Third Stakeholder Consultation for the Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing

Ensuring enabling and supportive environments (addressing MIPAA priority direction III, issues 1, 2, 3, and 4, as well as ageing and climate change)
Thursday, 19 May 2022 (13:00-16:00 UTC+7), Virtual

SUMMARY REPORT

I. Background

1. In accordance with General Assembly resolution 76/138\(^1\) and ECOSOC resolution 2020/8\(^2\), the Economic and Social Commission for Asia and the Pacific (ESCAP), supported by regional partners, is to convene the Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing (MIPAA) from 29 June to 1 July 2022.

2. As part of this review and appraisal, ESCAP has organized stakeholder consultations on the three priority directions of MIPAA: (a) older persons and development (held on 7 April 2022); (b) advancing health and well-being into old age (held on 28 April 2022); and (c) ensuring enabling and supportive environments (held on 18 May 2022). It was followed by a fourth consultation on the Pacific, held on 8 June 2022. Prevalent and emerging issues – such as the impact of COVID-19, intergenerational solidarity, digital transformation, the future of work, and climate change, – were discussed throughout the consultations. Additionally, as one of today’s megatrends, climate change was chosen as a further focus topic during the third stakeholder consultation, which also included a human rights perspective on MIPAA. Gender considerations were mainstreamed throughout all consultations.

3. Main findings and recommendations of the consultations are being summarized in an information paper to be submitted to the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing in Asia and the Pacific. The objective of these consultations is to bring into deliberations a bottom-up participatory approach of the review and appraisal of MIPAA at the regional level and identify challenges and opportunities of population ageing that transcend national boundaries from stakeholder perspectives.

4. This third of the three consultations along the priority directions of MIPAA, held on 19 May 2022 on ensuring enabling and supportive environments, addressed the following priority issues of the Madrid International Plan of Action on Ageing:

1. Housing and the living environment
2. Care and support for caregivers
3. Neglect, abuse and violence

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\(^1\) General Assembly resolution of 76/138 of 16 December 2021. At N2140160.pdf (un.org)
4. Images of ageing

5. As the last of three thematic stakeholder consultations, it also took a future-oriented outlook and paid particular attention to some of the above-mentioned cross-cutting issues throughout the consultation. In addition to the four priority issues under the third priority direction of MIPAA, as one focus of this outlook, the consultation included a working group on the nexus of climate change, older persons and an aging population. The human rights aspects of population ageing were the focus of a keynote address.

6. **Issue 1: Housing and the living environment**
   Involving issues of accessibility and safety, emotional security, and financial ability to maintain a home in changing rural and urban contexts and affordable housing, social services and basic infrastructure, as well as trends away from extended and towards nuclear families and isolation.

7. **Issue 2: Care and support for caregivers**
   Linked to informal and unpaid care given by the family and community, as well as professional care and support services, strengthening human resources and social infrastructure and taking into account physical and emotional costs as well as foregone income, especially for women.

8. **Issue 3: Neglect, abuse and violence**
   Involving risks of physical, psychological, emotional and financial abuse and violence against older persons, and in particular women, and the role of family, community and professionals in counteracting it — including in the context of poverty and lack of access to legal protection.

9. **Issue 4: Images of ageing**
   Emphasizing a positive view of ageing that recognizes the authority, wisdom and dignity coming from lifelong experiences and an enabling environment for lifelong learning and productivity.

10. **Issue 5: Climate change, older persons and an ageing population, and other emerging and cross-cutting issues**
    Involving perceptions of older persons not as passive victims of climate change, though they are disproportionately vulnerable, but also as active contributors to addressing its various challenges. Also raising the question of intergenerational solidarity.

II. **Objectives, organization and attendance**

11. The purpose of the stakeholder consultation was to facilitate and expand collaboration and participation in the regional review and appraisal process, and in particular to elicit stakeholder experiences and views around the review objectives, namely:

    - Take stock of the overall progress of implementation of the priority issues to date
    - Identify key challenges, opportunities, gaps, and prevalent and emerging issues
    - Identify established and emerging good practices and lessons learnt
    - Identify resource requirements and capacity building needs
    - Formulate recommendations

12. The consultation consisted of an opening followed by two rounds of three simultaneous working groups and a closing plenary (please see agenda for more details). The working groups addressed all four priority issues under priority direction 3 on ensuring enabling and supportive environments of MIPAA, as well as climate change and ageing, as follows:
13. **Working Group 1**: Housing and the living environment: Discussing ageing in rural and urban contexts, ageing-in-place, care and support by family members, changes in family sizes, intergenerational households and images of ageing (priority issues 1, 2 and 4)

