Economic and Social Commission for Asia and the Pacific

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

Bangkok and online, 29 June – 1 July 2022

Items 2 and 3 of the provisional agenda*

Review of progress and challenges in accelerating the implementation of the Madrid International Plan of Action on Ageing, 2002, in Asia and the Pacific

Consideration of key regional issues within the framework of the Madrid Plan of Action, together with emerging issues


Summary

The present information document contains a summary of the outcomes of four stakeholder consultations organized in preparation for the Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing, to be held in Bangkok from 29 June to 1 July 2022. It reflects a summary of stakeholder views on the status of implementation of the Madrid International Plan of Action on Ageing, 2002 and contains recommendations for further implementation and examples of good practice.

As part of the Fourth Review and Appraisal process and in accordance with General Assembly resolution 76/138 and Economic and Social Council resolution 2020/8, the Economic and Social Commission for Asia and the Pacific, supported by regional partners, facilitated meaningful, diverse and inclusive stakeholder engagement covering the three priority directions of the Madrid Plan of Action: (1) older persons and development; (2) advancing health and well-being into old age; and (3) ensuring enabling and supportive environments. Prevalent and emerging issues – such as the impact of the coronavirus disease (COVID-19) pandemic, intergenerational solidarity, climate change, digital transformation and the future of work – were discussed throughout the consultations. Gender considerations were mainstreamed.

The present document serves to inform deliberations during the 2022 Asia-Pacific Fourth Review and Appraisal of the Madrid Plan of Action.

** The present document is being issued without formal editing.
I. Introduction

1. The Madrid International Plan of Action on Ageing, 2002, was adopted by the Second World Assembly on Ageing, held in Madrid from 8 to 12 April 2002. It was subsequently endorsed by the General Assembly in resolution 57/167 of 18 December 2002. It put forth a bold new agenda of “building a society for all ages”, which is more relevant today than ever. It focuses on three priority directions: older persons and development; advancing health and well-being into old age; and ensuring the existence of enabling and supportive environments.

2. Article 13 of the Madrid Plan of Action recognizes and highlights the importance of a whole-of-government and whole-of-society approach to its implementation, follow-up, review and appraisal: “Governments have the primary responsibility for providing leadership on ageing matters and on the implementation of the International Plan of Action on Ageing, 2002, but effective collaboration between national and local Governments, international agencies, older persons themselves and their organizations, other parts of civil society, including non-governmental organizations and the private sector, is essential. The implementation of the International Plan of Action on Ageing, 2002, will require the partnership and involvement of many stakeholders: professional organizations, corporations; workers and worker organizations; cooperatives, research, academic and other educational and religious institutions; and the media.”

3. In 2006, the Department of Economic and Social Affairs issued guidelines for the review and appraisal of the Madrid Plan of Action at the nation level, using a bottom-up participatory approach. These provide guidance and practical examples for national Governments to facilitate the carrying out of whole-of-government and whole-of-society reviews and appraisals of the Madrid Plan of Action.

4. In preparation for the Fourth Review and Appraisal process, the Economic and Social Commission for Asia and the Pacific (ESCAP), with input from its regional United Nations partners, drafted guidelines on stakeholder engagement. These provided an overview of the entire process, identifying entry points for non-government stakeholders to engage in the process. The guidelines were published on 8 February 2022 and posted on the website of the intergovernmental meeting.

5. The Madrid Plan of Action has been reviewed at the global, regional and national levels three times since 2002. The fourth regional and global reviews and appraisals are to take place in 2022 and 2023 (Economic and Social Council resolution 2020/8 and General Assembly resolution 76/138). The General Assembly and the Economic and Social Council have regularly followed up on population ageing and provided a strong mandate to the regional commissions “in assisting Governments, at their request, in the implementation, follow-up and national monitoring of the International Plan of Action on Ageing, 2002…” (Article 18 of the Madrid Plan of Action).

6. The present document summarizes the outcomes of four stakeholder consultations held from April to June 2022 as part of the preparatory process and lead up to the Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing. Reports of these consultations are available on the Asia-Pacific Fourth Review and Appraisal website at: https://www.unescap.org/events/2022/asia-pacific-intergovernmental-meeting-fourth-review-and-appraisal-madrid-international
II. Process of stakeholder engagement

7. In engaging with relevant stakeholders, balanced geographic representation, sectoral/thematic representation and gender composition were aimed at – in accordance with stakeholder categories, as identified in Article 17 of Madrid Plan of Action – and largely attained. Throughout 2021, ESCAP compiled a list of stakeholders working on issues related to population ageing and older persons in Asia and the Pacific, which had been recommended by United Nations partners in the region. Also included in the list were civil society organizations in the region in consultative status with the Economic and Social Council working on older persons’ issues and civil society organizations which had participated in the Third Regional Review and Appraisal of the Madrid Plan of Action in Asia and the Pacific. In this regard, the stakeholder consultations were co-designed and implemented by a team of stakeholders and United Nations agencies.¹

8. The purpose of the stakeholder consultations 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:

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

9. Prevalent and emerging issues – such as the impact of the coronavirus disease (COVID-19) pandemic, intergenerational solidarity, climate change, digital transformation and the future of work – were discussed throughout the consultations. Gender considerations were mainstreamed.

