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Extracts from the Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing in the ECE region between 2012 and 2017

Note by the Secretariat

Summary

This document presents the Executive Summary, Introduction and Conclusions of the Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy in the ECE region (MIPAA/RIS) between 2012 and 2017.

The full report has been prepared in English language and can be downloaded from the ECE website at the following link:
http://www.unece.org/pau/ageing/ministerial_conference_2017.html#/

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I. Executive Summary

A. The context of the third cycle of MIPAA/RIS implementation

1. Population ageing continues across the ECE region

1. Since the adoption of the Madrid International Plan of Action on Ageing and the ECE Regional Implementation Strategy (MIPAA/RIS) in 2002, population ageing has continued to transform the demographic structure of countries in the region. By 2017, the number of people who are 65 years old and above has risen to 194.9 million among the region's population of 1.27 billion (15.4 per cent). This compares to 154.5 million people in this age group in 2002 (13.1 per cent of the region's total population). Rising life expectancy, enduring low fertility, as well as increasing migration have affected the extent and pace of population ageing. The ongoing trends of these factors indicate that, by 2030, people aged 65 years and older are set to account for more than a fifth of the total population in the ECE region. Persons aged 80 and above will make up 5.4 per cent. The median age of the ECE population will rise from 38.8 years today to 42.3 years by 2030.¹

2. Over the last ten years, life expectancy at birth increased by three years on average in the ECE region, and at the age of 65 by more than a year and a half. In a number of Eastern European countries, the latest gains in longevity were markedly higher than the region's average. This allowed to offset the losses in life expectancy of their population, particularly among men, experienced during the 1990s. Nevertheless, the disparities in life expectancy among ECE countries, and between men and women (among and within countries) remain large. Life expectancy for men at birth varies from 81.2 years in Iceland to 64 years in Turkmenistan, and for women, from 85.3 years in Spain to 74.5 years in Tajikistan.

3. The average total fertility rate in the region remains below the so-called replacement level (2.1 children) in 44 out of 52 ECE countries.² In 17 of those countries, the fertility rate stayed below 1.5 children per woman. However, over the last decade there was some marginal recovery of fertility in some ECE countries and the average total fertility rate for the region reached 1.8 children per woman in 2015.

2. Recovery from the global economic crisis is uneven

4. MIPAA/RIS implementation in the region over the past five years has taken place in an environment of difficult and uneven recovery from the global economic crisis, pressures on social spending, and rising migration. Overall, the rate of economic growth in the ECE region in 2012-2017 was around half of that observed in 2003-2007. While more recently the economic recovery in Europe has been gaining momentum, in many countries, in particular in the south of Europe, the crisis has left a legacy of persistent unemployment and increased rates of people at risk of poverty and social exclusion. In the Commonwealth of Independent States (CIS), the decline of oil prices that started in 2014 tipped the subregion into a recession. Growth in CIS has now returned, but past gains in improving living standards and reducing poverty have been stalled or reversed. In North America, the economy has continued to grow since 2012 and has been relatively job-rich.

¹ Demographic data and estimates in this section are from the United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision. New York: United Nations <https://esa.un.org/unpd/wpp/>

² No data was available for Andorra, Liechtenstein, Monaco and San Marino

5. The region's overall employment rate has recovered slightly since the economic crisis. The soundest rate increases were recorded among the older employees, in particular women in the age groups 55-59 and 60-64. This in part reflects the rise in statutory retirement age in a number of countries. The relative income security for older persons improved lately in relation to the younger generations. Nevertheless, on average, one in ten older persons in the region are still at risk of poverty and live in a situation of severe material deprivation.

B. Main findings from the third review and appraisal of MIPAA/RIS implementation

6. ECE member States have been engaging in wide-ranging reform programmes to adapt to the demographic transformations in the region. Between 2012 and 2017, countries have been undertaking bold steps to transform the main pillars of social protection in older age – pensions, health services and long-term care – to respond to growing demand. The reforms have been designed to ensure that everyone can age in dignity and respect of their human rights. Governments are also mindful not to impose disproportionate burdens upon younger generations. Many ECE countries have developed or revised comprehensive national strategies on ageing to implement the concept of active ageing. They have developed policy responses that foster and enable the participation and independence of older persons for as long as possible. Countries like Armenia, Georgia, and the Republic of Moldova have benefited from ECE assistance in developing and following-up on road maps for mainstreaming ageing that provided concrete guidance based on a thorough analysis of the country situation.

