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**Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: review of relevant United Nations plans and programmes of action pertaining to the situation of social groups**

## Further implementation of the Madrid International Plan of Action on Ageing, 2002

### Report of the Secretary-General

*Summary*

The present report has been prepared in response to the request of the Economic and Social Council in its resolution 2013/29. It presents an overview of the evolution of policy analysis and approach to ageing at the United Nations since the adoption of the Madrid Plan of Action, and highlights four clusters of issues that are currently at the forefront of discussions on ageing. It then raises issues that have been cited as impediments or roadblocks to the implementation of the Madrid Plan of Action, as well as emerging views and approaches.

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# I. Introduction

1. In its resolution 2013/29, the Economic and Social Council expressed concern about “the lack of progress towards achieving the goals agreed at the Second World Assembly on Ageing” and requested the Secretary-General to present a report to the Commission for Social Development at its fifty-second session to follow up on the outcomes of the second review and appraisal of the Madrid Plan of Action, and in particular the relationship between development, social policy and the human rights of older persons to, inter alia, better inform the future work of relevant United Nations entities and bodies, including the Open-ended Working Group on Ageing. The present report is submitted in response to that request.

2. The first section of the present report presents a concise overview of the evolution of policy analysis and the approach to ageing at the United Nations since the adoption of the Madrid Plan of Action. The second section focuses on four clusters of issues that are at the forefront of discussions on ageing following the second review and appraisal and in the Open-ended Working Group on Ageing: income security, emerging challenges in the provision of health care, abuse and violence and age discrimination. The report then turns its attention to issues that have been cited as impediments or roadblocks to the implementation of the Madrid Plan of Action, as well as emerging views and approaches.

# II. Assessment of the direction and efficacy of the implementation of the Madrid Plan of Action

3. Following the adoption of the Madrid Plan of Action, the Secretary-General proposed a road map for its implementation (see A/58/160). The road map aimed at assisting Member States in setting national priorities and stimulating international cooperation in the area of ageing. The central tenet of the road map was that the successful implementation of the Madrid Plan of Action rested on building national capacities for policy development and mainstreaming ageing into national and international development agendas, which was an approach similar to that adopted for the advancement of women and gender mainstreaming.

4. The road map built on lessons learned from the shortfalls in implementing the Vienna International Plan of Action (1982-2002), the predecessor to the Madrid Plan of Action. In the vast majority of countries, in particular developing countries and countries with economies in transition, programmes and projects aimed at improving the situation of older persons had repeatedly failed to attract significant donor financing and the attention of policymakers or development agencies.

5. Five years into the implementation of the Madrid Plan of Action, the first review and appraisal revealed that little had changed (see E/CN.5/2007/7). Only a minority of Member States reported the use of mainstreaming as a policy tool. National capacity to implement the Madrid Plan of Action was not very well developed in many low-income countries owing to a lack of financial and human resources. Limited headway, if any, had been made in mainstreaming ageing into international policy processes.

6. Taking stock of the limited progress achieved, Member States requested that the Secretary-General propose a strategic framework for the implementation of the

Madrid Plan of Action through 2012. The proposed framework encouraged policymakers to determine priority areas for the future based on the findings of the review and appraisal and suggested three principal approaches for national policy actions: empowering older persons and promoting their rights, raising awareness of issues on ageing and developing national capacity on ageing (see E/CN.5/2009/5).

7. Empowering older persons to become full and active participants in society requires measures to guarantee their basic rights, such as equal access to health care and basic economic security, and to prevent violence and abuse against them. It also requires ensuring the participation of older persons in important decisions that affect their lives.

8. The continued lack of awareness of ageing issues in general, and of the content of the Madrid Plan of Action in particular, among policymakers, stakeholders and the general public led to the design of the strategic implementation framework as a promotional document intended to refocus attention on the key elements of the Madrid Plan of Action.

9. Enhancing national capacity on ageing, including by building institutional infrastructures, investing in human resources and mobilizing financial resources, was identified as a priority in the original road map five years earlier. The strategic implementation framework placed additional emphasis on adopting policy approaches that were evidence-based and participatory and contributed to mainstreaming. Monitoring and assessing the progress made was given equal importance.