14. **Working Group 2**: Climate change and older persons: Discussing the impacts of climate change on older persons, older persons as contributors to climate change, older persons contributing to climate action and images of ageing (climate change and priority issue 4)

15. **Working Group 3**: Neglect, abuse, violence, ageism and images of ageing: Discussing the many forms of neglect, abuse, violence and ageism and actions that can be taken to change the narrative on population ageing (i.e., public recognition) (priority issues 3 and 4)

16. All working groups addressed the following guiding questions regarding the implementation of MIPAA (focusing on the preceding 5 years) and the specific priority issues:

   - What are the main achievements, good practices and lessons learned?
   - What are the remaining challenges?
   - How have COVID-19, climate change and ICTs impacted the achievement of the priority issues?

17. The consultation was a closed meeting and was not recorded. In order to have open and frank discussions, Chatham House Rules were followed, which meant that participants were free to use the information received but did not reveal the identity or the affiliation of the speaker(s), or of any other participant.

18. This report aims to be a non-exhaustive summary of the key points raised in the consultation, and it is structured around the priority issues of Priority Direction III of MIPAA, and around the megatrend of climate change.

19. This stakeholder consultation was co-designed and implemented by a team of stakeholders and United Nations agencies.³

20. A total of 70 stakeholders from 18 countries in Asia and the Pacific attended the consultation. Participants came from a broad range of sectors including academia, civil society, intergovernmental organizations, local authorities and communities, and the private sector. There was balanced gender representation among participants.

III. Opening

21. The 3rd stakeholder consultation was moderated by Dr. Prakash Tyagi, Executive Director, GRAVIS, India who provided brief introductory remarks, followed by Ms. Susana Harding, Director, International Longevity Centre, Tsao Foundation, who gave a recap of the first and second stakeholder consultations. This was followed by two keynote speakers Prof. Andrew Byrnes, University of New South Wales, Australia, and Mr. Eduardo Klien, Regional Representative, HelpAge International, Asia-Pacific.

³The organizing team included: Sao Pu Centre on Ageing, The University of Hong Kong - Hong Kong, China; HelpAge International; ITU; UNFPA, Asia and the Pacific; OHCHR; ESCAP.
22. Mr. Byrne, whose keynote was entitled “A human rights perspective on ensuring enabling and supporting environments”, noted that MIPAA was a framework that affirmed human rights that had enabled state officials and institutions to introduce important advancements in human rights but also had its limitations. He suggested that MIPAA be complemented by a strong human rights instrument, such as a treaty or convention with binding obligations for the state as the duty bearer, with accountability, and procedures and enforceable mechanisms in cases of violations. He pointed at past examples of policy frameworks having been complemented with binding human rights instruments, and proposed that the upcoming Intergovernmental Meeting could include a call for such a step in the context of MIPAA.

23. Mr. Klien in his keynote on older persons and climate change stressed that population ageing and climate change were two main processes that would shape the following two decades, which required redesigning societies in an integrated way, including in the spheres of education and work. He noted that older persons had been largely absent in debates about climate change so far. Older persons were not only disproportionately affected by climate-induced disasters, but they could also contribute their vast experience and their social and economic capacities to find solutions to address extreme weather events. He noted that ageism was increasing, which led to negative perceptions of older persons, even though they were important resources, not a “burden”. He called for leadership at all age levels and pointed out that the COVID-19 pandemic had also demonstrated the value of community-based organizations. Mr. Klien also noted that ICTs were an important tool for healthcare that could support work in old age, help with social connections and access to daily activities. However, many older persons still had little or no digital literacy, and this was particularly the case for older women, who were also less likely to own a smartphone.

IV. Outcomes of the consultation

A. Overall progress in implementation of the four priority issues under priority direction 3 on ensuring enabling and supportive environments of MIPAA, as well as climate change and ageing

24. Participants stated that in many cases, policies did not translate into action, particularly with regard to the human rights of older persons.

25. Overall, there was limited awareness of abuse and neglect of older persons and thus limited progress in action to address abuse and neglect.

26. It was noted that MIPAA recognized its complementarity with human rights standards and relied on human rights to be successful in achieving its objectives (eg Part I, paras 12(e), 14 and 15). Some stakeholders also expressed the view that the objectives of MIPAA would be enhanced through human rights mechanisms, including a binding convention on the human rights of older persons

B. Priority issue 1: Housing and the living environment

i. Key challenges

27. A key challenge was cited that older persons often lived in inadequate housing conditions, in some cases with inadequate access to water. While some government programs provided
support to older persons – including disability-friendly housing design and public infrastructure, affordable accommodation and transportation, this support was often insufficient and uneven across and within countries. Participants discussed that in many countries, intergenerational bonding was weakening, as were community support networks for older persons. This also increased the risk of violence and abuse towards older persons.

