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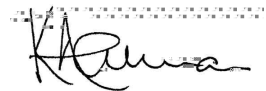
FOREWORD

The Madrid International Plan of Action on Ageing and the Political Declaration adopted at the Second World Assembly on Ageing in April 2002 mark a turning point in how the world addresses the key challenge of building a society for all ages.

The world has changed almost beyond recognition since the World Assembly on Ageing in 1982. Where once population ageing was mostly a concern of developed countries, today it is gaining real momentum in developing countries as well. And where once ageing may have been thought by some to be a stand-alone issue or afterthought, today we understand that such a dramatic demographic transformation has profound consequences for every aspect of individual, community, national and international life.

The Madrid Plan of Action offers a bold new agenda for handling the issue of ageing in the 21st century. It focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. It is a resource for policy-making, suggesting ways for Governments, non-governmental organizations, and other actors to reorient the ways in which their societies perceive, interact with and care for their older citizens. And it represents the first time Governments agreed to link questions of ageing to other frameworks for social and economic development and human rights, most notably those agreed at the United Nations conferences and summits of the past decade.

The landmark documents presented in this publication were the product of years of hard work and a real spirit of cooperation in Madrid itself. The Assembly, generously and capably hosted by the Government of Spain, showed the United Nations playing its essential role of putting tomorrow's issues on today's agenda. But the real test will be implementation. Each and every one of us, young and old, has a role to play in promoting solidarity between generations, in combating discrimination against older people, and in building a future of security, opportunity and dignity for people of all ages. I urge Member States and, indeed, the entire world to take this issue seriously and to act boldly in finding the right approach to what we already know will be one of the dominant themes of the century.



Kofi A. Annan

Part One

2002

Political Declaration



Political Declaration

Article 1

We, the representatives of Governments meeting at the ~~Seventh~~ ^{World} Assembly on Ageing in Madrid, have decided to adopt an International Plan of Action on Ageing, 2002 to respond to the opportunities and challenges of population ageing in the twenty-first century and to promote the development of a society for all ages. In the context of the Plan of Action, we are committed to actions at all levels, including national and international levels, on three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

Article 2

We celebrate rising life expectancy in many regions of the world as one of humanity's major achievements. We recognize that the world is experiencing an unprecedented demographic transformation and that by 2050 the number of persons aged 60 years and over will increase from 600 million to almost 2 billion and that the proportion of persons aged 60 years and over is expected to double from 10 to 21 per cent. The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years. This demographic transformation challenges all our societies to promote increased opportunities, in particular opportunities for older persons to realize their potential to participate fully in all aspects of life.

Article 3

We reiterate the commitments made by our heads of State and Governments at major United Nations conferences and summits, at their follow-up processes and in the Millennium Declaration with respect to the promotion of international and national environments that will foster a society for all ages. We furthermore reaffirm the principles and recommendations for action of the International Plan of Action on Ageing, endorsed by the United Nations General Assembly in 1982, and the United Nations Principles for Older Persons, adopted by the General Assembly in 1991, which provided guidance in areas of independence, participation, care, self-fulfilment and dignity.

Article 4

We emphasize that, in order to complement national efforts to fully implement the International Plan of Action on Ageing 2002, enhanced international cooperation is essential. We therefore encourage the international community to further promote cooperation among all actors involved.

Article 5

We reaffirm the commitment to spare no effort to promote democracy strengthen the rule of law and promote gender equality, as well as to promote and protect human rights and fundamental freedoms, including the right to development. We commit ourselves to eliminating all forms of discrimination, including age discrimination. We also recognize that persons, as they age, should enjoy a life of fulfilment, health, security and active participation in the economic, social, cultural and political life of their societies. We are determined to enhance the recognition of the dignity of older persons and to eliminate all forms of neglect, abuse and violence.

Article 6

The modern world has unprecedented wealth and technological capacity and has presented extraordinary opportunities: to empower men and women to reach old age in better health and with more fully realized well-being; to seek the full inclusion and participation of older persons in societies; to enable older persons to contribute more effectively to their communities and to the development of their societies; and to steadily improve care and support for older persons as they need. We recognize that concerted action is required to transform the opportunities and the quality of life of men and women as they age and to ensure the sustainability of their support systems, thus building the foundation for a society for all ages. When ageing is embraced as an achievement, the reliance on human skills, experiences and resources of the higher age groups is naturally recognized as an asset in the growth of mature, fully integrated, humane societies.

Article 7

At the same time, considerable obstacles to further integration and full participation in the global economy remain for developing countries, in particular the least developed countries, as well as for some countries with economies in transition. Unless the benefits of social and economic development are extended to all countries, a growing number of people, particularly older persons in all countries and even entire regions, will remain marginalized from the global economy. For this reason, we recognize the importance of placing ageing in development agendas, as well as in strategies for the eradication of poverty and in seeking to achieve full participation in the global

Article 9

We commit ourselves to protect and assist older persons in situations of armed conflict and foreign occupation.

Article 10

The potential of older persons is a powerful basis for future development. This enables society to rely increasingly on the skills, experience and wisdom of older persons, not only to take the lead in their own betterment but also to participate actively in that of society as a whole.