10. The second review and appraisal of the Madrid Plan of Action (E/CN.5/2013/6) revealed that implementation continued to be weak. Gaps between policy and practice and the mobilization and/or building of sufficient human and financial capacities remained a major constraint. Ten years after its adoption, the Madrid Plan of Action had made only limited headway in national development plans. The mainstreaming of ageing issues saw little progress by any yardstick. Moreover, while Member States in developed countries pointed to some individual policy developments, the financial crisis also saw cutbacks to and restructuring of programmes that had a direct bearing on the lives of older persons.

11. Recommendations for action proposed in the strategic implementation framework through 2012 had only limited impact on the situation of older persons. Awareness of the Madrid Plan of Action and the current living conditions of older persons remained low in many developing countries. Action by the United Nations system and donors to improve national capacity to act on behalf of older persons was undertaken with limited funding and scope by the Department of Economic and Social Affairs of the Secretariat, the United Nations Population Fund (UNFPA) and some regional commissions.

12. The second review and appraisal highlighted several major challenges faced by older persons that were common to all or most regions and that undermined the social, economic and cultural participation of the aged, namely, income security, access to age-appropriate health-care services, access to labour markets and social protection, protection from abuse and violence and age discrimination.

# III. Poverty, social protection and work

13. Economic security in old age rests on work opportunities and the provision of and access to pensions. Whereas the second review and appraisal of the Madrid Plan of Action, as well as a number of recent reports, provided evidence that the economic situation of older persons has improved over the past 10 years, in particular in developed countries and in a few developing countries, economic insecurity remains the most critical issue faced by older persons worldwide.

14. Large numbers of older persons live in poverty in both the developed and developing world. In 20 of the 30 countries surveyed by the Organization for Economic Cooperation and Development (OECD) in 2008, poverty rates were higher for older persons than for the population as a whole.[1] On average, 13.5 per cent of persons aged 65 and older lived in income poverty, compared with 10.6 per cent for the whole population, including a larger proportion of older women than older men.

15. In developing countries, where the vast majority of older persons live in poverty, references to older persons remain scarce in national development plans and poverty-reduction strategies.[2] Addressing income insecurity in old age needs to become more central to the elimination of poverty in view of the sheer magnitude of the growth in the old-age population in the less developed regions of the world — a population that is expected to reach one billion by 2030.

16. Although a growing number of governments in less developed countries express concern and have introduced social protection measures benefiting older persons, the vast majority lack the resources to fully and continuously implement those programmes. A significant gap exists between available funds and the demand for public pensions. In 2010, the International Labour Office estimated that only about 15 per cent of older persons in sub-Saharan Africa received a pension, compared with 30 per cent in Asia and around 50 per cent in Latin America and the Caribbean.[3]

17. Where older persons had once anticipated support from family members in their old age, they increasingly find themselves looking to governments for assistance. That is also compounded by a pronounced attitudinal shift towards less acceptance of the idea that children should be responsible for the care of their older parents.[4]

18. Recent data unmistakably points to a steady increase in the labour force participation rates of older persons, in particular of older men, in developed countries.[5] The second review and appraisal revealed that many developed countries

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[1] OECD, *Pensions at a Glance 2011: Retirement-income Systems in OECD and G20 Countries* (Paris, 2011).

[2] UNFPA and HelpAge International, *Ageing in the Twenty-first Century: A Celebration and a Challenge* (New York, 2012).

[3] International Labour Office, *World Social Security Report 2010/11: Providing Coverage in Times of Crisis and Beyond* (Geneva, 2010).

[4] Department of Economic and Social Affairs and the Office of the United Nations High Commissioner for Human Rights, “Current status of the social situation, well-being, participation in development and rights of older persons worldwide” (2011). Available from un.org/esa/socdev/ageing/documents/publications/current-status-older-persons.pdf.

[5] OECD. Labour force statistics, OECD.StatExtracts. Available from stats.oecd.org.

have adopted measures aimed at supporting and extending the participation of older persons in the workforce. Good practices include increasing the statutory retirement age and providing options for gradual transition, such as phased retirement and part-time employment.