7. Population ageing represents a major demographic challenge that is stimulating innovation along with a cross-sectoral response in which not only governments but also civil society, the private sector and the research community have been mobilized. The reports from ECE countries are testimony to the rich diversity of measures that have been designed and implemented.

8. Despite diversity across the region, the third review and appraisal of the implementation of MIPAA/RIS for the period 2012-2017 has identified common trends in the way countries have addressed the four priority goals agreed in 2012 at the ECE Ministerial Conference on Ageing in Vienna. ECE member States set out to (1) encourage long working life and maintain the ability to work; (2) promote participation, non-discrimination and social inclusion of older persons; (3) promote and safeguard dignity, health and independence in older age; and (4) maintain and enhance intergenerational solidarity. The following paragraphs briefly outline the key findings from the regional review.

1. Longer working life

9. The necessity to prolong working lives in line with growing longevity has stimulated pension reforms in 30 countries during the reporting period 2012-2017. Many countries have continued to raise and harmonize retirement ages between women and men. The necessity of cost containment and long-term financial sustainability have been important policy drivers.

10. Many older jobseekers face a competitive disadvantage in a labour market that places more value on young and healthy workers. Countries are responding to this challenge with employment services tailored to older jobseekers. They promote opportunities for lifelong learning and professional training, and provide incentives for employers to hire older persons. At the same time, early retirement is made less attractive.

Recently introduced retirement schemes allow the combination of part-time employment with part-time pensions, and the possibility of obtaining higher pensions in return for additional contributory years. Such measures aim to encourage older persons to postpone their retirement.

2. Participation, non-discrimination and social inclusion

11. The prevention of old-age poverty through the provision of minimum income security and access to affordable housing and other essential goods and services such as medicines and care featured prominently in the reports.

12. ECE member States have continued to facilitate older persons' participation in social, cultural and political life. Advisory bodies involving older persons in local and national policy processes have been established in many countries in the ECE region. Opportunities for volunteering, entertainment and cultural activities tailored to the needs and preferences of older persons have been widely promoted. Such activities have a positive role in promoting active ageing, health and well-being. Ceremonies, celebrations and events such as the International Day of Older Persons are widely used by countries to acknowledge and value the (lifetime) contributions of older persons.

13. As many countries have already adopted anti-discrimination legislation in previous reporting periods, only few reported on new activities in this realm. Measures included extending the coverage of existing legislation or efforts to streamline legal frameworks.

14. Governments reported on awareness-raising activities and information channels such as websites and hotlines to inform older persons about their rights and the services available to them. Growing investments in research and monitoring have been made to gain a better understanding of the situation of older persons, their needs and preferences.

3. Dignity, health and independence

15. Ageing in dignity requires equitable access to health, social care and supportive environments that enable people to remain independent and connected to their communities for as long as possible. Diverse measures have been implemented to make people's homes and communities more accessible. Services such as light repairs and housekeeping further support older persons in their day-to-day activities and enhance their mobility.

16. Population ageing in the region has amplified the demand for health and care services. To meet demand, some countries have been investing in facilities and in increasing the health and care workforce. Others reported on improving quality standards and better adapting treatments and services to the needs of older persons. Improved coordination and integration of services, the development of geriatric skills of health professionals, and equality of access have been further areas of action.

17. There is a growing prevalence of dementia that is anticipated to further increase with longevity. This represents a challenge for older persons, their families and service providers. A growing number of ECE countries are therefore responding with national strategies and action plans on dementia.

18. A trend towards the decentralization of care services continues. Home-care and home-nursing services are increasingly being developed to enable older persons to remain living in their homes and communities. Residential care is progressively more reserved for those older persons who cannot be adequately cared for elsewhere.

