and North America*

23. Recognising the interdependence between social and economic policies, the current stance of macro-economic policies in the region should be reviewed with the aim of ensuring greater consistency between fiscal and monetary policy on the one hand and a greater weight for the objectives of growth and employment on the other. Fiscal policy should aim to stabilise the economy and to improve

the foundations for economic growth with a medium term spending strategy for infrastructure, education training, support for research and development, etc. Monetary policy should focus on the underlying rates of inflation and play a counter-cyclical role by setting a range for the inflation target that should be wide enough to be credible and supportive of economic growth.

*Aim to accelerate the underlying growth rate in countries with transition economies*

24. Domestic and international strategies for transformation of the transition economies, with a view to eradicating poverty, especially among older persons, should be considered as a priority. Serious efforts for an economically efficient framework and institutional structures that contribute to fair competition and prevent corruption could trigger momentum for growth. International assistance should focus on softening the social costs of reforms and encourage the creation of effective institutions for market economies and new democracies.

## **COMMITMENT 4:**

### **TO ADJUST SOCIAL PROTECTION SYSTEMS IN RESPONSE TO DEMOGRAPHIC CHANGES AND THEIR SOCIAL AND ECONOMIC CONSEQUENCES**

25. Social protection systems are usually seen as protecting individuals and their families from the risks and consequences of unemployment, major health setbacks, poverty and other contingencies arising from the vagaries of economic developments during the individual's life cycle. They can also contribute to adequate income maintenance and protect the rights of all groups of the population. These systems reflect broader political and social values of social justice and cohesion, which place limits on the degrees of inequality or social deprivation a society is willing to tolerate, as well as underlying theories of society which influence judgements as to whether or not social justice can best be achieved by government intervention. Steps should be taken to ensure financial sustainability of social protection systems in the face of demographic ageing.

26. Most national social security systems face a number of common challenges. The various types of benefit system – social insurance (financed from but not directly related to contributions), universal benefits, means-tested benefits – all have different implications for the behaviour of both recipients and their employers. In coping with the economic effects of population ageing, systems – or combinations of them – that strengthen incentives to participate in the labour force while ensuring protection for the weakest groups in society are desirable. Recognising that social security has to be acknowledged as a productive factor, it faces many challenges in adapting to changes in family structure, to the emergence of more unstable work patterns, to changes in the age profile of populations and globalisation.
27. In suggesting reforms of, and setting objectives for, social protection systems it is important to stress that they cannot be expected to cope with an accumulation of policy failures or deficiencies in other domains. To be effective, social protection systems should be effectively adjusted and need to be supported by high level of employment, comprehensive health services, educational systems which prepare the young for effective participation in the labour force, and active labour market policies which help employers to adjust to structural change and other economic shocks. Social protection can then focus on its basic functions of safeguarding those who are deprived and covering those who are at risk. By emphasising social inclusion and the development of human capabilities, social protection also promotes economic dynamism as well as social and political stability. In this way economic efficiency and social justice can become mutually supportive.
- The following policy objectives should be met as part of this commitment:

*Preserve and strengthen the basic objectives of social protection, namely to prevent poverty and provide adequate benefit levels for all*

28. The extension of social protection systems to all sections of the population, from the very young to the very old, is a key element in its objective of promoting social justice and social cohesion. For the young and those of working age, policy should seek to develop capabilities and support social inclusion through participation in the labour force. For persons who are not able to work due to disability and for persons

beyond working age, a standard of living that allows them to maintain their self-respect and dignity should be promoted. This entails in particular the objective of achieving a sufficient income for all older persons.

*Establish or develop a regulatory framework for occupational and private pension provision*

29. Recognising the growing relevance of the role of private provision in social security, a regulatory framework for occupational and private pension provision should be established or further developed in order to reduce the negative impacts of market failures and to improve security in income maintenance in old age.

Adapt existing social protection systems to demographic changes and changes in family structures

30. Societal and demographic changes give rise to new needs and demands, and if social protection systems are slow to adapt to these there will be increased hardship for those who fall outside the reach of social protection. Policies should address the needs of older persons for a variety of social and health services, including sheltered housing and long-term care. Effective plans should be made to see that these needs are met in good time.

*Pay special attention to the social protection of women and men throughout their life course*

31. The equal treatment of men and women in social protection systems should be ensured and such systems should support a better reconciliation of work and family responsibilities throughout the life cycle. Special attention needs to be paid to the position of those family members who interrupt their employment to rear children or to care for family members and as a result suffer reduction in their pension entitlement and those who devote themselves to household work and the care of children and other relatives. Both groups often face a precarious financial situation in old age. Policies to alleviate these problems could include special leave arrangements for working parents and other caregivers, or other supportive measures such as respite care services.

## **COMMITMENT 5:**

### **TO ENABLE LABOUR MARKETS TO RESPOND TO THE ECONOMIC AND SOCIAL CONSEQUENCES OF POPULATION AGEING**

32. The challenges of population ageing can best be met by adjusting policies over a wide range of economic and social sectors and activities, and especially those that support higher rates of economic growth and employment. Appropriate labour market policies are likely to prove one of the most effective ways of responding to the economic challenge of ageing populations. Unemployment is an obvious waste of productive resources (not to mention a burden on the social security system) and creating a situation of full employment will help to raise the total resources available in any given economy.
33. Increasing the awareness of the benefits of including older persons in the workforce and eliminating age barriers and discrimination in recruitment and employment of older workers is a priority. Higher rates of economic participation should involve fostering the creation of job opportunities for older persons, including by tackling discriminatory employer practices and other impediments.
34. The size of the labour force can also be increased by encouraging higher rates of labour force participation among older women and men. Bringing actual retirement ages closer to those pension eligibility ages in the statutory old age pension schemes of individual countries could make it unnecessary to change this pension eligibility age. Measures should be taken in order to accommodate the employment needs of older persons such as the improvements of opportunities for part-time or temporary employment for that group.
35. Efforts should be stepped up to increase opportunities for older persons to remain in the labour market, for instance, through flexible and gradual retirement formulas and guaranteeing a real access to life-long learning. A progressive increase in effective average age at which people stop working should be sought. It is also essential to remove disincentives for women's participation in the labour force. Particular emphasis should be made on incentives for engaging older persons in small- and medium-sized enterprises, including family businesses, and broader use of Information and Communication Technology for provision of job opportunities for this group.

36. Labour migration from abroad can sometimes help to overcome particular labour or skill shortages but it cannot be considered as a solution to the issue of population ageing. It is undoubtedly an element to be taken into account when it comes to designing adequate strategies for economic growth and full employment. However if immigration of highly skilled labour is widely encouraged, it is likely that a significant proportion of these workers would migrate from countries that could ill afford to lose their contribution to the development process. Migration policies should be based on a broad assessment of economic, social and regional interests.
37. In many countries, migrant workers who arrived in earlier decades in the host country are now growing older. Special needs of ageing migrants should be taken into consideration, as appropriate, and consistent with national laws in the design and implementation of integration programmes to facilitate their participation in the social, cultural and economic life of countries of destination. As migrants and as older persons, they may face further disadvantages, which may be exacerbated by poor economic conditions. Governments should strive to develop measures to assist older migrants to sustain economic and health security. It is especially important to promote a positive image of their contribution to the host country and respect for their cultural differences.
38. In a highly competitive, global environment, improving productivity growth and shifting the structure of output towards higher value-added ("high tech") activities will require investments in the skills and educational levels of the labour force i.e. an increase in human capital. Appropriate levels of education for those entering employment and maintaining and upgrading the skills of all those in work or returning to work are crucial for preserving competitiveness and full employment. The following policy objectives should be met as part of this commitment:
 

*Seek a significant reduction in rates of unemployment, especially for older persons*
39. Measures to promote access to employment opportunities and reduce unemployment rates, especially for older persons, are necessary; such measures may vary to accommodate different circumstances. One option

is to implement active labour market policies, such as job matching, job-search assistance, training, vocational guidance, counselling, and so on. Further, efforts aimed at shaping educational curricula to respond to labour market needs and at easing the transition between formal education and work can help promote employment. Measures to reduce non-wage labour costs while protecting workers' rights can also have beneficial effects on employment levels. Other factors weakening the demand for labour, such as barriers to new business start-ups and regulations imposing heavy administrative costs on employers, should be carefully scrutinised and, where possible, eased.

*Improve the employability of older workers*

40. Employment difficulties faced by older workers often derive from an insufficient level of skills. Employability of older workers should be improved through vocational guidance and vocational training, based on life-long learning. Life-long learning is a long-term preventive strategy far broader than just providing second chance education for those adults who did not receive quality education and training earlier in life. It is also about delivering job-relevant learning to enable workers to adjust to changing labour markets and building the foundations for further learning. Employers should be encouraged to enable their employees to retrain and reskill through life-long learning. Other measures to improve the employability of older workers should focus on improving working conditions.

*Raise participation rates for all women and men*

41. Improve care facilities and introduce arrangements, which make it easier for all workers, women and men, to combine work and family responsibilities. Remove barriers and disincentives to work longer, including the incentives that encourage early retirement, promote the rehabilitation of workers with disabilities and their re-integration in the labour force, promote better training of older workers, and take measures against age discrimination. Review financial and other disincentives to the participation of retired persons in part-time or temporary employment. Increase through economic policy and incentives employment opportunities for persons living in rural and remote areas, in particular encouraging their distance learning and training.

42. Concerted measures are needed to increase labour force participation of women. These measures should aim to further broaden their job opportunities, better reconcile the professional and family responsibilities, and avoid discriminatory situations with regard to pension benefits or personal income experienced by many women. Important ways to achieve this are suitable education and training, including on-the-job training, job counselling and allowing for flexible work arrangements.

*Take steps to raise the average effective age at which people stop working and make retirement more flexible and gradual*

43. Labour market structures and economic policies should be promoted together with social protection systems that offer incentives for the participation of older workers, so that workers are not encouraged to take up early retirement and are not penalised for staying in the labour market as long as they wish and that pension systems and working arrangements facilitate the option of gradual retirement. Retirement should not be seen as a stage in one's lifetime, which hinders or stops the retiree from continuing being creative and capable of contributing to society. In the case of those who opt to retire, every effort should be made to promote a smooth and gradual transition from one type of life to another.

## **COMMITMENT 6:**

### **TO PROMOTE LIFE-LONG LEARNING AND ADAPT THE EDUCATIONAL SYSTEM IN ORDER TO MEET THE CHANGING ECONOMIC, SOCIAL AND DEMOGRAPHIC CONDITIONS**

44. Contemporary societies require efficient, well-funded and comprehensive educational systems, to respond to social, economic and demographic changes. These changes affect all aspects of education, including, among others, allocation and distribution of educational materials, financial and human resources, infrastructure, curricula and programmes. This requires more emphasis on providing high quality education at all ages and on treating learners as active participants. Training programmes, especially on new technologies, are particularly relevant in this context. Addressing the needs of education for older persons requires specific strategies as well as practical measures.



45. Those who work with older persons should receive basic training and retraining for their tasks. Education and training should be multi-disciplinary in nature and should not be restricted to high levels of specialisation but should be made available to all levels and for different functions in the field of ageing. Older persons themselves need to be trained in self-care and other areas relevant to maintaining their quality of life.
46. The traditional ordering of education, work and retirement is no longer valid. The education system will necessarily have to be adapted in order to support increased flexibility during the life course.
47. The population of the UNECE countries are now better educated than ever before and older persons are potential resources for educational and other programmes for the exchange of knowledge and experience. Nevertheless, many challenges still face the educational systems. Promoting ways to eradicate functional illiteracy and to improve basic education levels of older persons, including older migrants and older members of minorities, vocational training, and adult and late-life education should be recognised as a productive investment, which not only results in positive returns in terms of economic growth, but also improves the quality of life and overall social development of older persons. In this regard, the role played by educational institutions for older persons, such as by universities of the third age, needs to be further recognised and supported. These, in a number of countries, have proved to be important means of enabling participation and involvement of older persons in society. Also, the discrepancy between the knowledge and skills that younger persons obtain in the educational system and the exigencies of the economy ought to be recognised and addressed, as this will affect positively all age groups. It will, inter alia, enable younger persons to enter more easily the labour market, relieving the problems created by the decline in the ratio between the economically active and non-active population, which affects adversely the social security system.
48. The following objectives need to be met in order to fulfil this commitment:

*Facilitate and encourage life-long learning*

49. Besides promoting employability of older workers through access to professional training and retraining, it is necessary to adjust education institutions to the needs of persons in retirement including early retirement. In order to prepare those who are about to retire, pre-retirement programmes need to be provided to help them adapt to changes in their lifestyle and to adjust to these changes. The need to find an alternative purpose in life through new interests and occupations should be taken into account in adult educational schemes.
50. Onsite learning methods by trainers should be developed, where appropriate, to teach older persons the skills to handle technological tools for daily life, to use the new communication technologies, and to train their cognitive, physical and sensory skills. Special consideration has to be given to training of trainers within the group of persons who care for older persons who live in institutional settings, or who provide community care services for older persons.
51. The increasing life-span and rapid social change pose specific challenges for the educational system, which need to be addressed as part of the work towards this objective. Special emphasis should be put on building awareness among learners of all ages of life choices and their short-term and long-term consequences in terms of life styles and career prospects. School curricula should take into account the need to prepare for lives of continuous change that require flexible attitudes and skills. These curricula should put particular emphasis on the strategies for making life choices. The importance of learning for innovation should be recognised by all actors involved and should be encouraged through targeted policies and programmes. To achieve this, new didactic methods need to be used.

*Ensure that the educational system achieves better employability of all persons*

52. It is important that formal schooling, besides transmitting human values and basic skills, meets the needs of a competitive, knowledge-based economy and the needs of young people preparing to enter the labour market, or for those wishing to upgrade their skills. Therefore actions should be taken to establish closer links between educational institutions

and employers and encourage employers to provide on-the-job training. Policy actions should be taken to increase – within the concept of life-long learning – the employability of older persons, thus supporting them to maintain and further develop their specific knowledge and skills.

53. Education programmes should be developed, recognised and made available to everyone at all ages. Measures should be taken to encourage regular participation in school life in all its aspects to increase retention rates and limit dropouts. Special programmes should also be developed for those who have left the formal education system early in order to facilitate their integration/re-integration into the labour market. Poor education may have negative repercussions throughout the life course and lead to unemployment, difficulties to find qualified jobs, low payment and consequently bad standards of living. This may also lead to poor health, premature onset of disease and increased mortality rates.
54. Formal schooling, including educational and vocational training programmes should reinforce gender equality and avoid stereotyping roles. The specific actions to be undertaken could include introducing gender sensitive curricula, education and training for jobs with good prospects, specific programmes in order to motivate and empower girls and women to take up technological jobs as well as specific programmes to prepare for re-entry into the labour market, in particular for older women.

## **COMMITMENT 7**

### **TO STRIVE TO ENSURE QUALITY OF LIFE AT ALL AGES AND MAINTAIN INDEPENDENT LIVING INCLUDING HEALTH AND WELL-BEING**

55. Good health is a vital individual asset, and at the same time a high overall level of health of the population is vital for economic growth and the development of societies. In this context, the long-term objective of health policies in the UNECE region should be to ensure that increased longevity is accompanied by the highest attainable standard of health, as defined by the World Health Organization as “the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Policies should promote life-long health, by reducing the risk factors, including the environmental, associated with

major diseases, particularly chronic and noncommunicable diseases, through health promotion and disease prevention activities, by providing a continuum of affordable, accessible and quality health and social services. Such policies will increase quality of life and ensure the continued contributions of older persons to society. Healthy older people are a resource to their families, communities and the economy. This can only be achieved through a holistic and life-long approach integrating physical, mental, social, spiritual and environmental factors. Older persons, especially those who are dependent on care, must be closely involved in the design, implementation, delivery and evaluation of policies and programmes to improve the health and well-being of ageing populations.

56. The evidence on what determines health suggests that economic, social, cultural, environmental and behavioural factors are reliable predictors on how well both individuals and populations age. Environmental, agricultural, transport, financial, taxation, consumer protection, housing, education, employment, social protection and other policies have a profound influence on health and well-being. Improvements in the economic and social situation of older persons in particular will result in better health and well-being.
57. In order to meet the challenges of ageing populations, including older persons with disabilities, it is crucial that social and health services place increased emphasis on health promotion, disease prevention and physical and mental rehabilitation, which incorporates a life-long approach to positive health. The continuum of care provision needs to be from the primary care sector to the secondary and tertiary care sectors, fully utilising the skills of all health care providers. It is crucial that social and health services promote independence and assist older persons to participate fully in all aspects of society.
58. Adequate long-term care is part of a continuum, which aims at maintaining the highest level of well-being of all persons. Long-term care depends heavily on informal caregivers in families and communities, which requires that they be properly supported through community-based programmes. In particular, it is necessary to recognise and support the contribution of older persons in family care.

59. Older persons should, where possible, have the right to choose between different options of long-term care. Whenever this is not possible their legal representative should give consent as to where they are cared for. Geriatric and gerontological assessment is an effective instrument to determine whether institutionalisation is required. Where institutionalisation is unavoidable, it is imperative that the dignity and individuality of the older person be protected.
60. Mental as well as physical health in old age are issues of great significance, especially for the oldest old. As dementia is a prevalent disease in old age, especially Alzheimer's, treatment and rehabilitation programmes as well as long-term care are of increasing importance in an ageing world. Strategies to cope with such diseases include diagnosis, medication, psychosocial factors, cognitive training programmes, training for caring family members and caring staff and specific structures of inpatient care. To help dementia patients live at home for as long as possible, it is necessary to respond to their specific needs, for security, adequate social support and home care services. Specific programmes for psychosocial therapy should help to reintegrate patients discharged from hospital.
61. Nursing homes and geriatric centres should be developed to meet the specific needs of patients suffering from mental diseases. This includes multi-disciplinary geriatric and gerontological assessment (physical, psychological, social), counselling, care treatment and rehabilitation, accompanied by specific training schemes for care providers. Research should be undertaken, emphasising the systematic identification of the needs of patients and caregivers. An effective strategy should be developed to increase the level, quality assessment and diagnosis of Alzheimer's and related disorders at an early stage of the disease. Alzheimer's calls for a multidisciplinary approach that covers the needs of both patients and carers. Psychosocial interventions including home care services, primary care and day care institutions should contribute to prevent or postpone the need for patients suffering from mental diseases to stay in nursing homes or psychiatric institutions.
62. Particular attention should be placed on HIV/AIDS, which may affect older persons as persons at risk of an HIV infection, as HIV-infected persons, as informal and formal caregivers or as surviving family members. Increasing number of AIDS patients are surviving to old age.

Older persons can be at increased risk of HIV because they are typically not addressed by information campaigns, prevention, and counselling. Moreover, HIV/AIDS diagnosis among older persons is difficult because symptoms can be mistaken for other immunodeficiency syndromes that occur in older persons. There is an urgent need to expand gender specific educational programmes on HIV/AIDS in the field of geriatrics and gerontology curricula and in education and prevention programmes on health for older people.

63. The provision of palliative care<sup>1</sup> and its integration into comprehensive health care should be supported. To this end, standards should be developed for training in palliative care, and multidisciplinary approaches encouraged for all service providers of palliative care. It is necessary to create and to integrate institutional and home-based services and to intensify interdisciplinary and a specific training in palliative care for all professions concerned.
64. While more knowledge, information and health education is important at any age, this is Palliative care's definition based on WHO is active total care of patients whose disease is not responsive to curative treatment, namely by controlling pain and other symptoms of the disease and offering psychological, social and spiritual support to patients and their families even more so at older age. The evidence shows that decisions to adopt health-enhancing behaviour, for example healthy and adequate nutrition, physical exercise, are often constrained by the broader physical, social, economic and cultural environments, which influence the choices that individuals, groups and local communities make. The use of tobacco products, unhealthy diet, excessive alcohol consumption, drug abuse, and physical inactivity are harmful to health at all ages and have cumulative negative effects at older ages. It is never too late to adopt healthy lifestyles. Engaging in appropriate physical activity, healthy eating, no smoking and using alcohol in moderation or not at all can prevent disease and functional decline, extend longevity and enhance quality of life. Policy makers need to recognise the risks to health of unhealthy lifestyles and take appropriate multisectoral action to prevent them. The importance of healthy lifestyles is often overlooked and should be addressed by policy makers, communicators and the broader public, especially as older persons are often a role model for younger generations.

65. Governments should encourage the safe use of medication, household chemicals and other potentially harmful products by requiring manufacturers to indicate the necessary warnings and clear instructions for use.
66. Constraints to health other than on the individual level derive from harmful and disease-engendering labour and environmental conditions. New policies and programmes which focus on healthy working conditions that enable people to stay healthier and work longer should be developed on all levels, including by government authorities, employers associations, trade unions and health services.
67. Access to a wide range of tailor-made affordable social services that recognise that older people are not one homogeneous group, but rather have different social and cultural needs, is essential for their well-being, whether they need support to live in their own homes, or institutional care. Older persons need to be made aware of the range of social and health services available in their country.
68. The following objectives need to be met in order to fulfil this commitment:

*Promote health and well-being over the entire life course, by mainstreaming health through inter-sectoral policies*

69. Promoting health and well-being over the entire life course requires an inter-sectoral approach. This approach has to be developed taking into account the views and needs of older persons, while supporting their independent living. Governments and other concerned actors should, therefore, provide incentives that facilitate sectoral involvement and intersectoral co-operation. These incentives and measures should be based on health impact and functional ability assessments, which will not only look at the health consequences of policy decisions retrospectively, but also address the likely health consequences of future actions. All sectors should be held accountable for the effects of their policies and actions on health. More broadly, the social, economic and environmental determinants of health should be fully taken into account in policy development. The gender perspective should be given particular importance and gender inequalities in health over the life course, including the higher mortality of men, should be addressed.

In this connection, all health care measures should be developed, improved and evaluated for their effects on men and women, within the scope of gender mainstreaming. In order to evaluate the effects and take appropriate action, it is necessary to collect data and have statistics that are differentiated by both sex and age.

*Ensure equal access to health and social services including long-term care for persons of all ages*

70. Ensuring equal access to effective health and social services, irrespective of age and gender, should be the guiding principle in achieving this policy objective. Targeted efforts should be undertaken to decrease gender, age, race and income-related inequalities in access to health and social services. Special attention should be paid to older persons living in rural or remote areas, who often have difficulties accessing health and social services.
71. While independent living is desirable in principle, living in residential accommodation for older persons may be an appropriate alternative where a high level of professional standards are offered and social exclusion is avoided. However for these conditions to be met, residential accommodation should be accessible in all respects, the dignity of older persons should be ensured, adequate social facilities and adequate facilities for older persons with physical and mental disabilities should be present.
72. Policies and programmes should be established to provide conditions for independent living in the community, as well as health and long-term care for those who need them. Support and incentives should be given to those providing both formal and informal care. Further, a more equal sharing of caring responsibilities between men and women should be promoted through public policies and other means. Actions to achieve this objective include the design of appropriate primary health care services and programmes to respond to needs and expectations in health promotion, disease prevention, care and rehabilitation. This needs to be done by government authorities with the participation of local communities and other interested partners (inter alia, patients' organisations and consumer organisations).



73. The management of health services should respect the principle that primary health care should play a leading role, while referrals to secondary and tertiary hospital care should be limited to cases requiring specialist skills and facilities. The ultimate goal is to provide a continuum of care, including both community-based care for chronic health problems as well as prevention, acute care, and rehabilitation. Comprehensive mental health services should be developed. Care for older persons with disabilities should promote the maintenance of their maximum functional capacity, their independence and autonomy. Palliative care should be accessible for all older persons suffering from painful or incurable illness or disease. Governments need to adopt, in co-operation with other actors, standards for the quality of care services regardless of the setting in which care is being provided. In view of the strong demand for providing care at home, it is increasingly important to create effective support strategies for informal caregivers. Such support strategies should include financial support, information and training. In designing and implementing policies and programmes, governments should ensure that ethical issues in old age are taken into account.
74. Health and social services, public and private, should be better co-ordinated and integrated. Appropriate case management systems should be applied in order to make available the needed range of services, including medical services, home-care services and psychological support, both on an in-patient and outpatient basis. There is a need to develop and ensure observance of training and quality standards. Governments should facilitate the availability of assistive devices and appliances to older persons so that they can prolong their independent living.
75. The ageing of populations in the region requires that formal and informal care providers possess adequate professional as well as personal qualifications and skills. Education and on-going training programmes for professionals in the field of health care and social services at all levels should be offered and enhanced taking into account the evolving needs of older persons. Training for informal care providers should also be ensured. To reach old age in good health and well-being requires efforts throughout life and an environment within which such efforts can succeed. Furthermore, the quality of life and independence of older

persons through self-care, health promotion, prevention of disease and disability requires new orientation and skills among older persons themselves.

*Ensure appropriate financing of health and social services for persons of all ages*

76. The actions to be undertaken to attain this objective should be based on the understanding that disbursement of health and social resources should be efficient, equitable and sustainable. Older persons should have equal access to the necessary health care and should not be discriminated against because of their age. Health priorities should be determined in a transparent fashion, and sufficient financial resources should be allocated to the achievement of the defined priorities in order to optimise health gains. The effect of funding and resource allocation on health service delivery and the health of the population should be monitored. Social security schemes, in the form of sickness insurance, health insurance, long-term care insurance and disability insurance can play where appropriate an important role as a means to provide these services.)

*Enable people to make healthy choices*

77. Governments, local authorities and other concerned actors should facilitate the adoption of healthy life-styles, by encouraging people of all ages to engage in appropriate physical activity, adopt healthy diets, avoid smoking and excess alcohol consumption, and opt for other health-related behaviours, that prevent disease and functional decline, extend longevity and enhance quality of life. This should be achieved through a range of policies, including appropriate information campaigns and education starting at an early age that enable people to make healthy choices. This should also be accomplished by ensuring an enabling and supportive environment through appropriate housing policies, urban planning and other measures that provide affordable, barrier free, and age-friendly living environments.

## COMMITMENT 8

### TO MAINSTREAM A GENDER APPROACH IN AN AGEING SOCIETY

78. Addressing the consequences of demographic change from a gender perspective is crucial for improving the situation of older persons, especially older women, in society and in the economy. The social and economic situation of women and men, especially for older persons, is not the same since they are affected differently by social, economic and demographic changes. Moreover, there is great diversity in the working and living conditions of both men and women among countries that are at different stages of development in the region. At the same time, achieving gender equality in all areas of public and private life should be a priority for the development of societies for all ages.
79. Caregivers to older persons are predominantly women and are to be considered as a priority for policy action. Governments should promote measures to encourage and make possible an equal sharing of family and care responsibilities between women and men, including by improving the supply of childcare facilities and responding appropriately to the growing needs for daily care services for older persons. High quality care facilities for children and older persons should be made available so that care may be provided by persons other than the immediate family. There is a need to provide more and better opportunities to combine work and family life through the implementation of family friendly policies, including provision of affordable and accessible high quality care facilities for children, but also for older persons living with their families. It is important to look at issues concerning the rights and possibilities for older persons not taken care of by the immediate family. It is important to take measures to maintain the rights and potential of these older persons, and make sure that reconciliation among the older persons, the family and society be secured through the organisation of care facilities.
80. Many women, particularly older women, are still at a disadvantage in the economy and in the labour market. They often receive lower wages, have lower levels of social protection than men, are underrepresented in decision-making positions, and experience barriers to achieve sufficient formal education and adequate vocational training. As a consequence of

the traditional gender specific division of work and family responsibilities, they still perform most of the domestic work and are the key providers of care for children and older persons. Moreover, women are more often living in poverty and subject to social exclusion.