19. Contrasting and negative trends and attitudes, however, have been observed in both Eastern Europe and a number of emerging economies. In Eastern Europe, a significant decline in labour force participation rates among men aged 55 to 64 has taken place as a result of involuntary early retirements associated with economic restructuring.[6]

20. As globalization has accelerated the pace of progress in a number of economies, jobs in the industry and manufacturing sectors are being rapidly replaced by technologically sophisticated and demanding occupations. As new technologies make it possible to cut costs, newly created businesses, expanding enterprises and economies tend to focus on specific skills as a deciding factor. Because older persons can be perceived as slow to adapt, most work-related training focuses on younger workers. In such contexts, many older workers, in particular those possessing a lower level of education, have not been able to keep pace with fast-moving technological changes and have been eased out of employment.

21. In most emerging economies, as well as in the formal sector in developing countries, low labour force participation rates among older workers also result from prejudicial attitudes on the part of employers with regard to hiring or training older workers, as well as from institutional policies such as compulsory retirement at a relatively young age.

22. Measurable progress has been made in the participation of older women in the labour force. Large regional discrepancies exist, however. There have been striking increases in the labour participation of older women in Latin America and to a lesser extent in South-East Asia and Africa; however, concerns have been raised about older women's relatively poor access to work in other regions. This is particularly acute in the Middle East and North Africa, and may be attributed to structural barriers that interact at three levels: existing policy frameworks, specifics of gender socialization and regulatory and organizational barriers such as the lack of maternity protection measures or anti-discrimination laws.[7]

23. Taken together, employment challenges and priorities, in particular in developing countries, leave little room for the consideration of the situations of older persons. At a time of sluggish recovery from the financial crisis and economic slowdown and of substantial rises in youth unemployment rates that have not yet shown signs of improvement, governments are not in a position to extend priority attention to the work and social protection concerns of older persons. To date, the policy objectives of developed countries are driven primarily by the need to improve the financial sustainability of their pension systems in the face of a rapidly ageing population, while developing countries continue to focus their attention on the crises

[6] International Labour Office, "Employment and social protection in the new demographic context" (Geneva, 2013). Available from ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_209717.pdf.

[7] Economic and Social Commission for Western Asia, *Addressing Barriers to Women's Economic Participation in the Arab Region* (New York, 2012). Available from escwa.un.org/information/publications/edit/upload/E_ESCWA_ECW_12_1_E.pdf.

of youth un- and under-employment as well as high levels of poverty, leaving older persons overlooked by and omitted from national employment priorities.

24. Older workers are increasingly voicing their concern about being marginalized and neglected.[8] In addressing the root causes of challenges faced by older workers today, there is a need to shift away from the simple recognition of positive contributions of older persons to economic development, and towards the promotion and protection of the right of older persons to work on an equal basis with the right to work of others.

# IV. Emerging challenges in the provision of health care

25. In the light of new and emerging disease patterns and increased life-expectancy, some governments are beginning to re-examine their strategic approach and policy options in relation to the health care of older persons.

26. In particular, the mental health and palliative care needs of older persons have seen growing attention over the past five years. Civil society organizations have sometimes driven the agenda significantly. For example, Alzheimer's Disease International has been instrumental in raising the awareness of various issues in their yearly reports, and Human Rights Watch has highlighted the lack of access to palliative care as a human rights issue. Reports of the Secretary-General to the General Assembly and the Commission for Social Development have also drawn attention to these emerging priorities, as well as statements by panel members in sessions of the Open-ended Working Group on Ageing.

### Dementia and Alzheimer's disease

27. Research shows that most people currently living with dementia have not received a formal diagnosis.[9] That leads to a "treatment gap" that is much greater in low- and middle-income countries. Even when older persons are formally diagnosed with dementia in those countries, however, they generally do not have access to affordable long-term care, and the relatives who care for them often have no access to publicly funded support. Alzheimer's Disease International extrapolated statistical outcomes of a study conducted in India to suggest that approximately 28.0 million of the 35.6 million people with dementia worldwide have not received a formal diagnosis and therefore have no access to effective intervention and treatment in the early stages of illness.