10. To ensure a whole-of-society approach and active engagement in the context of reviewing the Madrid Plan of Action in Asia and the Pacific, and to facilitate open and frank discussions, the Chatham House Rule was followed, with participants free to use the information received but not permitted to

¹ Stakeholders were identified based on lists of stakeholders who had attended previous meetings on ageing convened by ESCAP and partners and through recommendations by partners. The organizing teams included: Deloitte; Gramin Vikas Vigyan Samiti (GRAVIS), India; Economic Research Institute for ASEAN and East Asia (ERIA), Indonesia; Yayasan Emong Lansia, Indonesia; HelpAge International, Asia and the Pacific; HelpAge India, India; International Federation on Ageing; Economic Research Institute for ASEAN and East Asia (ERIA), Indonesia; International Longevity Centre, Tsao Foundation, Singapore; International Network for the Prevention of Elder Abuse (INPEA), India; and Mongolian National University of Medical Sciences, Mongolia; Sao Pu Centre on Ageing, The University of Hong Kong, Hong Kong, China; International Telecommunication Union (ITU); Office of the United Nations High Commissioner for Human Rights (OHCHR); United Nations Population Fund (UNFPA), Asia and the Pacific; ESCAP; and World Health Organization (WHO).
reveal the identity or the affiliation of the speaker(s), or of any other participant.

11. All working groups addressed the following guiding questions with regard to the implementation of the Madrid Plan of Action with a focus on the preceding five years:
   
   - What were the main achievements, good practices and lessons learned?
   - What were the remaining challenges?
   - How had COVID-19, climate change and information and communications technology affected the achievement of the priority issues?

12. The first three consultations consisted of opening sessions, followed by rounds of working groups and concluding with plenary sessions to refine the recommendations elicited in the working groups. The fourth consultation was similar, though without working groups, due to time limitations. In line with the above, the following activities were implemented.

13. The first consultation was held on 7 April 2022, addressing older persons and development, and addressing Madrid Plan of Action priority direction I issues 1, 2, 3, 4, 5, 6, 7 and 8.

14. The second consultation was held on 28 April 2022, addressing advancing health and well-being into old age, and addressing Madrid Plan of Action priority direction II issues 1, 2, 3, 4, 5 and 6.

15. The third consultation was held on 19 May 2022, addressing ensuring enabling and supportive environments, and addressing Madrid Plan of Action priority direction III issues 1, 2, 3 and 4.

16. The fourth consultation was held on 8 June 2022, addressing all Madrid Plan of Action priority directions, in relation to the Pacific subregion of ESCAP.

17. The informal and non-exhaustive summary reports were issued after each consultation posted on the website of the Asia-Pacific Regional Review at https://www.unescap.org/events/2022/asia-pacific-intergovernmental-meeting-fourth-review-and-appraisal-madrid-international. The following summary is based on these non-exhaustive summary reports.

III. Outcomes of stakeholder engagement

18. In all four of the consultations, stakeholders noted that there had been progress in implementation of the Madrid Plan of Action in Asia and the Pacific, even though it had been uneven and many challenges remained. The COVID-19 pandemic had exacerbated existing vulnerabilities. Stakeholders also felt that commitment to the implementation of certain aspects of the Madrid Plan of Action had been limited in some countries.

19. In several countries, schemes had been put into place to provide financial and other support to older persons, especially older persons who were not covered by social protection. There were not enough digital and other skills training opportunities and platforms to allow for adaptation to new work environments and increase online access for older persons, especially older women. Many microcredit schemes still did not address the needs of women,
both young and old, while discriminatory attitudes towards older persons working in both formal and informal sectors still persisted. Issues of neglect, abuse, violence, discrimination and ageism remained prevalent in the region and were causing much harm to older persons, especially older women.

20. Moreover, in many countries older persons did not have accessible and affordable access to health care and universal health coverage for all, including older persons, and long-term care was not commonly available. The COVID-19 pandemic had further highlighted the gap between policies and their implementation, while more needed to be done to engage older persons in processes to address challenges such as the COVID-19 pandemic and climate change.

21. Member States should recognize civil society’s contribution to enhancing the livelihoods and well-being of older persons, and the voice of civil society should play a vital role in the Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing.

22. The following summarizes the specific challenges, good practices and recommendations determined by each of the consultations and reflects the inputs from stakeholders.

A. Older persons and development (addressing Madrid Plan of Action priority direction I issues 1, 2, 3, 4, 5, 6, 7 and 8)

23. The first consultation was held on 7 April 2022 and co-organized by Deloitte; Gramin Vikas Vigyan Samiti (GRAVIS), India; Yayasan Emong Lansia, Indonesia; HelpAge International; International Federation on Ageing; UNFPA, Asia and the Pacific; and ESCAP.

24. About 60 stakeholders from around 20 countries in Asia and the Pacific attended the consultation. Participants came from a broad range of sectors, including civil society, older persons organizations, the private sector and academia. There was balanced gender representation among participants, and robust representation from each of the ESCAP five subregions.