81. The following objectives need to be met in order to fulfil this commitment:

*Achieve full gender equality*

82. Governments should take measures to mainstream gender issues and to remove all obstacles to achieving gender equality, to eliminate all forms of discrimination against women and to promote the advancement and empowerment of women throughout their entire life cycle. In particular, the economic and social independence of women should be promoted. Measures should be taken to ensure equal access to and equal treatment in education, health care, social protection, employment, vocational training and justice. Measures should also be taken to encourage the participation of women in politics, as voters and candidates, and to foster their equal participation in decision-making processes and leadership. Governments are encouraged to address the specific exigencies of women's health, throughout the women's life cycle, including reproductive and sexual health. Opportunities should be provided for older women to advocate on health issues that concern them and encourage their participation in developing programmes, so as to address better the problems older women themselves identify. In this context, explicit short- and long-term time bound targets or measurable goals should be set, and where appropriate, quotas and/or other measures could be considered.

*Realise full equality between women and men in their contribution in the economy*

83. Governments should promote the economic rights of women, particularly older women, including their equal access to and equal control over economic and other resources (such as loans for business), employment and appropriate working conditions. They should enact and enforce legislation to ensure equal pay for equal work or work of equal value for women and men, to protect women, and especially older women, against any form of gender-related discrimination in the labour

market. Governments should take appropriate measures to facilitate the reconciliation of family life with paid work for both women and men and to overcome persistent gender-related role stereotypes. Companies should be encouraged to develop corresponding arrangements and change existing practices and policies in order to improve the career prospects of women, encourage female entrepreneurship, combat sexual harassment at the workplace and help women and men to reconcile family responsibilities with their situation at the workplace.

*Ensure gender equality of access to social protection and social security systems*

84. Governments and where appropriate social partners should ensure that women can participate in and benefit from full and equal access to social protection systems. Social protection policies should be reviewed where appropriate in order to take full account of the work and care responsibilities of women and men throughout the life cycle.

*Promote shared responsibilities of women and men within their families*

85. Governments should promote measures to encourage and facilitate equal sharing of family and care responsibilities between women and men. This could be achieved through the implementation of family-friendly policies, the provision of more and better opportunities to combine work and family life, providing affordable and high-quality care facilities for children and for older persons living with their families. It is important to take measures to maintain the rights and potential of older persons, including those who are without families, or who are not taken care of by their immediate families.

## **COMMITMENT 9**

**TO SUPPORT FAMILIES THAT PROVIDE CARE FOR OLDER PERSONS AND PROMOTE INTERGENERATIONAL AND INTRA-GENERATIONAL SOLIDARITY AMONG THEIR MEMBERS**

86. The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems various forms of the family exist. The rights, capabilities and responsibilities of family members

must be respected. Families are the major agent of sustainable social development and the preservation of a society's values. They are also a key element of stability in communities. Together with communities, they provide a vital framework for the growth and well-being of their members and for intergenerational and intra-generational solidarity. It is within families and communities that children are born, nurtured, socialised and prepared to take on the responsibilities of learning, work, parenthood participation and solidarity. It is also within families and communities that traditionally older persons interact with members of younger generations, are cared for and eventually pass away.

87. Population change and ageing are paralleled by a profound transformation of families. Their average size is decreasing, the number of generations within the multigenerational families is increasing, and each succeeding generation tends to be smaller than the preceding one. The picture is made more complex by the increasing instability of unions. Particularly in higher age, remote relatives and small informal networks such as neighbours and friends play an important role and can be considered as family networks. Changing economic and social environments also have an impact on the quality of life of families, influencing family relations and modifying the roles the different members play.
88. Family policies and/or policies aimed at achieving equal opportunities among family members vary in the different countries of the region. Their components include legislation, regulations and programmes that are designed to achieve specific objectives for the family as a whole, or for its individual members. Policy approaches should respond to the consequences of changes in the structure of families and in the role of its individual members.
89. The following objectives should be part of this commitment:  
*Respond to the needs and changing roles of individual family members and strengthen intergenerational and intra-generational solidarity*
90. Governments should initiate or strengthen policies and programmes to address the special needs of all members of the family, respecting their rights, capacities and responsibilities. In order to do so, they should support, protect and strengthen the family to respond adequately to the needs of its members through the promotion of social, economic

and family policies that stimulate and favour intergenerational and intra-generational solidarity. An important element in this respect is ensuring equality between men and women throughout their lives particularly regarding the distribution of responsibilities in terms of work and income, care of dependent family members and social protection.

91. Older persons contribute to the well-being of their families in different ways, including tasks related to the care of children and other family members. Governments should promote awareness regarding the contribution older persons make to society and adopt measures to help families deal with the growing responsibilities of their older members, in order to improve their situation. Social infrastructures should be improved to address the responsibilities families bear in terms of the daily needs of caring for their members. It is also important to point out that as well as families, communities, organisations and associations play a relevant role when providing support and informal care.

*Support the families in coping with the social and economic consequences of demographic change*

92. Families, particularly those who provide care for older persons are entitled to receive comprehensive protection and support in performing their societal and developmental functions. In this regard, governments should strive to design, implement and promote family friendly policies and services, including affordable, accessible and quality care services for children and other dependants, parental and other leave schemes and campaigns to sensitise public opinion and other relevant actors on equal sharing of employment and family responsibilities between women and men.)
93. Housing policies and town planning should aim to adapt the infrastructure of towns to the needs of families and to enable generations to live together if they so wish. Particular attention should be given to making towns more friendly towards children and the older persons, with the purpose of increasing their participation in urban life through a better planning of services and facilities, also taking into account safety issues. These policies and planning should be achieved in collaboration with all concerned groups.

## COMMITMENT 10

### TO PROMOTE THE IMPLEMENTATION AND FOLLOW-UP OF THE REGIONAL IMPLEMENTATION STRATEGY THROUGH REGIONAL CO-OPERATION

94. As it was agreed in the Madrid International Plan of Action on Ageing 2002, the systematic review of implementation of the International Plan of Action on Ageing by Member States of the United Nations is essential for its success in improving the quality of life of older persons and the social cohesion in society. The United Nations Regional Commissions have responsibility for translating the Madrid International Plan of Action 2002 into regional action plans in which civil society and other relevant stakeholders should be closely involved. They should also assist upon request national institutions in implementation and monitoring of their actions on ageing. The Commission for Social Development is responsible for the global follow-up and appraisal of the Madrid International Plan of Action on Ageing 2002 and will decide on their modalities at its next session.
95. UNECE member states have the primary responsibility for the implementation and follow-up of the Regional Implementation Strategy (RIS). This follow-up should focus on strengthening co-operation among UNECE member states in the field of ageing and should allow for an effective exchange of information, experience and best practices. Member states should provide opportunities for civil society, including NGOs, and other relevant stakeholders to co-operate in this process.
96. The follow up process to the RIS will be done by member states at the national level and within the existing framework of meetings of the UNECE, including as appropriate at its annual session under the item on follow-up to world conferences. This would allow the UNECE secretariat to provide government delegations with information on relevant implementation activities within the region. The UNECE secretariat could also suggest to member states specific priority issues to be analysed in depth and, when appropriate, guidelines for reporting requirements in the follow-up process, to ensure that this follow-up is in line with the overall implementation of the Madrid International Plan of Action on Ageing 2002.



97. In contributing to this process NGOs should follow the rules of procedure of the Commission. The UNECE secretariat will assist member states upon request, with implementing the RIS and in their evaluation of the achievements of the RIS at the national level supported by experts of the intergovernmental organisations and interested NGOs relevant in the field of ageing.
98. Taking into account decisions by the Commission for Social Development on the global follow-up, UNECE member states will take, as early as possible, further decisions on procedures and timing regarding the regional follow-up. A first overall assessment of the implementation of the whole RIS and its timing and modalities should be determined in line with the Commission's decisions.
99. Follow-up activities to the implementation of the RIS by the UNECE secretariat must be financed within existing resources. As stated in paragraph 112 of the Madrid International Plan of Action on Ageing 2002, the Economic and Social Council could consider strengthening the capacity of UNECE.
100. Bearing in mind the necessity to avoid any duplication of work, the follow-up to the RIS should be in line with the overall implementation of the Madrid International Plan of Action 2002 and be consistent with the procedures and timing of its global monitoring and review. This process should rely basically on the work carried out by all relevant institutions, particularly those in the areas of statistics, indicators, training and research.

# Draft Treaty Establishing a Constitution for Europe, 2003

...

## Article II-21: Non-discrimination

1. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited.
2. Within the scope of application of the Constitution and without prejudice to any of its specific provisions, any discrimination on grounds of nationality shall be prohibited.

...

## Article II-25: The rights of the elderly

The Union recognizes and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life.

## **Recommendation 1619 (03) of the Parliamentary Assembly on the Rights of Elderly Migrants 2003**

1. People over 55 years of age represent a noticeable proportion of the immigrant population of Council of Europe member states. Arriving in the 1950s and 1960s, following the economic boom in some western European countries, or as a result of decolonization movements, they have settled, worked and lived most of their lives in Council of Europe member states. Some of them have a history of hard physical labour or bad working conditions; others come from countries with low life expectancy; others have experienced stress due to racism, discrimination or poverty. Due to their past experience and age, these migrants can be considered as elderly. Their number is due to increase in the next decades, given the ageing of the population, including the population of migrant origin, in traditional immigration countries. Council of Europe member states which are new immigration countries will soon experience the same phenomenon.
2. The Parliamentary Assembly recalls its previous texts in the fields of the ageing population and social care and social security, including Recommendations 761 (1975) on payments of pensions in cases of mixed careers and on the establishment of a European passport of social security, 1573 (2002) on the ratification of the European Code of Social Security, 1254 (1994) on medical and welfare rights of the elderly: ethics and politics, and Resolution 1008 (1993) on social policies for elderly persons and their self-reliance. The Assembly also recalls the the European Convention on Social Security (ETS No. 78) and its Supplementary Agreement for the Application of the European Convention on Social Security (ETS No. 78A), and regrets that, to date, this convention has been ratified by only eight Council of Europe member states and signed by an additional five.
3. The Assembly is convinced that a coherent policy is needed to address the situation of elderly migrants in Council of Europe member states, whether they wish to remain in the host country or go back to their

countries of origin. Comprehensive action should be conducted at political and legislative level to protect the rights of elderly migrants, ensure their social inclusion and well-being at a delicate stage of their life, and make sure that they are not subjected to a dual discrimination, both as elderly people and as migrants.

4. The Assembly therefore recommends that the Committee of Ministers:
  - i. Instruct its relevant committees to conduct research into the situation of elderly migrants in Council of Europe member states. Such research should embrace aspects such as demography, social inclusion, legal status, pension and other social rights;
  - ii. Call on member states to:
    - a. Develop coherent and comprehensive policies to address the situation of elderly migrants, through an inter-departmental approach involving the ministries of labour, immigration, health and social affairs and in consultation with the voluntary sector, community organizations and elderly migrants themselves;
    - b. Promote partnerships with non-governmental organizations and support voluntary initiatives, particularly by earmarking budgetary and other resources and by granting voluntary workers legal status and adequate social protection;
    - c. Sign and ratify the European Convention on Social Security;
    - d. Ensure the transferability of full pension rights for migrant workers, wherever they decide to take up residence;
    - e. Ensure that criteria such as knowledge of the language or the way of life of the host country are interpreted with flexibility when considering naturalization applications from elderly migrants;
    - f. Adapt the existing structures for the provision of health care and assistance to the elderly to make them culturally appropriate to the needs of elderly migrants, also through the provision of special training to social workers and health professionals;
    - g. Encourage the employment of qualified personnel from an immigrant background in health care and assistance structures;
    - h. Facilitate the access to health care and assistance services through the provision of interpretation upon demand for elderly migrants who are not able to communicate effectively in the language of the host country. This service should be available free of charge for destitute elderly migrants;

- i. Ensure that council and state housing be made available to meet the requirements of elderly migrants, bearing in mind the needs of homeless families and the particular facilities necessary for them;
- j. Provide clear information about access to social welfare, pension and health care in the host country and the country of origin and make it accessible to elderly migrants through public institutions as well as community centers, immigrant organizations, cultural centers and religious institutions frequented by immigrants;
- k. Encourage less elderly migrants to (re-)enter the labour market, if necessary granting access to vocational courses to reconvert skills and competences acquired during their previous work experience;
- l. Encourage the maintenance of links between elderly immigrants and their countries of origin, among other things through the organization of cultural events, exhibitions and performing arts events and the support of language courses;
- m. Encourage cultural and educational activities involving elderly migrants;
- n. Promote socio-gerontological research for the better understanding of the situation of elderly migrants.



# **The Rights of Older Persons: Part D:**

**International NGOs,  
Conferences,  
Professional  
Organizations**





# Social Security (Minimum Standards) Convention, 1952

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Thirty-fifth Session on 4 June 1952, and

Having decided upon the adoption of certain proposals with regard to minimum standards of social security, which are included in the fifth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention,

adopts this twenty-eighth day of June of the year one thousand nine hundred and fifty-two the following Convention, which may be cited as the Social Security (Minimum Standards) Convention, 1952:

## PART I. GENERAL PROVISIONS

### *Article 1*

1. In this Convention—

- (a) the term prescribed means determined by or in virtue of national laws or regulations;
- (b) the term residence means ordinary residence in the territory of the Member and the term resident means a person ordinarily resident in the territory of the Member;
- (c) the term wife means a wife who is maintained by her husband;
- (d) the term widow means a woman who was maintained by her husband at the time of his death;
- (e) the term child means a child under school-leaving age or under 15 years of age, as may be prescribed;
- (f) the term qualifying period means a period of contribution, or a period of employment, or a period of residence, or any combination thereof, as may be prescribed.

2. In Articles 10, 34 and 49 the term benefit means either direct benefit in the form of care or indirect benefit consisting of a reimbursement of the expenses borne by the person concerned.

#### *Article 2*

Each Member for which this Convention is in force—

(a) shall comply with—

(i) Part I;

(ii) at least three of Parts II, III, IV, V, VI, VII, VIII, IX and X, including at least one of Parts IV, V, VI, IX and X;

(iii) the relevant provisions of Parts XI, XII and XIII; and

(iv) Part XIV; and

(b) shall specify in its ratification in respect of which of Parts II to X it accepts the obligations of the Convention.

#### *Article 3*

1. A Member whose economy and medical facilities are insufficiently developed may, if and for so long as the competent authority considers necessary, avail itself, by a declaration appended to its ratification, of the temporary exceptions provided for in the following Articles: 9 (d) ; 12 (2); 15 (d); 18 (2); 21 (c); 27 (d) ; 33 (b); 34 (3); 41 (d); 48 (c); 55 (d); and 61 (d).
2. Each Member which has made a declaration under paragraph 1 of this Article shall include in the annual report upon the application of this Convention submitted under Article 22 of the Constitution of the International Labour Organisation a statement, in respect of each exception of which it avails itself—
  - (a) that its reason for doing so subsists; or
  - (b) that it renounces its right to avail itself of the exception in question as from a stated date.

#### *Article 4*

1. Each Member which has ratified this Convention may subsequently notify the Director-General of the International Labour Office that it accepts the obligations of the Convention in respect of one or more of Parts II to X not already specified in its ratification.

2. The undertakings referred to in paragraph 1 of this Article shall be deemed to be an integral part of the ratification and to have the force of ratification as from the date of notification.

#### *Article 5*

Where, for the purpose of compliance with any of the Parts II to X of this Convention which are to be covered by its ratification, a Member is required to protect prescribed classes of persons constituting not less than a specified percentage of employees or residents, the Member shall satisfy itself, before undertaking to comply with any such Part, that the relevant percentage is attained.

#### *Article 6*

For the purpose of compliance with Parts II, III, IV, V, VIII (in so far as it relates to medical care), IX or X of this Convention, a Member may take account of protection effected by means of insurance which, although not made compulsory by national laws or regulations for the persons to be protected—

- (a) is supervised by the public authorities or administered, in accordance with prescribed standards, by joint operation of employers and workers;
- (b) covers a substantial part of the persons whose earnings do not exceed those of the skilled manual male employee; and
- (c) complies, in conjunction with other forms of protection, where appropriate, with the relevant provisions of the Convention.

### **PART II. MEDICAL CARE**

#### *Article 7*

Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of benefit in respect of a condition requiring medical care of a preventive or curative nature in accordance with the following Articles of this Part.

#### *Article 8*

The contingencies covered shall include any morbid condition, whatever its cause, and pregnancy and confinement and their consequences.

## *Article 9*

The persons protected shall comprise—

- (a) prescribed classes of employees, constituting not less than 50 per cent. of all employees, and also their wives and children; or
- (b) prescribed classes of economically active population, constituting not less than 20 per cent. of all residents, and also their wives and children; or
- (c) prescribed classes of residents, constituting not less than 50 per cent. of all residents; or
- (d) where a declaration made in virtue of Article 3 is in force, prescribed classes of employees constituting not less than 50 per cent. of all employees in industrial workplaces employing 20 persons or more, and also their wives and children.

## *Article 10*

1. The benefit shall include at least—

(a) in case of a morbid condition—

- (i) general practitioner care, including domiciliary visiting;
- (ii) specialist care at hospitals for in-patients and out-patients, and such specialist care as may be available outside hospitals;
- (iii) the essential pharmaceutical supplies as prescribed by medical or other qualified practitioners; and
- (iv) hospitalisation where necessary; and

(b) in case of pregnancy and confinement and their consequences—

- (i) pre-natal, confinement and post-natal care either by medical practitioners or by qualified midwives; and
- (ii) hospitalisation where necessary.

2. The beneficiary or his breadwinner may be required to share in the cost of the medical care the beneficiary receives in respect of a morbid condition; the rules concerning such cost-sharing shall be so designed as to avoid hardship.

3. The benefit provided in accordance with this Article shall be afforded with a view to maintaining, restoring or improving the health of the person protected and his ability to work and to attend to his personal needs.

4. The institutions or Government departments administering the benefit shall, by such means as may be deemed appropriate, encourage the persons protected to avail themselves of the general health services placed at their disposal by the public authorities or by other bodies recognised by the public authorities.

#### *Article 11*

The benefit specified in Article 10 shall, in a contingency covered, be secured at least to a person protected who has completed, or whose breadwinner has completed, such qualifying period as may be considered necessary to preclude abuse.

#### *Article 12*

1. The benefit specified in Article 10 shall be granted throughout the contingency covered, except that, in case of a morbid condition, its duration may be limited to 26 weeks in each case, but benefit shall not be suspended while a sickness benefit continues to be paid, and provision shall be made to enable the limit to be extended for prescribed diseases recognised as entailing prolonged care.
2. Where a declaration made in virtue of Article 3 is in force, the duration of the benefit may be limited to 13 weeks in each case.

...

### **PART V. OLD-AGE BENEFIT**

#### *Article 25*

Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of old-age benefit in accordance with the following Articles of this Part.

#### *Article 26*

1. The contingency covered shall be survival beyond a prescribed age.
2. The prescribed age shall be not more than 65 years or such higher age as may be fixed by the competent authority with due regard to the working ability of elderly persons in the country concerned.
3. National laws or regulations may provide that the benefit of a person

otherwise entitled to it may be suspended if such person is engaged in any prescribed gainful activity or that the benefit, if contributory, may be reduced where the earnings of the beneficiary exceed a prescribed amount and, if non-contributory, may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.

#### *Article 27*

The persons protected shall comprise—

- (a) prescribed classes of employees, constituting not less than 50 per cent. of all employees; or
- (b) prescribed classes of the economically active population, constituting not less than 20 per cent. of all residents; or
- (c) all residents whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67; or
- (d) where a declaration made in virtue of Article 3 is in force, prescribed classes of employees, constituting not less than 50 per cent. of all employees in industrial workplaces employing 20 persons or more.

#### *Article 28*

The benefit shall be a periodical payment calculated as follows:

- (a) where classes of employees or classes of the economically active population are protected, in such a manner as to comply either with the requirements of Article 65 or with the requirements of Article 66;
- (b) where all residents whose means during the contingency do not exceed prescribed limits are protected, in such a manner as to comply with the requirements of Article 67.

#### *Article 29*

1. The benefit specified in Article 28 shall, in a contingency covered, be secured at least—
  - (a) to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period which may be 30 years of contribution or employment, or 20 years of residence; or

- (b) where, in principle, all economically active persons are protected, to a person protected who has completed a prescribed qualifying period of contribution and in respect of whom, while he was of working age, the prescribed yearly average number of contributions has been paid.
- 2. Where the benefit referred to in paragraph 1 is conditional upon a minimum period of contribution or employment, a reduced benefit shall be secured at least--
  - (a) to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period of 15 years of contribution or employment; or
  - (b) where, in principle, all economically active persons are protected, to a person protected who has completed a prescribed qualifying period of contribution and in respect of whom, while he was of working age, half the yearly average number of contributions prescribed in accordance with subparagraph (b) of paragraph 1 of this Article has been paid.
- 3. The requirements of paragraph 1 of this Article shall be deemed to be satisfied where a benefit calculated in conformity with the requirements of Part XI but at a percentage of ten points lower than shown in the Schedule appended to that Part for the standard beneficiary concerned is secured at least to a person protected who has completed, in accordance with prescribed rules, ten years of contribution or employment, or five years of residence.
- 4. A proportional reduction of the percentage indicated in the Schedule appended to Part XI may be effected where the qualifying period for the benefit corresponding to the reduced percentage exceeds ten years of contribution or employment but is less than 30 years of contribution or employment; if such qualifying period exceeds 15 years, a reduced benefit shall be payable in conformity with paragraph 2 of this Article.
- 5. Where the benefit referred to in paragraphs 1, 3 or 4 of this Article is conditional upon a minimum period of contribution or employment, a reduced benefit shall be payable under prescribed conditions to a person protected who, by reason only of his advanced age when the provisions concerned in the application of this Part come into force, has

not satisfied the conditions prescribed in accordance with paragraph 2 of this Article, unless a benefit in conformity with the provisions of paragraphs 1, 3 or 4 of this Article is secured to such person at an age higher than the normal age.

#### *Article 30*

The benefits specified in Articles 28 and 29 shall be granted throughout the contingency.

...

## **PART X. SURVIVORS' BENEFIT**

#### *Article 59*

Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of survivors' benefit in accordance with the following Articles of this Part.

#### *Article 60*

1. The contingency covered shall include the loss of support suffered by the widow or child as the result of the death of the breadwinner; in the case of a widow, the right to benefit may be made conditional on her being presumed, in accordance with national laws or regulations, to be incapable of self-support.
2. National laws or regulations may provide that the benefit of a person otherwise entitled to it may be suspended if such person is engaged in any prescribed gainful activity or that the benefit, if contributory, may be reduced where the earnings of the beneficiary exceed a prescribed amount, and, if non-contributory, may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.

#### *Article 61*

The persons protected shall comprise—

- (a) the wives and the children of breadwinners in prescribed classes of employees, which classes constitute not less than 50 per cent. of all employees; or



- (b) the wives and the children of breadwinners in prescribed classes of the economically active population, which classes constitute not less than 20 per cent. of all residents; or
- (c) all resident widows and resident children who have lost their breadwinner and whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67; or
- (d) where a declaration made in virtue of Article 3 is in force, the wives and the children of breadwinners in prescribed classes of employees, which classes constitute not less than 50 per cent. of all employees in industrial workplaces employing 20 persons or more.

#### *Article 62*

The benefit shall be a periodical payment calculated as follows:

- (a) where classes of employees or classes of the economically active population are protected, in such a manner as to comply either with the requirements of Article 65 or with the requirements of Article 66;
- (b) where all residents whose means during the contingency do not exceed prescribed limits are protected, in such a manner as to comply with the requirements of Article 67.

#### *Article 63*

1. The benefit specified in Article 62 shall, in a contingency covered, be secured at least–
  - (a) to a person protected whose breadwinner has completed, in accordance with prescribed rules, a qualifying period which may be 15 years of contribution or employment, or 10 years of residence; or
  - (b) where, in principle, the wives and children of all economically active persons are protected, to a person protected whose breadwinner has completed a qualifying period of three years of contribution and in respect of whose breadwinner, while he was of working age, the prescribed yearly average number of contributions has been paid.
2. Where the benefit referred to in paragraph 1 is conditional upon a minimum period of contribution or employment, a reduced benefit shall be secured at least–

- (a) to a person protected whose breadwinner has completed, in accordance with prescribed rules, a qualifying period of five years of contribution or employment; or
  - (b) where, in principle, the wives and children of all economically active persons are protected, to a person protected whose breadwinner has completed a qualifying period of three years of contribution and in respect of whose breadwinner, while he was of working age, half the yearly average number of contributions prescribed in accordance with subparagraph (b) of paragraph 1 of this Article has been paid.
3. The requirements of paragraph 1 of this Article shall be deemed to be satisfied where a benefit calculated in conformity with the requirements of Part XI but a percentage of ten points lower than shown in the Schedule appended to that Part for the standard beneficiary concerned is secured at least to a person protected whose breadwinner has completed, in accordance with prescribed rules, five years of contribution, employment or residence.
  4. A proportional reduction of the percentage indicated in the Schedule appended to Part XI may be effected where the qualifying period for the benefit corresponding to the reduced percentage exceeds five years of contribution or employment but is less than 15 years of contribution or employment; a reduced benefit shall be payable in conformity with paragraph 2 of this Article.
  5. In order that a childless widow presumed to be incapable of self-support may be entitled to a survivor's benefit, a minimum duration of the marriage may be required.

#### *Article 64*

The benefit specified in Articles 62 and 63 shall be granted throughout the contingency.

## **PART XI.**

### **Standards TO BE COMPLIED WITH BY PERIODICAL PAYMENTS**

#### *Article 65*

1. In the case of a periodical payment to which this Article applies, the rate of the benefit, increased by the amount of any family allowances

payable during the contingency, shall be such as to attain, in respect of the contingency in question, for the standard beneficiary indicated in the Schedule appended to this Part, at least the percentage indicated therein of the total of the previous earnings of the beneficiary or his breadwinner and of the amount of any family allowances payable to a person protected with the same family responsibilities as the standard beneficiary.

2. The previous earnings of the beneficiary or his breadwinner shall be calculated according to prescribed rules, and, where the persons protected or their breadwinners are arranged in classes according to their earnings, their previous earnings may be calculated from the basic earnings of the classes to which they belonged.
3. A maximum limit may be prescribed for the rate of the benefit or for the earnings taken into account for the calculation of the benefit, provided that the maximum limit is fixed in such a way that the provisions of paragraph 1 of this Article are complied with where the previous earnings of the beneficiary or his breadwinner are equal to or lower than the wage of a skilled manual male employee.
4. The previous earnings of the beneficiary or his breadwinner, the wage of the skilled manual male employee, the benefit and any family allowances shall be calculated on the same time basis.
5. For the other beneficiaries, the benefit shall bear a reasonable relation to the benefit for the standard beneficiary.
6. For the purpose of this Article, a skilled manual male employee shall be--
  - (a) a fitter or turner in the manufacture of machinery other than electrical machinery; or
  - (b) a person deemed typical of skilled labour selected in accordance with the provisions of the following paragraph; or
  - (c) a person whose earnings are such as to be equal to or greater than the earnings of 75 per cent. of all the persons protected, such earnings to be determined on the basis of annual or shorter periods as may be prescribed; or
  - (d) a person whose earnings are equal to 125 per cent. of the average earnings of all the persons protected.