28. Older persons with mental health diseases such as dementia and Alzheimer's disease are subject to potential human rights violations because of the loss of mental capacity and the inability to make decisions in their own best interests. That renders them vulnerable to physical, psychological, sexual and financial abuse and neglect or negligent treatment, all of which often go unrecognized and unreported. Dementia patients also suffer from discrimination in access to resources and

[8] Civil society statements submitted to the fourth working session of the Open-ended Working Group on Ageing, New York, 12-15 August 2013. Available from http://social.un.org/ageing-working-group/csostatementfourth.shtml.

[9] Alzheimer's Disease International, *World Alzheimer's Report 2011: The Benefits of Early Diagnosis and Intervention* (London, 2011). Available from alz.co.uk/research/WorldAlzheimerReport2011.pdf.

appropriate care because of stigmatization that stems from the false belief that "memory problems" are a normal part of ageing. That prevents open discussion about the diseases and possible options for care. Such barriers are further compounded by a combination of socioeconomic factors that are common to older persons, such as living alone, low income and lack of access to transportation. Older women are particularly affected, as they already suffer from gender discrimination. In some communities, older women suffering from dementia are considered witches and can be mistreated, physically abused or in some cases even burned.[10]

29. In the wake of the adoption of the declaration of the political priorities of the European Alzheimer Movement at its Paris Conference in 2006, eight European Member States have adopted national and/or subnational dementia strategies and plans, namely, Belgium, Denmark, Finland, France, Luxembourg, the Netherlands, Norway and the United Kingdom of Great Britain and Northern Ireland. Australia, the province of Quebec in Canada, the canton of Vaud in Switzerland and the United States of America have also adopted similar plans.[11] On 10 and 11 December 2013, the Government of the United Kingdom hosted the first Group of Eight dementia summit. The objective of the summit was to identify and agree on a new international approach to dementia research through international cooperation so that shared goals could be reached faster than if nations were acting alone.

**Palliative care**

30. Over a decade ago, the Madrid Plan of Action addressed the provision of palliative care and its integration into comprehensive health care. That topic has recently become the focus of more interest. Member States engaged with interactive expert panel discussions during the third and fourth sessions of the Open-ended Working Group on Ageing to examine the extent to which existing policy provisions and practices on palliative care adequately address the human rights of older persons.

31. Those developments are a result, to a significant extent, of the growing number of older persons living with serious and chronic illnesses. In 2008, non-communicable diseases such as heart disease, cancer, and diabetes accounted for an estimated 86 per cent of the burden of disease in high-income countries, 65 per cent in middle-income countries and 37 percent in low-income countries.[12] By 2030, those diseases are projected to increase to 75 per cent in middle-income countries and to an estimated half of the total disease burden in low-income countries. Among persons aged 60 and older, non-communicable diseases already account for more than 87 per cent of the burden in low-, middle- and high-income countries.[13] Palliative care has been one of the fastest growing trends in health care. For example, over the past decade, the prevalence of palliative care in United States

[10] World Health Organization, *Dementia: A Public Health Priority* (Geneva, 2012).

[11] Alzheimer Europe, "Switzerland adopts national dementia plan", 21 November 2013; and Alzheimer's Disease International, "Government Alzheimer plans". Available from alzheimer-europe.org and alz.co.uk/alzheimer-plans, respectively.

[12] The burden is measured by estimating the loss of health years of life owing to a specific cause based on detailed epidemiological information.

[13] World Health Organization and the National Institute on Aging of the National Institutes of Health, United States Department of Health and Human Services, *Global Health and Aging* (New York, 2011).

hospitals with 50 or more beds has increased 157 per cent, from 658 hospitals in 2000 to 1,692 in 2011.[14]

32. Against this background, discussion of palliative care is progressively shifting from the narrow perspective of "end of life" care and "death with dignity" to the idea that its access is a basic human right.

33. In its general comment No. 14, adopted in 2010, the United Nations Committee on Economic, Social and Cultural Rights stated that Member States are "under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services". The World Health Organization has recently added 14 palliative care medications to its Action Programme on Essential Drugs, which outlines the minimum core content considered necessary to the right to the highest attainable standard of health. The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment submitted a report in 2013 (A/HRC/22/53 and Adds.1-5) calling upon all States to ensure full access to palliative care and overcome obstacles that restrict availability to essential palliative care medications.