25. Participants identified, among others, the following challenges in the implementation of the Madrid Plan of Action:

   (a) Without increases in the statutory retirement age, older persons could not fulfill their potential to contribute more to society, especially given rapid growth among those considered “young old people” (aged 60–69 years). This situation was confounded by polices to reserve employment opportunities for younger generations;

   (b) The average public pension system did not guarantee a proper level of income for older persons in poor areas or environments, while in some countries, there was a need to address the gaps between the retirement age and access to pension schemes. Inclusive pension schemes needed to be in place to reduce poverty among older persons;

   (c) Universal health care needed to be in place, as health-care expenditures took a financial toll on older persons and their families;

   (d) Despite older persons’ associations being active in many countries as community-based organizations, they often lacked effective intergenerational solidarity and support;
Women who stayed home often faced income insecurity due to their lack of participation in the labour market. This meant that many were left behind;

While certain governments encouraged informal workers to pay contributions to provident funds when they retired, the percentage of those contributing was still very low and the protection of older persons in the informal sector was largely non-existent;

The COVID-19 pandemic had hampered efforts to ameliorate the poverty rate in the region, with declines of income of large numbers of older persons, and many workers having stopped working. This meant that large numbers were living on low salaries, while there was greater stress for many retired older persons given higher loans and mortgages. Many of them were being left out of poverty reduction programmes, especially older women who were unmarried and widowed, and those living alone in rural areas;

Information and communications technology had become more important during the COVID-19 pandemic; however, older persons were frequently not enjoying benefits such as food delivery and home shopping because of their lack of access to the digital environment and lower levels of digital illiteracy;

Climate change had affected the agricultural sector and rural areas, where many older persons were working. Older persons in rural areas had little voice in agricultural policies and often lacked skills and social protection to enhance their livelihoods;

The resilience of older persons, both at an individual and the community level, was inadequate in the context of effectively knowing how to cope with and overcome emergency situations and humanitarian crises.

26. Stakeholders also pointed out that countries in the region had developed the following good practices that supported implementation of the Madrid Plan of Action:

Instances of strengthened cooperation between the government and civil society to enhance socioeconomic opportunities of older persons were noted, along with related improvements of older persons’ rights, their social protection and relevant regulations. This also led to enhanced participation in the decision-making process for and by older persons and civil society organizations that represented them;

Some countries had increased retirement ages and raised remuneration from social pensions or planned to do so in years to come. In addition, re-employment policies and legislation to promote labour productivity had been put in place, with support in terms of recruitment and getting older persons back to the workforce;

Other good practices included the encouragement of lifelong learning, equipping older persons with the necessary knowledge and skills to grow old well in the community, enhancing digital literacy via video and messaging platforms in rural communities to reduce feelings of social isolation, the provision of opportunities to reskill people, especially in the informal sector, and the spread of microcredit facilities by civil society organizations, with resultant positive outcomes;

Examples were cited of decentralization to provide more effective support to older persons, as well as self-help organization partnerships, including with the private sector, along with universities of the third age, which focused on older persons and having multigenerational discussions take place. There were also examples of volunteers within
organizations who worked with families and patients across the health system providing care support, as well as trainings on caregiving courses for family members and nurses to take care of older persons, including those with special needs;

(e) Bilateral agreements were noted as helpful in facilitating labour migrants to be employed in nursing and caregiving were there were labour shortages due to growing numbers of older persons;

(f) Instances of positive changes in social attitudes were reported, including greater acceptance of older persons working, as were increases in social awareness to support older persons among youth;

(g) In addition, the good practice of focussing more government support to health technology start-ups, with positive impacts in terms of greater preparedness and more effective responses with regard to emergency situations, was noted.

27. Participants at the stakeholder consultation recommended the following actions:

(a) Older persons needed greater opportunities to actively participate in society, through different ways. Those with a desire to continue to work should be actively supported to use databases or matching websites run by governments or private companies to search for suitable jobs;

(b) Older persons needed to be empowered, including in the decision-making process concerning development in general and that related directly to their own lives. Moreover, women needed to be in more leadership roles for their increased participation in society. This would allow for living with dignity and older persons enjoying the right of having a life of their own, especially older women, as they were often living in isolation and their needs were frequently not being properly addressed;

(c) There was a need to combat systemic and other barriers, such as ageism, sexism, limited access to transportation, and digital illiteracy through greater intergenerational solidarity, such as youth supporting older persons in developing their information communications and technology literacy. This would make crucial services, such as tele-health for older persons more widely available;

(d) Online services offered by different levels of government should be coordinated, such as effective delivery of food and other necessities for older persons to ensure their independence;

(e) Mutual collaboration between governments and employers in the formal sector needed to be encouraged to increase labour force participation among older persons and promote interaction between youth and older persons;

(f) Older persons needed to be provided with education, training, re-employment and reskilling opportunities, and subsequent employment, along with better pension options for enhanced living standards;

(g) Governments needed to advocate more for social pensions to supplement contributory pensions for older persons, as well as universal social pension systems and the international transportability of pensions;

(h) Financial literacy was important for older persons to cope with financial crises and insecurity. Knowledge and skills were needed for older persons to diversify their income sources;

(i) Income security needed to be enhanced through prudent investments, while education and training were important to prepare youth for
work and financially secure retirement in old age. Relatedly there was a need to change the mindset of the entire population, recognizing that all people had the resources to prepare for healthy ageing;