19. Countries have developed a range of measures to address the problems of discrimination, violence, abuse and neglect of older persons. Particular attention was paid by some countries to the health and care sectors. The measures undertaken include research to better understand prevalence and types of abuse, information campaigns, and capacity-

building to detect and respond to cases of abuse, as well as improved legislation and procedures to protect victims.

20. Family members, friends and neighbours in all countries in the region are a significant source of care and support for older persons. ECE member States acknowledge and count on the unpaid care work they provide. Governments are aware that the burden of care disproportionately falls on women. The unpaid care work they deliver reduces the ability of carers to engage in paid employment and makes them more vulnerable to social isolation. Policy responses to mitigate the negative impact on family carers include financial allowances, leave entitlements and respite care services.

4. Intergenerational solidarity

21. ECE member States reported on a range of educational initiatives and projects aimed at maintaining and enhancing intergenerational solidarity. A frequent approach has been to create opportunities for joint activities, including volunteering. Reforms to financially sustain social protection and welfare systems have been undertaken in a spirit of intergenerational solidarity to ensure that they will also benefit future generations.

C. Outlook and priorities for the future

22. Despite the significant progress achieved, further reforms and investments are needed to prepare social security systems, health and care services, including long-term care, to growing demand in the future.

1. Ensure a better quality of life and dignity in older age

23. Better integration and coordination of health and social care, both formally and informally provided, in the community and at home, are needed to enable older persons to maintain their independence, health and well-being as long as possible. Age-friendly community programmes need to be further developed and informal carers better supported. Challenges such as dementia, social isolation and loneliness need to be addressed and the needs and preferences of older persons better understood. This requires further research and innovation in service delivery as well as enhanced geriatric skills of carers and service providers.

2. Realize the potentials of longevity

24. Longevity offers an enormous potential for the economy and society which has not been fully realized. Older persons contribute to the generation of wealth as entrepreneurs and employees. As consumers they stimulate innovation and contribute to developing new markets in the “silver economy”. They volunteer in civil society organizations and in their communities. They provide unpaid care and support for their families. One of the priorities that ECE countries have voiced is to recognize older persons as an important asset to a sustainable and inclusive society for all ages. Reaping the benefits of living longer includes investing in health promotion, lifelong learning, increased labour market participation, flexible retirement, access to health services and rehabilitation, and supportive and enabling environments.

3. Combat ageism

25. Rethinking old age, confronting pervasive negative stereotypes and discrimination is a key priority going forward. Further efforts are needed to tear down remaining barriers to the full inclusion and participation of older persons. It is important to protect their human rights and to prevent all forms of abuse, violence and neglect. Mainstreaming an ageing

perspective across all areas of government policies and continued cross-sectoral and multi-stakeholder collaboration will be instrumental in making progress in this area.

II. Introduction of the Synthesis Report

A. The MIPAA/RIS process

26. The Madrid International Plan of Action on Ageing, adopted at the Second World Assembly on Ageing in Madrid in 2002, provides the global policy framework to guide the efforts of countries in response to population ageing. The Regional Implementation Strategy adopted in Berlin in 2002, highlights ten commitments that ECE member States agreed to focus on when implementing the Madrid Plan.

The 10 commitments of MIPAA/RIS

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.
 2. To ensure full integration and participation of older persons in society
 3. To promote equitable and sustainable economic growth in response to population ageing
 4. To adjust social protection systems in response to demographic changes and their social and economic consequences
 5. To enable labour markets to respond to the economic and social consequences of population ageing
 6. To promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions
 7. To strive to ensure quality of life at all ages and maintain independent living including health and well-being
 8. To mainstream a gender approach in an ageing society
 9. To support families that provide care for older persons and to promote intergenerational and intragenerational solidarity among their members
 10. To promote the implementation and follow-up of the Regional Implementation Strategy through regional cooperation
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27. At the onset of MIPAA, it was agreed to carry out a review and appraisal of its implementation every five years at both regional and global levels. In 2007, the ECE Ministerial Conference in León (Spain) concluded the review and appraisal for the first five-year cycle of MIPAA/RIS and in its Ministerial Declaration re-endorsed the ten commitments of the RIS. In 2012, the ECE Ministerial Conference in Vienna (Austria) concluded the second review and appraisal exercise at the regional level. The Vienna Ministerial Declaration with its four goals endorsed the concept of active ageing.