34. In contrast to the provision of mental health care, which entails considerable cost, community-based palliative care has proven economical. Palliative care is not a policy focus in most developing countries, however. The report of the Special Rapporteur makes reference to obstacles that unnecessarily impede access to palliative care medications, including overly restrictive drug control regulations and, more frequently, misinterpretation of otherwise appropriate regulations, deficiency in drug supply management, inadequate infrastructure, lack of prioritization of palliative care, ingrained prejudices about using opioids for medical purposes and the absence of pain management policies or guidelines for practitioners.

35. The provision of both mental health care and palliative care is critical to the quality of life and dignity of many in old age. Current efforts to encourage a multidisciplinary approach to palliative care and ensure its integration into comprehensive health care are an important step forward. It is of the utmost importance, however, that such efforts be guided by specific legal and ethical standards. Such standards would foster consistent and high-quality palliative care and encourage partnerships and continuity of care across settings. They would take into account the unique and complex needs of older persons and address the mismatch between the provision of services and the actual needs of patients and their caregivers.

# V. Abuse and violence

36. Focus was first given to the issue of abuse and violence against older persons during the preparations for the Second World Assembly on Ageing. In its decision 2001/PC/1, the Commission for Social Development, acting as the preparatory committee for the Second World Assembly on Ageing, requested the Secretary-

[14] Center to Advance Palliative Care, "Growth of palliative care in U.S. hospitals, 2013 snapshot". Available from capc.org/capc-growth-analysis-snapshot-2013.pdf.

General to submit a report on existing studies, information and documentation on abuse of older persons. The report (E/CN.5/2002/PC/2) called for the development of a better knowledge base to inform national and local policy. On the basis of the report, Member States decided to include the elimination of all forms of neglect, abuse and violence of older persons — physical, psychological, emotional and financial — and the creation of support services to address elder abuse among the objectives of the Madrid Plan of Action.

37. In the wake of the adoption of the Madrid Plan of Action, Member States of the Economic Commission for Europe and the Economic Commission for Latin America and the Caribbean regions flagged the issue as one of a few priorities for action. Since then, concern over the issue has grown to include Member States of the Economic Commission for Africa and the Economic and Social Commission for Asia and the Pacific regions, as indicated in several reports of the Secretary-General (A/64/127, A/65/157, A/65/158 and E/CN.5/2013/6).

38. Violence and abuse against older persons have also gained attention within the broader framework of human rights. In his thematic study on the realization of the right to health of older persons, prepared in accordance with Human Rights Council resolution 15/22, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health expressed concern about reported and unreported violence against older persons in both care facilities and domestic settings and called for raising awareness of abuse of older persons among medical professionals and the wider community (see A/HRC/18/37). Half of the recommendations put forward by the Special Rapporteur focus on the protection of older persons against abuse and violence.

39. The General Assembly has similarly drawn attention to neglect, abuse and violence in its resolution 66/127, and called upon Member States to address the issue “by designing and implementing more effective prevention strategies and stronger laws and policies”. In addition, in the same resolution, the Assembly designated 15 June as World Elder Abuse Awareness Day, which was achieved through the efforts of civil society organizations, in particular the International Network for the Prevention of Elder Abuse. Similarly, civil society is active in publicizing and marking World Elder Abuse Awareness Day with activities and information dissemination.

40. The most recent report of the Secretary-General to the General Assembly (A/68/167) gave a brief overview of the progress, or the lack of progress, in addressing abuse and violence against older persons since the adoption of the Madrid Plan of Action. A series of recent surveys provided a better knowledge of the scope of the phenomenon of elder abuse in a number of developed countries, while data remained scarce in most of the developing world. Existing research also points to the fact that there are no agreed definitions on, in addition to significant cultural differences in the perception of, what constitutes abuse of older persons.

41. As a result, Member States have pursued a variety of legislative, policy and programmatic approaches that address, or partly address, if at all, various types of abuse and violence. In many countries, abuse of older persons falls under domestic violence legislation, which only covers abuse within the home. Domestic violence programmes primarily target younger and adult women, however, and do not in practice encompass elder abuse. While a number of countries have taken steps towards broadening the scope of existing programmes and legislation aimed at

protection from violence to explicitly address abuse in domestic settings, progress towards the protection of older persons from neglect, abuse and violence in care facilities has been dismal. Such efforts largely rest on the training of professional staff who work with and/or care for older persons. Those care facilities are, by and large, subject to limited, if any, oversight in terms of standards of quality of care and the rights of older patients.