28. These trends of inadequate living conditions and increased risk of isolation were further augmented by urbanization trends – either because older persons were left behind in rural areas as younger generations moved to cities, or as a proportion of older persons themselves moved to cities and lived and worked in slums or otherwise crowded, unhygienic conditions lacking basic infrastructure and services, including health services. Thus, the intersectionality of vulnerabilities played an important role, with the result that older persons from already poor and otherwise vulnerable population groups were further disadvantaged.

29. In India and Nepal, the provision of safe drinking water was a concern, which again was an important prerequisite for healthy ageing and well-being. In Bangladesh, many older persons had lost their houses due to disasters and required rehabilitation. Many older persons were forced to live in slums with very poor sanitation, where access to health was a significant challenge.

30. Aside from those general poverty-related challenges, housing and environmental design for independent living were still not considered a priority for many governments. Even though some of those Governments had already developed ageing policies, many were not familiar with age-friendly housing policies and how to build a housing support infrastructure for older persons. It was also mentioned that many people lived in the same house all their lives, which had not been built from the perspective of older persons.

31. Another challenge was that in the majority of ESCAP countries, data on age-friendly cities and/or communities was lacking.

ii. Good practices

32. Despite the challenges, several good practices to provide adequate housing for older persons were mentioned. In Singapore, all government housing and the surroundings/ public spaces provided universal, age-friendly design that included fall prevention measures, and provided home modifications and parks that were age-friendly. However, it was more challenging to apply this policy to the private sector and private buildings. Older persons could apply for grants to have modifications to their houses undertaken to make them more age-friendly.

33. Another good practice from Singapore was the pilot program ‘City for all ages’, which included transport policies that were affordable (persons above a certain age paid reduced rates), and accessible (with barrier-free design).

34. In Japan, the government had introduced ‘community-based integrated care’ for older persons as the most effective solution from the perspective of equality and sustainability. It provided older persons with an extent of control over their own lives as they stayed in the place that they were familiar with, together with their families and/or the neighbors that they knew - rather than being taken care of in facilities or institutions that they were not familiar with.
35. In Bangladesh, meanwhile, it was reported that the Government was making progress in implementing regulations to improve housing and the living environment for older persons, and real estate companies were creating housing that provided better facilities for older persons.

36. In Bhutan, a comprehensive set of policies was being developed by the Government where shelters and homes would be provided for people who were homeless, which were also equipped for community and family-based long-term care. Older persons had also been a focus of government care during the COVID-19 pandemic.

37. In the Philippines, the Government provided a 20 percent discount on fees on education, public transport, and other locations for older persons who had worked in the informal sector and therefore had no access to pensions.

iii. Recommendations

38. Provide affordable housing options and adopt age-friendly approaches to housing and living environments that were shifting from family responsibility to enabling individuals and considering long-term care at home.

39. Adopt approaches that make the living environment for older persons more conducive and that promote being active in old age.

40. Adopt approaches to care that are community-based and put an emphasis on older persons being able to take care of themselves, considering individual preferences to increase autonomy and independence, while providing a higher quality of life at home.

C. Priority issue 2: Care and support for caregivers

i. Key challenges

41. Participants discussed that bonding between younger and older generations decreased due to busy lifestyles and changing family structures that moved away from multi-generational households. Family and community played essential roles in bonding with older persons and building intergenerational solidarity. Bonding with family was particularly important for older persons with dementia, who required substantial family support.

42. Many senior citizens were staying in villages that lacked adequate facilities, including proper health care and transportation. Increasingly, older persons in rural areas were living alone, as the younger generation had moved to urban areas.

43. Participants noted that there was a trend towards expanding home care in many countries, however, there was a need for a better quality of care. For instance, family caregivers often lacked training. While care and services for older persons were in high demand, not many countries had so far been able to satisfy that demand in practice. Quality of care and services were largely determined by the availability of care personnel. However, there were limited training opportunities, and not many countries had developed accreditation systems and curriculums for caregivers.

44. Access to long-term care was a challenge for poor and homeless older persons who often had no family members to provide that care and cannot afford to access care services. While
support was available by state social workers, many poor older persons in isolated areas often did not receive adequate care.

45. During the COVID-19 pandemic, many older persons did not receive appropriate healthcare or long-term care. Multiple health concerns of older persons, such as disabilities and communicable and non-communicable diseases, made long-term care very challenging.

46. Participants stated that in many OECD countries, the escalating costs of long-term care in institutions, such as nursing homes and care homes, became unaffordable. Thus, countries in the Asia-Pacific region should develop models of community care or home-based care.