(j) Governments needed to promote the provision of equitable loans to allow for more effective and inclusive microfinance and bank lending activities;

(k) More microcredit schemes were required to allow older persons in the informal sector to retain employment. In this context, collaboration between the private sector and government needed to be encouraged to expand job opportunities;

(l) There was a need to establish more third age universities, as the growing middle class would benefit from educational opportunities through knowledge sharing activities and programmes amongst associations of older persons. It was important to translate programmes into local languages;

(m) More secure job opportunities for people in rural areas needed to be provided to mitigate the drivers of migration. There was also a need to provide more jobs in urban areas, which would allow older persons from rural areas to join their families in cities, strengthening intergenerational support;

(n) The situation of limited access to quality health facilities in rural areas needed to be adequately addressed;

(o) The role of migrant workers in the domestic and care industry could not be neglected. Bilateral agreements needed to be in place between countries for the intersectionality of migration and caring for older persons, especially for care work needs to be addressed;

(p) Expenditure on health care had taken a toll on older persons, resulting in a need to reduce health-care expenditure and implement universal health-care coverage, as well as increase awareness of dementia by working with older persons and caregiver support groups;

(q) Establishment of ageing and disability task forces, with the aim to advocate for inclusive interventions, was required;

(r) There was a need for more attention to the specific nutrition needs experienced in old age when food was distributed during emergencies;

(s) There was also a need to provide older persons with more opportunities for physical exercise in public places;

(t) Better coordination was needed between different levels of governments regarding the provision of services during emergency situations, such as food delivery and care services, especially to those in vulnerable circumstances.

B. Advancing health and well-being into old age (addressing Madrid Plan of Action priority direction II issues 1, 2, 3, 4, 5 and 6)

28. The second consultation was held on 28 April 2022 and co-organized by Economic Research Institute for ASEAN and East Asia (ERIA), Indonesia; Gramin Vikas Vigyan Samiti (GRAVIS), India; HelpAge International, Asia and the Pacific; HelpAge India, India; International Longevity Centre, Tsao Foundation, Singapore; International Network for the Prevention of Elder Abuse (INPEA), India; and Mongolian National University of Medical Sciences, Mongolia. The organizers were supported by ESCAP, UNFPA; and WHO.

29. About 70 stakeholders from around 20 countries in Asia and the Pacific attended the consultation. Participants came from a broad range of sectors,
including civil society, older persons organizations, the private sector and academia. There was balanced gender representation among participants, and good representation from each of the ESCAP five subregions.

30. Participants identified, among others, the following challenges in the implementation of the Madrid Plan of Action:

(a) The health of some groups of older persons, particularly women and older persons in urban areas, had deteriorated over time. For older women, this often related to multiple levels of discrimination, which was at times reflected in policies that were not gender-sensitive;

(b) Policies on health and well-being of older persons frequently lacked a lifecycle approach. Moreover, policies were often not implemented effectively despite the existence of implementation plans and guidelines;

(c) The COVID-19 pandemic had exacerbated negative life course issues, such as inequity, poverty, digital divides, ageism, sexism and other forms of discrimination. This resulted in adverse effects on the overall health and well-being of older persons, which included suffering from isolation and other mental health issues;

(d) Limited technological awareness had hampered access to telehealth services for older persons, and those with chronic diseases could not get their health-care needs addressed during the pandemic, while many did not seek health care for issues other than those related to COVID-19 out of fear of becoming infected, which often aggravated their overall health;

(e) The COVID-19 pandemic had affected the provision of long-term care in residential facilities negatively. Older persons in long-term care facilities were at an increased risk of being infected or dying of COVID-19. Many care workers had returned to their provinces or countries of origin during the pandemic, and many training programmes had been suspended, which reduced availability of qualified caregivers;

(f) Older persons of lower socioeconomic status, particularly older women, faced higher care burdens in later life compared to their higher socioeconomic counterparts. Many older women were providing unpaid care for children and other older persons, especially in rural areas where many of working-age had left to work abroad, yet they had limited access to care and social protection when they themselves required it;

(g) Some groups of older persons, particularly women, still faced difficulties accessing health care and related insurance. Moreover, limited resource mobilization and gerontology training meant a lack of specific skills and knowledge to address older persons’ health needs;

(h) Some countries did not yet have systems of long-term care, and home-based care as the preferred option. In other countries, although long-term care systems were relatively well developed, insufficient funds often limited the quality of provision of residential care and home support for community care;

(i) Palliative care was often limited or non-existent, while reliance on unpaid, untrained, and unsupported family caregivers was prevalent in many countries;

(j) Health-care and long-term care systems, including the provision of assistive devices, did not take into consideration differing needs of older women. Many assistive devices were designed as unisex, without recognizing specific needs of older women. Such needs were also insufficiently considered in preventive health care;
The sexual and reproductive health of older women was seen as absent in the context of the Madrid Plan of Action, including issues related to older transgender persons;

A lack of data often prevented the design of evidence-based policies and policies to provide access to health care for marginalized groups;