7. The person deemed typical of skilled labour for the purposes of subparagraph (b) of the preceding paragraph shall be a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question, or of the breadwinners of the persons protected, as the case may be, in the division comprising the largest number of such persons or breadwinners; for this purpose, the international standard industrial classification of all economic activities, adopted by the Economic and Social Council of the United Nations at its Seventh Session on 27 August 1948, and reproduced in the Annex to this Convention, or such classification as at any time amended, shall be used.
8. Where the rate of benefit varies by region, the skilled manual male employee may be determined for each region in accordance with paragraphs 6 and 7 of this Article.
9. The wage of the skilled manual male employee shall be determined on the basis of the rates of wages for normal hours of work fixed by collective agreements, by or in pursuance of national laws or regulations, where applicable, or by custom, including cost-of-living allowances if any; where such rates differ by region but paragraph 8 of this Article is not applied, the median rate shall be taken.
10. The rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and death of breadwinner, shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

#### *Article 66*

1. In the case of a periodical payment to which this Article applies, the rate of the benefit, increased by the amount of any family allowances payable during the contingency, shall be such as to attain, in respect of the contingency in question, for the standard beneficiary indicated in the Schedule appended to this Part, at least the percentage indicated therein of the total of the wage of an ordinary adult male labourer and of the amount of any family allowances payable to a person protected with the same family responsibilities as the standard beneficiary.

2. The wage of the ordinary adult male labourer, the benefit and any family allowances shall be calculated on the same time basis.
3. For the other beneficiaries, the benefit shall bear a reasonable relation to the benefit for the standard beneficiary.
4. For the purpose of this Article, the ordinary adult male labourer shall be—
  - (a) a person deemed typical of unskilled labour in the manufacture of machinery other than electrical machinery; or
  - (b) a person deemed typical of unskilled labour selected in accordance with the provisions of the following paragraph.
5. The person deemed typical of unskilled labour for the purpose of subparagraph (b) of the preceding paragraph shall be a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question, or of the breadwinners of the persons protected, as the case may be, in the division comprising the largest number of such persons or breadwinners; for this purpose, the international standard industrial classification of all economic activities, adopted by the Economic and Social Council of the United Nations at its Seventh Session on 27 August 1948, and reproduced in the Annex to this Convention, or such classification as at any time amended, shall be used.
6. Where the rate of benefit varies by region, the ordinary adult male labourer may be determined for each region in accordance with paragraphs 4 and 5 of this Article.
7. The wage of the ordinary adult male labourer shall be determined on the basis of the rates of wages for normal hours of work fixed by collective agreements, by or in pursuance of national laws or regulations, where applicable, or by custom, including cost-of-living allowances if any; where such rates differ by region but paragraph 6 of this Article is not applied, the median rate shall be taken.
8. The rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and death of breadwinner, shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

## *Article 67*

In the case of a periodical payment to which this Article applies--

- (a) the rate of the benefit shall be determined according to a prescribed scale or a scale fixed by the competent public authority in conformity with prescribed rules;
- (b) such rate may be reduced only to the extent by which the other means of the family of the beneficiary exceed prescribed substantial amounts or substantial amounts fixed by the competent public authority in conformity with prescribed rules;
- (c) the total of the benefit and any other means, after deduction of the substantial amounts referred to in subparagraph (b), shall be sufficient to maintain the family of the beneficiary in health and decency, and shall be not less than the corresponding benefit calculated in accordance with the requirements of Article 66;
- (d) the provisions of subparagraph (c) shall be deemed to be satisfied if the total amount of benefits paid under the Part concerned exceeds by at least 30 per cent. the total amount of benefits which would be obtained by applying the provisions of Article 66 and the provisions of:
  - (i) Article 15 (b) for Part III;
  - (ii) Article 27 (b) for Part V;
  - (iii) Article 55 (b) for Part IX;
  - (iv) Article 61 (b) for Part X.

# Invalidity, Old-Age and Survivors' Benefits Convention, 1967

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Fifty-first Session on 7 June 1967, and

Having decided upon the adoption of certain proposals with regard to the revision of the Old-Age Insurance (Industry, etc.) Convention, 1933, the Old-Age Insurance (Agriculture) Convention, 1933, the Invalidity Insurance (Industry, etc.) Convention, 1933, the Invalidity Insurance (Agriculture) Convention, 1933, the Survivors' Insurance (Industry, etc.) Convention, 1933, and the Survivors' Insurance (Agriculture) Convention, 1933, which is the fourth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention,

adopts this twenty-ninth day of June of the year one thousand nine hundred and sixty-seven the following Convention, which may be cited as the Invalidity, Old-Age and Survivors' Benefits Convention, 1967:

## PART I. GENERAL PROVISIONS

### *Article 1*

In this Convention—

- (a) the term legislation includes any social security rules as well as laws and regulations;
- (b) the term prescribed means determined by or in virtue of national legislation;
- (c) the term industrial undertaking includes all undertakings in the following branches of economic activity: mining and quarrying; manufacturing; construction; electricity, gas, water and sanitary services; and transport, storage and communication;

- (d) the term residence means ordinary residence in the territory of the Member, and the term resident means a person ordinarily resident in the territory of the Member;
- (e) the term dependent refers to a state of dependency which is presumed to exist in prescribed cases;
- (f) the term wife means a wife who is dependent on her husband;
- (g) the term widow means a woman who was dependent on her husband at the time of his death;
- (h) the term child covers–
  - (i) a child under school-leaving age or under 15 years of age, whichever is the higher; and
  - (ii) a child under a prescribed age higher than that specified in clause (i) of this subparagraph and who is an apprentice or student or has a chronic illness or infirmity disabling him for any gainful activity, under prescribed conditions: Provided that this requirement shall be deemed to be met where national legislation defines the term so as to cover any child under an age appreciably higher than that specified in clause (i) of this subparagraph;
- (i) the term qualifying period means a period of contribution, or a period of employment, or a period of residence, or any combination thereof, as may be prescribed;
- (j) the terms contributory benefits and non-contributory benefits means respectively benefits the grant of which depends or does not depend on direct financial participation by the persons protected or their employer or on a qualifying period of occupational activity.

## *Article 2*

Each Member for which this Convention is in force shall comply with–

- (a) Part I;
  - (b) at least one of Parts II, III and IV;
  - (c) the relevant provisions of Parts V and VI; and
  - (d) Part VII.
2. Each Member shall specify in its ratification in respect of which of Parts II to IV it accepts the obligations of the Convention.



### *Article 3*

1. Each Member which has ratified this Convention may subsequently notify the Director-General of the International Labour Office that it accepts the obligations of the Convention in respect of one or more of Parts II to IV not already specified in its ratification.
2. The undertakings referred to in paragraph 1 of this Article shall be deemed to be an integral part of the ratification and to have the force of ratification as from the date of notification.

### *Article 4*

1. A Member whose economy is insufficiently developed may avail itself, by a declaration accompanying its ratification, of the temporary exceptions provided for in the following Articles: Article 9, paragraph 2; Article 13, paragraph 2; Article 16, paragraph 2; and Article 22, paragraph 2. Any such declaration shall state the reason for such exceptions.
2. Each Member which has made a declaration under paragraph 1 of this Article shall include in its reports upon the application of this Convention submitted under Article 22 of the Constitution of the International Labour Organisation a statement in respect of each exception of which it avails itself—
  - (a) that its reason for doing so subsists; or
  - (b) that it renounces its right to avail itself of the exception in question as from a stated date.
3. Each Member which has made a declaration under paragraph 1 of this Article shall increase the number of employees protected as circumstances permit.

### *Article 5*

Where, for the purpose of compliance with any of the Parts II to IV of this Convention which are to be covered by its ratification, a Member is required to protect prescribed classes of persons constituting not less than a specified percentage of employees or of the whole economically active population, the Member shall satisfy itself, before undertaking to comply with any such Part, that the relevant percentage is attained.

*Article 6*

For the purpose of compliance with Parts II, III or IV of this Convention, a Member may take account of protection effected by means of insurance which, although not made compulsory by its legislation for the persons to be protected—

- (a) is supervised by the public authorities or administered, in accordance with prescribed standards, by joint operation of employers and workers;
- (b) covers a substantial part of the persons whose earnings do not exceed those of the skilled manual male employee; and
- (c) complies, in conjunction with other forms of protection, where appropriate, with the relevant provisions of the Convention.

...

### **PART III. OLD-AGE BENEFIT**

*Article 14*

Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of old-age benefit in accordance with the following Articles of this Part.

*Article 15*

1. The contingency covered shall be survival beyond a prescribed age.
2. The prescribed age shall be not more than 65 years or such higher age as may be fixed by the competent authority with due regard to demographic, economic and social criteria, which shall be demonstrated statistically.
3. If the prescribed age is 65 years or higher, the age shall be lowered, under prescribed conditions, in respect of persons who have been engaged in occupations that are deemed by national legislation, for the purpose of old-age benefit, to be arduous or unhealthy.

*Article 16*

1. The persons protected shall comprise—
  - (a) all employees, including apprentices; or

- (b) prescribed classes of the economically active population, constituting not less than 75 per cent. of the whole economically active population; or
  - (c) all residents or residents whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 28.
2. Where a declaration made in virtue of Article 4 is in force, the persons protected shall comprise–
- (a) prescribed classes of employees, constituting not less than 25 per cent. of all employees; or
  - (b) prescribed classes of employees in industrial undertakings, constituting not less than 50 per cent. of all employees in industrial undertakings.

#### *Article 17*

The old-age benefit shall be a periodical payment calculated as follows:

- (a) where employees or classes of the economically active population are protected, in such a manner as to comply either with the requirements of Article 26 or with the requirements of Article 27;
- (b) where all residents or all residents whose means during the contingency do not exceed prescribed limits are protected, in such a manner as to comply with the requirements of Article 28.

#### *Article 18*

1. The benefit specified in Article 17 shall, in a contingency covered, be secured at least–
- (a) to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period which may be 30 years of contribution or employment, or 20 years of residence; or
  - (b) where, in principle, all economically active persons are protected, to a person protected who has completed, prior to the contingency, a prescribed qualifying period of contribution and in respect of whom, while he was of working age, the prescribed yearly average number of contributions has been paid.
2. Where the old-age benefit is conditional upon a minimum period of contribution or employment, a reduced benefit shall be secured at least–

- (a) to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period of 15 years of contribution or employment; or
  - (b) where, in principle, all economically active persons are protected, to a person protected who has completed, prior to the contingency, a prescribed qualifying period of contribution and in respect of whom, while he was of working age, half of the yearly average number of contributions prescribed in accordance with subparagraph (b) of paragraph 1 of this Article has been paid.
3. The requirements of paragraph 1 of this Article shall be deemed to be satisfied where a benefit calculated in conformity with the requirements of Part V but a percentage of ten points lower than shown in the Schedule appended to that Part for the standard beneficiary concerned is secured at least to a person protected who has completed, in accordance with prescribed rules, ten years of contribution or employment, or five years of residence.
4. A proportional reduction of the percentage indicated in the Schedule appended to Part V may be effected where the qualifying period for the benefit corresponding to the reduced percentage exceeds ten years of contribution or employment or five years of residence but is less than 30 years of contribution or employment or 20 years of residence; if such qualifying period exceeds 15 years of contribution or employment, a reduced benefit shall be payable in conformity with paragraph 2 of this Article.

#### *Article 19*

The benefit specified in Articles 17 and 18 shall be granted throughout the contingency.

### **PART IV. SURVIVORS' BENEFIT**

#### *Article 20*

Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of survivors' benefit in accordance with the following Articles of this Part.

### *Article 21*

1. The contingency covered shall include the loss of support suffered by the widow or child as the result of the death of the breadwinner.
2. In the case of a widow the right to a survivors' benefit may be made conditional on the attainment of a prescribed age. Such age shall not be higher than the age prescribed for old-age benefit.
3. No requirement as to age may be made if the widow—
  - (a) is invalid, as may be prescribed; or
  - (b) is caring for a dependent child of the deceased.
4. In order that a widow who is without a child may be entitled to a survivors' benefit, a minimum duration of marriage may be required.

### *Article 22*

1. The persons protected shall comprise—
  - (a) the wives, children and, as may be prescribed, other dependants of all breadwinners who were employees or apprentices; or
  - (b) the wives, children and, as may be prescribed, other dependants of breadwinners in prescribed classes of the economically active population, which classes constitute not less than 75 per cent. of the whole economically active population; or
  - (c) all widows, all children and all other prescribed dependants who have lost their breadwinner, who are residents and, as appropriate, whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the provisions of Article 28.
2. Where a declaration made in virtue of Article 4 is in force, the persons protected shall comprise—
  - (a) the wives, children and, as may be prescribed, other dependants of breadwinners, in prescribed classes of employees, which classes constitute not less than 25 per cent. of all employees; or
  - (b) the wives, children and, as may be prescribed, other dependants of breadwinners in prescribed classes of employees in industrial undertakings, which classes constitute not less than 50 per cent. of all employees in industrial undertakings.

### *Article 23*

The survivors' benefit shall be a periodical payment calculated as follows:

- (a) where employees or classes of the economically active population are protected, in such a manner as to comply either with the requirements of Article 26 or with the requirements of Article 27;
- (b) where all residents or all residents whose means during the contingency do not exceed prescribed limits are protected, in such a manner as to comply with the requirements of Article 28.

### *Article 24*

1. The benefit specified in Article 23 shall, in a contingency covered, be secured at least--
  - (a) to a person protected whose breadwinner has completed, in accordance with prescribed rules, a qualifying period which may be 15 years of contribution or employment, or ten years of residence: Provided that, for a benefit payable to a widow, the completion of a prescribed qualifying period of residence by such widow may be required instead; or
  - (b) where, in principle, the wives and children of all economically active persons are protected, to a person protected whose breadwinner has completed, in accordance with prescribed rules, a qualifying period of three years of contribution and in respect of whose breadwinner, while he was of working age, the prescribed yearly average number or the yearly number of contributions has been paid.
2. Where the survivors' benefit is conditional upon a minimum period of contribution or employment, a reduced benefit shall be secured at least--
  - (a) to a person protected whose breadwinner has completed, in accordance with prescribed rules, a qualifying period of five years of contribution or employment; or
  - (b) where, in principle, the wives and children of all economically active persons are protected, to a person protected whose breadwinner has completed, in accordance with prescribed rules, a qualifying period of three years of contribution and in respect of whose breadwinner, while he was of working age, half of the yearly average number or

of the yearly number of contributions prescribed in accordance with subparagraph (b) of paragraph 1 of this Article has been paid.

3. The requirements of paragraph 1 of this Article shall be deemed to be satisfied where a benefit calculated in conformity with the requirements of Part V but at a percentage of ten points lower than shown in the Schedule appended to that Part for the standard beneficiary concerned is secured at least to a person protected whose breadwinner has completed, in accordance with prescribed rules, five years of contribution, employment or residence.
4. A proportional reduction of the percentage indicated in the Schedule appended to Part V may be effected where the qualifying period for the benefit corresponding to the reduced percentage exceeds five years of contribution, employment or residence but is less than 15 years of contribution or employment or ten years of residence; if such qualifying period is one of contribution or employment, a reduced benefit shall be payable in conformity with paragraph 2 of this Article.
5. The requirements of paragraphs 1 and 2 of this Article shall be deemed to be satisfied where a benefit calculated in conformity with the requirements of Part V is secured at least to a person protected whose breadwinner has completed, in accordance with prescribed rules, a qualifying period of contribution or employment which shall not be more than five years at a prescribed minimum age and may rise with advancing age to not more than a prescribed maximum number of years.

#### *Article 25*

The benefit specified in Articles 23 and 24 shall be granted throughout the contingency.

### **PART V.**

Standards to be complied with by periodical payments

#### *Article 26*

1. In the case of a periodical payment to which this Article applies, the rate of the benefit, increased by the amount of any family allowances payable during the contingency, shall be such as to attain, in respect of

the contingency in question, for the standard beneficiary indicated in the Schedule appended to this Part, at least the percentage indicated therein of the total of the previous earnings of the beneficiary or his breadwinner and of the amount of any family allowances payable to a person protected with the same family responsibilities as the standard beneficiary.

2. The previous earnings of the beneficiary or his breadwinner shall be calculated according to prescribed rules, and, where the persons protected or their breadwinners are arranged in classes according to their earnings, their previous earnings may be calculated from the basic earnings of the classes to which they belonged.
3. A maximum limit may be prescribed for the rate of the benefit or for the earnings taken into account for the calculation of the benefit, provided that the maximum limit is fixed in such a way that the provisions of paragraph 1 of this Article are complied with where the previous earnings of the beneficiary or his breadwinner are equal to or lower than the wage of a skilled manual male employee.
4. The previous earnings of the beneficiary or his breadwinner, the wage of the skilled manual male employee, the benefit and any family allowances shall be calculated on the same time basis.
5. For the other beneficiaries the benefit shall bear a reasonable relation to the benefit for the standard beneficiary.
6. For the purpose of this Article, a skilled manual male employee shall be--
  - (a) a fitter or turner in the manufacture of machinery other than electrical machinery; or
  - (b) a person deemed typical of skilled labour selected in accordance with the provisions of the following paragraph; or
  - (c) a person whose earnings are such as to be equal to or greater than the earnings of 75 per cent. of all the persons protected, such earnings to be determined on the basis of annual or shorter periods as may be prescribed; or
  - (d) a person whose earnings are equal to 125 per cent. of the average earnings of all the persons protected.



7. The person deemed typical of skilled labour for the purposes of subparagraph (b) of the preceding paragraph shall be a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question, or of the breadwinners of the persons protected, as the case may be, in the division comprising the largest number of such persons or breadwinners; for this purpose, the international standard industrial classification of all economic activities, adopted by the Economic and Social Council of the United Nations at its Seventh Session on 27 August 1948, as amended up to 1958 and reproduced in the Annex to this Convention, or such classification as at any time further amended, shall be used.
8. Where the rate of benefit varies by region, the skilled manual male employee may be determined for each region in accordance with paragraphs 6 and 7 of this Article.
9. The wage of the skilled manual male employee shall be determined on the basis of the rates of wages for normal hours of work fixed by collective agreements, by or in pursuance of national legislation, where applicable, or by custom, including cost-of-living allowances if any; where such rates differ by region but paragraph 8 of this Article is not applied, the median rate shall be taken.

#### *Article 27*

1. In the case of a periodical payment to which this Article applies, the rate of the benefit, increased by the amount of any family allowances payable during the contingency, shall be such as to attain, in respect of the contingency in question, for the standard beneficiary indicated in the Schedule appended to this Part, at least the percentage indicated therein of the total of the wage of an ordinary adult male labourer and of the amount of any family allowances payable to a person protected with the same family responsibilities as the standard beneficiary.
2. The wage of the ordinary adult male labourer, the benefit and any family allowances shall be calculated on the same time basis.
3. For the other beneficiaries, the benefit shall bear a reasonable relation to the benefit for the standard beneficiary.

4. For the purpose of this Article, the ordinary adult male labourer shall be--
  - (a) a person deemed typical of unskilled labour in the manufacture of machinery other than electrical machinery; or
  - (b) a person deemed typical of unskilled labour selected in accordance with the provisions of the following paragraph.
5. The person deemed typical of unskilled labour for the purpose of subparagraph (b) of the preceding paragraph shall be a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question, or of the breadwinners of the persons protected, as the case may be, in the division comprising the largest number of such persons or breadwinners; for this purpose the international standard industrial classification of all economic activities, adopted by the Economic and Social Council of the United Nations at its Seventh Session on 27 August 1948, as amended up to 1958 and reproduced in the Annex to this Convention, or such classification as at any time further amended, shall be used.
6. Where the rate of benefit varies by region, the ordinary adult male labourer may be determined for each region in accordance with paragraphs 4 and 5 of this Article.
7. The wage of the ordinary adult male labourer shall be determined on the basis of the rates of wages for normal hours of work fixed by collective agreements, by or in pursuance of national legislation, where applicable, or by custom, including cost-of-living allowances if any; where such rates differ by region but paragraph 6 of this Article is not applied, the median rate shall be taken.

#### *Article 28*

In the case of a periodical payment to which this Article applies--

- (a) the rate of the benefit shall be determined according to a prescribed scale or a scale fixed by the competent public authority in conformity with prescribed rules;
- (b) such rate may be reduced only to the extent by which the other means of the family of the beneficiary exceed prescribed substantial amounts or substantial amounts fixed by the competent public authority in conformity with prescribed rules;

- (c) the total of the benefit and any other means, after deduction of the substantial amounts referred to in subparagraph (b), shall be sufficient to maintain the family of the beneficiary in health and decency, and shall be not less than the corresponding benefit calculated in accordance with the requirements of Article 27;
- (d) the provisions of subparagraph (c) shall be deemed to be satisfied if the total amount of benefits paid under the Part concerned exceeds by at least 30 per cent. the total amounts of benefits which would be obtained by applying the provisions of Article 27 and the provisions of—
  - (i) Article 9, paragraph 1, subparagraph (b) for Part II;
  - (ii) Article 16, paragraph 1, subparagraph (b) for Part III;
  - (iii) Article 22, paragraph 1, subparagraph (b) for Part IV.

#### *Article 29*

1. The rates of cash benefits currently payable pursuant to Article 10, Article 17 and Article 23 shall be reviewed following substantial changes in the general level of earnings or substantial changes in the cost of living.
2. Each Member shall include the findings of such reviews in its reports upon the application of this Convention submitted under Article 22 of the Constitution of the International Labour Organisation, and shall specify any action taken.

## **PART VI. COMMON PROVISIONS**

#### *Article 30*

National legislation shall provide for the maintenance of rights in course of acquisition in respect of contributory invalidity, old-age and survivors' benefits under prescribed conditions.

#### *Article 31*

1. The payment of invalidity, old-age or survivors' benefit may be suspended, under prescribed conditions, where the beneficiary is engaged in gainful activity.

2. A contributory invalidity, old-age or survivors' benefit may be reduced where the earnings of the beneficiary exceed a prescribed amount; the reduction in benefit shall not exceed the earnings.
3. A non-contributory invalidity, old-age or survivors' benefit may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.

#### *Article 32*

1. A benefit to which a person protected would otherwise be entitled in compliance with any of Parts II to IV of this Convention may be suspended to such extent as may be prescribed—
  - (a) as long as the person concerned is absent from the territory of the Member, except, under prescribed conditions, in the case of a contributory benefit;
  - (b) as long as the person concerned is maintained at public expense or at the expense of a social security institution or service;
  - (c) where the person concerned has made a fraudulent claim;
  - (d) where the contingency has been caused by a criminal offence committed by the person concerned;
  - (e) where the contingency has been wilfully caused by the serious misconduct of the person concerned;
  - (f) in appropriate cases, where the person concerned, without good reason, neglects to make use of the medical or rehabilitation services placed at his disposal or fails to comply with rules prescribed for verifying the occurrence or continuance of the contingency or for the conduct of beneficiaries; and
  - (g) in the case of survivors' benefit for a widow, as long as she is living with a man as his wife.
2. In the case and within the limits prescribed, part of the benefit otherwise due shall be paid to the dependants of the person concerned.

#### *Article 33*

1. If a person protected is or would otherwise be eligible simultaneously for more than one of the benefits provided for in this Convention, these benefits may be reduced under prescribed conditions and within

prescribed limits; the person protected shall receive in total at least the amount of the most favourable benefit.

2. If a person protected is or would otherwise be eligible for a benefit provided for in this Convention and is in receipt of another social security cash benefit for the same contingency, other than a family benefit, the benefit under this Convention may be reduced or suspended under prescribed conditions and within prescribed limits, subject to the part of the benefit which is reduced or suspended not exceeding the other benefit.

#### *Article 34*

1. Every claimant shall have a right of appeal in the case of refusal of benefit or complaint as to its quality or quantity.
2. Procedures shall be prescribed which permit the claimant to be represented or assisted, where appropriate, by a qualified person of his choice or by a delegate of an organisation representative of persons protected.

#### *Article 35*

1. Each Member shall accept general responsibility for the due provision of the benefits provided in compliance with this Convention and shall take all measures required for this purpose.
2. Each Member shall accept general responsibility for the proper administration of the institutions and services concerned in the application of this Convention.

#### *Article 36*

Where the administration is not entrusted to an institution regulated by the public authorities or to a government department responsible to a legislature, representatives of the persons protected shall participate in the management under prescribed conditions; national legislation may likewise decide as to the participation of representatives of employers and of the public authorities.

## World Population Plan of Action 1974

The World Population Conference,

Having due regard for human aspirations for a better quality of life and for rapid socio-economic development,

Taking into consideration the interrelationship between population situations and socio-economic development,

Decides on the following World Population Plan of Action as a policy instrument within the broader context of the internationally adopted strategies for national and international progress:

### A. BACKGROUND TO THE PLAN

1. The promotion of development and improvement of quality of life require co-ordination of action in all major socio-economic fields including that of population, which is the inexhaustible source of creativity and a determining factor of progress. At the international level a number of strategies and programs whose explicit aim is to affect variables in fields other than population have already been formulated. These include the Provisional Indicative World Plan for Agricultural Development of the Food and Agriculture Organization of the United Nations, the United Nations/FAO World Food Program, the International Labour Organization's World Employment Program, the Action Plan for the Human Environment, the United Nations World Plan of Action for the Application of Science and Technology to Development, the Program of Concerted Action for the Advancement of Women, and, more comprehensively, the International Development Strategy for the Second United Nations Development Decade. The Declaration on the Establishment of a New International Economic Order and the Program of Action to achieve it, adopted by the United Nations General Assembly at its sixth special session (resolutions 3201 (S-VI) and 3202 (S-VI) of 1 May 1974), provide the most recent over-all framework for international co-operation. The explicit aim of the World Population Plan of Action is to help co-ordinate population trends

and the trends of economic and social development. The basis for an effective solution of population problems is, above all, socio-economic transformation. A population policy may have a certain success if it constitutes an integral part of socio-economic development; its contribution to the solution of world development problems is hence only partial, as is the case with the other sectoral strategies. Consequently, the Plan of Action must be considered as an important component of the system of international strategies and as an instrument of the international community for the promotion of economic development, quality of life, human rights and fundamental freedoms.

2. The formulation of international strategies is a response to universal recognition of the existence of important problems in the world and the need for concerted national and international action to achieve their solution. Where trends of population growth, distribution and structure are out of balance with social, economic and environmental factors, they can at certain stages of development, create additional difficulties for the achievement of sustained development. Policies whose aim is to affect population trends must not be considered substitutes for socio-economic development policies but as being integrated with those policies in order to facilitate the solution of certain problems facing both developing and developed countries and to promote a more balanced and rational development.
3. Throughout history the rate of growth of world population averaged only slightly above replacement levels. The recent increase in the growth rate began mainly as a result of the decline in mortality during the past few centuries, a decline that has accelerated significantly during recent decades. The inertia of social structures and the insufficiency of economic progress, especially when these exist in the absence of profound socio-cultural changes, partly explain why in the majority of developing countries the decline in mortality has not been accompanied by a parallel decline in fertility. Since about 1950, the world population growth rate has risen to 2 per cent a year. If sustained, this will result in a doubling of the world's population every 35 years. However, national rates of natural growth range widely, from a negative rate to well over 3 per cent a year.
4. The consideration of population problems cannot be reduced to the analysis of population trends only. It must also be borne in mind that the present situation of the developing countries originates in the unequal

processes of socio-economic development which have divided peoples since the beginning of the modern era. This inequity still exists and is intensified by lack of equity in international economic relations with consequent disparity in levels of living.

5. Although acceleration in the rate of growth of the world's population is mainly the result of very large declines in the mortality of developing countries, those declines have been unevenly distributed. Thus, at present, average expectation of life at birth is 63 years in Latin America, 57 years in Asia and only a little over 46 years in Africa, compared with more than 71 years in the developed regions. Furthermore, although on average less than one in 40 children dies before reaching the age of 1 year in the developed regions, 1 in 15 dies before reaching that age in Latin America, 1 in 10 in Asia and 1 in 7 in Africa. In fact, in some developing regions, and particularly in African countries, average expectation of life at birth is estimated to be less than 40 years and 1 in 4 children dies before the age of 1 year. Consequently, many developing countries consider reduction of mortality, and particularly reduction of infant mortality, to be one of the most important and urgent goals.

...