47. It was reported that in Australia most older persons lived in their home and/or community with support from their family members and neighbors. However, some of them lived alone and were isolated. Community-based specialized support facilities and professional care had increased significantly, but the maximum support that could be provided was 10 to 12 hours/week, which was not sufficient to meet needs, especially of people assessed as highly dependent. Meanwhile, the government focus was still on funding support facilities rather than good support for older persons at home.

   ii. Good practices

48. Participants reported on good practices in using ICTs for access to healthcare. In Australia, people made more use of telehealth as a result of the COVID-19 pandemic. Older persons had the opportunity to consult a doctor through phone or video calls. This practice had also been applied to remote places where it was difficult for people to travel to see a medical professional.

49. Technology could also help older persons in the later stage of dementia. For example, developing a “thing finder app” could help older persons track their misplaced objects.

50. In Bangladesh, more than 50 organizations were working on supporting caregivers, and the Government was working on developing a policy to support caregivers.

   iii. Recommendations

51. Strengthen coordination between different ministries relevant to the implementation of ageing policies.

52. Adopt policies and approaches that empower older persons to take care of themselves, provide end-of-life care, and that support governments and other stakeholders in developing more informal community-based support systems.

53. Provide a continuum of care and services for older persons and improve the quality of care through the provision of proper training and through strengthening intergenerational bonding.

54. Provide support to family caregivers of older persons, in particular to older women as caregivers.

55. Develop training programs, accreditation systems, quality standards, and monitoring mechanisms for the provision of care.
D. Priority issue 3: Neglect, abuse and violence

i. Key challenges

56. Participants discussed the scale and prevalence of various forms of neglect, abuse and violence, as well as discrimination and ageism, its perpetration and consequences within the communities, in institutions, within families, within social relationships, and the links between ageism and neglect, abuse and violence. Globally, 1 in 6 older persons were subject to abuse every year\(^4\). Participants noted that elder abuse was often underestimated because many older persons did not report that abuse.

57. Participants stressed that elder abuse had serious psychological, financial, social and physical consequences, which could lead to injuries, premature mortality, financial devastation, depression, cognitive decline, anxiety, loneliness, loss of dignity, trust and hope, and sometimes placement in long-term care institutions.

58. Participants also noted that the COVID-19 pandemic was linked with higher rates of neglect, abuse and violence, hate, discrimination and ageism and impacted older persons through social isolation and reduced access to services. During the COVID-19, older persons were neglected and segregated by their families. As a result, older persons were often unable to get medicine, stopped interacting with their doctors, and were denied their personal freedoms. Moreover, they were also concerned regarding their adult children as they did not understand the concept of working from home, which often led to increased tensions between generations.

59. Participants discussed that many types of interventions had been tried to reduce and prevent elderly abuse, including professional awareness campaigns to help health care workers recognize elder abuse, caregiver support to reduce stress, caregiver training on dementia, or residential care policies to define and improve standards of care. However, no intervention had proved to work very effectively and the evidence on coverage and effectiveness of existing interventions was very limited.

60. In the Republic of Korea, the COVID-19 pandemic had led to an increase in elder abuse, caused by depression, stress and family conflicts. Even though there was a legal system in place to respond to elder abuse, there were insufficient human resources, education and publicity to raise awareness on this issue. A fact-finding inquiry on care facilities for older persons in the Republic of Korea conducted between July and December 2021 revealed that 466 centers out of 3,844 implemented isolation measures of entire age-cohorts, which led to negative emotions against older persons. Older persons’ care facilities were seen as hotbeds of infection and disease, and verbal abuse by care workers during the COVID-19 had increased.

61. Recent research from Australia revealed that elderly abuse accounted for around 15 percent of all reported abuse cases. The perpetrators were often family members, mostly adult children, but they could also be friends, neighbors and acquaintances. People with poor physical or psychological health and higher levels of social isolation were more likely to experience elder abuse. Moreover, two-thirds of older persons did not seek help when they were abused. Elder abuse often remained hidden, with the most frequent action taken to stop the abuse involving the victim speaking directly to the perpetrator. In this context, family and friends were the most common source of support for older persons who experienced abuse. Further, a systemic review revealed a very high level of neglect of around 30 percent in institutional settings, thus, older

persons with cognitive impairment and those residing in institutional care would need additional consideration. Moreover, according to a study on residential violence, the majority of staff did not believe that rape and sexual assault occurred in care facilities for older persons. Older indigenous persons in Australia were at a greater risk of elder abuse, and it occurred at a younger age for these groups. Self-management of elder abuse would raise two potential consequences that would enable abuse, such as secrecy and a lack of adverse consequences for those who perpetrated abuse.