The gap between supply and demand was widening due to rising numbers of older persons needing care, insufficient numbers of caregivers, the lack of training programmes, insufficient funding, and poor working conditions in the care sector. Changes in family structures meant more families needed quality care services, which were not always available and had led to neglect of older persons in some cases;

Many countries lacked specialized training for caregivers of older persons, with limited financing available for such training. Further, there was no standardization of content on caregiving courses, as every agency had its own training agenda;

It was difficult to attract and retain people to work on care of older persons, especially the younger generation, partly due to poor working conditions and low wages. Another major reason of low retention rates was low social recognition of care workers;

In some countries, professional care services were provided by the private sector, making them costly and unaffordable for those in lower income groups;

Many older persons lacked confidence because of decreasing physical abilities, while living alone posed mental health challenges, particularly for older women who were more likely than men to live alone;

Long-term care and services, such as rehabilitation centres for older persons with mental health challenges, were frequently underdeveloped. Knowledge on mental health care and related training was often not provided to family members and caregivers. Consequently, awareness of the mental health challenges of older persons was limited, and caregivers, including family members, tended to be unable to identify potential symptoms of mental health issues and not seek help;

Concerns over elder abuse were raised. In some cases, youth who had lost their jobs during the pandemic used the pensions of older persons;

Challenges of older persons in general were more severe for those with disabilities, who were at higher risk of isolation because of limited mobility and ability to interact with others, as well as fewer employment opportunities. Older persons with disabilities also faced greater mental health challenges, including autism, which often became aggravated in old age.

31. Stakeholders also noted that the region had developed the following good practices that supported implementation of the Madrid Plan of Action:

Good practices related to raising awareness of the importance of healthy ageing, policy progress concerning health care in the region, and increasing psychosocial support, such as rehabilitation, palliative and end-of-life care, were noted. In many countries, older persons’ associations were playing an important role in providing health services to older persons, and promoting healthy lifestyles, since public health systems often lacked even basic services for older persons;

Examples were shared of community organizations connecting with older persons through tablets during the COVID-19 pandemic. Intergenerational initiatives included youth teaching older persons how to use
tables and supporting them in the purchase of digital devices. Other good practices included enhancing the mental health and well-being of older persons during the pandemic, such as through providing places for them to do arts and crafts and delivering library books to their homes;

(c) Volunteers had helped distribute vaccines and deliver medicines and other services to older persons during the pandemic. Moreover, the establishment of government hotlines for older persons had helped them access care;

(d) Good practices on health screening programmes and health education of older persons existed in several countries, including health promotion and social interventions to delay disability and hospitalization, and courses on leading healthy lives and preventing diseases, particularly heart disease and diabetes;

(e) Several examples of community-based care were shared; these increased access to care for older persons and supported their empowerment by allowing for choice between different care options;

(f) Some countries had made changes to medical university curriculums, allowing specialization in gerontology. In other countries the introduction of preventive care was set to support healthy ageing, and strategies for universal long-term care and government financing for such systems were being developed;

(g) Several good practices regarding training of caregivers were noted. These included initiatives concerning older persons’ associations and groups providing community-based caregiving, work to address social isolation and its impact on mental health, assistance for informal caregiving to family members and informal care for people with dementia, and standardization of training content and certification of courses to ensure better quality. Furthermore, cases of training programmes being affiliated with universities to enhance their credibility were noted; such programmes provided work opportunities and facilitated trainees with skills to establish relationship with clients;

(h) Several good practice examples were presented on how older persons’ associations and groups of older persons provided community level care and facilitated older persons’ access to health-care services. Such associations and groups also promoted social interaction, seen as fundamental to address social isolation and its impact on mental health;

(i) Notable work was undertaken related to disability, including addressing discrimination, promoting universal design and disability-inclusive infrastructure, and providing funding for older persons to modify their houses to be barrier-free.

32. Participants at the stakeholder consultation recommended the following actions:

(a) Universal access to health care and access to income security needed crucial attention to ensure healthy ageing. More specific responses to the health-care needs of vulnerable groups of older persons, including older women, were needed, such as concerning accessibility to affordable and quality care;

(b) Greater provision of education for older persons, particularly in the context of the pandemic, including on using information and communications technology was required. Also needed was more use of older persons’ associations and other community-based approaches in providing
care for older persons, including self-care, and promoting health and well-being, particularly in the field of health education and empowerment;

(c) There was a need to adhere to multisectoral engagement and whole-of-society approaches, and raise awareness of the rights of older persons, including through highlighting the work of the United Nations Open-ended Working Group on Ageing;

(d) Collection of data needed to be encouraged, including data on older women, in order to design evidence-based policies. Data processing techniques and tools needed to be developed, including to manage long-term care and health care costs;

(e) Older persons with disabilities, including those with dementia, required more support in decision-making, including on making complex health-related decisions;

(f) More research on the specific health-care needs of older women needed to be conducted, with mechanisms to address violence and discrimination against them in all societies developed, and their access to recreational facilities and telemedicine being enhanced;

(g) There was a need to ensure that caregivers were properly trained, and training facilities were regulated, affordable courses and training for caregivers of older persons were provided, and digital technology was utilized to help provide better training and improve communication with older persons;

(h) Greater attention needed to be paid to older persons’ mental health, especially during the post-pandemic recovery period. Data on older persons’ mental health, as well as availability of facilities that could address their mental health issues, needed to be collected;

(i) Older persons needed to be taught how to maintain good mental health and thus be empowered and better able to contribute to their communities and help in supporting vulnerable and socially-isolated groups;

(j) Opportunities needed to be created and maximized for older persons to interact and connect across language barriers and generations;

(k) The rights of older women and older persons with disabilities needed to be included in human rights frameworks.