12. Declining birth rates also result in a gradual aging of the population. Because birth rates have already declined in developed countries, the average proportion of the population aged 65 years and over in these countries makes up 10 per cent of the total population, whereas it makes up only 3 per cent in developing countries. However, aging of the population in developing countries has recently begun, and is expected to accelerate. Thus, although the total population of these countries is projected to increase by an average of 2.3 per cent a year between 1970 and 2000, the population 65 years and over is expected to increase by 3.5 per cent a year. Not only are the numbers and proportions of the aged increasing rapidly but the social and economic conditions which face them are also rapidly changing. There is an urgent need, in those countries where such programs are lacking, for the development of social security and health programs for the elderly.

...

32. While recognizing the diversity of social, cultural, political and economic conditions among countries and regions, it is nevertheless agreed that



the following development goals generally have an effect on the socio-economic context of reproductive decisions that tends to moderate fertility levels:

. . . .

- (e) The elimination of child labour and child abuse and the establishment of social security and old-age benefits;

. . . . .

## C. RECOMMENDATIONS FOR ACTION

### *Population structure*

- 63. All Governments are urged, when formulating their development policies and programs, to take fully into account the implications of changing numbers and proportions of youth, working-age groups and the aged, particularly where such changes are rapid. Countries should study their population structures to determine the most desirable balance among age groups.

. . .

- 66. Similarly, the other countries are urged to consider the contrary implications of the combination of their aging structure with moderate to low or very low fertility. All countries should carry out as part of their development programs, comprehensive, humanitarian and just programs of social security for the elderly.
- 67. In undertaking settlement and resettlement schemes and urban planning, Governments are urged to give adequate attention to questions of age and sex balance and, particularly, to the welfare of the family.

## ILO Older Workers Recommendation R162, 1980

The General Conference of the International Labour Organization,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Sixty-sixth Session on 4 June 1980, and

Recalling that the Discrimination (Employment and Occupation) Convention and Recommendation, 1958, do not include age among the grounds for discrimination listed therein, but provide for possible additions to the list, and

Recalling the specific provisions relating to older workers in the Employment Policy Recommendation, 1964, and in the Human Resources Development Recommendation, 1975, and

Recalling the terms of existing instruments relating to the social security of older persons, in particular the Invalidity, Old-Age and Survivors' Benefits Convention and Recommendation, 1967, and

Recalling also the provisions of article 6, paragraph (3), of the Declaration on Equality of Opportunity and Treatment for Women Workers, adopted by the International Labour Conference at its Sixtieth Session in 1975, and

Considering it desirable to supplement the existing instruments with standards on equality of opportunity and treatment for older workers, on their protection in employment and on preparation for and access to retirement, and

Having decided upon the adoption of certain proposals with regard to older workers: work and retirement, which is the fourth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation,

Adopts this twenty-third day of June of the year one thousand nine hundred and eighty, the following Recommendation, which may be cited as the Older Workers Recommendation, 1980:

## **I. General Provisions**

1.
  1. This Recommendation applies to all workers who are liable to encounter difficulties in employment and occupation because of advancement in age.
  2. In giving effect to this Recommendation, a more precise definition of the workers to whom it applies, with reference to specific age categories, may be adopted in each country, in a manner consistent with national laws, regulations and practice and appropriate under local conditions.
  3. The workers to whom this Recommendation applies are referred to herein as older workers.
2. Employment problems of older workers should be dealt with in the context of an over-all and well balanced strategy for full employment and, at the level of the undertaking, of an over-all and well balanced social policy, due attention being given to all population groups, thereby ensuring that employment problems are not shifted from one group to another.

## **II. Equality of Opportunity and Treatment**

3. Each Member should, within the framework of a national policy to promote equality of opportunity and treatment for workers, whatever their age, and of laws and regulations and of practice on the subject, take measures for the prevention of discrimination in employment and occupation with regard to older workers.
4. Each Member should, by methods appropriate to national conditions and practice:
  - a. Make provision for the effective participation of employers' and workers' organizations in formulating the policy referred to in Paragraph 3 of this Recommendation;
  - b. Make provision for the effective participation of employers' and workers' organizations in promoting the acceptance and observance of this policy;
  - c. Enact such legislation and/or promote such programmes as may be calculated to secure the acceptance and observance of the policy.

5. Older workers should, without discrimination by reason of their age, enjoy equality of opportunity and treatment with other workers as regards, in particular:
  - a. Access to vocational guidance and placement services;
  - b. Access, taking account of their personal skills, experience and qualifications, to:
    - i. Employment of their choice in both the public and private sectors: Provided that in exceptional cases age limits may be set because of special requirements, conditions or rules of certain types of employment;
    - ii. Vocational training facilities, in particular further training and retraining;
    - iii. Paid educational leave, in particular for the purpose of training and trade union education;
    - iv. Promotion and eligibility for distribution of tasks;
  - c. Employment security, subject to national law and practice relating to termination of employment and subject to the results of the examination referred to in Paragraph 22 of this Recommendation;
  - d. Remuneration for work of equal value;
  - e. Social security measures and welfare benefits;
  - f. Conditions of work, including occupational safety and health measures;
  - g. Access to housing, social services and health institutions, in particular when this access is related to occupational activity or employment.
6. Each Member should examine relevant statutory provisions and administrative regulations and practices in order to adapt them to the policy referred to in Paragraph 3 of this Recommendation.
7. Each Member should, by methods appropriate to national conditions and practice:
  - a. Ensure as far as possible the observance of the policy referred to in Paragraph 3 of this Recommendation in all activities under the direction or control of a public authority;
  - b. Promote the observance of that policy in all other activities, in co-operation with employers' and workers' organizations and any other bodies concerned.

8. Older workers and trade union organizations as well as employers and their organizations should have access to bodies empowered to examine and investigate complaints regarding equality of opportunity and treatment, with a view to securing the correction of any practices regarded as in conflict with the policy.
9. All appropriate measures should be taken to ensure that guidance, training and placement services provide older workers with the facilities, advice and assistance they may need to enable them to take full advantage of equality of opportunity and treatment.
10. Application of the policy referred to in Paragraph 3 of this Recommendation should not adversely affect such special protection or assistance for older workers as is recognized to be necessary.

### **III. Protection**

11. Within the framework of a national policy to improve working conditions and the working environment at all stages of working life, measures appropriate to national conditions and practice designed to enable older workers to continue in employment under satisfactory conditions should be devised, with the participation of the representative organizations of employers and workers.
12.
  1. Studies should be undertaken, with the participation of employers' and workers' organizations, in order to identify the types of activity likely to hasten the ageing process or in which older workers encounter difficulties in adapting to the demands of their work, to determine the reasons, and to devise appropriate solutions.
  2. These studies may be part of a general system for evaluating jobs and corresponding skills.
  3. The results of the studies should be widely disseminated, in particular to employers' and workers' organizations, and, as the case may be, through them to the older workers concerned.
13. Where the reasons for the difficulties in adaptation encountered by older workers are mainly related to advancement in age, measures in respect of the type of activity in question should to the extent practicable be applied so as to:

- a. Remedy those conditions of work and of the working environment that are likely to hasten the ageing process;
  - b. Modify the forms of work organization and working time which lead to stress or to an excessive pace of work in relation to the possibilities of the workers concerned, in particular by limiting overtime;
  - c. Adapt the job and its content to the worker by recourse to all available technical means and, in particular, to ergonomic principles, so as to preserve health, prevent accidents and maintain working capacity;
  - d. Provide for a more systematic supervision of the workers' state of health;
  - e. Provide for such supervision on the job as is appropriate for preserving the workers' safety and health.
14. Among the measures to give effect to Paragraph 13, clause (b), of this Recommendation, the following might be taken at the level of the undertaking, after consulting the workers' representatives or with the participation of their representative organizations, or through collective bargaining, according to the practice prevailing in each country:
- a. Reducing the normal daily and weekly hours of work of older workers employed on arduous, hazardous or unhealthy work;
  - b. Promoting the gradual reduction of hours of work, during a prescribed period prior to the date on which they reach the age normally qualifying workers for an old-age benefit, of all older workers who request such reduction;
  - c. Increasing annual holidays with pay on the basis of length of service or of age;
  - d. Enabling older workers to organise their work time and leisure to suit their convenience, particularly by facilitating their part-time employment and providing for flexible working hours;
  - e. Facilitating the assignment of older workers to jobs performed during normal day-time working hours after a certain number of years of assignment to continuous or semi-continuous shift work.
15. Every effort should be made to meet the difficulties encountered by older workers through guidance and training measures such as those provided for in Paragraph 50 of the Human Resources Development Recommendation, 1975.

16. With the participation of the representative organisations of employers and workers, measures should be taken with a view to applying to older workers, wherever possible, systems of remuneration adapted to their needs.
  2. These measures might include:
    - a. Use of systems of remuneration that take account not only of speed of performance but also of know-how and experience;
    - b. The transfer of older workers from work paid by results to work paid by time.
17. Measures might also be taken to make available to older workers if they so desire other employment opportunities in their own or in another occupation in which they can make use of their talents and experience, as far as possible without loss of earnings.
18. In cases of reduction of the workforce, particularly in declining industries, special efforts should be made to take account of the specific needs of older workers, for instance by facilitating retraining for other industries, by providing assistance in securing new employment or by providing adequate income protection or adequate financial compensation.
19. Special efforts should be made to facilitate the entry or re-entry into employment of older persons seeking work after having been out of employment due to their family responsibilities.

#### **IV. Preparation for and Access to Retirement**

20. For the purposes of this Part of this Recommendation:
  - a. The term prescribed means determined by or in virtue of one of the means of action referred to in Paragraph 31 of this Recommendation;
  - b. The term old-age benefit means a benefit provided in the case of survival beyond a prescribed age;
  - c. The term retirement benefit means old-age benefit the award of which is subject to the cessation of any gainful activity;
  - d. The expression age normally qualifying workers for an old-age benefit means the prescribed age for award of old-age benefit with reference to which such an award can be either advanced or postponed;
  - e. The term long-service benefit means a benefit the grant of which

depends only upon the completion of a long qualifying period, irrespective of age;

- f. The term qualifying period means a period of contribution, or a period of employment, or a period of residence, or any combination thereof, as may be prescribed.
21. Wherever possible, measures should be taken with a view to:
    - a. Ensuring that, in a framework allowing for a gradual transition from working life to freedom of activity, retirement is voluntary;
    - b. Making the age qualifying for an old-age pension flexible.
  22. Legislative and other provisions making mandatory the termination of employment at a specified age should be examined in the light of the preceding Paragraph and Paragraph 3 of this Recommendation.
  23.
    1. Subject to its policy regarding special benefits, each Member should endeavor to ensure that older workers whose hours of work are gradually reduced and reach a prescribed level, or who start to work on a part-time basis, receive, during a prescribed period prior to the date on which they reach the age normally qualifying workers for an old-age benefit, a special benefit in partial or full compensation for the reduction in their remuneration.
    2. The amount and conditions of the special benefit referred to in subparagraph (1) of this Paragraph should be prescribed; where appropriate, the special benefit should be treated as earnings for the purpose of calculating old-age benefit and the period during which it is paid should be taken into account in such calculation.
    3. Older workers who are unemployed during a prescribed period prior to the date on which they reach the age normally qualifying workers for an old-age benefit should, where an unemployment benefit scheme exists, continue until such date to receive unemployment benefit or adequate income maintenance.
    4. Alternatively, older workers who have been unemployed for at least one year should be eligible for an early retirement benefit during a prescribed period prior to the date on which they reach the age normally qualifying workers for an old-age benefit; the grant of early retirement benefit should not be made dependent upon a qualifying period longer than that required at the age normally qualifying



workers for an old-age benefit and its amount, corresponding to that of the benefit the worker concerned would have received at that age, should not be reduced to offset the probable longer duration of payment, but, for the purpose of calculating this amount, the period separating the actual age from the age normally qualifying workers for an old-age benefit need not be included in the qualifying period.

24.

1. Older workers who:
  - a. Have been engaged in occupations that are deemed arduous or unhealthy, for the purpose of old-age benefit, by national laws or regulations or national practice, or
  - b. Are recognized as being unfit for work to a degree prescribed, should be eligible, during a prescribed period prior to the date on which they reach the age normally qualifying workers for an old-age benefit, for an early retirement benefit the grant of which may be made dependent upon a prescribed qualifying period; the amount of the benefit, corresponding to that of the benefit the worker concerned would have received at the age normally qualifying workers to an old-age benefit, should not be reduced to offset the probable longer duration of payment, but, for the purpose of calculating this amount, the period separating the actual age from the age normally qualifying workers for an old-age benefit need not be included in the qualifying period.
2. The provisions of subparagraph (1) of this Paragraph do not apply to:
  - a. Persons in receipt of an invalidity or other pension on grounds of incapacity for work corresponding to a degree of invalidity or incapacity at least equal to that required to qualify for an early retirement benefit;
  - b. Persons for whom adequate provision is made through occupational pension schemes or other social security benefits.

25. Older workers to whom Paragraphs 24 and 25 do not apply should be eligible for an early old-age benefit during a prescribed period prior to the date on which they reach the age normally qualifying workers for an old-age benefit, subject to such reductions as may be made in the amount of any periodical old-age benefit they would have received at that age.

26. Under schemes in which the grant of an old-age benefit depends on the payment of contributions or on a period of occupational activity, older workers who have completed a prescribed qualifying period should be entitled to receive a long-service benefit.
27. The provisions of Paragraphs 26 and 27 of this Recommendation need not be applied by schemes in which workers can qualify for an old-age benefit at the age of sixty-five or earlier.
28. Older workers who are fit for work should be able to defer their claim to an old-age benefit beyond the age normally qualifying workers for such a benefit, for example either for the purpose of satisfying all qualifying conditions for benefit or with a view to receiving benefit at a higher rate taking account of the later age at which the benefit is taken and, as the case may be, of the additional work or contributions.
29.
  1. Retirement preparation programs should be implemented during the years preceding the end of working life with the participation or representative organizations of employers and workers and other bodies concerned. In this connection, account should be taken of the Paid Educational Leave Convention, 1974.
  2. Such programs should, in particular, enable the persons concerned to make plans for their retirement and to adapt to the new situation by providing them with information on:
    - a. Income and, in particular, the old-age benefit they can expect to receive, their tax status as pensioners, and the related advantages available to them such as medical care, social services and any reduction in the cost of certain public services;
    - b. The opportunities and conditions for continuing an occupational activity, particularly on a part-time basis, and on the possibility of establishing themselves as self-employed;
    - c. The ageing process and measures to attenuate it such as medical examinations, physical exercise and appropriate diet;
    - d. How to use leisure time;
    - e. The availability of facilities for the education of adults, whether for coping with the particular problems of retirement or for maintaining or developing interests and skills.

## V. Implementation

31. Effect may be given to this Recommendation, by stages as necessary, through laws or regulations or collective agreements or in any other manner consistent with national practice and taking account of national economic and social conditions.
32. Appropriate measures should be taken with a view to informing the public and, more particularly, those responsible for guidance, training, placement and the social services concerned, as well as employers, workers and their respective organizations, of the problems which older workers may encounter in respect, in particular, of the matters dealt with in Paragraph 5 of this Recommendation and of the desirability of helping them to overcome such problems.
33. Measures should be taken to ensure that older workers are fully informed of their rights and opportunities and encouraged to avail themselves of them.

## World Medical Association Declaration on the Abuse of the Elderly, 1989

Elderly people may suffer pathological problems such as motor disturbances and psychic and orientation disorders. As a result of such problems, elderly patients may require assistance with their daily activities which, in turn can lead to a state of dependence. Such a situation may cause their families and the community to consider them to be a burden and to limit care and services to a minimum. It is against this background that the subject of abuse of the elderly must be considered.

Abuse of the elderly can be manifested in a variety of ways, such as physical, psychological, and financial and/or material, medical abuse or self-neglect. Variations in the definition of elder abuse present difficulties in comparing findings on the nature and causes of the problem. A number of preliminary hypotheses have been proposed on the etiology of elder abuse, including: dependency on others to provide services; lack of close family ties; family violence; lack of financial resources; psychopathology of the abuser; lack of community support, and institutional factors such as low pay and poor working conditions that contribute to pessimistic attitudes of caretakers, resulting in neglect of the elderly.

The phenomenon of elder abuse is becoming increasingly recognized by both medical facilities and social agencies. Physicians played a prominent role in the child abuse movement by defining and publicizing the problem and in shaping public policy. Elder abuse, however, has just recently attracted the attention of the medical profession. The first step in preventing elder abuse and neglect is to increase levels of awareness and knowledge among physicians and other health professionals. Once high-risk individuals and families have been identified, physicians can participate in the primary prevention of maltreatment by making referrals to appropriate community and social service centers. Physicians may also participate by providing support and information on high risk situations directly to patients and their families.

The World Medical Association therefore adopts the following General Principles relating to abuse of the elderly.

## GENERAL PRINCIPLES

1. The elderly have the same rights to care, welfare and respect as other human beings.
2. The World Medical Association recognizes that it is the physicians' responsibility to help prevent the physical and psychological abuse of elderly patients.
3. Physicians whether consulted by an aged person directly, the nursing home or the family will see that the patient receives the best possible care.
4. If in terms of this statement physicians verify or suspect ill treatment, they will discuss the situation with those in charge, be it the nursing home or the family. If ill treatment is confirmed, or death is considered to be suspicious, they will report to the relevant authorities.
5. To guarantee protection of the elderly in any environment there should be no restrictions on their right of free choice of physician. National member associations will strive to make certain that such free choice is preserved within the socio-medical system.

The World Medical Association also makes the following recommendations to physicians involved in treating the elderly, and urges all National Medical Associations to publicize this Declaration to their members and the public.

## RECOMMENDATIONS

*Physicians involved in treating the elderly should:*

- Identify the elder who may have been abused and/or neglected
- Identify the elder who may have been abused and/or neglected
- Remain objective and nonjudgmental
- Attempt to establish or maintain a therapeutic alliance with the family (often the physician is the only professional who maintains long-term contact with the patient and the family)
- Report all suspected cases of elder abuse and/or neglect in accordance with local statutes
- Encourage the development and utilization of supportive community resources that provide in-home services, respite care, and stress reduction with high-risk families.

## Hamburg Declaration on Adult Learning, 1997

1. We, the participants in the Fifth International Conference on Adult Education, meeting in the Free and Hanseatic City of Hamburg, reaffirm that only human-centered development and a participatory society based on the full respect of human rights will lead to sustainable and equitable development. The informed and effective participation of men and women in every sphere of life is needed if humanity is to survive and to meet the challenges of the future.
2. Adult education thus becomes more than a right; it is a key to the twenty-first century. It is both a consequence of active citizenship and a condition for full participation in society. It is a powerful concept for fostering ecologically sustainable development, for promoting democracy, justice, gender equity, and scientific, social and economic development, and for building a world in which violent conflict is replaced by dialogue and a culture of peace based on justice. Adult learning can shape identity and give meaning to life. Learning throughout life implies a rethinking of content to reflect such factors as age, gender equality, disability, language, culture and economic disparities.
3. Adult education denotes the entire body of ongoing learning processes, formal or otherwise, whereby people regarded as adults by the society to which they belong develop their abilities, enrich their knowledge, and improve their technical or professional qualifications or turn them in a new direction to meet their own needs and those of their society. Adult learning encompasses both formal and continuing education, non-formal learning and the spectrum of informal and incidental learning available in a multicultural learning society, where theory- and practice-based approaches are recognized.
4. Though the content of adult learning and of education for children and adolescents will vary according to the economic, social, environmental and cultural context, and the needs of the people in the societies in which they take place, both are necessary elements of a new vision of education in which learning becomes truly lifelong. The perspective of learning throughout life commands such complementarity and continuity. The potential contribution of adult and continuing education

to the creation of an informed and tolerant citizenry, economic and social development, the promotion of literacy, the alleviation of poverty and the preservation of the environment is enormous and should, therefore, be built upon.

5. The objectives of youth and adult education, viewed as a lifelong process, are to develop the autonomy and the sense of responsibility of people and communities, to reinforce the capacity to deal with the transformations taking place in the economy, in culture and in society as a whole, and to promote coexistence, tolerance and the informed and creative participation of citizens in their communities, in short to enable people and communities to take control of their destiny and society in order to face the challenges ahead. It is essential that approaches to adult learning be based on people's own heritage, culture, values and prior experiences and that the diverse ways in which these approaches are implemented enable and encourage every citizen to be actively involved and to have a voice.
6. This Conference recognizes the diversity of political, economic and social systems and governmental structures among Member States. In accordance with that diversity and to ensure full respect for human rights and fundamental freedoms, this Conference acknowledges that the particular circumstances of Member States will determine the measures governments may introduce to further the spirit of our objectives.
7. The representatives of governments and organizations participating in the Fifth International Conference on Adult Education have decided to explore together the potential and the future of adult learning, broadly and dynamically conceived within a framework of lifelong learning.
8. During the present decade, adult learning has undergone substantial changes and experienced enormous growth in scope and scale. In the knowledge-based societies that are emerging around the world, adult and continuing education have become an imperative in the community and at the workplace. New demands from society and working life raise expectations requiring each and every individual to continue renewing knowledge and skills throughout the whole of his or her life. At the heart of this transformation is a new role for the state and the emergence of

expanded partnerships devoted to adult learning within civil society. The state remains the essential vehicle for ensuring the right to education for all, particularly for the most vulnerable groups of society, such as minorities and indigenous peoples, and for providing an overall policy framework. Within the new partnership emerging between the public, the private and the community sectors, the role of the state is shifting. It is not only a provider of adult education services but also an adviser, a funder, and a monitoring and evaluation agency. Governments and social partners must take the necessary measures to support individuals in expressing their educational needs and aspirations, and in gaining access to educational opportunities throughout their lives. Within governments, adult education is not confined to ministries of education; all ministries are engaged in promoting adult learning, and interministerial co-operation is essential. Moreover, employers, unions, non-governmental and community organizations, and indigenous people's and women's groups are involved and have a responsibility to interact and create opportunities for lifelong learning, with provision for recognition and accreditation.

9. Basic education for all means that people, whatever their age, have an opportunity, individually and collectively, to realize their potential. It is not only a right, it is also a duty and a responsibility both to others and to society as a whole. It is essential that the recognition of the right to education throughout life should be accompanied by measures to create the conditions required to exercise this right. The challenges of the twenty-first century cannot be met by governments, organizations or institutions alone; the energy, imagination and genius of people and their full, free and vigorous participation in every aspect of life are also needed. Youth and adult learning is one of the principal means of significantly increasing creativity and productivity, in the widest sense of those terms, and these in turn are indispensable to meeting the complex and interrelated problems of a world beset by accelerating change and growing complexity and risk.
10. The new concept of youth and adult education presents a challenge to existing practices because it calls for effective networking within the formal and non-formal systems, and for innovation and more creativity and flexibility. Such challenges should be met by new approaches to adult education within the concept of learning throughout life. Promoting



learning, using mass media and local publicity, and offering impartial guidance are responsibilities for governments, social partners and providers. The ultimate goal should be the creation of a learning society committed to social justice and general well-being.

11. Adult literacy. Literacy, broadly conceived as the basic knowledge and skills needed by all in a rapidly changing world, is a fundamental human right. In every society literacy is a necessary skill in itself and one of the foundations of other life skills. There are millions, the majority of whom are women, who lack opportunities to learn or who have insufficient skills to be able to assert this right. The challenge is to enable them to do so. This will often imply the creation of preconditions for learning through awareness-raising and empowerment. Literacy is also a catalyst for participation in social, cultural, political and economic activities, and for learning throughout life. We therefore commit ourselves to ensuring opportunities for all to acquire and maintain literacy skills, and to create in all Member States a literate environment to support oral culture. The provision of learning opportunities for all, including the unreached and the excluded, is the most urgent concern. The Conference welcomes the initiative for a literacy decade in honour of Paulo Freire, to begin in 1998.
12. Recognition of the right to education and the right to learn throughout life is more than ever a necessity; it is the right to read and write, the right to question and analyse, the right to have access to resources, and to develop and practise individual and collective skills and competences.
13. Women's integration and empowerment. Women have a right to equal opportunities; society, in turn, depends on their full contribution in all fields of work and aspects of life. Youth and adult learning policies should be responsive to local cultures and give priority to expanding educational opportunities for all women, while respecting their diversity and eliminating prejudices and stereotypes that both limit their access to youth and adult education and restrict the benefits they derive from them. Any attempts to restrict women's right to literacy, education and training must be considered unacceptable. Practices and measures should be taken to counter them.

14. Culture of peace and education for citizenship and democracy. One of the foremost challenges of our age is to eliminate the culture of violence and to construct a culture of peace based on justice and tolerance within which dialogue, mutual recognition and negotiation will replace violence, in homes and communities, within nations and between countries.
15. Diversity and equality. Adult learning should reflect the richness of cultural diversity and respect traditional and indigenous peoples' knowledge and systems of learning; the right to learn in the mother tongue should be respected and implemented. Adult education faces an acute challenge in preserving and documenting the oral wisdom of minority groups, indigenous peoples and nomadic peoples. In turn, intercultural education should encourage learning between and about different cultures in support of peace, human rights and fundamental freedoms, democracy, justice, liberty, coexistence and diversity.
16. Health. Health is a basic human right. Investments in education are investments in health. Lifelong learning can contribute substantially to the promotion of health and the prevention of disease. Adult education offers significant opportunities to provide relevant, equitable and sustainable access to health knowledge.
17. Environmental sustainability. Education for environmental sustainability should be a lifelong learning process which recognizes that ecological problems exist within a socio-economic, political and cultural context. A sustainable future cannot be achieved without addressing the relationship between environmental problems and current development paradigms. Adult environmental education can play an important role in sensitizing and mobilizing communities and decision-makers towards sustained environmental action.
18. Indigenous education and culture. Indigenous peoples and nomadic peoples have the right of access to all levels and forms of education provided by the state. However, they are not to be denied the right to enjoy their own culture, or to use their own languages. Education for indigenous peoples and nomadic peoples should be linguistically and culturally appropriate to their needs and should facilitate access to further education and training.

19. Transformation of the economy. Globalization, changes in production patterns, rising unemployment and the difficulty of ensuring secure livelihoods call for more active labour policies and increased investment in developing the necessary skills to enable men and women to participate in the labour market and income-generating activities.
20. Access to information. The development of the new information and communication technologies brings with it new risks of social and occupational exclusion for groups of individuals and even businesses which are unable to adapt to this context. One of the roles of adult education in the future should therefore be to limit these risks of exclusion so that the information society does not lose sight of the human dimension.
21. The ageing population. There are now more older people in the world in relation to the total population than ever before, and the proportion is still rising. These older adults have much to contribute to the development of society. Therefore, it is important that they have the opportunity to learn on equal terms and in appropriate ways. Their skills and abilities should be recognized, valued and made use of.
22. In line with the Salamanca Statement, integration and access for people with disabilities should be promoted. Disabled persons have the right to equitable learning opportunities which recognize and respond to their educational needs and goals, and in which appropriate learning technology matches their special learning needs.
23. We must act with the utmost urgency to increase and guarantee national and international investment in youth and adult learning, and the commitment of private and community resources to them. The Agenda for the Future which we have adopted here is designed to achieve this end.
24. We call upon UNESCO as the United Nations lead agency in the field of education to play the leading role in promoting adult education as an integral part of a system of learning and to mobilize the support of all partners, particularly those within the United Nations system, in order to give priority to implementing the Agenda for the Future and to facilitating provision of the services needed for reinforcing international co-ordination and co-operation.

25. We urge UNESCO to encourage Member States to adopt policies and legislation that are favourable to and accommodate people with disabilities in educational programmes, as well as being sensitive to cultural, linguistic, gender and economic diversity.
26. We solemnly declare that all parties will closely follow up the implementation of this Declaration and the Agenda for the Future, clearly distinguishing their respective responsibilities and complementing and co-operating with one another. We are determined to ensure that lifelong learning will become a more significant reality in the early twenty-first century. To that end, we commit ourselves to promoting the culture of learning through the “one hour a day for learning” movement and the development of a United Nations Week of Adult Learning.
27. We, gathered together in Hamburg, convinced of the necessity of adult learning, pledge that all men and women shall be provided with the opportunity to learn throughout their lives. To that end, we will forge extended alliances to mobilize and share resources in order to make adult learning a joy, a tool, a right and a shared responsibility.