62. In Nepal, no national data regarding neglect, abuse and violence of older persons was available, so organizations collected data from national daily newspapers and reports. According to that data, in 2021, around 23 dead bodies of abandoned older persons were found. The number of cases was limited, but it provided some knowledge on the issue of elderly abuse in Nepal. Older persons were abused in their homes. Also, there was a tendency that older persons were not involved in entertainment activities, such as festivals, and were not included in national policies and programs. The government did not create a platform to use older persons’ knowledge, experience and skills. It was pointed out that the retirement age was 60 years old, and older persons had to retire even in cases when they were capable to continue working.

63. In Kyrgyzstan, older persons had difficulties accessing health care and social services due to the limitations connected to COVID-19, and many older persons, as a result, suffered even more severely from chronic illnesses.

64. In Bangladesh, neglect and abuse were rapidly increasing, in particular for older women. Older women were abused by their children in the family. However, there was low public awareness of the human rights of older persons, including by older persons themselves, which often led to older persons not reporting violence against them.

65. It was shared that WHO and other partners on the Decade of Healthy Ageing would publish a document entitled “Tackling abuse of older people: 5 priorities for the Decade of Healthy Ageing 2021-2030” on 15 June, which was the World Elder Abuse Awareness Day. The document would propose how to address elder abuse in a more sustained and coordinated way during the Decade. The report would include interviews with experts and a map that would identify the gaps in the evidence. The first priority of the report would be combating ageism, which was one of the factors that explained why elderly abuse occurred. The second priority would be the need to generate more and better data on prevalence, particularly in low- and middle-income countries. The third priority would address the effort in developing effective interventions. The last priority would be the need to mitigate and invest in elderly abuse and raise funds in order to address it more sustainably.

ii. Good practices

66. In Singapore, the “Adult Protective Service” looked after cases of elderly abuse.

67. In Australia, the “Ready to Listen Project” aimed at building the skills and capacity of residential aged care service providers to better respond to and prevent sexual assault in residential aged care. The “Serious Response Scheme” collected data on types of abuse in age care.
Several participants reported on initiatives to raise awareness of abuse of older persons, including the risk of abuse in extraordinary situations, such as disasters. In Singapore, An Elder Abuse Awareness Day was held, which was useful in raising awareness about this issue.

### iii. Recommendations

69. Conduct research to better understand and address gender dimensions and other issues intersecting with ageism, to define global standards from regional and national standards for interventions, could be derived. It could also inform education and awareness programs by state and non-state actors.

70. Consider using the new definition for elderly abuse, proposed by the Australian Prevalence Study by the Royal Commission into Aged Care Quality and Safety (2020), which was broader than the WHO definition. It defines elderly abuse as: “A single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person.”

71. Provide further support to the open-ended working group on the rights of older persons and the work towards a convention on the rights of older persons.

72. Develop tailored policy and practice responses for different subtypes of each form of abuse with different dynamics.

73. Adopt multidisciplinary approaches to addressing abuse that include legal, therapeutic and health-based elements and implement proactive mechanisms for identifying elder abuse, such as screening in health settings was also identified as important.

74. Develop policies and services in partnership with indigenous persons in a culturally safe way, and note that related research should also be led by indigenous communities, such as Aboriginal Torres Strait Islander communities.

75. Use ICTs to ensure access to information and increase awareness on issues of neglect, abuse and violence, discrimination, and ageism.

76. Increase awareness on neglect and sexual abuse of older persons, including educating care staff in order to increase their understanding of abuse, including sexual abuse.

77. Conduct research on the social dynamics of abuse of older persons, analyzing family and intergenerational dynamics, as well as the role of friends and neighbors. In addition, conduct research on adequate responses to elder abuse and consider applying family mediation interventions, which were low-conflict and non-adversarial, in order to address family-related issues.

78. Implement community-based interventions within national settings and involve communities in elder abuse prevention. With the increased attention from the neighborhood, cases of abuse might decrease, as families and caregivers might become more conscious of their behavior.
79. Implement specialized policy, prevention and service responses for cases of elder abuse in rural and remote areas, as this presented specific challenges.

80. Encourage public-private partnerships and multi-sectoral cooperation to combat elder abuse.

81. Collect data on elder abuse disaggregated by sex, age cohort, care need level and other characteristics, as appropriate. Engage other older persons in combating elder abuse.

82. Formulate clear legal ground for cohort isolation in care facilities in Korea, to stop preventive cohort isolation in care facilities with no COVID positive cases, and to stop limitation in family visits.