C. Ensuring enabling and supportive environments (addressing Madrid Plan of Action priority direction III issues 1, 2, 3 and 4, as well as ageing and climate change)

33. The third consultation was held on 19 May 2022 and co-organized by Sao Pu Centre on Ageing, The University of Hong Kong, Hong Kong, China; HelpAge International; ITU; UNFPA, Asia and the Pacific; OHCHR; and ESCAP.

34. About 70 stakeholders from around 20 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, and good representation from each of the ESCAP five subregions.

35. Participants identified, among others, the following challenges in the implementation of the Madrid Plan of Action:
(a) In many countries, intergenerational bonding was weakening, as were community support networks for older persons. Government support was often insufficient and very uneven across and within countries. Many families, within their own means, could not afford to provide good living conditions to older family members. This also increased risks of violence and abuse towards older persons;

(b) Inadequate living conditions and increasing risks of isolation and being disadvantaged were augmented by urbanization trends, either because older persons were left behind in rural areas as younger generations moved to cities, or they themselves moved to cities and lived and worked in slums or otherwise crowded, unhygienic conditions lacking basic infrastructure and services, including health services and safe drinking water;

(c) Housing and environmental design for independent living was still not considered a priority in many countries, and governments, even as they were starting to work on issues and policies concerning ageing, often lacked relevant data and were unfamiliar with ageing friendly policies, as well as housing support infrastructure;

(d) The gap between younger and older generations was increasing due to busy lifestyles and evolving family structures (away from multi-generational households). This posed challenges regarding the life quality of older persons in general and risks of greater impacts due to dementia;

(e) While home care was expanding in many countries, there was a lack of accreditation systems and training for family caregivers, along with no proper curriculum on the subject;

(f) The COVID-19 pandemic highlighted that many older persons felt isolated and lacked appropriate health care. Older persons often had multiple problems, such as disabilities and both non-communicable and communicable diseases, which made long-term care very challenging. In particular, poor and homeless older persons could not afford caregivers;

(g) The scale and prevalence of various forms of neglect, abuse, violence, discrimination and ageism were considered significant challenges. These were reported as having increased during the COVID-19 pandemic. Elder abuse was noted as having 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 unwanted placement in long-term care institutions;

(h) People with poor physical or psychological health and higher levels of social isolation were more likely to experience elder abuse. Moreover, most older persons did not seek help when they were abused. Elder abuse often remained hidden and there was low public awareness on the human rights of older persons, including by older persons themselves;

(i) Ageism was increasing as traditional values of respecting the voice of older persons were being eroded. In many Asia-Pacific cultures, older persons were seen as frail, and values of filial piety were weakening. Youth often had negative prejudices against older persons due to differences in values and mentalities and negative images of older persons transmitted in the media. This led to perpetuating negative stereotypes, discrimination and human rights violations against older persons;

(j) Older persons aged 60 or older were often seen as one homogenous group, when in fact they were very heterogenous. In disaster situations, for example, some older persons would be key leaders in community responses, but there would be others who would be particularly at risk and would need tailored support;
Climate change was an urgent issue, affecting everyone in the areas of health, natural disasters, economy and food; it also required everyone’s engagement. The impacts of climate change and related natural disasters and stresses were disproportionately negative for older persons, who were more vulnerable to extreme weather and heat strokes, and also often had special needs related to being evacuated;

The use of technology, including information and communications technology, was one of the greatest challenges that older persons faced and this limited them in receiving warnings and information linked to disasters. Moreover, there were few spaces or platforms for older persons to voice their concerns, while they often lacked knowledge on structural frameworks for managing disasters;

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

36. Stakeholders also noted that the region had developed the following good practices that supported implementation of the Madrid Plan of Action:

(a) Good practices were shared on government housing and surroundings/public spaces according to universal, age-friendly design, including fall prevention, home modifications and parks that were age-friendly. Furthermore, policies had made transport affordable (persons above a certain age paid reduced rates) and accessible (with barrier-free design);

(b) One government, after experimenting with various approaches, had introduced ‘community-based integrated care’ for older persons as the most effective solution from the perspective of equality and sustainability. This provided older persons with greater control over their own lives, as they stayed in the place that they were familiar with, together with their families and/or the neighbours that they knew, rather than being taken care of in unfamiliar facilities or institutions;

(c) Another government was developing policies to support the provision of shelters and homes for people who were homeless; these were equipped for community and family-based long-term care, while older persons had been a focus of government care during the COVID-19 pandemic.