## Adelaide Declaration on Ageing, 1997

### *A Message for World Leaders*

We, participants in the 1997 World Congress of Gerontology, met in Adelaide, Australia, as a community of practitioners, scholars, public officials and citizens of 60 nations from throughout the world. We reported current research results on ageing and information on advances in gerontological education, policy, planning and practice.

The findings reported at this Congress led us to a profound concern for the future prospects for quality of life of older people everywhere.

The phenomenal, unprecedented rate and scale of population ageing world wide, especially in the developing world, is widely appreciated. This greater understanding of the issue of global ageing needs to be accompanied by a more effective plan of action by governments throughout the world.

To more effectively address the challenges posed by this massive global demographic change we call for a fundamental shift from the traditional narrow perception of individual and population ageing. In almost all policy statements, writings, and research findings 'the old', however defined, are distinguished from the 'non-old'. Such arbitrary categorization overlooks the universality of ageing and the continuous evolution of the experience of ageing in a rapidly changing world. While the main focus in gerontology has been on the later stages of human life we stress the importance of lifelong individual development to achieve successful ageing.

In the future more attention also should be paid to intergenerational issues, human rights, cultural variation, gender differences, and the rich diversity of older people in all respects. It is also important to address the relationship between population ageing and societal development.

During the Adelaide Congress, major problems, threats and challenges to the well-being of ageing populations were identified. These problems and challenges, if not addressed effectively, could undermine the possibility for current and future generations to live out their natural lives in security and dignity. Some major threats, such as war and environmental catastrophes,

affect whole populations, but even here it is those at the extremes of life who are most vulnerable and likely to suffer most.

Critical issues that have a pronounced impact on ageing persons include risks associated with poverty, malnutrition, disease, marginalization, abuse and neglect. The removal or at least significant lessening of these barriers is fundamental to the attainment of an optimal quality of life for ageing populations.

We have identified key issues and actions that should be supported and pursued by governments to improve quality of life and well being for people as they age. From a gerontological perspective, we list what we consider to be the most important of these below and urge that action be taken now at global, regional, national and local levels to respond positively to these challenges.

### *Research*

Advancement of knowledge of ageing through biological, behavioral, social, technological and clinical research is central and critical to the improvement and maintenance of quality of life in later years. Research into major burdens of ageing, such as Alzheimer's Disease, is already yielding strategies to lessen the burden of morbidity and disability associated with ageing. Other specific effective preventive and therapeutic measures are within our grasp.

Basic, applied and strategic research related to ageing should be actively encouraged. A greater proportional allocation of funds for research in ageing related fields is urgently required.

All governments should ensure that there are effective systems for monitoring national demographic and epidemiological trends to take account of changing age structures and consequent social, health and economic implications.

Results of monitoring and research should be more clearly and effectively analysed and presented to better inform policy and decision makers.

Cross-disciplinary research consistent with the multidimensional aspects of ageing should be actively supported and encouraged by funding bodies.

All educators and practitioners working in ageing should be trained to have an understanding of research methodologies and be skilled in critical assessment and application of research findings.

### *Education*

Education is fundamental to the improvement of quality of life and well-being of all. Life long learning and education about aging should be an integral part of formal education curricula at every level.

The general public of all ages should be educated to dispel prevalent negative beliefs, myths and stereotypes of ageing.

The media can be a powerful tool to improve information, knowledge and perceptions of ageing in the community and should be more effectively employed for this purpose.

Ageing persons should themselves be empowered to ensure their capacity for self-help and independence and enable them to make informed choices about all aspects of life.

The role of older persons as educators in the community should be taken into account and a respect for wisdom and experience restored.

Appropriate education and training should be ensured for both formal and informal caregivers to deal effectively and positively with issues associated with ageing. At all levels, and across disciplines, formal education should incorporate an appreciation of similarities and differences among people of different ages.

### *Policies and Practice*

Governments have an obligation to establish a sound policy framework for the development of services for an ageing population that meet basic principles and obligations for all human services.

Policies and programs on ageing should have a sound scientific and ethical basis.

Evidence-based practice should be promoted as it identifies relationships between interventions and outcomes. This supports more effective and responsible use of limited resources.

All practice should include elements of research to develop the evidence-base for interventions and to provide the framework for continuous quality improvement.

Interdisciplinary practice recognizes the importance of the whole range of influences upon older individuals including psychological, social, cultural, economic and environmental. It is important to take account of all of these in assessment and care.

Services should encourage and support older persons in maintaining an active and participatory life-style and encourage them to take the lead in pursuing the improvement and maintenance of their own health and well-being.

There is a need to recognize the integral role of the family and other forms of informal social support of older persons.

Maintenance of the individual in their chosen environment must be the primary objective of care programs for older persons.

We voice the need for immediate action through research, policy, education, training and practice. The 1999 Year of Older Persons with its theme 'Towards a Society for all Ages' provides an excellent vehicle for concerted action at the global level. Governments, international agencies and organizations representing older persons should work in partnership with gerontologists worldwide to ensure success in establishing and attaining positive goals for 1999 and beyond.

It is crucial that the evidence before us now be effectively used and interpreted to support policy and decision makers in implementing practices that provide measurable benefits in ensuring an optimal quality of life for older persons now and in the future.

Finally, we strongly emphasize the importance of research at all levels to support the further development of sound policies, education, training and practice. We believe that future directions in all fields related to ageing should be informed by the best research available. Investment now in a sound and considered research agenda will benefit not only older people of the immediate future but many generations to come. We therefore call on the International Association of Gerontology in partnership with the UN program on ageing and other concerned parties to actively collaborate in the development, pursuit and realization of such an agenda for the twenty-first-century.



## Iran's First International Conference on Ageing, 1999

This conference was convened to honour "The International Year for Older Persons, 1999" and for the purpose of promoting human principles and exploring new ways of better understanding the elderly and the aging phenomenon. In this conference 96 papers were presented during 6 plenary and 8 specialized sessions on the following themes:

- 1 - Social Issues of Aging
- 2 - Medical issues of Aging
- 3 - Psychological and Emotional Issues of Aging
- 4 - Environmental issues of Aging
- 5 - Nutrition and Physical Activity in The Elderly

The conference was sponsored by "The Ladies Charitable Society"(LCS) affiliated with "Kahrizak Home For The Disabled and the Elderly" (KHDE) and in consultative status with UN-ECOSOC. In this endeavor LCS enjoyed the support and cooperation of several Iranian and international organizations as well as benevolent individuals and groups.

The following are the views and conclusions as reached by this conference:

1. The Conference Commends the humanitarian efforts of the United Nations and considers such gatherings a firm step forward in forging bonds among diverse cultures and promoting "the dialogue of civilizations."
2. The presence of experts, scientists, and researchers from all over the world in gatherings with the objective of finding effectual solutions to mitigate human sufferings, reject violence and hostility, and strengthen international solidarity is an efficient measure in bringing human generations together.
3. We call on international organizations, the UN in particular, to urge their member states, by means of resolutions and practical measures to allocate part of their military budgets to forums such as this and pave the way for the exchange of information and benefiting from collective global knowledge.

4. Considering, the inevitability of aging of the world population in years ahead which will particularly affect the developing nations, we call on relevant UN Institutions to include in their agenda the establishment of 'Regional Centers for Population Aging Studies' and to provide assistance for founding the first "Regional Center of Gerontology" in Iran. We recommend that this project is implemented by LCS affiliated with KHDE which is considered the largest care center for the disabled and the elderly in Iran.
5. The conference calls on WHO and The Coordinating Committee of "The international Year for Older Persons, 1999" to provide assistance in opening departments of geriatrics in the medical schools of countries with large populations in the region including Iran; and to accord priority to the Elderly Rehabilitation Project presented at this conference.
6. The conference entreats governments to include in their national development plans projects for the improvement of the status of the elderly and implement these projects in cooperation with NGO's organizations of the affairs of the retired, and community committees.
7. Considering that parliaments are the dynamic nucleus of national and popular decision- making, we propose the establishment of "The Aging Committee" in these legislative bodies. In these committees people's representatives shall be able to pursue the aging issues and the welfare of the elderly in a more substantial and persistent manner.
8. Establishment of the "High Council on Aging" is essential for coordination of government and community activities. This council should be under the direction of the highest executive authority of the country.
9. The conference calls on countries in the region to offer special and public training programs for entering the old age at individual, family, and community levels. These programmes serve to converge the perspectives of different segments of population and to create an environment replete with inter generational understanding.
10. Governments should provide conducive ground for active participation of older persons in social, economic and cultural affairs and create part time and flexible employment opportunities for this segment of the

population. Implementation of such policies shall enable the elderly to continue normal lives within the family and society and to elude isolation and depression.

11. There should be included in formal education syllabus subjects on preparation for able aging from economic, social, physical, and psychological perspectives. These programs should initiate at primary education level and extend to higher levels as required.
12. The governments are requested to provide free special and emergency care for the needy elderly particularly long term care, rehabilitation and treatment by use of government subsidies within the framework of "Special Insurance Schemes for the Elderly."
13. Considering the acute need of the elderly for healthy leisure time, establishment and expansion of day care centers for the elderly should be accorded high priority. In addition to healthy leisure facilities these centers should provide First Aid and general education.

Municipal authorities and community-based organizations can help establish such centers in public parks or other easily accessible spots with pleasant climate.

14. The experience of the Islamic Republic of Iran in the context Of Ladies Charitable Society (LCS) has testified that community participation and contributions of benefactors are substantial and secure means for meeting the needs of the disabled and the elderly and their care at nursing homes. What those responsible for such institutions require most in order to keep on their noble cause unflinching, is people's reliance and support.

The conference calls on participants from abroad and international organizations to encourage the formation of such dedicated volunteer groups in other countries by introducing the activities of LCS and paving the path for their presence in relevant international forums.

The conference expresses its deep appreciation to the Islamic Republic of Iran and the LCS for their generous hospitality and remarkable endeavors in convening the conference.

## G8 Charter: "Towards Active Ageing," 2000

1. Older people are an asset to society. They should have the possibility of developing and using their potential to lead active, independent and fulfilling lives. A central challenge is to promote a culture that values the experience and knowledge that come with age. Policies oriented towards facilitating and supporting the participation of older people in economic and social life can contribute significantly to the goals of economic growth, prosperity and social cohesion in all countries. To this end, older people should have better access to employment or voluntary activities on the basis of ability, opportunity and choice.
2. Population ageing is a common feature for most of the industrialized world. The dependency ratio of elderly people to those of working age has already increased and is forecast to increase more substantially in the medium-long term, particularly when the "baby-boomers" start to reach retirement age. Net migration flows may have some effects on population structure, albeit somewhat limited. We also must take into account the fact that, despite longer life expectancy, in most countries people are still retiring earlier than in the past.
3. The rising ratio of elderly to working age people will be associated with increased expenditures in areas such as pensions and health care. These increased costs may put growing pressure on the public finances of many countries in the next decades. If the economic impact is to be contained, the employment rate of all working age people must be raised as much as possible.

### *A comprehensive policy approach*

4. These demographic trends compel us to rethink the conventional concept of a three-stage life cycle of education, employment and retirement.
5. Macroeconomic policies that encourage growth together with investment in human capital and social inclusion policies will assist in meeting the challenges of an ageing population.
6. To promote a policy of active ageing we need the involvement and contribution of all actors. Therefore, a partnership between governments,

other public authorities, employers, unions and civil society must play a leadership role in changing attitudes toward older workers, and in promoting and supporting older people's participation in employment as well as in community and voluntary activities.

7. To successfully utilize the huge potential for increased labour force participation among older workers, we must make use of their skills, talents and experience.

To pursue this goal, we agree that:

- Governments and social partners should facilitate the ability of older workers to continue to make an active contribution to the economy, capitalizing on the benefits of increased health and life expectancy.
- Investment in knowledge and lifelong learning is vital to prevent the skills of older workers from becoming obsolete and to maintain their competitiveness in the labour market. In this context we renew our commitment to lifelong learning as embodied in the 1998 G-8 Charter of Lifelong Learning;
- Active labour market policy measures should be reviewed in order to be tailored better to the needs of older workers. These measures should include action to improve information technology literacy and skills and to prevent the "digital divide";
- Any existing incentive deriving from the tax and benefits systems needs to be carefully examined, with the view of enabling older workers to remain on the labour market;
- Gradual retirement schemes, in which part-time job income is supplemented by a partial accrual of pension entitlements should be further explored as means to increase participation rates;
- Innovative programs should be supported in order to promote appropriate organizational restructuring of work places, including a review of management practices, to make them more friendly for older workers;
- Policies and practices which counter age prejudice and discrimination should be pursued;
- The promotion of the quality of jobs and occupational health and safety in the work place is important to maintain employability and reduce involuntary withdrawal from the labour force.

8. Financial security is a key factor influencing the ability of older people to participate actively in society. The long-term sustainability of social security systems is therefore important. Many countries have already taken action through reforms to address the sustainability of pensions and other welfare provisions. These should continue to be pursued where needed, bearing in mind their broad objectives of promoting active participation and income support.
9. In order to underpin adequate policies it is important to collect data on the most salient economic, social, physical and mental aspects of ageing. Such data will improve our understanding of the ageing process and will be further enhanced if action is taken to facilitate international comparison. We need an improved sharing of information to permit policymakers in all countries to learn from best practices.

### *Conclusions*

10. We are convinced that The ageing of our societies will create new opportunities as well as challenges;
  - There is nothing inevitable about the impact of ageing on society;
  - Older people represent a great reservoir of resources for our economies and societies.

Therefore, we agree that, through concerted efforts, coherent strategies and enhanced partnership with all actors concerned, we can reap the economic and social benefits resulting from increased activity of older people.

We attach continued importance to international cooperation and to the strengthening of the dialogue with social partners in this field and we encourage also the OECD, WHO and ILO to continue their work in this area.

# Hague Convention on the International Protection of Adults, 2000

The States signatory to the present Convention,

Considering the need to provide for the protection in international situations of adults who, by reason of an impairment or insufficiency of their personal faculties, are not in a position to protect their interests,

Wishing to avoid conflicts between their legal systems in respect of jurisdiction, applicable law, recognition and enforcement of measures for the protection of adults,

Recalling the importance of international co-operation for the protection of adults,

Affirming that the interests of the adult and respect for his or her dignity and autonomy are to be primary considerations,

Have agreed on the following provisions -

## CHAPTER I - SCOPE OF THE CONVENTION

### *Article 1*

1. This Convention applies to the protection in international situations of adults who, by reason of an impairment or insufficiency of their personal faculties, are not in a position to protect their interests.
2. Its objects are -
  - a) To determine the State whose authorities have jurisdiction to take measures directed to the protection of the person or property of the adult;
  - b) To determine which law is to be applied by such authorities in exercising their jurisdiction;
  - c) To determine the law applicable to representation of the adult;
  - d) To provide for the recognition and enforcement of such measures of protection in all Contracting States;
  - e) To establish such co-operation between the authorities of the Contracting States as may be necessary in order to achieve the purposes of this Convention.

## Article 2

1. For the purposes of this Convention, an adult is a person who has reached the age of 18 years.
2. The Convention applies also to measures in respect of an adult who had not reached the age of 18 years at the time the measures were taken.

## Article 3

The measures referred to in Article 1 may deal in particular with -

- a) The determination of incapacity and the institution of a protective regime;
- b) The placing of the adult under the protection of a judicial or administrative authority;
- c) Guardianship, curatorship and analogous institutions;
- d) The designation and functions of any person or body having charge of the adult's person or property, representing or assisting the adult;
- e) The placement of the adult in an establishment or other place where protection can be provided;
- f) The administration, conservation or disposal of the adult's property;
- g) The authorisation of a specific intervention for the protection of the person or property of the adult.

## Article 4

1. The Convention does not apply to -
  - a) Maintenance obligations;
  - b) The formation, annulment and dissolution of marriage or any similar relationship, as well as legal separation;
  - c) Property regimes in respect of marriage or any similar relationship;
  - d) Trusts or succession;
  - e) Social security;
  - f) Public measures of a general nature in matters of health;
  - g) Measures taken in respect of a person as a result of penal offences committed by that person;
  - h) Decisions on the right of asylum and on immigration;
  - i) Measures directed solely to public safety.
2. Paragraph 1 does not affect, in respect of the matters referred to therein, the entitlement of a person to act as the representative of the adult.



## CHAPTER II - JURISDICTION

### *Article 5*

1. The judicial or administrative authorities of the Contracting State of the habitual residence of the adult have jurisdiction to take measures directed to the protection of the adult's person or property.
2. In case of a change of the adult's habitual residence to another Contracting State, the authorities of the State of the new habitual residence have jurisdiction.

### *Article 6*

1. For adults who are refugees and those who, due to disturbances occurring in their country, are internationally displaced, the authorities of the Contracting State on the territory of which these adults are present as a result of their displacement have the jurisdiction provided for in Article 5, paragraph 1.
2. The provisions of the preceding paragraph also apply to adults whose habitual residence cannot be established.

### *Article 7*

1. Except for adults who are refugees or who, due to disturbances occurring in their State of nationality, are internationally displaced, the authorities of a Contracting State of which the adult is a national have jurisdiction to take measures for the protection of the person or property of the adult if they consider that they are in a better position to assess the interests of the adult, and after advising the authorities having jurisdiction under Article 5 or Article 6, paragraph 2.
2. This jurisdiction shall not be exercised if the authorities having jurisdiction under Article 5, Article 6, paragraph 2, or Article 8 have informed the authorities of the State of which the adult is a national that they have taken the measures required by the situation or have decided that no measures should be taken or that proceedings are pending before them.
3. The measures taken under paragraph 1 shall lapse as soon as the authorities having jurisdiction under Article 5, Article 6, paragraph 2,

or Article 8 have taken measures required by the situation or have decided that no measures are to be taken. These authorities shall inform accordingly the authorities which have taken measures in accordance with paragraph 1.

#### *Article 8*

1. The authorities of a Contracting State having jurisdiction under Article 5 or Article 6, if they consider that such is in the interests of the adult, may, on their own motion or on an application by the authority of another Contracting State, request the authorities of one of the States mentioned in paragraph 2 to take measures for the protection of the person or property of the adult. The request may relate to all or some aspects of such protection.
2. The Contracting States whose authorities may be addressed as provided in the preceding paragraph are -
  - a) A State of which the adult is a national;
  - b) The State of the preceding habitual residence of the adult;
  - c) A State in which property of the adult is located;
  - d) The State whose authorities have been chosen in writing by the adult to take measures directed to his or her protection;
  - e) The State of the habitual residence of a person close to the adult prepared to undertake his or her protection;
  - f) The State in whose territory the adult is present, with regard to the protection of the person of the adult.
3. In case the authority designated pursuant to the preceding paragraphs does not accept its jurisdiction, the authorities of the Contracting State having jurisdiction under Article 5 or Article 6 retain jurisdiction.

#### *Article 9*

The authorities of a Contracting State where property of the adult is situated have jurisdiction to take measures of protection concerning that property, to the extent that such measures are compatible with those taken by the authorities having jurisdiction under Articles 5 to 8.

#### *Article 10*

1. In all cases of urgency, the authorities of any Contracting State in whose

territory the adult or property belonging to the adult is present have jurisdiction to take any necessary measures of protection.

2. The measures taken under the preceding paragraph with regard to an adult habitually resident in a Contracting State shall lapse as soon as the authorities which have jurisdiction under Articles 5 to 9 have taken the measures required by the situation.
3. The measures taken under paragraph 1 with regard to an adult who is habitually resident in a non-Contracting State shall lapse in each Contracting State as soon as measures required by the situation and taken by the authorities of another State are recognised in the Contracting State in question.
4. The authorities which have taken measures under paragraph 1 shall, if possible, inform the authorities of the Contracting State of the habitual residence of the adult of the measures taken.

#### *Article 11*

1. *By way of exception, the authorities of a Contracting State in whose territory the adult is present have jurisdiction to take measures of a temporary character for the protection of the person of the adult which have a territorial effect limited to the State in question, in so far as such measures are compatible with those already taken by the authorities which have jurisdiction under Articles 5 to 8, and after advising the authorities having jurisdiction under Article 5.*
2. The measures taken under the preceding paragraph with regard to an adult habitually resident in a Contracting State shall lapse as soon as the authorities which have jurisdiction under Articles 5 to 8 have taken a decision in respect of the measures of protection which may be required by the situation.

#### *Article 12*

Subject to Article 7, paragraph 3, the measures taken in application of Articles 5 to 9 remain in force according to their terms, even if a change of circumstances has eliminated the basis upon which jurisdiction was founded, so long as the authorities which have jurisdiction under the Convention have not modified, replaced or terminated such measures.

## CHAPTER III - APPLICABLE LAW

### *Article 13*

1. In exercising their jurisdiction under the provisions of Chapter II, the authorities of the Contracting States shall apply their own law.
2. However, in so far as the protection of the person or the property of the adult requires, they may exceptionally apply or take into consideration the law of another State with which the situation has a substantial connection.

### *Article 14*

Where a measure taken in one Contracting State is implemented in another Contracting State, the conditions of its implementation are governed by the law of that other State.

### *Article 15*

- 1 The existence, extent, modification and extinction of powers of representation granted by an adult, either under an agreement or by a unilateral act, to be exercised when such adult is not in a position to protect his or her interests, are governed by the law of the State of the adult's habitual residence at the time of the agreement or act, unless one of the laws mentioned in paragraph 2 has been designated expressly in writing.
2. The States whose laws may be designated are -
  - a) A State of which the adult is a national;
  - b) The State of a former habitual residence of the adult;
  - c) A State in which property of the adult is located, with respect to that property.
3. The manner of exercise of such powers of representation is governed by the law of the State in which they are exercised.

### *Article 16*

Where powers of representation referred to in Article 15 are not exercised in a manner sufficient to guarantee the protection of the person or property of the adult, they may be withdrawn or modified by measures taken by an

authority having jurisdiction under the Convention. Where such powers of representation are withdrawn or modified, the law referred to in Article 15 should be taken into consideration to the extent possible.

#### *Article 17*

1. The validity of a transaction entered into between a third party and another person who would be entitled to act as the adult's representative under the law of the State where the transaction was concluded cannot be contested, and the third party cannot be held liable, on the sole ground that the other person was not entitled to act as the adult's representative under the law designated by the provisions of this Chapter, unless the third party knew or should have known that such capacity was governed by the latter law.
2. The preceding paragraph applies only if the transaction was entered into between persons present on the territory of the same State.

#### *Article 18*

The provisions of this Chapter apply even if the law designated by them is the law of a non-Contracting State.

#### *Article 19*

In this Chapter the term "law" means the law in force in a State other than its choice of law rules.

#### *Article 20*

This Chapter does not prevent the application of those provisions of the law of the State in which the adult is to be protected where the application of such provisions is mandatory whatever law would otherwise be applicable.

#### *Article 21*

The application of the law designated by the provisions of this Chapter can be refused only if this application would be manifestly contrary to public policy.

## CHAPTER IV - RECOGNITION AND ENFORCEMENT

### *Article 22*

1. The measures taken by the authorities of a Contracting State shall be recognized by operation of law in all other Contracting States.
2. Recognition may however be refused -
  - a) If the measure was taken by an authority whose jurisdiction was not based on, or was not in accordance with, one of the grounds provided for by the provisions of Chapter II;
  - b) If the measure was taken, except in a case of urgency, in the context of a judicial or administrative proceeding, without the adult having been provided the opportunity to be heard, in violation of fundamental principles of procedure of the requested State;
  - c) If such recognition is manifestly contrary to public policy of the requested State, or conflicts with a provision of the law of that State which is mandatory whatever law would otherwise be applicable;
  - d) If the measure is incompatible with a later measure taken in a non-Contracting State which would have had jurisdiction under Articles 5 to 9, where this later measure fulfils the requirements for recognition in the requested State;
  - e) If the procedure provided in Article 33 has not been complied with.

### *Article 23*

Without prejudice to Article 22, paragraph 1, any interested person may request from the competent authorities of a Contracting State that they decide on the recognition or non-recognition of a measure taken in another Contracting State. The procedure is governed by the law of the requested State.

### *Article 24*

The authority of the requested State is bound by the findings of fact on which the authority of the State where the measure was taken based its jurisdiction.

### *Article 25*

1. If measures taken in one Contracting State and enforceable there require enforcement in another Contracting State, they shall, upon request by an interested party, be declared enforceable or registered for the purpose of enforcement in that other State according to the procedure provided in the law of the latter State.
2. Each Contracting State shall apply to the declaration of enforceability or registration a simple and rapid procedure.
3. The declaration of enforceability or registration may be refused only for one of the reasons set out in Article 22, paragraph 2.

### *Article 26*

Without prejudice to such review as is necessary in the application of the preceding Articles, there shall be no review of the merits of the measure taken.

### *Article 27*

Measures taken in one Contracting State and declared enforceable, or registered for the purpose of enforcement, in another Contracting State shall be enforced in the latter State as if they had been taken by the authorities of that State. Enforcement takes place in accordance with the law of the requested State to the extent provided by such law.

## **CHAPTER V - CO-OPERATION**

### *Article 28*

1. A Contracting State shall designate a Central Authority to discharge the duties which are imposed by the Convention on such authorities.
2. Federal States, States with more than one system of law or States having autonomous territorial units shall be free to appoint more than one Central Authority and to specify the territorial or personal extent of their functions. Where a State has appointed more than one Central Authority, it shall designate the Central Authority to which any communication may be addressed for transmission to the appropriate Central Authority within that State.

*Article 29*

1. Central Authorities shall co-operate with each other and promote co-operation amongst the competent authorities in their States to achieve the purposes of the Convention.
2. They shall, in connection with the application of the Convention, take appropriate steps to provide information as to the laws of, and services available in, their States relating to the protection of adults.

*Article 30*

The Central Authority of a Contracting State, either directly or through public authorities or other bodies, shall take all appropriate steps to -

- a) Facilitate communications, by every means, between the competent authorities in situations to which the Convention applies;
- b) Provide, on the request of a competent authority of another Contracting State, assistance in discovering the whereabouts of an adult where it appears that the adult may be present and in need of protection within the territory of the requested State.

*Article 31*

The competent authorities of a Contracting State may encourage, either directly or through other bodies, the use of mediation, conciliation or similar means to achieve agreed solutions for the protection of the person or property of the adult in situations to which the Convention applies.

*Article 32*

1. Where a measure of protection is contemplated, the competent authorities under the Convention, if the situation of the adult so requires, may request any authority of another Contracting State which has information relevant to the protection of the adult to communicate such information.
2. A Contracting State may declare that requests under paragraph 1 shall be communicated to its authorities only through its Central Authority.
3. The competent authorities of a Contracting State may request the authorities of another Contracting State to assist in the implementation of measures of protection taken under this Convention.



### *Article 33*

1. If an authority having jurisdiction under Articles 5 to 8 contemplates the placement of the adult in an establishment or other place where protection can be provided, and if such placement is to take place in another Contracting State, it shall first consult with the Central Authority or other competent authority of the latter State. To that effect it shall transmit a report on the adult together with the reasons for the proposed placement.
2. The decision on the placement may not be made in the requesting State if the Central Authority or other competent authority of the requested State indicates its opposition within a reasonable time.

### *Article 34*

In any case where the adult is exposed to a serious danger, the competent authorities of the Contracting State where measures for the protection of the adult have been taken or are under consideration, if they are informed that the adult's residence has changed to, or that the adult is present in, another State, shall inform the authorities of that other State about the danger involved and the measures taken or under consideration.