83. Increase the variety of care services and institutions, including mental health care.

E. Priority issue 4: Images of ageing

i. Key challenges

84. Participants stated that ageism was developing as traditional values of respecting the voice of older persons were eroding and expressed the need to reclaim such values. It was noted that in Asian cultures, older persons were seen as frail, and values of filial piety had been diminishing. While some older persons were perceived as heroes, others were mainly perceived as vulnerable.

85. The report of the Human Rights Commission of Korea, for example, revealed that 80 percent of young persons had negative prejudices against older persons due to differences in values and mentalities and a negative image of older persons transmitted in the media. It was noted that this led to perpetuating negative stereotypes, discrimination, and human rights violations against older persons – with some extreme cases including hate speech, violence, and abuse.

86. One participant mentioned that many countries had a range of initiatives to promote the recognition and contribution of older persons, but that those often stopped at the symbolic level during public festivals and similar events. More concrete initiatives were needed, embedded in daily life, such as people from different generations living together in one place.

87. One challenge identified was that “older persons” (those over age 60) were often seen as one homogenous group, when in fact they were very heterogeneous. In disaster situations, for example, some older persons would be key leaders in community response, but there would be others who would be particularly at risk and would need tailored support.

88. In Asia, ageism was seen as being embedded in the society. For instance, by setting a specific retirement age, older persons thought they were not capable enough.

ii. Good practices

89. Participants highlighted the “Global Report on Ageism”, published by the World Health Organization in 2021, which summarized good practices in combatting ageism.
90. In the Republic of Korea, the National Human Rights Commission takes individual complaints by victims of discrimination based on age and other parameters, investigate them and send policy recommendation to correct human rights violations or discrimination to the Government.

91. India was trying to tackle gender inequality linked to older women through an intergenerational approach by creating inter-generational learning groups, in particular, focused on women and girls, older persons, and younger persons, who would come together and exchange ideas and knowledge.

iii. Recommendations

92. Emphasize a positive view on ageing, that recognized the authority, wisdom and dignity coming from lifelong experiences, and an enabling environment for lifelong learning and productivity.

93. Implement community education to facilitate abuse reporting, as many older persons did not report to the police or other authorities due to fear of embarrassing family members.

94. Engage the media in promoting a positive image of older persons, and conduct social support activities, such as campaigns, education and restoration of social communities.

95. Consider a convention on the rights of older persons with a binding review mechanism.

F. Priority issue 5: Climate change, older persons and an ageing population; and other emerging and cross-cutting issues

i. Key challenges

96. Participants stressed that the impacts of climate change and related natural disasters were disproportionally negative for older persons, who were more vulnerable to extreme weather and heat strokes and often had special evacuation needs. At the same time, older persons were also assets contributing to climate change and disaster solutions because of their experience, knowledge, time and sometimes possibilities to support solutions financially.

97. Participants agreed that the use of technology, including ICT, was one of the greatest challenges that older persons were facing in general, particularly in disaster situations, where lack of access to technology limited them in receiving warnings and information linked to disasters.

98. Air pollution had an extreme impact on health over the course of a lifetime, with negative effects felt especially in older age.

99. In several countries of the Asia-Pacific region, many farmers were middle-aged or older persons with no pension or other social security. Exposure to the risk of climate change and natural disasters directly impacted their quality of life and economic status. At the same time, they could play an important role in combating climate change, for example, by producing and using biochar.
100. In Bangladesh, even though there were disaster committees at the district level, there was no space or platform for older persons to voice their concerns and there was limited knowledge of structural frameworks for managing disasters.

101. In Kyrgyzstan, mudslides were a big problem, exacerbated by climate change. People were losing their lives and cattle in the mudslides and there were no programs to predict and mitigate such impacts of mudslides. The government did not pay enough attention to climate change, development needs and disaster management strategies. As many older persons lived in areas at risk of mudslides, it made them vulnerable.

102. In Australia, older persons were also disproportionately impacted by climate change impacts such as fires and floods. Moreover, Australia's loosening of the COVID-19 policy affected older persons severely, with death numbers increasing.

ii. Good practices

103. In the Philippines, there were good examples of older persons having been actively involved in community-based resilience, disaster risk reduction and agricultural solutions, including carbon emission reduction measures such as the production of biochar.

104. Examples were shared of how knowledge of experience contributed to disaster risk mitigation. In Japan, the 2011 Sendai Tsunami experience led to a stronger and more systemized intergenerational connection through sharing of past experiences. Many people managed to stay safe because of the advice given by older persons. For instance, waterlines from past tsunamis in the area were marked and older persons knew where to evacuate in case of earthquakes and tsunamis. There were also community activities where older persons who had suffered from tsunamis conducted storytelling and re-enacting tsunami scenes.

