Topic brief on Ageism

World Health Organization – Alana Officer, Vânia de la Fuente-Núñez

Today, for the first time in history, most people can expect to live into their sixties and beyond. By 2050 the world’s population aged 60 years and older is expected to double to nearly 2 billion. This means that by 2050, more than 1 in 5 people will be 60 years or older.

A longer life brings great opportunities. Yet, older people’s ability to enjoy these opportunities is heavily curtailed by the ubiquitous presence of ageism in our societies. Ageism, which refers to the stereotyping, prejudice and discrimination on the basis of age, is highly detrimental to the health and well-being of older adults. For example, existing evidence shows that those who hold negative attitudes on ageing live on average 7.5 years less than those who hold positive attitudes1. It also imposes great barriers to developing good policy on ageing because it limits the way problems are framed, the questions that are asked and the solutions that are offered.

Unlike other forms of discrimination, including sexism and racism, ageism is socially acceptable, strongly institutionalised, largely undetected and unchallenged. Yet, changing the way we think, feel and act towards age and ageing is possible and some key steps have already been taken at international and national levels to effect this change.

The Madrid International Plan of Action on Ageing (MIPAA) provided the first step in the direction of change. This international policy instrument acknowledges the need to change the image of ageing and older people, and in its third five-year implementation cycle highlighted the need to encourage the participation, non-discrimination and social integration of older people.

Building on MIPAA, the World Health Organization took a second step by developing a Global strategy and action plan on ageing and health, which aligns with current evidence2. The Global strategy was adopted by WHO’s 196 Member States in May 2016. It establishes an evidence based framework for coordinated global action aligned with the Sustainable Development Goals, and highlights the actions that need to be taken by different actors, including Member States, organizations of the United Nations and international and national partners. Most importantly, the global strategy has an explicit focus on challenging ageism as a prerequisite to realising the rights of older adults. It includes ‘non-discrimination’ as one of its

---

underpinning principles, and has a specific sub-objective on combatting ageism and transforming understanding of ageing and health (Strategic objective 1.3).

Campaigns are identified in the strategy as core interventions to challenge ageism. To echo their importance, the 2016 World Health Assembly took a third step in the direction of change by adopting Resolution 69.3, which specifically requests WHO’s Director General to develop, in cooperation with other partners, a global campaign to combat ageism.

In developing the campaign, the Director General was requested to build on existing local efforts to tackle ageism. To this end, the World Health Organization has analysed the reports submitted by UNECE Member States as part of the third-cycle of the review and appraisal of MIPAA implementation (MIPAA +15). The information provided in these reports has allowed for an appraisal of countries’ efforts to tackle ageism from 2012 to 2016. This analysis, which has included a total of 32 countries has shown that all countries have taken action at some level to eliminate ageism, with varying degrees of commitment to address this challenge. For instance, almost 50% of the countries included have established monitoring and enforcement mechanisms to assess and ensure compliance with legislation and policy against age-based discrimination. And more than 60% of the countries analysed have undertaken some form of intergenerational activity, which has been seen to be key in challenging ageism.

The results from this analysis provide WHO with a basis for its campaign and suggest that there is commitment and some degree of action to combat ageism at national level. Still, the fact that countries were not explicitly requested to report actions taken to combat ageism in MIPAA’s third cycle review posed at least two limitations to this analysis. First, it has not been possible to assess whether the actions taken at country level were coupled with positive and sustained changes in how societies think, feel and act towards age and ageing. This type of assessment is key for the global campaign as it would allow for the selection and scale up of the most effective strategies to reframe age and ageing. Second, it is unlikely that the results from the analysis cover all the actions taken to combat ageism given that countries were not explicitly requested to report on this issue. These limitations could be resolved in the future if countries reporting on progress related to MIPAA explicitly indicated actions taken to combat ageism in their reports.

The Global Campaign to Combat Ageism envisions a world for all ages and provides the platform to change the way we think, feel and act towards age and ageing. Transformative

---

change requires concerted action. The information provided by the MIPAA country reports can be very valuable in informing the campaign, thus contributing to this change.

On 21 September 2017, UNECE-WHO are co-hosting an event at the Ministerial Conference in Lisbon, where the results from this analysis will be discussed in detail, and where there will be a more in-depth discussion on the linkages between the Global Campaign to Combat Ageism and MIPAA, including how the former can contribute to the effective implementation of the latter. We look forward to seeing you there.