### *Article 35*

An authority shall not request or transmit any information under this Chapter if to do so would, in its opinion, be likely to place the adult's person or property in danger, or constitute a serious threat to the liberty or life of a member of the adult's family.

### *Article 36*

1. Without prejudice to the possibility of imposing reasonable charges for the provision of services, Central Authorities and other public authorities of Contracting States shall bear their own costs in applying the provisions of this Chapter.
2. Any Contracting State may enter into agreements with one or more other Contracting States concerning the allocation of charges.

### *Article 37*

Any Contracting State may enter into agreements with one or more other Contracting States with a view to improving the application of this Chapter in

their mutual relations. The States which have concluded such an agreement shall transmit a copy to the depositary of the Convention.

## CHAPTER VI - GENERAL PROVISIONS

### *Article 38*

1. The authorities of the Contracting State where a measure of protection has been taken or a power of representation confirmed may deliver to the person entrusted with protection of the adult's person or property, on request, a certificate indicating the capacity in which that person is entitled to act and the powers conferred.
2. The capacity and powers indicated in the certificate are presumed to be vested in that person as of the date of the certificate, in the absence of proof to the contrary.
3. Each Contracting State shall designate the authorities competent to draw up the certificate.

### *Article 39*

Personal data gathered or transmitted under the Convention shall be used only for the purposes for which they were gathered or transmitted.

### *Article 40*

The authorities to whom information is transmitted shall ensure its confidentiality, in accordance with the law of their State.

### *Article 41*

All documents forwarded or delivered under this Convention shall be exempt from legalization or any analogous formality.

### *Article 42*

Each Contracting State may designate the authorities to which requests under Article 8 and Article 33 are to be addressed.

### *Article 43*

1. The designations referred to in Article 28 and Article 42 shall be communicated to the Permanent Bureau of the Hague Conference on

Private International Law not later than the date of the deposit of the instrument of ratification, acceptance or approval of the Convention or of accession thereto. Any modifications thereof shall also be communicated to the Permanent Bureau.

2. The declaration referred to in Article 32, paragraph 2, shall be made to the depositary of the Convention.

#### *Article 44*

A Contracting State in which different systems of law or sets of rules of law apply to the protection of the person or property of the adult shall not be bound to apply the rules of the Convention to conflicts solely between such different systems or sets of rules of law.

#### *Article 45*

In relation to a State in which two or more systems of law or sets of rules of law with regard to any matter dealt with in this Convention apply in different territorial units -

- a) Any reference to habitual residence in that State shall be construed as referring to habitual residence in a territorial unit;
- b) Any reference to the presence of the adult in that State shall be construed as referring to presence in a territorial unit;
- c) Any reference to the location of property of the adult in that State shall be construed as referring to location of property of the adult in a territorial unit;
- d) Any reference to the State of which the adult is a national shall be construed as referring to the territorial unit designated by the law of that State or, in the absence of relevant rules, to the territorial unit with which the adult has the closest connection;
- e) Any reference to the State whose authorities have been chosen by the adult shall be construed
  - As referring to the territorial unit if the adult has chosen the authorities of this territorial unit;
  - As referring to the territorial unit with which the adult has the closest connection if the adult has chosen the authorities of the State without specifying a particular territorial unit within the State;

- f) Any reference to the law of a State with which the situation has a substantial connection shall be construed as referring to the law of a territorial unit with which the situation has a substantial connection;
- g) Any reference to the law or procedure or authority of the State in which a measure has been taken shall be construed as referring to the law or procedure in force in such territorial unit or authority of the territorial unit in which such measure was taken;
- h) Any reference to the law or procedure or authority of the requested State shall be construed as referring to the law or procedure in force in such territorial unit or authority of the territorial unit in which recognition or enforcement is sought;
- i) Any reference to the State where a measure of protection is to be implemented shall be construed as referring to the territorial unit where the measure is to be implemented;
- j) Any reference to bodies or authorities of that State, other than Central Authorities, shall be construed as referring to those authorized to act in the relevant territorial unit.

#### *Article 46*

For the purpose of identifying the applicable law under Chapter III, in relation to a State which comprises two or more territorial units each of which has its own system of law or set of rules of law in respect of matters covered by this Convention, the following rules apply -

- a) If there are rules in force in such a State identifying which territorial unit's law is applicable, the law of that unit applies;
- b) In the absence of such rules, the law of the relevant territorial unit as defined in Article 45 applies.

#### *Article 47*

For the purpose of identifying the applicable law under Chapter III, in relation to a State which has two or more systems of law or sets of rules of law applicable to different categories of persons in respect of matters covered by this Convention, the following rules apply -

- a) If there are rules in force in such a State identifying which among such laws applies, that law applies;
- b) In the absence of such rules, the law of the system or the set of rules of law with which the adult has the closest connection applies.

#### *Article 48*

In relations between the Contracting States this Convention replaces the Convention concernant l'interdiction et les mesures de protection analogues, signed at The Hague 17 July 1905.

#### *Article 49*

1. The Convention does not affect any other international instrument to which Contracting States are Parties and which contains provisions on matters governed by this Convention, unless a contrary declaration is made by the States Parties to such instrument.
2. This Convention does not affect the possibility for one or more Contracting States to conclude agreements which contain, in respect of adults habitually resident in any of the States Parties to such agreements, provisions on matters governed by this Convention.
3. Agreements to be concluded by one or more Contracting States on matters within the scope of this Convention do not affect, in the relationship of such States with other Contracting States, the application of the provisions of this Convention.
4. The preceding paragraphs also apply to uniform laws based on special ties of a regional or other nature between the States concerned.

#### *Article 50*

1. The Convention shall apply to measures only if they are taken in a State after the Convention has entered into force for that State.
2. The Convention shall apply to the recognition and enforcement of measures taken after its entry into force as between the State where the measures have been taken and the requested State.
3. The Convention shall apply from the time of its entry into force in a Contracting State to powers of representation previously granted under conditions corresponding to those set out in Article 15.

#### *Article 51*

1. Any communication sent to the Central Authority or to another authority of a Contracting State shall be in the original language, and shall be

accompanied by a translation into the official language or one of the official languages of the other State or, where that is not feasible, a translation into French or English.

2. However, a Contracting State may, by making a reservation in accordance with Article 56, object to the use of either French or English, but not both.

#### *Article 52*

The Secretary General of the Hague Conference on Private International Law shall at regular intervals convoke a Special Commission in order to review the practical operation of the Convention.

## **CHAPTER VII - FINAL CLAUSES**

#### *Article 53*

1. The Convention shall be open for signature by the States which were Members of the Hague Conference on Private International Law on 2 October 1999.
2. It shall be ratified, accepted or approved and the instruments of ratification, acceptance or approval shall be deposited with the Ministry of Foreign Affairs of the Kingdom of the Netherlands, depositary of the Convention.

#### *Article 54*

1. Any other State may accede to the Convention after it has entered into force in accordance with Article 57, paragraph 1.
2. The instrument of accession shall be deposited with the depositary.
3. Such accession shall have effect only as regards the relations between the acceding State and those Contracting States which have not raised an objection to its accession in the six months after the receipt of the notification referred to in sub-paragraph b) of Article 59. Such an objection may also be raised by States at the time when they ratify, accept or approve the Convention after an accession. Any such objection shall be notified to the depositary.

#### *Article 55*

1. If a State has two or more territorial units in which different systems of law are applicable in relation to matters dealt with in this Convention, it may at the time of signature, ratification, acceptance, approval or accession declare that the Convention shall extend to all its territorial units or only to one or more of them and may modify this declaration by submitting another declaration at any time.
2. Any such declaration shall be notified to the depositary and shall state expressly the territorial units to which the Convention applies.
3. If a State makes no declaration under this Article, the Convention is to extend to all territorial units of that State.

#### *Article 56*

1. Any State may, not later than the time of ratification, acceptance, approval or accession, or at the time of making a declaration in terms of Article 55, make the reservation provided for in Article 51, paragraph 2. No other reservation shall be permitted.
2. Any State may at any time withdraw the reservation it has made. The withdrawal shall be notified to the depositary.
3. The reservation shall cease to have effect on the first day of the third calendar month after the notification referred to in the preceding paragraph.

#### *Article 57*

1. The Convention shall enter into force on the first day of the month following the expiration of three months after the deposit of the third instrument of ratification, acceptance or approval referred to in Article 53.
2. Thereafter the Convention shall enter into force -
  - a) For each State ratifying, accepting or approving it subsequently, on the first day of the month following the expiration of three months after the deposit of its instrument of ratification, acceptance, approval or accession;
  - b) For each State acceding, on the first day of the month following the expiration of three months after the expiration of the period of six months provided in Article 54, paragraph 3;

- c) For a territorial unit to which the Convention has been extended in conformity with Article 55, on the first day of the month following the expiration of three months after the notification referred to in that Article.

#### *Article 58*

1. A State Party to the Convention may denounce it by a notification in writing addressed to the depositary. The denunciation may be limited to certain territorial units to which the Convention applies.
2. The denunciation takes effect on the first day of the month following the expiration of twelve months after the notification is received by the depositary. Where a longer period for the denunciation to take effect is specified in the notification, the denunciation takes effect upon the expiration of such longer period.

#### *Article 59*

The depositary shall notify the States Members of the Hague Conference on Private International Law and the States which have acceded in accordance with Article 54 of the following -

- a) The signatures, ratifications, acceptances and approvals referred to in Article 53;
- b) The accessions and objections raised to accessions referred to in Article 54;
- c) The date on which the Convention enters into force in accordance with Article 57;
- d) The declarations referred to in Article 32, paragraph 2, and Article 55;
- e) The agreements referred to in Article 37;
- f) The reservation referred to in Article 51, paragraph 2, and the withdrawal referred to in Article 56, paragraph 2;
- g) The denunciations referred to in Article 58.



# **EASPD Verona Declaration on Ageing and People with Intellectual Disabilities, 2001**

The declaration is mindful of the rich and economic diversity of the Union. It calls on:

1. Service providers who organize support for people with intellectual disabilities and their families.
2. Researchers in the field of intellectual disabilities, particularly ageing.
3. European, regional and national policy makers.

To ensure that practice, research and policy are based on the following principles.

## *Principles:*

1. Getting old is not an illness. Older people with intellectual disability should be respected and treated as wise people who are knowledgeable of the family and the service system in which they live.
2. People with disabilities are individuals. Services should be the result of a dialogue. It will enable family and staff members to identify their individual needs. This helps to make a difference between a good life and the risk of being isolated.
3. Starting early with appropriate support will ensure that people with intellectual disabilities learn to live with responsibilities, opportunities, risks, choice and control.
4. Parents, brothers, sisters and friends need to get support for they play a critical role. They are the link to the wider community.
5. Staff training programs should draw on sources of research data to shape new models and approaches of service delivery. Staff should obtain the competence and knowledge necessary to realize a person centered support process. A combination of theory and practice should help professionals to become "reflective practitioners".

6. People with disabilities themselves, their family and the general public should have access to training and information on living, working and support, to enable them to take up their responsibilities with dignity and achieve a good quality of life.
7. A variety of systems must be available; to ensure people with intellectual disabilities can make individual choices and live the life they want to live. Accessible information on social policy and support systems should enable families and professional carers to learn about alternatives and make conscious choices.
8. Realistic and appropriate funding is a key requisite in the provision of support. This funding should be used to achieve the long-term objectives of a healthy and inclusive life for people with intellectual disabilities. Their right to be active citizens must be reflected by an adequate income, access to all new technologies, enhanced communication adapted to their individual needs, (physical) accessibility and transport.
9. There is an urgent need for outcome based evaluation of generic and specialized services to enhance the quality of life dimensions (material, emotional and physical wellbeing, rights, self-determination, interpersonal relationships, social inclusion and personal development) in existing and future services.
10. It is essential to gather comparative data (statistical and narrative) on people with intellectual disabilities across the European Countries in order to address demographic challenges at national and local levels and to form a basis for action.

EASPD will disseminate this document to policy makers on all levels, researchers and service providers to promote the implementation of these principles in the support for ageing people with intellectual disabilities.

## **Help Age International - Ten Actions to End Age Discrimination, 2001**

1. Recognize the human rights of older people and the benefits of population ageing for human development.
2. Allocate older people their fair share of national and global resources.
3. Guarantee adequate social protection and minimum income in old age.
4. Provide accessible and free health care for older people.
5. Make credit, employment, training and education schemes available to people regardless of age.
6. Put an end to violence against older people.
7. Ensure policy makers listen to and act on the views of older people.
8. Include and consult older people in emergency aid and rehabilitation planning after disasters and humanitarian crises.
9. Establish international practice standards to govern public policy on ageing.
10. Support older people in their role as carers.

## ECEN - East and Central Europe Network - Prague Declaration, 2002

After the political and economic changes life became very expensive, unemployment grew, and pensions stayed very low. This put additional pressure on older people to support their children and children's families, which ran counter to the tradition where young people once supported their parents and grandparents. Those who had saved lost their savings in many countries.

Older people now feel socially excluded, their skills and experience are not valued in the new employment market.

The contribution and experience of older people should be recognized and used for the benefit of society. Non-governmental organizations have an important part to play in the process of re-integration of older people and therefore they should be supported by the government in their efforts to fight against all discrimination on grounds of age.

Governments should work with NGOs, communities and older people to achieve:

### *Economic Security*

- 1) To increase minimum pensions to the level of the actual cost of living.
- 2) To increase the budget allocated for social needs and ensure that older people receive a fair proportion.
- 3) To create better social security systems for older people with the introduction of national standards.
- 4) Encourage employers to hire older people who wish to work.

### *Health and Well-being*

- 1) To design, finance and implement a comprehensive health system according to the needs of older people, allowing them to stay home as long as possible, and also catering for those that need care in residential facilities.

- 2) To ensure older people's access to affordable/free health care services, including medicines.
- 3) To improve and develop the legal system so that it protects older people from violence and discrimination.
- 4) To create appropriate surroundings to meet the needs of older people and encourage the involvement of families in the care of their members.

#### *Social Integration*

- 1) To promote open discussions in the mass media with older people and NGOs about the problems of older people.
- 2) To promote older people's participation in social activities.
- 3) To ensure adequate financial support and legal frameworks for NGOs working with and for older people and to encourage volunteering in all generations.
- 4) To incorporate teaching about ageing into the educational programmes at schools and other educational institutions and promote life-long learning.

## Final Declaration and Recommendations of the World NGO Forum on Ageing, 2002

The elderly population in developed countries represents nearly 20% of the entire population and future trends will bring it close to 25%. In the developing and under-developed countries, this figures exceeds 10% and is expected to grow to close to 20% in the coming decades.

Despite this background, in numerous states the elderly suffer from critical situations of poverty and social exclusion, do not enjoy appropriate living conditions and constitute an “invisible” group for governments and international institutions and, in the most developed countries, despite the social advances and improvements achieved so far, they are still afflicted by considerable shortcomings and do not receive the recognition which they deserve on the basis of their population significance.

The Universal Declarations and International Conventions on Human Rights do not include any specific prohibition whatsoever of age discrimination. Nonetheless, this is a situation suffered by old people throughout the world in multiple circumstances: severe economic difficulties, limitations on access to health services, lack of social services, considerable shortcomings in housing and living conditions, exclusion from culture and education, inappropriate treatment, scant participation in social and political life.

The human rights of the elderly are not recognized in many parts of the world. That is why this Forum, as a priority issue, calls for the full and strict application of the Declaration of Human Rights, recalling that it must be enforced for all citizens, regardless of age. The full inclusion of older people in the social and economic life of their respective societies, the putting to use of their capacity and experience and the defence of their rights against any form of discrimination constitute an essential aspiration of the Forum on Ageing.

In addition, the social conquest represented by the fact that many millions of people now reach extreme old age obliges us to provide special respect and protection for certain aspects directly linked with the ageing of the population as part and parcel of the rights of the elderly.

For this reason, we demand, as well as the true acceptance of said rights, that the necessary follow-up and monitoring mechanisms be instituted in order to ensure their enforcement in all spheres: locally, nationally and internationally.

Furthermore, within these guarantee institutions, special attention must be paid to the following aspects:

### *Ageing And Poverty*

The living conditions of the elderly in the developing and under-developed countries are currently characterized by the extreme poverty in which they live and which is transmitted to subsequent generations. They are affected by situations of social exclusion, lack of opportunities to participate in development activities, extremely limited access to health care, non-existence or minimal development of pension systems, scarcity in the social service networks, housing that fails to meet minimum conditions of dignity.

The numerous and often silenced conflicts of arms, the spread of diseases such as AIDS, famines and natural disasters have a particular impact on older people.

With their expertise and skills, the elderly contribute to the alleviation of the effects of armed conflicts and humanitarian crises, yet they are not sufficiently recognized and their specific needs are not taken into account by national and international organizations.

Relatives, who have traditionally played a supporting role in aiding the elderly are now also immersed in conditions of poverty and have themselves severe difficulties in adequately fulfilling this role of careers.

Despite their efforts, the associations of older people and NGOs cannot call on the support and recognition of government and multilateral institutions for the development of their programs and activities.

International finance institutions do not acknowledge the important contribution made by the elderly to the development of their families and communities and so impose conditions on economic aid to these countries such as the implementation of strict cutbacks in the already scantily-funded

instruments of social protection. The governments become accomplices or passively acquiesce to these demands.

The requirements of the privatization of Social Security systems imply a source of discrimination for the elderly in developing countries.

The burden of paying foreign debt prevents countries from devoting economic resources to the development of social welfare policies for older groups in the population. Poverty-reduction programs do not include the elderly, even though the numbers of old people in situations of poverty are increasing.

The United Nations proposal from three decades ago now that developed countries should allocate 0.7% of their GDP to development co-operation programs is today implemented by only three states. It is also of grave concern that the annual credits announced or committed each year often end up unspent or in a minimal percentage.

The elderly have a great capacity for initiative in organizing themselves into groups and networks, but their lack of awareness of their rights and poor educational level together with situations of poverty and social exclusion prevent these rights from being fulfilled.

### *Gender And Ageing*

Elderly women must be given special protection in order to defend their rights. They suffer from shortfalls in multiple respects: lower income levels, greater disability, more solitude, less access to education, culture and leisure. Their participation in decision-taking processes is still today very limited.

But above all, they take on the tasks of caring for members of their families, even at an advanced age, thus constituting in most of the world's countries the sole source of care provision in situations of illness or disability. The consequences of war, tumults and diseases such as HIV/AIDS have led to the existence of thousands of grandmothers acting as carers and surrogate mothers. Breaches of rights and situations of violence and abuse occur in three discrimination contexts: gender, age and poverty.

The elderly women in developing countries are particularly prone to the effects of this situation, made all the more acute by their greater social exclusion due



to a life of gender inequality, their greater longevity in comparison with men and their loneliness through widowhood in a majority of cases.

### *Social Welfare*

The ageing of the population implied by the enormous progress in the development of peoples all over the world represents an important challenge for public policies and social welfare systems in order to allow the elderly to continue to participate for as long as possible in society and to have available services that are affordable, appropriate and adapted to their requirements.

The rights forming the basic pillars of social protection are, among others: the right to a retirement with sufficient income to ensure security and dignity in their remaining life; access to health and social care services ensuring their personal independence and quality of life; social inclusion; effective integration in society.

Families in all their varied formulas continue to be central to the quality of life of older people. The changing patterns in family life as a result of immigration, urbanization, increased numbers of women on the job market and other economic and environmental processes must be taken into account by the authorities in order to provide adequate support resources for families, so that family support complements and does not replace public services.

Governments must assume responsibility for the balance between self-aid, informal support systems and professional care. Long-term care must contemplate a wide range of community, social and health services.

Special attention must be paid to the most fragile and vulnerable members of the elderly population, those in situations of poverty or suffering a situation of dependence.

### *Health*

Ageing must not be synonymous with declining health. Nonetheless, the living conditions of many elderly people and most particularly women contribute to a deterioration in their health. For this reason, health is one of the basic concerns of the elderly.

The undoubted advances in health improvement cannot hide the fact that the elderly do not have access to health care in many places. Many elderly

people are discriminated in their right to health protection and cannot enjoy the fruits of scientific advance.

### *Participation*

Elderly people are active members of society and make many contributions, often less visible ones. Participation is a key factor for social development and it is therefore necessary to promote creatively those initiatives that stimulate activity by the elderly in rural and urban settings.

The barriers to participation are many and varied. It is very important to be aware of the perceptions that older people have about their abilities, as well as the information they have with respect to how they can participate.

Insofar as ageing is a process that concerns all generations, the participation of the elderly must contemplate all of the topics of interest to the community, thus applying an inter-generational perspective.

In both developed and developing countries, the elderly have expertise that can be shared with younger generations, thus allowing them to act as the link between the past and the present. They therefore constitute a key resource for giving continuity to cultural values and for preserving the diversity of cultural identities.

### *Security, Consumption And Environment*

In order to achieve an active and healthy ageing process, older people need to live their day-to-day lives in safety and security. This concept comprises both their subjective perception and the material aspects favouring their sense of protection (housing, food, economic resources, access to health and social services, personal protection, ...).

The mechanisms to create favourable settings for the elderly must take into account all areas of life. To this end, it is necessary to provide ease of access to their environment and facilitate their ability to remain in the areas where they choose to live.

The development of new technologies, which have to provide a positive support for the elderly, are nonetheless generating a new social divide, as they are at the moment inaccessible for the vast majority of elderly people in developing countries.

Measures intended to improve the conditions of everyday life represent a great incentive for industry, the market in general and the generation of employment. But they also constitute a challenge for governments, local and national administrations and their representatives as well as for all institutions.

### *Legal Protection*

In most countries there is no respect for the right of the elderly to their independence, in terms of the respect of their legal capacity and access to information and advice on legal affairs.

There is insufficient recognition of the right to protection in old age when there are physical or mental causes of dependence leading to the possibility of loss of legal capacity.

There is often no recognition of or no real respect for the right to protection in situations of abuse, violence and ill-treatment in local, national and international spheres, as well as for the protection of persons residing in institutions. There has been insufficient progress in the development of Human Rights with regard to persons suffering from dementia.

### *Ethnic Minorities And Migratory Movements*

Despite the provisions of the United Nations Declarations of Rights, in many countries ethnic minorities suffer especially the breach of their fundamental rights. This situation is particularly serious among the oldest populations profoundly rooted in their cultural traditions and with greater difficulties to integrate into mainstream cultures.

Similar situations affect individuals who are emigrating every day in larger numbers to other countries due to economic reasons or in order to seek asylum or refuge for ideological or religious reasons. The sense of uprootedness suffered by such individuals is all the more acute in those of advanced age.

### *Environment*

The environment, the last of the common goods affecting all of humankind, is also the basic element for our lives and for the progress of our species. A

greet many of the most sustainable practices and relationships with nature which must be recovered and maintained are to be found in our forebears.

New illnesses and the spread of known diseases originate or are enhanced by the deterioration of the environment.

The urban setting, the health of the environment and consumption are matters directly affecting the lives of the elderly.

*Proposals And Recommendations For Action By Governments And The Civil Society*

The World NGO Forum calls for the drafting of a Convention sponsored by the United Nations for the elimination of all types of discrimination towards older people, as an instrument of the highest rank to provide true protection for the human rights of this population group.

The NGO Forum presents the following proposals that may contribute in the short and medium term to the transformation of that reality:

The governments have the responsibility for developing social protection systems to ensure the universal receipt of basic income by all older people, in both formal and informal sectors, in both rural and urban settings. Guarantees must be provided that pension resources are not used for other economically different purposes.

The principle of active ageing must preside health policies in all spheres of life: local, national and international.

Health protection must be seen as a fundamental right of the elderly and acknowledged as such in the constitutions and legislations of all countries, avoiding any age-related discrimination.

Governments must accept, as one of their basic responsibilities, that they guarantee the elderly access to public health services permitting the appropriate prevention, diagnosis, rehabilitation and treatment. It is necessary to provide health professionals with appropriate training in geriatrics and gerontology.

The attention paid to health care must be viewed from an integral perspective taking into account the social problems afflicting the elderly and impacting on their health problems.

Health education must give specific consideration to the elderly, and to the relatives who care for them and the professionals in charge of their health care.

The focus on mental health, Alzheimer's disease and other forms of dementia and on problems of a psychological nature must be assumed as part of an integral approach, with appropriate respect for the individual's dignity.

It is necessary to develop prevention programs, from vaccination to appropriate nutrition and dental health, as well as the empowerment of positive measures such as physical activity, avoidance of smoking and alcoholism, etc. and the early detection of highly-prevalent geriatric pathologies and syndromes.

The health authorities must ensure the participation of the elderly in the development of health programs.

Co-ordination between health services and social services must be guaranteed, as part of the continuum of care for the elderly.

Governments must foster the development of social service and health networks so as to allow individuals to grow old with dignity at home, with effective support for relatives providing care and facilitation of the incorporation of women into the world of employment.

It is particularly urgent to design and implement programs and the provision of care for persons with dependence, who are going to represent in the coming decades a large proportion of the elderly, through public social protection systems. Furthermore, it is essential for prevention and care programs to be developed for the elderly suffering from AIDS disease and for the economic shortcomings and lack of information available to carers of sick relatives and young orphans to be confronted.

The international community must tackle the remission of foreign debt, with the requirement that the economic resources released thereby should be earmarked primarily for social welfare policies, which must include special attention for those related with the elderly.

The international financial institutions must stop conditioning their approval of economic support measures for developing and under-developed countries to the adoption of cutbacks in social policies.

Developed countries and in particular those receiving emigrant populations must undertake to conduct co-operation programs which should reach 0.7% of GDP in a reasonable time.

Co-operation and poverty-reduction programs must ensure the inclusion of a percentage of the Funding for projects aimed at the elderly.

The NGOs from the north and the international NGOs must be aware of and provide greater economic support to the micro-projects of the NGOs from the south, as well as provide opportunities for the transfer and sharing of endeavors from one country to another in defense of the elderly.

The United Nations should approve the creation of a Social Emergency Fund intended to alleviate the effects on the elderly population in developing or under-developed states of armed conflicts, severe and prolonged economic crises, natural catastrophes, famines, etc.

Governments and the civil society must acknowledge the ability of older people to make a contribution to social development. Such acknowledgement must be based on respect for the diversity of cultures, ethnic roots and life experiences of older men and women.

Governments and the civil society must propitiate the proper exploitation of the social resource represented by the elderly for the development of their countries through inter-generational solidarity tasks and tasks with other older people, always with respect for their dignity.

The NGOs must combine their efforts to support the elderly and to promote their qualification, mobility and an increase in their influence on social policies.

Governments must ensure the active participation of older persons in the local and national debates for the taking of decisions on social and development policies, acknowledging the inter-generational work effected by the elderly.

The adaptation of societies to ageing requires that the associations of older people and NGOs must participate in the planning, management and assessment of the services aimed at the elderly or those services with which they are involved, institutionalizing stable instruments for participation and control.

Governments and local authorities must promote this approach in the relations between the different sectors, with the aim of achieving that the services are culturally appropriate and satisfy the needs of the elderly.

The importance of training as a life-long continuum becomes, in the elderly, an important tool for achieving good quality of life. The public and private promoters of training activities, from non-formal to university education, have to incorporate the inter-generational perspective into their training initiatives.

The associations of older people have to adapt to a changing environment and so must define plural and supportive action plans, with proposals expressing their commitment with different generations and the learning shared between elderly people from around the world; they also have to inter-relate with other social movements and organizations with a view to reinforcing a transversal approach to ageing.

Older people claim their presence as actors in the construction of peace in the world. It is necessary for a pro-peace culture to be included on the agendas of the associations of the elderly. In this sense, it is proposed to create a Council of Older Persons promoting Peace, intended to foster communication and co-operation between people from different countries to collaborate in initiatives in favour of peace.