28. The third review and appraisal cycle for the period 2012-2017 was launched in June 2015. Countries were requested to report progress on each of the four priority goals specified in the 2012 Vienna Declaration: (1) to encourage longer working life and

maintain the ability to work; (2) to promote participation, non-discrimination and social inclusion of older persons; (3) to promote and safeguard dignity, health and independence in older age, and (4) to maintain and enhance intergenerational solidarity.

29. The ECE Working Group on Ageing (WGA) adopted guidelines³ for national focal points and stakeholders and a list of suggested indicators for the statistical annex to facilitate the preparation of national reports.

30. The synthesis report summarizes the main trends of MIPAA/RIS implementation, and highlights progress and challenges identified in the national reports. It will inform discussions at the fourth Ministerial Conference in Lisbon (Portugal), which is expected to result in the adoption of a ministerial declaration to shape MIPAA/RIS implementation in the next five years.

B. National reports

31. A total of 44 national reports were submitted for the third cycle review between October 2016 and June 2017. This represents an increase compared to 40 reports in 2012 and 35 reports in 2007. Reports were submitted in all three official languages of ECE: English, French and Russian. All reports submitted to the ECE Secretariat can be accessed online.⁴

32. Reports were between 12 and 50 pages long. Most countries further provided statistical data on a range of indicators for the statistical annex of the synthesis report. Some countries provided additional materials, such as national ageing strategies and action plans, information about laws and regulations, major achievements and descriptions of good practice examples.

33. Most reports adhered to the general structure suggested in the guidelines, providing an executive summary, an overview of the national ageing situation, an explanation of the methodology used in preparing the report, national actions and progress under each of the four goals of the Vienna Declaration and conclusions and priorities for the future. Some countries reported progress on each of the ten commitments of MIPAA/RIS rather than the four goals of the Vienna Declaration. In general, reports outlined achievements and areas of activities. Many, but not all, mentioned areas where difficulties and challenges remain that will be addressed in the years ahead.

34. The guidelines for preparing the MIPAA/RIS implementation report suggested a combination of quantitative and qualitative sources, emphasizing the importance of consultations of stakeholders, including civil society and older persons. National focal points on ageing or the ministry in charge of ageing-related policies provided information available within their domains. They requested additional inputs from other ministries or departments, commissions, committees or advisory bodies with relevance for the topic. Some countries invited inputs from regional and local governments. In addition, countries drew on research, recently prepared reports on the implementation of related national strategies or action plans, as well as statistical data available from national statistical offices or other official sources. Many countries have consulted stakeholders beyond government departments to include views of civil society organizations, research institutions, and service providers. A few countries have used information from focus group discussions, public hearings or consultation processes to take into account stakeholder views.

³ <http://www.unece.org/population/mipaa/reviewandappraisal.html>

⁴ <http://www.unece.org/pau/mipaareports2017.html>

III. Conclusions and the way forward

35. A priority focus of governments in the region continues to be on the reforms that are required to adapt labour markets, social protection systems and the health and care sectors to the implications of population ageing and ensure their financial sustainability in the face of increasing demand (e.g. Monaco, Russian Federation, Sweden, Ukraine).

36. New risks and challenges are emerging. Maintaining income security for older persons and preventing poverty, particularly among the most vulnerable groups, is an important concern for many countries in the region (e.g. Azerbaijan, Kazakhstan, Ukraine, Uzbekistan). Countries also work on improving access to appropriate housing in older age, targeting those most in need (e.g. Canada, Germany, Malta, Portugal).