105. In Bhutan, one of the mandates of the royal society was environment protection, and in particular, intergeneration knowledge sharing and carrying out certain activities to protect the environment. This was in the context of government leadership and governance on formulating a comprehensive strategy on energy, forest management, and transportation (electrification) with the country aiming to achieve a carbon negative status.

iii. Recommendations

106. Strengthen the collective voice or advocacy of older persons at the government level to address climate change and disaster risk reduction issues from a regulatory perspective. Engage older persons in lobbying for innovations linked to carbon emission reductions and alternative energy sources, or include older persons in government disaster risk reduction committees.

107. Conduct research on how changes in socio-economic factors and housing conditions could mitigate the effects of natural disasters on older persons.

108. Promote the message that older persons were also part of the solution, while currently, the intergenerational discourse was more focused on the ‘baby boomer generation’ having caused climate change.

109. Disseminate older persons’ knowledge of natural disasters and mitigation measures.
110. Review and update MIPAA to accommodate climate change and pandemic impacts. Monitor if member States have been meeting the goals of MIPAA. UN organizations should develop reporting mechanisms to monitor member States.

H. Closing and next steps

111. Ms. Sabine Henning, Chief, Sustainable Demographic Transition Section, Social Development Division, ESCAP thanked the moderators, speakers and all other stakeholders for participating in the consultations. She stressed the importance of including the voices of older persons in the Fourth Asia-Pacific Review and Appraisal of MIPAA.

112. The consultation was the third in a series of three consultations with stakeholders on the priority directions of MIPAA.

113. There would be other opportunities for stakeholders to engage in the review and appraisal process, such as by participating in the intergovernmental meeting and making statements, time permitting, participating in roundtable discussions or organizing side events. More information on these different opportunities was forthcoming and would be posted on the meeting’s website at https://www.unescap.org/events/2022/asia-pacific-intergovernmental-meeting-fourth-review-and-appraisal-madrid-international

114. The report of the consultations would be the basis of an information paper that would be submitted to the intergovernmental meeting.
## AGENDA (19 May 2022)

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<td>12:30</td>
<td><strong>Participants join Zoom meeting</strong></td>
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<td>13:00-13:45</td>
<td><strong>Welcome and opening session</strong></td>
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<td><strong>Moderator:</strong> Mr. Prakash Tyagi, Executive Director, GRAVIS, India</td>
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<td>• Recap: 1st and 2nd stakeholder consultations, Ms. Susana Harding,</td>
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<td>Director, International Longevity Centre, Tsao Foundation</td>
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<td>• Keynote speaker: A human rights perspective on ensuring enabling and</td>
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<td>supporting environments, Prof. Andrew Byrnes, University of New</td>
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<td></td>
<td>South Wales, Australia</td>
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<td>• Keynote speaker: Mr. Eduardo Klien, Regional Representative, HelpAge</td>
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<td>International, Asia-Pacific</td>
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<td></td>
<td>• <strong>Participants being allocated to working groups</strong></td>
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<tr>
<td>13:45-14:25</td>
<td><strong>Working groups – Round 1</strong></td>
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<td><strong>Working group 1</strong></td>
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<td><strong>Priority issues 1, 2 and 4: Housing and the living environment</strong>  -</td>
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<td></td>
<td>Discussing ageing in rural and urban contexts, ageing-in place,</td>
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<td>care and support by family members, changes in family sizes,</td>
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<td>intergenerational households, and images of ageing</td>
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<td></td>
<td><strong>Moderator:</strong> Ms. Christine Young, Board Director, International</td>
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<td>Federation on Ageing</td>
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<td></td>
<td><strong>Presenter and resource person:</strong> Mr. Napaphat Satchanawakul,</td>
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<tr>
<td></td>
<td>Lecturer, Institute for Population and Social Research, Mahidol</td>
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<td></td>
<td>University, Thailand</td>
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<td></td>
<td><strong>Working group 2</strong></td>
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<td><strong>Climate change and older persons</strong> – Discussing the impacts of</td>
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<td>climate change on older persons, older persons as contributor to</td>
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<td>climate change, older persons contributing to climate action, and</td>
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<td>images of ageing</td>
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<td><strong>Moderator:</strong> Ms. Usa Khiewrord, Head of International Department,</td>
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<td>Foundation of Older Persons’ Development, Thailand</td>
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<td><strong>Presenter and resource person:</strong> Mr. Eduardo Klien, Regional</td>
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<td></td>
<td>Representative, HelpAge International, Asia-Pacific</td>
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<td><strong>Working group 3</strong></td>
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<td>**Priority issues 3 and 4: Neglect, abuse, violence, ageism, and images</td>
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<td>of ageing** – Discussing the many forms of neglect, abuse,</td>
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<td>violence and ageism and</td>
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5 The same clusters of objectives will be discussed in round 1 and 2 of the consultation.
actions that can be taken to change the narrative on population ageing (i.e., public recognition)