(d) The use of information and communications technology in caregiving during the COVID-19 pandemic, with people increasingly relying on telehealth, was reported. This provided opportunities for older persons to have phone or video consultations with doctors. Moreover, the practice had been applied to remote places where it was difficult for people to travel to see medical professionals;

(e) Technology was of help to older persons in the later stages of dementia, for example a “thing finder app” could help older persons track their misplaced objects;

(f) A good practice was shared on an adult protective service that looked for cases of elder abuse. There was also an Elder Abuse Awareness Day, which was useful in raising awareness on this issue;

(g) Other good practices included 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, and the Serious Response Scheme, which collected data on types of abuse concerning aged care;

(h) A further good practice included an organization that received individual complaints by victims of discrimination (third-party persons) based on age and other parameters, investigated them and sent policy
recommendations to address human rights violations or discrimination to the government;

(i) To tackle gender inequality linked to older women, examples were shared of intergenerational learning groups – particularly focused on women and girls, older persons, and youth – who would come together and exchange ideas and knowledge. This had achieved certain successes in changing perceptions of ageing;

(j) Good practices where shared of older persons being actively involved in community-based resilience, disaster risk reduction and agricultural solutions, including carbon emission reduction measures such as production of biochar;

(k) Regarding natural disasters, stronger and more systemized intergenerational connections had been developed through the sharing of past experiences, especially advice given by older persons, such as where to evacuate to in case of earthquakes and tsunamis;

(l) Older persons not only had knowledge linked to disaster prevention and evacuation, they were generally an asset for work on peace and mediation in cases of violence and conflict;

(m) Intergenerational knowledge sharing and carrying out certain activities to protect the environment were reported. This supported the formulation of comprehensive strategies on energy and forest management, and transportation ( electrification), with the aim of achieving a carbon negative status.

37. Participants at the stakeholder consultation recommended the following actions:

(a) There was a major need to provide affordable housing options and apply age-friendly approaches to housing and living environments that were shifting from family responsibility to enabling individuals. In addition, long-term care at home needed to be considered, with the living environment made more conducive to well-being by looking at care from a holistic viewpoint that enabled being active during old age and enhancing individual growth;

(b) The COVID-19 pandemic had catalysed calls for deinstitutionalization and the process of replacing institutions (care homes and long-stay homes) with community-based care and emphasis on older persons being able to take care of themselves. There was thus a need to consider individual preferences to enhance autonomy and independence, and to provide higher quality of life at home;

(c) Policies and approaches were needed to empower older persons to take care of themselves, provide end-of-life care, support governments and other stakeholders in developing more informal community-based support systems, and increase coordination between different ministries;

(d) There was a need to provide a continuum of care and services for older persons and to improve quality of care through the provision of proper training and strengthening intergenerational bonding. Caregivers of older persons, particularly older women and family caregivers needed more support;

(e) To ensure quality care, more attention was needed on training programmes, accreditation systems, quality standards and monitoring mechanisms;

(f) There was a need to better understand and address gender dimensions and other issues intersecting with ageism, by using global
standards to derive regional and national standards for interventions, resourcing of support, and education and awareness programmes for both State and non-State actors;

(g) The development of tailored policy and practice responses for different subtypes of each form of abuse with different dynamics was needed. Multidisciplinary approaches that might include legal, therapeutic and health-based elements could be applied. Implementing proactive mechanisms for identifying elder abuse, such as screening in health settings, was identified as important;

(h) Information and communications technology was considered necessary to ensure access to information and awareness on issues of neglect, abuse, violence, discrimination and ageism;

(i) Greater focus was needed to address neglect and sexual abuse, given levels of prevalence and lower levels of awareness and help. Among other measures, education for care staff was needed to increase their understanding of addressing sexual assault;

(j) There was a need to more systematically implement community education to facilitate abuse reporting, as many older persons did not report to the police or other authorities for fear of embarrassing family members;

(k) Comprehensive assessments of the adequacy of responses to elder abuse needed to be adopted, with further research of social dynamics and analysing family and intergenerational dynamics, as well as the role of friends and neighbours, as these made up a significant percentage of perpetrators. Moreover, applying family mediation interventions, which were low-conflict and non-adversarial, could provide opportunities for family relationships to be repaired;

(l) Implementing community-based interventions within national settings and involving communities in elder abuse prevention was needed, as neighbours could play an important role in informing authorities if they witnessed abuse. This could help increase awareness of elder abuse and play a role in addressing it;

(m) Specialized policy, prevention and service responses for cases of elder abuse in rural and remote areas were needed due to the specific issues in such settings;

(n) Increased government support was needed to enable private and public organizations to cooperate on combatting elder abuse;

(o) Disaggregated data needed to be collected, covering age, sex and other parameters to better allow for prevention of neglect, abuse and violence;

(p) Improved human rights situations in care facilities and promotion of public awareness on the human rights of older persons were needed;

(q) It was important to increase the variety in care services and care institutions, including mental health care;

(r) A positive view of ageing needed to be emphasized, one recognizing the authority, wisdom and dignity coming from lifelong experiences, and from an enabling environment for lifelong learning and productivity;

(s) Measures were needed to promote more positive images and perceptions of older persons, such as instructions concerning the media and online content, and social support activities, including campaigns, education and promoting of wholesome communities;
(i) A stronger mechanism than the current approach to implementing the Madrid Plan of Action was needed, such as a United Nations convention on the rights of older persons. Such a mechanism would go beyond consultation to include binding commitments and stronger monitoring mechanisms;