Governments, NGOs and associations of elderly individuals must give priority to the qualification of older men and women so that their participation is satisfactory and effective.

Research centres must promote studies incorporating the inter-generational perspective and developing catalogues of this type of activity, so as to enable sustained training programmes in this direction.

The elderly have a role as active agents in a new form of globalization : the globalization of solidarity.

The adaptation of the immediate environment, as with any other preventive measure, must begin early, before any immediate need arises.

New technologies must be accessible for individuals of all ages and abilities, with the possibility that older people may continue to live independently and take their own decisions, so improving access to services and contributing to greater quality of life.

The preparation of statistics and research into the poverty of the elderly must be a priority for governments, NGOs and world-wide institutions (UNO, IMF, World Bank, etc.). It is especially urgent to analyze the impact of migratory movements, AIDS, armed conflicts and humanitarian crises and their consequences on the exclusion of the elderly.

Governments and international organizations must ensure that the public can access statistics, reports, experience with good practices in connection with the elderly, so as to facilitate, among others, the establishment of networks for the sharing of actions programmes and inter-generational projects.

The mass media must report on diversity and plurality of the reality of the elderly, their capacities and needs, so as to eliminate stereotypes between generations and to reduce the barriers to participation.

The Ageing Forum calls for the inclusion of older persons among the main groups of the Agenda 21, (Rio de Janeiro Environment Summit, which encourages social participation).

Cities must be planned and managed for and by the elderly to ensure accessibility and environmental quality.

An appropriate distribution of the necessary services and installations for the elderly so that they are close to their place of residence.

Improvement in the design of housing and environmental setting in order to promote independence of older people with security.

To promote universal design standards to ensure the safety of the elderly in all types of building, as well as in all forms of public and private transport, so that it is not exceptional for these to be used by people with physical impairments or disabilities.

To inform and train older people as consumers so that they can consume in a responsible and ethical manner to ensure safety of their food intake, a healthy ecosystem and fair employment relations which will benefit all the societies and cultures of the globe. This is possible with clear and honest labelling.

To promote the recycling of tools and appliances for the elderly and for people with disabilities, avoiding deterioration of the environment and making their acquisition more affordable.



With regard to the consumption of medicines, the following proposals are put forward

To respect, study and support the traditional health treatments of each culture and community

To ensure that the medicines prescribed for the elderly are in optimal conditions, the doses are appropriate and side effects are clearly explained

To avoid the inappropriate consumption of medicines. To inform on the effect of these as waste products harming the environment. The pharmaceutical industry must respect the planet's ecosystems.

To contemplate the affective and family relationships between generations as a guarantee for social health and prevention within the framework concept of human ecology.

To respect the environment and the planet as a concept and as an essential value in the religions and beliefs of many cultures on the various continents.

To protect as a priority all sources of water, the essential element for any form of life, as it is threatened all over the world by industry, uncontrolled urbanization, intensive agriculture and, above all, in situations of war and poverty.

To review the concept of birth rate as opposed to the ageing of the developed societies, by determining the optimum population volume and active immigration policies.

To recognize women as environmental educators with respect to their families, providing incentives to facilitate environmental protection in their surroundings.

The NGO Forum on Ageing demands that the World Health Organization should include the concept of environmental health in its definition of health in the 21st century: physical, mental, social and environmental health.

It is necessary to plan comprehensive policies for the elderly. Current policies are fragmented and often lack an age-related perspective.

In State Budgets, government must contemplate appropriate levels of expense vis-à-vis the number of elderly people in proportion to the total population.

Each country must create a National Plan including economic, social, cultural and health aspects to support anti-poverty programs and so ensure easy universal access in "age-friendly communities".

Recognition should be given to the premature ageing of persons with disabilities and there should be greater flexibility in the awarding of invalidity pensions due to aggravation of the disability.

In addition to being a universal right, retirement should be promoted as a situation that can be reached voluntarily in a flexible and gradual manner.

It is proposed to draw up a Code of Good Practices and an Inter-generational Mutual Support Pact.

The creation of the positions of Ombudsman for the Elderly should be fostered as should Councilors for the Elderly at all municipalities or local authorities.

Equal wages for men and women must be guaranteed with respect for the maxim of "same work, same wage", without discrimination by reason of age.

Governments have to provide resources and assistance for the promotion and training of volunteers, with adequate technical and financial resources to sustain their activities.

It is necessary to introduce indicators for measurement of both the quality perceived and the quality rendered. It is also necessary to demand quality in the technical and human aspects of the provision of services.

It is necessary to appreciate the value of the care services sector for the elderly and to achieve an improved assessment and remuneration of care professionals.

The role of Older People in looking after their grandchildren must be recognized.

The protection of older people declared legally incompetent must be guaranteed by means of an enhancement of public, private and non-profit institutions for their representation.

The personal fulfillment of older people in all of their potential includes the exercise of their sexuality without exclusions of the form which they may choose or decide.

It is proposed to create a symbolic prize, comparable to the Nobel Peace Prize, to be awarded annually among those older individuals who have rendered a service to the community.

The NGOs must be aware of and detect the basic needs of the elderly in order to develop social policies. Similarly, they must take part in research into ageing issues, consult citizens and develop action plans and recommendations favoring social change. NGOs must submit to on-going assessment of their actions, programs and services.

A boost must be given to the training of formal and informal careers.

The Forum proposes the creation of a United Nations Agency specializing in the elderly, with responsibility, among other things, for monitoring and supervising the Action Plan, as well as for promoting the use of the potential of the elderly.

Finally, we wish to reiterate that processes of globalization without human rights and without equality are inconceivable and unacceptable and this is particularly decisive when it comes to the rights of the elderly.

Most particularly, we must conclude that NGOs are legitimate channels for civil society to be able to demand the achievement of a special dimension in the construction of a new society through their actions, which attempt to remedy the culture of indifference, exasperated individualism, competitiveness and utilitarianism which currently threaten all realms of human fellowship, and, in order to avoid all rupture between generations, NGOs are destined to promote a new mindset, new customs, new ways of being, a new culture based on solidarity.

For all these reasons, the NGOs assembled in Madrid at the II World Forum on Ageing proclaim the need to build not only a society for all ages, but a society that pursues social justice and welfare without forgetting to place individuals and their dignity at the centre of its goals.

# The Toronto Declaration on the Global Prevention of Elder Abuse, 2002

Expert meeting, sponsored by the Ontario Government in Toronto, 17 November 2002

Abuse of older people has only recently been recognised as a global problem. INPEA's advocacy work and the emphasis given to elder abuse prevention by the World Health Organization have contributed significantly to raising awareness worldwide. Academic institutions, around the world, have also substantially contributed to enhancing understanding and raising awareness and have developed methodological tools to study the problem.

However, much is still to be done. On one hand more research is needed – for instance, along the lines of the seminal joint project “Global Response to Elder Abuse” which resulted in the publication “Missing Voices-Views of Older Persons on Elder Abuse” and on the other hand practical action at local, regional and national levels.

Twenty or thirty years ago, societies throughout the world denied the existence of violence against women and child abuse. Then, through research, came the evidence. As a result the civil society exercised the appropriate pressure for action from governments. The parallel with elder abuse is clear.

This declaration is a **Call for Action** aimed at the Prevention of Elder Abuse.

Points to be considered:

- Legal frameworks are missing. Cases of elder abuse, when identified are often not addressed for lack of proper legal instruments to respond and deal with them.
- Prevention of elder abuse requires the involvement of multiple sectors of society.
- Primary health care workers have a particularly important role to play as they deal with cases of elder abuse regularly –although they often fail to recognise them as such.

- Education and dissemination of information are vital – both in the formal sector (professional education) and through the media (combating the stigma, tackling the taboos and helping to de-stereotype older people).
- Elder abuse is a universal problem. Research conducted so far shows that it is prevalent in both the developed and the developing world. In both, the abuser is more often than not well known to the victim, and it is in the context of the family and/or the care unit that most of the abuse happens.

#### International Network for the Prevention of Elder Abuse

- A cultural perspective is mandatory in order to fully understand the phenomenon of elder abuse – i.e. the cultural context of any particular community in which it occurs.
- Equally important is to consider a gender perspective as the complex social constructs related to it help to identify the form of abuse inflicted by whom.
- In any society some population sub-groups are particularly vulnerable to elder abuse – such as the very old, those with limited functional capacity, women and the poor.
- Ultimately elder abuse will only be successfully prevented if a culture that nurtures intergenerational solidarity and rejects violence is developed.
- It is not enough to identify cases of elder abuse. All countries should develop the structures that will allow the provision of services (health, social, legal protection, police referral, etc) to appropriately respond and eventually prevent the problem.

The United Nations International Plan of Action adopted by all countries in Madrid, April 2002, clearly recognises the importance of Elder Abuse and puts it in the framework of the Universal Human Rights. Preventing elder abuse in an ageing world is everybody's business.

# NGO's - Statement to the 61st Session of the United Nations Commission on Human Rights 2005

## Ageing and the Rights of Older Persons

*Delivered by Astrid Stuckelberger, PhD*

*Chair, NGO committee on ageing in Geneva*

*Co-chair, working group on health and human rights of CSW*

*International Association of Gerontology*

*Society for Psychological Study of Social Issues*

Mr. Chairperson,

I am speaking on behalf of 17 non-governmental organizations in consultative status with ECOSOC:

International Association of Gerontology, Society for Psychological Study of Social Issues, International Council of Nurses, International Association for Counselling, Pan Pacific and South East Asia Women's Association International, Worldwide Organization for Women, World Movement of Mothers, International Council of Women, International Council of Jewish Women, World Union of Catholic Women's Organizations, Women's World Summit Federation, The Federation of American Women's Club's Overseas, Institute for Planetary Synthesis, International Inner Wheel, Brahma Kumaris Work Spiritual University, International and Interreligious Federation for World Peace and International Federation of University Women.

We call the attention of the Commission to the urgent need to recognize the rights of older persons and mainstream ageing issues in the agenda of the Commission.

UN Secretary-General Kofi Annan referred to population ageing as a silent revolution and stressed the importance of older persons<sup>1</sup>:

<sup>1</sup> 2nd UN World Assembly on Ageing in Madrid in 2002

*"The world is undergoing an unprecedented demographic transformation. Between now and 2050, the number of older persons will rise from about 600 million to almost two billion. The increase will be greatest in developing countries [...]...where numbers are expected to multiply by four. [...] In less than 50 years from now, for the first time in history, the world will contain more people over 60 years old than under 15 [...]."*

Therefore older persons are no longer a minority, they are becoming a growing majority!.

Despite these facts and the progress in some UN documents, ageing is still absent on the agenda and priorities of the UN and of the Commission on Human Rights.

We call your attention to the following developments:

Beginning with the Universal Declaration of Human Rights, and encompassing the numerous International Instruments<sup>2</sup> there are many references to the Rights of all. But not until the Declaration on Social Progress and Development in 1969 is there mention specifically of old age (in Article 11).

It took until 1982 for the UN to adopt the 1st International Plan of Action on Ageing in Vienna, and until 1991 for the General Assembly to promulgate the UN Principles for Older Persons (Resolution 46/91)<sup>3</sup>.

We saw then in 1995 the Committee on Economic, Social and Cultural Rights finally adopting for the first time the General comment no 6 on the Economic, Social and Cultural Rights of Older Persons (Document E/1996/22, Annex IV).

Only a few steps were taken since:

- in 1999, by endorsing the Conceptual Framework during the International Year of Older Persons,(Document A/50/114)<sup>4</sup>,

2 including the Covenants on Economic Social and Cultural Rights, on Civil and Political Rights as well as the Convention on All Forms of Discrimination against Women (CEDAW)

3 with 4 main themes: independence, participation, care, self-fulfillment and dignity

4 This document is based on the Plan and Principles and include 4 priority areas (a) The situation of older persons, (b) individual lifelong development, (c) the relationship between generations, (d) the interrelationship of population, ageing and developmn

- in 2002 the 2nd World Assembly on Ageing in Madrid (WAA) adopted unanimously a Political Declaration and an International Strategic Plan of Action on Ageing.

Both of those documents include clear objectives and actions to be taken:

- to ensure the Rights of older persons, · to protect older persons from “neglect, abuse and violence” in all situations addressed by the UN (paragraph 07 and seq.) and, · to recognize “their role and contribution to society”.

However, It is obvious that these precedents are not enough to give older persons their Rights as well as recognition of their contribution to society.

It is clear that older persons are unrecognized and increasingly excluded, just to cite a few examples:

- (i) *HIV/AIDS pandemic*: the contribution of older persons is vital today, their right to care for orphaned grand-children and children in general – especially older women - is an unestimated contribution benefiting the socio-economic development as well as the human reconstruction of society, restoring an identity, transmitting higher values and life skills.
- (ii) *Migration*: younger generations migrating from developing countries without solid welfare systems leave behind them older women and men with no social, economic and family care support, thus increasing their vulnerability, isolation, poverty, discrimination and lack of health care. On the other hand, serious discussions are going on to delocalize and rationalize older age health care solely for economic gain.
- (iii) *The Information Society*: exponential technological development increases the generational divide: in the 4 to 5 generation society we live in, the 2 older generations are too often excluded and affected by the digital divide, making them “digital homeless”. Older persons are the first victims of a development framework adapted primarily to younger generations and productivity imperatives;

In addition, other situations remain unaddressed: older disabled persons, older migrants, older working poor, older refugees or displaced persons, older victims of conflict, war or disasters, older prisoners, older tortured and abused persons, etc., but also key issues such as gender equality in old



age, access to health, right to dignity, respect of the cultural and spiritual life until the end of life...and after all, when you think about it, each one of us is concerned or will be one day concerned...

In all issues, the Right to Development must carefully take into account old age and the generation-specificities of development over the life span until the end of life.

What is missing is the recognition that older persons have Rights, but also need to be empowered to carry out their important role and contribution to cohesion and peace in society and nations worldwide.

Therefore, we call upon the Commission on Human Rights :

- to appoint a special Rapporteur on the Rights of Older Persons,
- to mainstream ageing in all issues addressed, and
- to specifically mention Older persons issues in the Agenda of the next Human Rights Commission.

Thank you.

# Who International Plan of Action on Ageing: Report on Implementation, 2005

### Report by the Secretariat

1. The United Nations Second World Assembly on Ageing (Madrid, 8-12 April 2002) unanimously adopted the Madrid Political Declaration and International Plan of Action on Ageing, 2002. WHO's contributions to the Assembly included the submission of a policy framework ((Active ageing: a policy framework, document WHO/NMH/NPH /02.8.), and the formulation of regional action plans for implementing the International Plan, notably by the United Nations Economic Commission for Europe, the United Nations Economic and Social Commission for Asia and the Pacific, and the United Nations Economic Commission for Latin America and the Caribbean. Reports on the content of the policy framework and the outcomes of the Second World Assembly were submitted to the Fifty-fifth World Health Assembly (Documents A55/17 and A55/17 Add.1). The present report summarizes WHO's contributions to the implementation of the International Plan of Action since 2002 and the results of disseminating the active ageing policy framework.
2. WHO defines active ageing as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age". The policy framework takes into account the determinants of health throughout the life course, and has helped to shape ageing policies at national and regional levels and to direct academic research on ageing; it has also influenced the practical application of policies at community level. Policy-makers at various levels have adopted the framework's conceptual approaches. Basic indicators for monitoring the implementation of active ageing policies are now being formulated and should be ready in 2005.
3. A series of international conferences on ageing, such as the International Federation on Ageing's Sixth and Seventh Global Conferences (Perth, Australia, 27-30 October 2002 and Singapore, 4-7 September 2004, respectively) and the forthcoming XVIII World Congress of Gerontology

(Rio de Janeiro, Brazil, 26-30 June 2005), have adopted the active ageing conceptual approach with its three pillars of health, participation and security in their respective agendas. WHO has taken an advisory role in international as well as in national research projects on active ageing, such as those sponsored by the European Commission.

## **FOCUS ON PRIMARY HEALTH CARE**

4. Good health is imperative for older people to remain independent and continue to contribute to their families and communities. The Madrid International Plan of Action prioritizes access to primary health care and, accordingly, that has become WHO's focus in order to provide the regular, continuing contacts and care that older people need to prevent or delay the onset of chronic, often disabling diseases and to enable them to be vital resources to their families, societies and the economy. Consequently, WHO has launched a series of complementary projects focusing on the provision of integrated care that aims to be available, accessible, comprehensive, efficient, and responsive to both gender and age.
5. The objective of WHO's project to formulate an integrated response of health-care systems to rapid population ageing in developing countries is to create a knowledge base to support countries in reorienting policies towards integrated health and social care systems serving older populations. The first two phases (now completed) of the project, conducted in 12 developing countries (Botswana, Chile, China, Ghana, Jamaica, Republic of Korea, Lebanon, Peru, Sri Lanka, Suriname, Syrian Arab Republic and Thailand), consisted of quantitative and qualitative research on the care-seeking behaviours of older people at primary health-care level; the roles, needs and attitudes of their service providers; and the types of services provided. Governments, academic institutions, and nongovernmental organizations contributed to this interdisciplinary research project, which resulted in the sharing of information and models of good practice among the participating countries and a series of specific policy recommendations. The next phase, being implemented in collaboration with the WHO Centre for Health Development, Kobe, Japan, brings in six additional countries

(Bolivia, India, Kenya, Malaysia, Pakistan, and Trinidad and Tobago) and focuses on older people who do not use primary health care. The project will lead to comprehensive policy recommendations on developing a continuum of care within the primary health-care sector aiming towards integrated old-age care. Thereafter, work will focus on step-wise implementation of the recommendations. The project was conceived as a model to stimulate exchanges of knowledge, experience and models of good practice between developing countries with rapidly ageing populations, and with the aim of building relevant research capabilities in developing countries.

6. In 2002, WHO initiated the related age-friendly primary health care project in order to sensitize and educate primary health-care workers and build capacity in primary health-care centres to provide for the specific needs of their older users. Despite the vital role of such centres in older people's health and well-being, there are many barriers to care that may result in older people not changing behaviours detrimental to health or becoming discouraged from seeking or continuing treatment. The project provides a set of age-friendly principles for primary health-care centres (Towards age-friendly primary health care. Geneva, World Health Organization, 2004) and training and information materials for primary health-care workers on how to overcome such barriers. Implementation of the principles will be piloted in at least four developing countries with the aid of a set of training and information materials, including a protocol for evaluating the impact of the project. Once finalized, that package will be made widely available in electronic and other formats to health and social care providers.
7. Recognizing the importance of relevant training for future health workers, WHO has partnered with the International Federation of Medical Students' Associations in a continuing effort to put ageing in the mainstream of medical curricula and to strengthen the teaching of geriatric medicine in 42 countries.
8. The WHO Centre for Health Development, Kobe, issued a glossary on community-based health for older people containing standardized terminology and definitions (A glossary of terms for community health care and services for older persons. Kobe, WHO Centre for Health Development, 2004). The first of several case studies on model practices in delivery of primary health care to ageing populations in

mega-cities will focus on Shanghai, China. A research advisory meeting organized by the Centre outlined a proposal for exploring the effects of urbanization, environmental change and technological innovations on ageing populations.

9. In 2003 the World Health Survey collected information in 71 countries on population health status and health services coverage, including data on older age groups. This information should lead to a better understanding of the determinants of health and causes of morbidity at older ages. A longitudinal study on health and ageing, which builds on the Survey, is being conducted in six countries.

## EMERGING ISSUES

10. The International Plan of Action on Ageing, 2002 identified two emerging areas requiring urgent action: older persons and HIV/AIDS; and abuse of older people. Worldwide, particularly in sub-Saharan Africa, older people (mostly women) absorb enormous additional burdens placed on the family by the HIV/AIDS pandemic. In response, WHO has developed a method to assess the needs of older carers through pilot research in Zimbabwe. The project is intended to be replicated in other countries in order to provide evidence-based data for interventions.
11. In work towards the prevention of abuse of older people, WHO is conducting research in collaboration with the University of Geneva on reliable tools to facilitate detection of such abuse at the primary health-care level. Following a large study in Canada that validated one such tool, WHO will pilot the application in four other countries. The project builds on a qualitative study jointly conducted by WHO, the International Network for the Prevention of Elder Abuse, and HelpAge International. That study's resulting publication on the views of older people on elder abuse has been widely disseminated (World Health Organization, International Network for the Prevention of Elder Abuse. Missing voices: the views of older people on elder abuse, document WHO/NMH/VIP/02) was one of the parties to the Toronto Declaration on the Global Prevention of Elder Abuse launched at the Ontario Elder Abuse Conference (Ontario, Canada, 18-20 November 2002).

## REGIONAL WORK

12. Work at regional level is largely focused on how to provide community-based primary health care to growing numbers of older people. In September 2002, the 26th Pan American Sanitary Conference adopted resolution CSP26.R20 urging Member States to implement the International Plan of Action on Ageing, 2002 and to provide adequate support for implementation of priority areas, such as access to health care, essential drugs and vaccinations for older people. The Regional Office for the Americas has developed a training manual for primary health-care providers on old-age care. It collaborated with six Member States (Chile, Costa Rica, El Salvador, Mexico, Panama and Uruguay) to implement training programmes for primary health-care professionals and is monitoring the improvement of quality of care. It collaborates with health system reform projects in Bolivia, Ecuador and El Salvador to ensure provision of health services to older persons. It has established a network of trainers in geriatric care. In the area of research, PAHO conducted a study on health, well-being and ageing in collaboration with ministries of health and universities in 10 countries.
13. In 2003, the Regional Committee for the Eastern Mediterranean at its Fiftieth Session adopted resolution EM/RC50/R.10 on health care for the elderly, which emphasizes the need to establish and improve the integration and coordination of health, welfare and other sectors in order to develop comprehensive services and programmes. Eight countries have included healthy ageing in collaborative programmes with the Regional Office for the eastern Mediterranean during the current biennium. An in-depth study on the current state of community-based care for older people has been conducted in Bahrain, Egypt, Islamic Republic of Iran and Lebanon.
14. The Regional Office for the Western Pacific works with five Member States in the Region (China, Mongolia, Philippines, Republic of Korea and Viet Nam) to support community-based programmes for older people. Its recent document on a health promotion approach to ageing and health for developing countries provides guidance to countries on how to improve health promotion, disease prevention and health services delivery for older people. Other publications with practical information on old-age care are being prepared.

15. In the South-East Asia Region, the focus has been primarily on old-age care at the primary health-care level. The Regional Office prepared both a manual for primary health-care workers and a regional model for comprehensive community and home-based health care, which was pilot-tested in Bhutan, Myanmar, Nepal, Sri Lanka and Thailand. A recent document on health of the elderly in South-East Asia has been widely disseminated.
16. The African Union has adopted a regional implementation plan for the Madrid International Plan of Action on Ageing, 2002. While still assessing the implementation plan, the WHO Regional Office for Africa aims to promote health care for older people in addition to its continuing collaboration with HelpAge International in selected countries on supporting older carers of people living with HIV/AIDS and their children.
17. The Regional Office for Europe continues its work on ageing within the Healthy Cities programme, of which healthy ageing is one of the three core themes. The Regional Office recently published two documents on how to provide better palliative care for older persons.

## **COLLABORATION WITHIN THE UNITED NATIONS SYSTEM**

18. The Madrid International Plan of Action on Ageing, 2002 and subsequent United Nations resolutions asked for a strengthening of the functions of the focal points on ageing throughout the United Nations system in order to put work on ageing at the heart of all United Nations system activities and to improve communications and intersectoral information on the implementation of the International Plan. WHO designated a focal point on ageing for the Second World Assembly on ageing and its follow-up implementation activities.
19. UNFPA and WHO recently agreed to conduct a study on the factors that determine the health status of older women and their access to care as a joint contribution to the tenth anniversary of the adoption in 1995 of the Beijing Platform for Action. The project will emphasize best practices worldwide and policy recommendations.

20. Other collaborative activities within the United Nations system include the production of informational materials for the annual International Day of Older Persons.
21. Although the Millennium Development Goals do not specifically mention the roles and contributions of older persons to development, rapid population ageing has many far-reaching societal and economic implications. WHO consistently draws attention to the importance of a holistic lifecourse approach to ageing, including consideration of determinants of health and emphasis on a continuum of health and social care services that enable older people to remain healthy and productive within their families and communities. Through the United Nations Focal Point on Ageing and other United Nations agencies, WHO seeks to ensure the integration of ageing issues into policies and programmes for attaining the Millennium Development Goals and to provide continued overall commitment on population ageing issues.
22. The Executive Board discussed the report at its 115th session and expressed its agreement with the report's focus on "age-friendly" primary health care and a holistic approach to policies on active and healthy ageing. It also stressed the need to address the specific consequences of two emerging issues, namely older persons caring for family members with HIV/AIDS and abuse of older people. The Executive Board adopted a resolution on strengthening active and healthy ageing for transmission to the Health Assembly.

## **ACTION BY THE HEALTH ASSEMBLY**

23. The Health Assembly is invited to consider the draft resolution contained in resolution EB115.R7.



## **Who Resolution WHA58.16 Strengthening Active and Healthy Ageing, 2005**

### **The Fifty-eighth World Health Assembly,**

Having considered the document on International Plan of Action on Ageing: report on

implementation; Noting that more than 1000 million people will be over 60 years old by 2025, the vast majority in the developing world, and that this figure is expected to double by 2050, which will lead to increasing demands on health and social-service systems worldwide;

Recalling resolution WHA52.7 on active ageing that called upon all Member States to take appropriate steps to carry out measures that ensure the highest attainable standard of health and wellbeing for the growing numbers of their older citizens;

Recalling also United Nations General Assembly resolution 58/134 of 22 December 2003, which requested the organizations and bodies of the United Nations system and the specialized agencies to integrate ageing, including from a gender perspective, into their programmes of work;

Recalling further United Nations General Assembly resolution 59/150, which called on governments, the organizations of the United Nations system, nongovernmental organizations and the private sector to ensure that the challenges of population ageing and the concerns of older persons were adequately incorporated into their programmes and projects, especially at country level, and invited Member States to submit, whenever possible, information to the United Nations database on ageing;

Acknowledging the active ageing policy framework, WHO's contribution to the United Nations Second World Assembly on Ageing, and its vision for the framing of integrated intersectoral policies on ageing;

Mindful of the important role played by WHO in implementing the objectives of the Madrid International Plan of Action on Ageing, 2002, particularly Priority Direction II: Advancing health and well-being into old age;

Recognizing the contributions that older persons make to development, and the importance of lifelong education and active community involvement for older persons;

Stressing the important role of public-health policies and programmes in enabling the rapidly growing numbers of older persons in both developed and developing countries to remain in good health and maintain their many vital contributions to the well-being of their families, communities and societies;

Stressing also the importance of developing care services, including eHealth services, to enable older persons to remain in their homes for as long as possible;

Underlining the need for incorporating a gender perspective into policies and programmes relating to active and healthy ageing;

Welcoming WHO's focus on primary health care, such as the development of "age-friendly" primary health care,

1. URGES Member States:

- (1) to develop, implement and evaluate policies and programmes that promote healthy and active ageing and the highest attainable standard of health and well-being for their older citizens;
- (2) to consider the situation of older persons as an integral part of their efforts to achieve the internationally agreed development goals of the United Nations Millennium Declaration, and to mobilize political will and financial resources for that purpose;
- (3) to take measures to ensure that gender-sensitive health policies, plans and programmes recognize and address the rights and comprehensive health, social-service and development needs of older women and men, with special attention to the socially excluded, older persons with disabilities, and those unable to meet their basic needs;
- (4) to take steps and encourage measures to ensure that resources are made available for persons or legal entities who take care of older persons;

- (5) to pay special attention to the key role that older persons, especially older women, play as caregivers in their families and the community, and particularly the burdens placed on them by the HIV/AIDS pandemic;
  - (6) to consider establishing an appropriate legal framework, to enforce legislation and to strengthen legal efforts and community initiatives designed to eliminate economic, physical and mental elder abuse;
  - (7) to develop, use and maintain systems to provide data, throughout the life-course, disaggregated by age and sex, on intersectoral determinants of health and health status in order to underpin the planning, implementation, monitoring and evaluation of evidence-based health policy interventions relevant to older persons;
  - (8) to undertake education and recruitment measures and incentives, taking into account the particular circumstances in developing countries, in order to ensure sufficient health personnel to meet the needs of older persons;
  - (9) to strengthen national action in order to ensure sufficient resources to fulfil commitments to implementing the Madrid International Plan of Action on Ageing, 2002, and related regional plans of action relating to the health and well-being of older persons;
  - (10) to develop health care of older persons within primary care in the existing national health systems;
  - (11) to provide progress reports on the status of older persons and on active and healthy ageing programmes when making country health reports;
  - (12) to support WHO's advocacy for active and healthy ageing through new, multisectoral partnerships with intergovernmental, nongovernmental, private-sector and voluntary organizations;
2. REQUESTS the Commission on Social Determinants of Health to consider including issues related to active and healthy ageing throughout the life-course among its policy recommendations;

### 3. REQUESTS the Director-General:

- (1) to raise awareness of the challenge of the ageing of societies, the health and social needs of older persons, and the contributions of older persons to society, including by working with Member States and nongovernmental and private-sector employers;
- (2) to provide support to Member States in their efforts to fulfil their commitments to the goals and outcomes of relevant United Nations conferences and summits, particularly the Second World Assembly on Ageing, related to the health and social needs of older persons, in collaboration with relevant partners;
- (3) to continue to focus on primary health care, with an emphasis on existing community structures where applicable, that is age appropriate, accessible and available for older persons, thereby strengthening their capability to remain vital resources to their families, the economy, the community and society for as long as possible;
- (4) to provide support to Member States, by promoting research and strengthening capacity for health promotion and disease prevention strategies, policies and interventions throughout the life-course, in their efforts to develop integrated care for older persons, including support for both formal and informal caregivers;
- (5) to undertake initiatives to improve the access of older persons to relevant information and health-care and social services in order, particularly, to reduce their risk of HIV infection, to improve the quality of life and dignity of those living with HIV/AIDS, and to help them support family members affected by HIV/AIDS and their orphaned grandchildren;
- (6) to provide support to Member States, upon request, for compiling, using and maintaining systems to provide information, throughout the life-course, disaggregated by age and sex, health status and selected intersectoral information, on determinants of health, in order to underpin the planning, implementation, monitoring and evaluation of evidence-based health-policy interventions relevant to older persons;

- (7) to strengthen WHO's capacity to incorporate work on ageing throughout its activities and programmes at all levels and to facilitate the role of WHO regional offices in the implementation of United Nations regional plans of action on ageing;
- (8) to cooperate with other agencies and organizations of the United Nations system in order to ensure intersectoral action towards active and healthy ageing;
- (9) to report to the Sixtieth World Health Assembly, through the Executive Board, on progress made in implementing this resolution.