**Moderator:** Mr. Rio Hada, Team Leader, Economic, Social and Cultural Rights, Human Rights and Economic and Social Issues Section, Thematic Engagement, Special Procedures and Right to Development Division, OHCHR

**Presenter and resource person:** Mr. Christopher Mikton, Technical Officer, Demographic Change and Healthy Ageing, WHO Geneva; Mr. Bill Mitchell, Community Legal Centres, Australia; Ms. Claire Sookhyun Oh, National Human Rights Commission of Korea

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>14:25-14:30</td>
<td><strong>Participants allocated to working groups (repeat working groups)</strong></td>
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<td>14:30-15:10</td>
<td><strong>Working groups – Round 2</strong></td>
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<td>Working groups as above</td>
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<td>15:10-15:20</td>
<td><strong>Break</strong></td>
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<td>15:20-15:45</td>
<td><strong>Highlights, challenges and recommendations from the working groups</strong></td>
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<td>• <strong>Moderator:</strong> Mr. Prakash Tyagi, Executive Director, GRAVIS, India</td>
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<td>• Rapporteur working group 1: Dr. Mala Kapur Shankardass, Consultant in the fields of Gerontology, Sociology and Health Social Sciences</td>
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<td>• Rapporteur working group 2: Ms. Caitlin Littleton, HelpAge International</td>
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<td>• Rapporteur working group 3: Mr. Bill Mitchell, Community Legal Centres Australia</td>
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<td>15:45-16:00</td>
<td><strong>Closing and next steps</strong></td>
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<td>• <strong>Moderator:</strong> Mr. Prakash Tyagi, Executive Director, GRAVIS, India</td>
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<td>• Mr. Aabhas Senapati, Youth representative</td>
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<td>• Ms. Sabine Henning, Chief, Sustainable Demographic Transition Section Social Development Division, ESCAP</td>
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</tbody>
</table>
LIST OF PARTICIPANTS

PRESENTERS

Mr. Aabhas Senapati, Things Finder, Youth representative, India
Mr. Bill Mitchell, Principal Solicitor, Community Legal Centres, Australia
Mr. Christopher Mikton, Technical Officer, Demographic Change and Healthy Ageing, WHO Geneva
Mr. Eduardo Klien, Regional Representative, HelpAge International, Asia-Pacific
Mr. Napaphat Satchanawakul, Lecturer, Institute for Population and Social Research, Mahidol University, Thailand
Ms. Claire Sookhyun Oh, Associate Director, National Human Rights Commission of Korea, Republic of Korea
Ms. Susana Harding, Director, International Longevity Centre, Tsao Foundation, Singapore
Professor Andrew Byrnes, Professor of International Law, University of New South Wales, Australia

STAKEHOLDER ORGANIZATIONS

Agewell Foundation
Asian Development Bank
Babushka Adoption Foundation
Board of the retired staffs
Chulalongkorn University
Community Legal Centres Australia
Council on the Ageing Queensland
Foundation for Older Persons’ Development (FOPDEV)
Foundation of Thai gerontology and Geriatric Research Institute
Gramin Vikas Vigyan Samiti (GRAVIS)
Harapan OKU Law Reform Group
HelpAge Cambodia
Helpage India
HelpAge International
HelpAge Korea
Institute for Population and Social Research, Mahidol University
International Federation on Ageing (IFA)
Janaseva Foundation
Japan Center for International Exchange (JCIE)
Korea Advanced Institute of Science and Technology
Law Futures Centre
National Council of Senior Citizens Organisation Malaysia (NASCOM)
National Human Rights Commission of Korea
National Senior Citizen Federation (NASCIF)
Nihon University
OPAN (Older Persons Advocacy Network)
Resource Center for Elderly
Resource Integration Centre (RIC)
Royal Society for Senior Citizens
Seniors Rights Service
Thing Finder
Tsao Foundation
Türkiye emekliler derneği
University of Hong Kong
University of Indonesia
University of New South Wales
University of Newcastle
Vietnam Association for Elderly
Yayasan Emong Lansia
UNITED NATIONS AND OTHER AGENCIES

International Labour Organization (ILO)
International Telecommunication Union (ITU)
Office of the United Nations High Commissioner for Human Rights (OHCHR)
United Nations Economic and Social Commission for Asia and the Pacific (ESCAP)
World Health Organization (WHO)