(u) There was a need for deeper engagement and for amplifying the voices of older persons in individual and collective actions, such as consumption patterns and intergenerational engagement, yet such actions would require government regulation;

(v) Since in certain settings climate change was very politicized, with governments not being neutral on CO₂ emissions due to the mining and other industries, pension funds could be used to redirect investments away from fossil fuels and into green technology;

(w) The collective voice of and advocacy involving older persons needed to be noted more at the government level to address climate change and disaster risk reduction issues from a regulatory perspective. This included, for example, lobbying for innovations linked to carbon emission reductions and alternative energy sources, or engaging older persons in government disaster risk reduction committees;

(x) More research was needed on how changes in socioeconomic factors and housing conditions could mitigate the effects of natural disasters on older persons;

(y) Older persons needed to be seen as part of the solution to climate change, given that the existing intergenerational discourse was more focused on the ‘baby boomer generation’ having caused changes in the climate;

(z) The Madrid Plan of Action needed to be reviewed and updated to accommodate climate change and pandemic impacts. Furthermore, it was important to monitor if Member States had been meeting the goals of Madrid Plan of Action, while United Nations regional commissions should develop reporting mechanisms to support Member States in monitoring processes.

D. Addressing all Madrid Plan of Action priority directions, in relation to the Pacific

38. The fourth consultation was held on 8 June 2022 and organized by ESCAP with input from stakeholders in the Pacific.

39. About 55 stakeholders from around 15 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.

40. Participants identified, among others, the following challenges in the implementation of the Madrid Plan of Action:

  (a) Governments paid limited attention to ageing, while focal points on ageing changed frequently and were not sufficiently sensitized;

  (b) Coordination on services for older persons remained a challenge, with limited overall care strategies, age-friendly health services and adequate social pensions;

  (c) Due to negative images of ageing, older persons were often not recognized, while traditional village systems and family-based care were diminishing, as youth moved to cities or abroad for better jobs. The COVID-19
pandemic had exacerbated vulnerabilities, including homelessness among older persons;

(d) Elder abuse was common, including financial and psychological abuse from family members, and was often underreported, due to factors such as shame and limited communication in remote areas;

(e) In several Pacific countries, older persons comprised around half of persons with disabilities, while there were very few support programmes for these individuals, including provision of assistive devices.

41. Stakeholders also pointed out that the subregion had developed the following good practices that supported implementation of the Madrid Plan of Action:

(a) Most countries in the Pacific had ratified relevant conventions to enhance implementation of the Madrid Plan of Action. Moreover, older persons were often educated and well aware of their rights and needs;

(b) The traditional knowledge of older persons had been used in the context of natural disasters, including those related to climate change, such as through helping communities prepare for and mitigate the impacts of disasters.

42. Participants at the consultation recommended the following actions:

(a) Governments needed to take the lead in designing policies to promote the rights of older persons, with civil society actively participating in the development and monitoring of policies, along with building capacity to support older persons;

(b) There was a need to identify and increase awareness of abuse, with adequate policy and legal responses and supported by health professionals and social workers cognizant of complicated family dynamics;

(c) There needed to be safeguards of the human rights of older persons, with a move away from welfare models to rights-based approaches, including a convention on the rights of older persons.

IV. Conclusions and recommendations

43. Participants in all four stakeholder consultations noted that ageing societies were prevalent across the Asia-Pacific region, yet the pace and extent varied. Numerous challenges and opportunities associated with the current trends and future expectations existed. This complex situation highlighted the need for continual, candid and inclusive dialogue with all stakeholders on the implementation of the Madrid Plan of Action. The related policy directions offered a solid framework to promote the rights of older persons and enhance their capacity to be active and productive members of society.

44. Participants further noted that, while progress had been made in Madrid Plan of Action implementation, climate change and natural disasters, along with the continuing impact of the COVID-19 pandemic, posed challenges in engaging older persons in development processes, advancing their health and well-being into old age, and ensuring enabling and supportive environments for them. Implementation of the Madrid Plan of Action necessitated enhanced regional coordination and greater attention to active and inclusive consultation and engagement between stakeholders and Governments.

45. In accordance with Madrid Plan of Action, the consultations affirmed the following:
(a) Older-person-focused approach: when developing and implementing policies affecting the lives and well-being of older persons and their families, their contributions, challenges, needs and special circumstances must be acknowledged. The human rights of older persons, especially older women, must be respected and fulfilled, and vulnerabilities must be mitigated;

(b) Responsiveness: all strategies and interventions concerning older persons need to be gender-responsive and have the capacity to adjust to existing and emerging issues, including the impact of the COVID-19 pandemic, intergenerational solidarity, climate change, natural and human induced disasters, digital transformation and the future of work;

(c) Whole-of-society approach: diverse stakeholders, including older persons’ associations and community-based organizations, should be recognized for their voice and agency on issues concerning older persons. Engaging with, and ensuring collaboration amongst, stakeholders at the regional, subregional, national and subnational levels would be beneficial to all.

46. The present document presents a non-exhaustive summary of the outcomes of four stakeholder consultations organized in preparation for the 2022 Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing. It is intended to provide background information for the deliberations among member States taking part in the aforementioned meeting.