42. As more people grow old or very old, other forms of abuse, such as financial abuse, are increasingly reported in both developed and developing countries. Financial abuse entails many evolving forms, from forced consumption of goods and services to the misappropriation, transfer or theft of financial resources and other assets. It can be perpetrated by relatives, caregivers, abusive salespersons or con artists. Physical and psychological frailty, dependence and isolation are risk factors.

43. Over the past 10 years, recognition and discussion of the issues of abuse, neglect and violence against older persons has grown, along with the development of various policies and programmes to address them. The report of the Secretary-General in 2002 called for the establishment of a knowledge base and global guidelines, but little progress has actually been made outside of a limited number of developed countries. The need to broaden the current knowledge base and take steps towards the consideration of global guidelines remains as critical as it was 10 years ago.

# VI. Age discrimination

44. The scope of discrimination experienced by older persons because of their age and the resulting disempowerment of older persons were first addressed in the report of the Secretary-General prepared for the first five-year review and appraisal of the Madrid Plan of Action (E/CN.5/2007/7). Findings from the first review and appraisal pointed to the fact that discrimination on the basis of age was a long-standing issue in virtually all societies and that older people were discriminated against in key development areas such as health, employment and access to services and education.

45. Evidence of different types of age-based discrimination was supported by a small but growing body of literature and echoed by opinion surveys concerning perceptions of older persons, as highlighted in an earlier report of the Secretary-General (A/65/157).

46. In developed countries, national legislative action against age discrimination has been largely limited to and focused on the workplace, and it addresses issues such as hiring practices, opportunities for training, promotion and retention. A pioneer effort towards addressing age discrimination in employment was the Age Discrimination in Employment Act of 1967 in the United States. At the regional level, Directive 2000/78/EC of the European Council, establishing a general framework for equal treatment in employment and occupation, which has now been translated into national legislation in nearly all European Union member States, is another such an example.

47. Instances of age discrimination in health care primarily encompass the denial of access to treatment or certain types of treatment because of the age of the patient.

While the International Covenant on Economic, Social and Cultural Rights provides for the right to the enjoyment of the highest attainable standard of physical and mental health for all, and the Convention on the Rights of Persons with Disabilities touches upon certain issues pertaining to older persons with disabilities, specific legislation addressing right to health issues relevant for older persons and provisions regarding non-discrimination on the basis of age applicable to health services are absent at all levels.

48. Discriminatory practices against older persons on the part of financial and insurance providers are very common in many parts of the world. As documented in the report of the Secretary-General to the General Assembly at its sixty-seventh session (A/67/188), limited coverage and higher, sometimes prohibitive, premiums are common in insurance policies offered to customers over a certain age and, in some countries, insurance companies simply deny access to certain policies. Similarly, in most countries, banks restrict access to long-term loans and mortgages for persons over a certain age. Legislation that explicitly prohibits such practices can only be found in a few countries, such as Malta with respect to loans and Sweden with regard to credit cards, loans and mortgages.

49. In addition to instances in which age is the sole ground for discrimination, there is growing recognition that age is a compounding factor for those groups already facing discrimination throughout their lives, such as women, migrants, racial minorities and lesbian, gay, bisexual and transgender individuals.[15]

50. Discussions of age-related discrimination have now widened from simply identifying age-discriminatory practices in the workplace and in access to benefits and goods and services to addressing the root causes of such discrimination and its perpetuation. The report of the Secretary-General to the General Assembly at its sixty-seventh session concludes that “ageism” — a widely prevalent and prejudicial attitude that rests on the assumption that neglect of and discrimination against older persons is the norm and acceptable — is the common source of, the justification for and the driving force behind age discrimination. Against such a background, it has been argued that progress in fighting sectorial age discrimination will be limited as long as ageism is not recognized and addressed.[16]

# VII. Roadblocks

51. In the dialogues during the fourth session of the Open-ended Working Group on Ageing, held in August 2013, Member States reiterated the need for more focus on implementing the Madrid Plan of Action. However, the means to do so, and how, remain elusive.