37. Effective policy responses to population ageing require a comprehensive, cross-sectoral and multi-stakeholder response. ECE countries have continued efforts to coordinate policies across government departments and different levels of government, fostering collaboration between actors across different sectors (e.g. Bulgaria, Uzbekistan). Some countries plan to strengthen cross-sectoral collaboration in the future (e.g. Belarus). Local governments play an increasingly important role in designing and delivering policies on ageing (e.g. Denmark, Finland, Ireland). A number of ECE countries have developed comprehensive policy frameworks on ageing or plan improvements to their existing frameworks (e.g. Bulgaria, Czech Republic, Greece, Turkey).

38. There is widespread consensus on the need to extend working lives in line with growing longevity in order to sustain social protection systems in the long term. Countries in the region have addressed this challenge through a combination of regulatory adjustments and incentives for remaining in work longer. Many countries have devised tailored programmes to support disadvantaged older jobseekers in the labour market and some provide incentives to employers to hire older persons. Increasing labour market participation among older persons remains an important priority for the future (e.g. Armenia, Cyprus, Finland).

39. Changing perceptions among older workers, employers and the general public to embrace the opportunities for employment in later life remains a challenge that requires continued attention in the future (e.g. Czech Republic, Israel, Latvia, Lithuania, Norway, Slovenia, Spain). Enabling strategies such as enhancing opportunities for lifelong learning continue to be of importance (e.g. Bulgaria, Norway, Slovakia, Spain, United Kingdom). Other countries have put emphasis on promoting constructive age management in businesses and organizations (e.g. Czech Republic, Slovakia).

40. There is a need to “rethink” old age to effectively dispel the negative stereotypes and ageist attitudes (e.g. Luxembourg). The challenges related to population ageing are by now widely known. Countries have noted the importance of actively raising awareness of older persons’ contributions and the untapped resource for society that they represent (e.g. Albania, Bulgaria, Estonia, Norway, Spain).

41. Countries seek to create framework conditions that allow people to lead independent and self-determined lives in dignity as they age. Some countries specifically foster health promotion and disease prevention to keep people healthier for longer across the life course (e.g. Austria).

42. Age-friendly environments facilitate independent living, foster social relations and intergenerational ties and promote participation of older persons in community life. They also help reduce the risk of social isolation and loneliness. ECE countries have reported a broad range of measures promoting cultural and social activities, including physical exercise. They have implemented diverse measures with the intention of creating more accessible, supportive and inclusive environments and continue to see this as an important

priority in the future (e.g. Canada, Czech Republic, Kazakhstan, Norway, Portugal, Spain, Ukraine). This includes universal design approaches and making public spaces and buildings barrier-free and accessible to enhance mobility, increase safety, and foster participation (e.g. Portugal).

43. Investments in meeting the growing need for health and social care services and long-term care continue to be of particular importance in member States' adaptation to population ageing. Much progress has been made over the past five years but access to health and social care also remains a challenge, particularly in the face of growing demand (e.g. Azerbaijan, Kazakhstan, Russian Federation, Ukraine). Some countries have reported shortages in long-term care facilities and nursing staff (Romania, Sweden, the former Yugoslav Republic of Macedonia, Turkey). ECE member States consider it important to enhance community-based and home-care services that support older persons to live in their own homes and communities for as long as possible (e.g. France, Monaco, Switzerland) and to support access to quality long-term residential care where this is appropriate (Ireland, Slovenia, Sweden).

44. Another area of activity has been to improve the quality of services and better orient them to the needs of older persons and their families (e.g. Finland, Israel). Better coordination and integration of services, and equity of access, remain challenges that require attention (e.g. France). A number of countries have promoted geriatric education of health-care professionals to increase the number of qualified health-care workers and thereby the quality of services (e.g. Armenia, Slovenia, Sweden).

45. Discrimination, violence, abuse, and neglect of older persons in their various forms remain a significant challenge in the region. ECE countries have implemented a range of measures to address them. These have included awareness campaigns, capacity-building to empower older persons to report abuse, legal reforms and sensitization of professionals and the general public to adequately respond to cases of abuse when identified (e.g. Italy, Malta). Elder abuse and age-based discrimination continue to be an important concern (e.g. Belgium, Malta, Spain).