**The Rights of Older Persons:  
Part E:**

**General  
International  
Human Rights  
Documents**





# Universal Declaration of Human Rights, 1948

## *Article 2*

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

...

## *Article 6*

Everyone has the right to recognition everywhere as a person before the law.

## *Article 7*

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

...

## *Article 21*

1. Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
2. Everyone has the right to equal access to public service in his country.

## *Article 22*

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

### *Article 23*

1. Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests.

...

### *Article 25*

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

...

### *Article 27*

1. Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

# Geneva Convention relative to the Protection of Civilian Persons in Time of War, 1949

*Entry into force: 21 October 1950*

## *Article 14*

In time of peace, the High Contracting Parties and, after the outbreak of hostilities, the Parties thereto, may establish in their own territory and, if the need arises, in occupied areas, hospital and safety zones and localities so organized as to protect from the effects of war, wounded, sick and aged persons, children under fifteen, expectant mothers and mothers of children under seven.

Upon the outbreak and during the course of hostilities, the Parties concerned may conclude agreements on mutual recognition of the zones and localities they have created. They may for this purpose implement the provisions of the Draft Agreement annexed to the present Convention, with such amendments as they may consider necessary.

The Protecting Powers and the International Committee of the Red Cross are invited to lend their good offices in order to facilitate the institution and recognition of these hospital and safety zones and localities.

...

## *Article 17*

The Parties to the conflict shall Endeavour to conclude local agreements for the removal from besieged or encircled areas, of wounded, sick, infirm, and aged persons, children and maternity cases, and for the passage of ministers of all religions, medical personnel and medical equipment on their way to such areas.

...

## *Article 27*

Protected persons are entitled, in all circumstances, to respect for their persons, their honor, their family rights, their religious convictions and

practices, and their manners and customs. They shall at all times be humanely treated, and shall be protected especially against all acts of violence or threats thereof and against insults and public curiosity.

Women shall be especially protected against any attack on their honor, in particular against rape, enforced prostitution, or any form of indecent assault.

Without prejudice to the provisions relating to their state of health, age and sex, all protected persons shall be treated with the same consideration by the Party to the conflict in whose power they are, without any adverse distinction based, in particular, on race, religion or political opinion. However, the Parties to the conflict may take such measures of control and security in regard to protected persons as may be necessary as a result of the war.

...

#### *Article 76*

Protected persons accused of offences shall be detained in the occupied country, and if convicted they shall serve their sentences therein. They shall, if possible, be separated from other detainees and shall enjoy conditions of food and hygiene which will be sufficient to keep them in good health, and which will be at least equal to those obtaining in prisons in the occupied country.

They shall receive the medical attention required by their state of health. They shall also have the right to receive any spiritual assistance which they may require. Women shall be confined in separate quarters and shall be under the direct supervision of women. Proper regard shall be paid to the special treatment due to minors.

Protected persons who are detained shall have the right to be visited by delegates of the Protecting Power and of the International Committee of the Red Cross, in accordance with the provisions of Article 143. Such persons shall have the right to receive at least one relief parcel monthly.

# International Covenant on Civil and Political Rights, 1966

*Entry into force: 23 march 1976*

...

## Article 2

1. Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
2. Where not already provided for by existing legislative or other measures, each State Party to the present Covenant undertakes to take the necessary steps, in accordance with its constitutional processes and with the provisions of the present Covenant, to adopt such laws or other measures as may be necessary to give effect to the rights recognized in the present Covenant.
3. Each State Party to the present Covenant undertakes:
  - (a) To ensure that any person whose rights or freedoms as herein recognized are violated shall have an effective remedy, notwithstanding that the violation has been committed by persons acting in an official capacity;
  - (b) To ensure that any person claiming such a remedy shall have his right thereto determined by competent judicial, administrative or legislative authorities, or by any other competent authority provided for by the legal system of the State, and to develop the possibilities of judicial remedy;
  - (c) To ensure that the competent authorities shall enforce such remedies when granted.

...

## Article 16

Everyone shall have the right to recognition everywhere as a person before the law.

. . .

### *Article 25*

Every citizen shall have the right and the opportunity, without any of the distinctions mentioned in article 2 and without unreasonable restrictions:

- (a) To take part in the conduct of public affairs, directly or through freely chosen representatives;
- (b) To vote and to be elected at genuine periodic elections which shall be by universal and equal suffrage and shall be held by secret ballot, guaranteeing the free expression of the will of the electors;
- (c) To have access, on general terms of equality, to public service in his country.

### *Article 26*

All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

# International Covenant on Economic, Social and Cultural Rights, 1966

*Entry into force: 3 January 1976*

## Article 6

1. The States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right.
2. The steps to be taken by a State Party to the present Covenant to achieve the full realization of this right shall include technical and vocational guidance and training programs, policies and techniques to achieve steady economic, social and cultural development and full and productive employment under conditions safeguarding fundamental political and economic freedoms to the individual.

## Article 7

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favorable conditions of work which ensure, in particular:

- (a) Remuneration which provides all workers, as a minimum, with:
  - (i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work;
  - (ii) A decent living for themselves and their families in accordance with the provisions of the present Covenant;
- (b) Safe and healthy working conditions;
- (c) Equal opportunity for everyone to be promoted in his employment to an appropriate higher level, subject to no considerations other than those of seniority and competence;
- (d) Rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays

...

#### *Article 9*

The States Parties to the present Covenant recognize the right of everyone to social security, including social insurance.

...

#### *Article 11*

1. The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.
2. The States Parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific programs, which are needed:
  - (a) To improve methods of production, conservation and distribution of food by making full use of technical and scientific knowledge, by disseminating knowledge of the principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources;
  - (b) Taking into account the problems of both food-importing and food-exporting countries, to ensure an equitable distribution of world food supplies in relation to need.

#### *Article 12*

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
  - (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;



- (b) The improvement of all aspects of environmental and industrial hygiene;
- (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

...

#### *Article 15*

1. The States Parties to the present Covenant recognize the right of everyone:
  - (a) To take part in cultural life;
  - (b) To enjoy the benefits of scientific progress and its applications;
- (c) To benefit from the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for the conservation, the development and the diffusion of science and culture.
3. The States Parties to the present Covenant undertake to respect the freedom indispensable for scientific research and creative activity.
4. *The States Parties to the present Covenant recognize the benefits to be derived from the encouragement and development of international contacts and co-operation in the scientific and cultural fields.*

# Convention Concerning Discrimination in Respect of Employment and Occupation, 1958 (No. 111)

*Entry into Force: 15 June 1960*

## Article 1

1. For the purpose of this Convention the term discrimination includes:
  - (a) Any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation;
  - (b) Such other distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation as may be determined by the Member concerned after consultation with representative employers' and workers' organizations, where such exist, and with other appropriate bodies.
2. Any distinction, exclusion or preference in respect of a particular job based on the inherent requirements thereof shall not be deemed to be discrimination.
3. For the purpose of this Convention the terms employment and occupation include access to vocational training, access to employment and to particular occupations, and terms and conditions of employment.

## Article 5

...

2. Any Member may, after consultation with representative employers' and workers' organizations, where such exist, determine that other special measures designed to meet the particular requirements of persons who, for reasons such as sex, age, disablement, family responsibilities or social or cultural status, are generally recognized to require special protection or assistance, shall not be deemed to be discrimination.

# Convention on the Elimination of All Forms of Discrimination Against Women, 1979

*Entry into force: 3 September 1981*

## *Article I*

For the purposes of the present Convention, the term “discrimination against women” shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

## *Article 11*

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular:
  - (a) The right to work as an inalienable right of all human beings;
  - (b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment;
  - (c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training;
  - (d) The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work;
  - (e) The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave;
  - (f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.

## *Article 12*

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.
2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

# Convention on the Rights of Persons with Disabilities, 2007

## Preamble

*The States Parties to the present Convention,*

- (a) Recalling the principles proclaimed in the Charter of the United Nations which recognize the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world,
- (b) Recognizing that the United Nations, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, has proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind,
- (c) Reaffirming the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination,
- (d) Recalling the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,
- (e) Recognizing that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others,

- (f) Recognizing the importance of the principles and policy guidelines contained in the World Programme of Action concerning Disabled Persons and in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in influencing the promotion, formulation and evaluation of the policies, plans, programmes and actions at the national, regional and international levels to further equalize opportunities for persons with disabilities,
- (g) Emphasizing the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development,
- (h) Recognizing also that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,
- (i) Recognizing further the diversity of persons with disabilities,
- (j) Recognizing the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support,
- (k) Concerned that, despite these various instruments and undertakings, persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world,
- (l) Recognizing the importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries,
- (m) Recognizing the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty,
- (n) Recognizing the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices,

- (o) Considering that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them,
- (p) Concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,
- (q) Recognizing that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,
- (r) Recognizing that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child,
- (s) Emphasizing the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities,
- (t) Highlighting the fact that the majority of persons with disabilities live in conditions of poverty, and in this regard recognizing the critical need to address the negative impact of poverty on persons with disabilities,
- (u) Bearing in mind that conditions of peace and security based on full respect for the purposes and principles contained in the Charter of the United Nations and observance of applicable human rights instruments are indispensable for the full protection of persons with disabilities, in particular during armed conflicts and foreign occupation,
- (v) Recognizing the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms,
- (w) Realizing that the individual, having duties to other individuals and to the community to which he or she belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the International Bill of Human Rights,

- (x) Convinced that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities,
- (y) Convinced that a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities will make a significant contribution to redressing the profound social disadvantage of persons with disabilities and promote their participation in the civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries,

*Have agreed as follows:*

#### *Article 1*

### **Purpose**

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

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.

#### *Article 2*

### **Definitions**

For the purposes of the present Convention:

“Communication” includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;

“Language” includes spoken and signed languages and other forms of non-spoken languages;



“Discrimination on the basis of disability” means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation;

“Reasonable accommodation” means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;

“Universal design” means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

### *Article 3*

#### **General principles**

The principles of the present Convention shall be:

- (a) Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons;
- (b) Non-discrimination;
- (c) Full and effective participation and inclusion in society;
- (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- (e) Equality of opportunity;
- (f) Accessibility;
- (g) Equality between men and women;
- (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

#### *Article 4*

#### **General obligations**

1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:
  - (a) To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;
  - (b) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
  - (c) To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;
  - (d) To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;
  - (e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;
  - (f) To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;
  - (g) To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;
  - (h) To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;
  - (i) To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention

so as to better provide the assistance and services guaranteed by those rights.

2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.
3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.
4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.
5. The provisions of the present Convention shall extend to all parts of federal states without any limitations or exceptions.

#### *Article 5*

#### **Equality and non-discrimination**

1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.
2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.

3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.
4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

#### *Article 6*

#### **Women with disabilities**

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.
2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

#### *Article 7*

#### **Children with disabilities**

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

#### *Article 8*

#### **Awareness-raising**

1. States Parties undertake to adopt immediate, effective and appropriate measures:

- (a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;
  - (b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;
  - (c) To promote awareness of the capabilities and contributions of persons with disabilities.
2. Measures to this end include:
- (a) Initiating and maintaining effective public awareness campaigns designed:
    - (i) To nurture receptiveness to the rights of persons with disabilities;
    - (ii) To promote positive perceptions and greater social awareness towards persons with disabilities;
    - (iii) To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;
  - (b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;
  - (c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;
  - (d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.

#### *Article 9*

### **Accessibility**

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

- (a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
  - (b) Information, communications and other services, including electronic services and emergency services.
- 2. States Parties shall also take appropriate measures to:
  - (a) Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
  - (b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
  - (c) Provide training for stakeholders on accessibility issues facing persons with disabilities;
  - (d) Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
  - (e) Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
  - (f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
  - (g) Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;
  - (h) Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

### *Article 10*

#### **Right to life**

States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.

### *Article 11*

#### **Situations of risk and humanitarian emergencies**

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international

human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

#### *Article 12*

#### **Equal recognition before the law**

1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.
2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.
3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.
4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.
5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

#### *Article 13*

#### **Access to justice**

1. States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision

of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

2. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.

### **Liberty and security of the person**

1. States Parties shall ensure that persons with disabilities, on an equal basis with others:
  - (a) Enjoy the right to liberty and security of person;
  - (b) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.
2. States Parties shall ensure that if persons with disabilities are deprived of their liberty through any process, they are, on an equal basis with others, entitled to guarantees in accordance with international human rights law and shall be treated in compliance with the objectives and principles of this Convention, including by provision of reasonable accommodation.

#### *Article 15*

### **Freedom from torture or cruel, inhuman or degrading treatment or punishment**

1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.
2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.



## *Article 16*

### **Freedom from exploitation, violence and abuse**

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.
2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.
3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.
4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.
5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

## *Article 17*

### **Protecting the integrity of the person**

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

## *Article 18*

### **Liberty of movement and nationality**

1. States Parties shall recognize the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others, including by ensuring that persons with disabilities:
  - (a) Have the right to acquire and change a nationality and are not deprived of their nationality arbitrarily or on the basis of disability;
  - (b) Are not deprived, on the basis of disability, of their ability to obtain, possess and utilize documentation of their nationality or other documentation of identification, or to utilize relevant processes such as immigration proceedings, that may be needed to facilitate exercise of the right to liberty of movement;
  - (c) Are free to leave any country, including their own;
  - (d) Are not deprived, arbitrarily or on the basis of disability, of the right to enter their own country.
2. Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents.

## *Article 19*

### **Living independently and being included in the community**

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- (a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- (b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

- (c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

#### *Article 20*

#### **Personal mobility**

States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- (a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
- (b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
- (c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;
- (d) Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

#### *Article 21*

#### **Freedom of expression and opinion, and access to information**

States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

- (a) Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;
- (b) Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;

- (c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;
- (d) Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;
- (e) Recognizing and promoting the use of sign languages.

## *Article 22*

### **Respect for privacy**

1. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks.
2. States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.

## *Article 23*

### **Respect for home and the family**

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:
  - (a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;
  - (b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;
  - (c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.
3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.
4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.
5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

#### *Article 24*

#### **Education**

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning directed to:
  - (a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
  - (b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;

- (c) Enabling persons with disabilities to participate effectively in a free society.
2. In realizing this right, States Parties shall ensure that:
    - (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
    - (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
    - (c) Reasonable accommodation of the individual's requirements is provided;
    - (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
    - (e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.
  3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:
    - (a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
    - (b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
    - (c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.
  4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education.

Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

#### *Article 25*

#### **Health**

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
- (b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- (c) Provide these health services as close as possible to people's own communities, including in rural areas;
- (d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- (e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such

insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

- (f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

#### *Article 26*

#### **Habilitation and rehabilitation**

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:
  - (a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;
  - (b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.
2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.
3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

#### *Article 27*

#### **Work and employment**

1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the



course of employment, by taking appropriate steps, including through legislation, to, inter alia:

- (a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
  - (b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
  - (c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
  - (d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
  - (e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
  - (f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;
  - (g) Employ persons with disabilities in the public sector;
  - (h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
  - (i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
  - (j) Promote the acquisition by persons with disabilities of work experience in the open labour market;
  - (k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.
2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

## *Article 28*

### **Adequate standard of living and social protection**

1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.
2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:
  - (a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;
  - (b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;
  - (c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;
  - (d) To ensure access by persons with disabilities to public housing programmes;
  - (e) To ensure equal access by persons with disabilities to retirement benefits and programmes.

## *Article 29*

### **Participation in political and public life**

States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, and shall undertake to:

- (a) Ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected, *inter alia*, by:

- (i) Ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use;
  - (ii) Protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate;
  - (iii) Guaranteeing the free expression of the will of persons with disabilities as electors and to this end, where necessary, at their request, allowing assistance in voting by a person of their own choice;
- (b) Promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs, including:
- (i) Participation in non-governmental organizations and associations concerned with the public and political life of the country, and in the activities and administration of political parties;
  - (ii) Forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels.

### *Article 30*

#### **Participation in cultural life, recreation, leisure and sport**

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:
  - (a) Enjoy access to cultural materials in accessible formats;
  - (b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;
  - (c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.
2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.

3. States Parties shall take all appropriate steps, in accordance with international law, to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.
4. Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.
5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:
  - (a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
  - (b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
  - (c) To ensure that persons with disabilities have access to sporting, recreational and tourism venues;
  - (d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;
  - (e) To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

### *Article 31*

#### **Statistics and data collection**

1. States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:
  - (a) Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities;

- (b) Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics.
- 2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.
- 3. States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

#### *Article 32*

#### **International cooperation**

- 1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:
  - (a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;
  - (b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;
  - (c) Facilitating cooperation in research and access to scientific and technical knowledge;
  - (d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.
- 2. The provisions of this article are without prejudice to the obligations of each State Party to fulfil its obligations under the present Convention.

### *Article 33*

#### **National implementation and monitoring**

1. States Parties, in accordance with their system of organization, shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.
2. States Parties shall, in accordance with their legal and administrative systems, maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention. When designating or establishing such a mechanism, States Parties shall take into account the principles relating to the status and functioning of national institutions for protection and promotion of human rights.
3. Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.

### *Article 34*

#### **Committee on the Rights of Persons with Disabilities**

1. There shall be established a Committee on the Rights of Persons with Disabilities (hereafter referred to as "the Committee"), which shall carry out the functions hereinafter provided.
2. The Committee shall consist, at the time of entry into force of the present Convention, of twelve experts. After an additional sixty ratifications or accessions to the Convention, the membership of the Committee shall increase by six members, attaining a maximum number of eighteen members.
3. The members of the Committee shall serve in their personal capacity and shall be of high moral standing and recognized competence and experience in the field covered by the present Convention. When nominating their candidates, States Parties are invited to give due consideration to the provision set out in article 4.3 of the present Convention.

4. The members of the Committee shall be elected by States Parties, consideration being given to equitable geographical distribution, representation of the different forms of civilization and of the principal legal systems, balanced gender representation and participation of experts with disabilities.
5. The members of the Committee shall be elected by secret ballot from a list of persons nominated by the States Parties from among their nationals at meetings of the Conference of States Parties. At those meetings, for which two thirds of States Parties shall constitute a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.
6. The initial election shall be held no later than six months after the date of entry into force of the present Convention. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to the States Parties inviting them to submit the nominations within two months. The Secretary-General shall subsequently prepare a list in alphabetical order of all persons thus nominated, indicating the State Parties which have nominated them, and shall submit it to the States Parties to the present Convention.
7. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election once. However, the term of six of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these six members shall be chosen by lot by the chairperson of the meeting referred to in paragraph 5 of this article.
8. The election of the six additional members of the Committee shall be held on the occasion of regular elections, in accordance with the relevant provisions of this article.
9. If a member of the Committee dies or resigns or declares that for any other cause she or he can no longer perform her or his duties, the State Party which nominated the member shall appoint another expert possessing the qualifications and meeting the requirements set out in the relevant provisions of this article, to serve for the remainder of the term.

10. The Committee shall establish its own rules of procedure.
11. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention, and shall convene its initial meeting.
12. With the approval of the General Assembly, the members of the Committee established under the present Convention shall receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide, having regard to the importance of the Committee's responsibilities.
13. The members of the Committee shall be entitled to the facilities, privileges and immunities of experts on mission for the United Nations as laid down in the relevant sections of the Convention on the Privileges and Immunities of the United Nations.

#### *Article 35*

#### **Reports by States Parties**

1. Each State Party shall submit to the Committee, through the Secretary-General of the United Nations, a comprehensive report on measures taken to give effect to its obligations under the present Convention and on the progress made in that regard, within two years after the entry into force of the present Convention for the State Party concerned.
2. Thereafter, States Parties shall submit subsequent reports at least every four years and further whenever the Committee so requests.
3. The Committee shall decide any guidelines applicable to the content of the reports.
4. A State Party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports, repeat information previously provided. When preparing reports to the Committee, States Parties are invited to consider doing so in an open and transparent process and to give due consideration to the provision set out in article 4.3 of the present Convention.
5. Reports may indicate factors and difficulties affecting the degree of fulfilment of obligations under the present Convention.



### *Article 36*

#### **Consideration of reports**

1. Each report shall be considered by the Committee, which shall make such suggestions and general recommendations on the report as it may consider appropriate and shall forward these to the State Party concerned. The State Party may respond with any information it chooses to the Committee. The Committee may request further information from States Parties relevant to the implementation of the present Convention.
2. If a State Party is significantly overdue in the submission of a report, the Committee may notify the State Party concerned of the need to examine the implementation of the present Convention in that State Party, on the basis of reliable information available to the Committee, if the relevant report is not submitted within three months following the notification. The Committee shall invite the State Party concerned to participate in such examination. Should the State Party respond by submitting the relevant report, the provisions of paragraph 1 of this article will apply.
3. The Secretary-General of the United Nations shall make available the reports to all States Parties.
4. States Parties shall make their reports widely available to the public in their own countries and facilitate access to the suggestions and general recommendations relating to these reports.
5. The Committee shall transmit, as it may consider appropriate, to the specialized agencies, funds and programmes of the United Nations, and other competent bodies, reports from States Parties in order to address a request or indication of a need for technical advice or assistance contained therein, along with the Committee's observations and recommendations, if any, on these requests or indications.

### *Article 37*

#### **Cooperation between States Parties and the Committee**

1. Each State Party shall cooperate with the Committee and assist its members in the fulfilment of their mandate.

2. In its relationship with States Parties, the Committee shall give due consideration to ways and means of enhancing national capacities for the implementation of the present Convention, including through international cooperation.

#### *Article 38*

#### **Relationship of the Committee with other bodies**

In order to foster the effective implementation of the present Convention and to encourage international cooperation in the field covered by the present Convention:

- (a) The specialized agencies and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate. The Committee may invite the specialized agencies and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. The Committee may invite specialized agencies and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;
- (b) The Committee, as it discharges its mandate, shall consult, as appropriate, other relevant bodies instituted by international human rights treaties, with a view to ensuring the consistency of their respective reporting guidelines, suggestions and general recommendations, and avoiding duplication and overlap in the performance of their functions.

#### *Article 39*

#### **Report of the Committee**

The Committee shall report every two years to the General Assembly and to the Economic and Social Council on its activities, and may make suggestions and general recommendations based on the examination of reports and information received from the States Parties. Such suggestions and general recommendations shall be included in the report of the Committee together with comments, if any, from States Parties.

*Article 40*

**Conference of States Parties**

1. The States Parties shall meet regularly in a Conference of States Parties in order to consider any matter with regard to the implementation of the present Convention.
2. No later than six months after the entry into force of the present Convention, the Conference of the States Parties shall be convened by the Secretary-General of the United Nations. The subsequent meetings shall be convened by the Secretary-General of the United Nations biennially or upon the decision of the Conference of States Parties.

*Article 41*

**Depositary**

The Secretary-General of the United Nations shall be the depositary of the present Convention.

*Article 42*

**Signature**

The present Convention shall be open for signature by all States and by regional integration organizations at United Nations Headquarters in New York as of 30 March 2007.

*Article 43*

**Consent to be bound**

The present Convention shall be subject to ratification by signatory States and to formal confirmation by signatory regional integration organizations. It shall be open for accession by any State or regional integration organization which has not signed the Convention.

*Article 44*

**Regional integration organizations**

1. "Regional integration organization" shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by this Convention. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with

respect to matters governed by this Convention. Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

2. References to “States Parties” in the present Convention shall apply to such organizations within the limits of their competence.
3. For the purposes of article 45, paragraph 1, and article 47, paragraphs 2 and 3, any instrument deposited by a regional integration organization shall not be counted.
4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the Conference of States Parties, with a number of votes equal to the number of their member States that are Parties to this Convention. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

#### *Article 45*

#### **Entry into force**

1. The present Convention shall enter into force on the thirtieth day after the deposit of the twentieth instrument of ratification or accession.
2. For each State or regional integration organization ratifying, formally confirming or acceding to the Convention after the deposit of the twentieth such instrument, the Convention shall enter into force on the thirtieth day after the deposit of its own such instrument.

#### *Article 46*

#### **Reservations**

1. Reservations incompatible with the object and purpose of the present Convention shall not be permitted.
2. Reservations may be withdrawn at any time.

#### *Article 47*

#### **Amendments**

1. Any State Party may propose an amendment to the present Convention and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States Parties, with a request to be notified whether they favour a

conference of States Parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States Parties present and voting shall be submitted by the Secretary-General to the General Assembly for approval and thereafter to all States Parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State Party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States Parties which have accepted it.
3. If so decided by the Conference of States Parties by consensus, an amendment adopted and approved in accordance with paragraph 1 of this article which relates exclusively to articles 34, 38, 39 and 40 shall enter into force for all States Parties on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment.

#### *Article 48*

#### **Denunciation**

A State Party may denounce the present Convention by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

#### *Article 49*

#### **Accessible format**

The text of the present Convention shall be made available in accessible formats.

*Article 50*

**Authentic texts**

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Convention shall be equally authentic.

In witness thereof the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Convention.