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[15] Emma Cain, “Voices of the marginalized: persons with disabilities, older people, people with mental health issues”, paper prepared for the global thematic consultation on Addressing Inequalities: the Heart of the Post-2015 Development Agenda and the Future We Want for All. Available from worldwewant2015.org/node/283344.

[16] European Network of Equality Bodies, *Tackling Ageism and Discrimination: An Equinet Perspective in the Context of the European Year for Active Ageing and Solidarity between Generations, 2012* (Brussels, 2012); and Israel Doron, “A judicial Rashomon: on ageism and narrative justice”, *Journal of Cross Cultural Gerontology*, vol. 27 (2012), pp. 17-27.

52. Over the years, a number of roadblocks to implementation have been identified at the local, national and international levels. Many developing countries point to their lack of financial and human resources to fund and implement policies and programmes for older persons. In many developing countries, though not all, demographic projections show that a large increase in the absolute number of older persons will not take place for another 15 to 20 years or more. The immediate policy priority in those countries is to facilitate the social and economic integration of their very large youth population. Therefore, the political focus and will to address a much smaller population group is not there.

53. Compared to other areas of activism, the number of civil society organizations led by or dedicated to the development of older persons at the national and international levels is low, and in the majority of cases their capacity to interact with governments and influence policy on behalf of their constituents is low. Of the organizations that do exist at the national level in developing countries, many are focused on the provision of welfare-type services for older persons.

54. Ten years into the implementation of the Madrid Plan of Action that in 2002 called for the mainstreaming of ageing into national and global development agendas, it is a fact that ageing has seldom been mainstreamed at the national level and certainly not at the global level. As a result, issues related to ageing and older persons continue to be viewed and acted upon in policy silos such as health, pensions and social care, with no change in the underlying discourse that perpetuates a welfare-based approach.

55. Despite the Madrid consensus, there remain widely differing national and regional perceptions of old age issues and there are, increasingly, significantly different policy approaches to addressing such issues. In general, in developed countries, ageing and older persons and their issues continue to be approached from a medical/social welfare model and dealt with in the realm of individual and separate sectorial policy frameworks, such as employment, health, pension and housing.

56. In other countries and regions, a rights-based approach to policies and programmes is increasingly favoured and pursued, while in still others a religious, philosophical or cultural approach to older persons and the role of the family grounds approaches and policymaking. Independent of the lack of resources and the priority attached to the Madrid Plan of Action, the different perspectives and approaches between regions have led to its selective and differentiated national implementation.

# VIII. Emerging views and approaches

57. The discussions that are taking place within the context of the Open-ended Working Group on Ageing are slowly generating a better understanding of the social, economic, cultural and legal barriers that impinge upon the economic and social integration of older persons, offering insights into how to more fully implement the Madrid Plan of Action.

58. The first dialogue with civil society, organized within the framework of the fourth working session of the Open-ended Working Group on Ageing, provided ample evidence that organizations led by and working for the development of older

persons have much to contribute to increasing our knowledge of the practical bearing that ageist attitudes have on the daily lives of older persons.

59. The discussion of old-age issues from a human rights perspective helps to assess situations and policy responses using a consistent set of values and principles. It also helps policymakers move away from the medical and welfare/assistance framework that has long dominated the field, and away from idiosyncratic views on ageing.

60. As highlighted earlier, civil society organizations working on ageing issues are beginning to expand their reach at the national, regional and international levels. Their participation in and contribution to the work of the Open-ended Working Group on Ageing has continued to grow. But much more outreach and capacity-building needs to occur if deliberations and policy development in the field of ageing at all levels are to be fully informed by the experience and knowledge of older persons.

61. Whereas the shift towards societies developing out of very different demographic trends is one of the defining features of the twenty-first century, references to population ageing and/or older persons are likely to remain marginal to core development agendas and may become lost between a focus on short-term economic and social priorities and longer-term environmental considerations. Under such a scenario, the prospects for mainstreaming population ageing and enhancing the promotion and protection of the rights of older persons would remain bleak.