46. Longevity is accompanied by a growing prevalence of dementia. A number of countries developed national strategies and action plans on dementia over the last five years (e.g. Austria, Denmark, Ireland, Israel, Italy, Netherlands, Norway, Slovenia). Others are planning to do so in the near future (e.g. Germany, Iceland) to prepare families, communities and service providers to the challenges of living with dementia and to provide the care and support needed.

47. The time and effort invested in unpaid care work implies opportunity costs in terms of health and well-being, employment and financial security. Women are disproportionately affected by the risks of care giving. Some countries provide financial support. Others provide care leave entitlements that enable family members to provide care without jeopardizing their own employment. Comprehensive support services and flexible working arrangements will become ever more needed in the future as countries seek to further increase women's labour market participation (e.g. Belgium, Lithuania).

48. Women continue to be disadvantaged in the labour market and other realms of life and are at higher risk of abuse and poverty in older age. A gender-sensitive approach to ageing policies and targeted measures that promote gender equality over the life course remain important policy areas (e.g. Armenia, Sweden, United States of America).

49. Contact, shared experiences and mutual understanding between the generations help dispel myths and stereotypes, strengthen ties and nurture solidarity. Member countries reported a range of intergenerational projects that create spaces to meet, volunteer or live together. Better intergenerational cohesion and cooperation remain important objectives for the future (e.g. Slovenia). Some countries plan to further promote volunteering and enhance

public recognition of the important contribution to society that it represents (e.g. Hungary, Norway).

50. ECE member States consider it important to understand the real needs of older persons to ensure that services and policy responses meet their needs and are relevant. Some ECE member States seek to improve data collection and promote research (Belarus, Cyprus, Greece, Malta). Other countries plan to improve the evidence base for ageing-related policies by enhancing their monitoring capacity and evaluating the impact of the initiatives taken (Ireland, Luxembourg).

51. Countries value the exchange of experience on ageing-related topics. ECE member States have collaborated on ageing issues in a number of regional and international forums such as the United Nations Open-ended Working Group on Ageing (e.g. Austria, United States). A number of countries are collaborating with the World Health Organization (WHO) on fostering age-friendly environments through the WHO Global Network of Age-friendly Cities and Communities (e.g. Canada, Spain). WHO initiatives in the field of mental health (World Dementia Council, WHO Global Dementia Observatory) were also mentioned. Some countries have collaborated with the Independent Expert on the Enjoyment of all Human Rights by Older Persons, who was appointed by the Human Rights Council in May 2014 (e.g. Slovenia). Other countries in the region have benefited from support from United Nations entities such as the United Nations Department of Economic and Social Affairs and the United Nations Population Fund in implementing MIPAA/RIS (e.g. Albania, Republic of Moldova, the former Yugoslav Republic of Macedonia).

52. Since 2012, the ECE Working Group on Ageing has further strengthened its role as a regional platform for international cooperation, exchange of experience and policy discussion on ageing. The annual meeting of WGA is seen as a constructive mechanism to follow up on various activities related to MIPAA/RIS implementation. ECE member States actively participate in its activities. These have included since 2012 the Active Ageing Index project (in collaboration with the European Commission), road maps and several policy briefs on ageing. Topics covered are: the abuse of older persons, innovative and empowering strategies for care, dignity and non-discrimination for persons with dementia, migration and older age and older persons in rural and remote areas. ECE member States have also engaged in the ECE Task Force on Ageing-related Statistics that was established in 2013. It developed recommendations for statistical offices to improve the availability, accessibility and comparability of statistical data in support of ageing-related policymaking.

53. ECE member States remain committed to the implementation of MIPAA/RIS and to adapting their societies to the implications of population ageing. The Vienna Conference in 2012 endorsed the concept of active ageing, which has guided policy priorities for the third implementation cycle. Further work to translate active ageing into policy actions is planned. To realize the potential of longevity, it will be important to enable older persons to participate in the labour market, civil society and community life for longer, to combat all forms of discrimination, and to provide the services and financial security needed to ensure a good quality of life and dignity in older age.