Article 11

We emphasize the importance of international research on ageing and age-related issues as an important instrument for the formulation of policies on ageing, based on reliable and harmonized indicators developed by, inter alia, national and international statistical organizations.

Article 12

The expectations of older persons and the economic needs of society demand that older persons be able to participate in the economic, political, social and cultural life of their societies. Older persons should have the opportunity to work for as long as they wish and are able to, in satisfying and productive work, continuing to have access to education and training programmes. The empowerment of older persons and the promotion of their full participation are essential elements for active ageing. For older persons, appropriate sustainable social support should be provided.

Article 13

We stress the primary responsibility of Governments in promoting, providing and ensuring access to basic social services, bearing in mind specific needs of older persons. To this end we need to work together with local authorities, civil society, including non-governmental organizations, the private sector, volunteers and voluntary organizations, older persons themselves and associations for and of older persons, as well as families and communities.

Article 14

We recognize the need to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. We reaffirm that the attainment of the highest possible level of health is a most important worldwide social goal, the realization of which requires action of many other social and economic sectors in addition to the health sector. We commit ourselves to providing older persons with universal and equal access to health care and services, including physical and mental health services, and we recognize that the growing needs of an ageing population require additional policies, in particular care and treatment, the pro

promotion of healthy lifestyles and supportive environments shall promote independence, accessibility and the empowerment of older persons to partici

Part Two

2002

**Madrid International Plan
of Action
on Ageing, 2002**



Madrid International Plan of Action on Ageing, 2002

I. Introduction

1. The International Plan of Action on Ageing adopted at the first World Assembly on Ageing in Vienna, has guided the course of thinking and action on ageing over the past 20 years, as crucial policies and initiatives evolved. Issues of human rights for older persons were taken up in 1991 in the formu

society-wide view, taking into account recent global initiatives and the guiding principles set down by major United Nations conferences and summits.

10.

ple, access to lifelong learning and participation in the community while recognizing that older persons are not one homogenous group;

(e) Ensuring the full enjoyment of economic, social and cultural rights, and civil and political rights of persons and the elimination of all forms of violence and discrimination against older persons;

(f) Commitment to gender equality among older persons through, inter alia, elimination of gender-based discrimination;

(g) Recognition of the crucial importance of families, intergenerational interdependence, solidarity and reciprocity for social development;

(h) Provision of health care, support and social protection for older persons, including preventive and rehabilitative health care;

(i) Facilitating partnership between all levels of government, civil society, the private sector and older persons themselves in translating the International Plan of Action into practical action;

(j) Harnessing of scientific research and expertise and realizing the

integration. The task is to link ageing to other frameworks for social and economic development and human rights. Whereas specific policies will vary according to country and region, population ageing is a universal force that has the power to shape the future as much as globalization. It is essential to rec

them. The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Moreover these roles contribute to the preparation of the future labour force. All these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly women, should be recognized.

20. Participation in social, economic, cultural, sporting, recreational and volunteer activities also contribute to the growth and maintenance of personal well-being. Organizations of older persons are an important means of enabling participation through advocacy and promotion of multigenerational interactions.

21. Objective 1: Recognition of the social, cultural, economic and political contribution of older persons.

Actions

(a) Ensure the full enjoyment of all human rights and fundamental freedoms by promoting the implementation of human rights conventions and other human rights instruments, particularly in combating all forms of discrimination;

(b) Acknowledge, encourage and support the contribution of older persons to families, communities and the economy;

(c) Provide opportunities, programmes and support to encourage older persons to participate or continue to participate in cultural, economic, political, social life and lifelong learning;

(d) Provide information and access to facilitate the participation of older persons in mutual self-help, intergenerational community groups and opportunities for realizing their full potential;

(e) Create an enabling environment for volunteering at all ages, including through public recognition, and facilitate the participation of older persons who may have little or no access to the benefits of engaging in volunteering;

(f) Promote a wider understanding of the cultural, social and economic role and continuing contribution of older persons to society, including that of unpaid work;

(g) Older persons should be treated fairly and with dignity, regardless of disability or other status, and should be valued independently of their economic contribution;

(h) Take account of the needs of older persons and respect the right to live in dignity at all stages of life;

(i) Promote a favourable attitude among employers regarding the

learning, continuing education, on-the-job training, vocational rehabilitation and flexible retirement arrangements; and efforts to reintegrate the unemployed and persons with disabilities into the labour market;

(d) Make special efforts to raise the participation rate of women and disadvantaged groups, such as the long-term unemployed and persons with disabilities, thereby reducing the risk of their exclusion or dependency in later life;

(e) Promote self-employment initiatives for older persons, inter alia, by encouraging the development of small and microenterprises and by ensuring access to credit for older persons, without discrimination, in particular gender discrimination;

(f) Assist older persons already engaged in informal sector activities by improving their income, productivity and working conditions;

(g) Eliminate age barriers in the formal labour market by promoting the recruitment of older persons and preventing the onset of disadvantages experienced by ageing workers in employment;

(h) Promote, as appropriate, a new approach to retirement that takes account of the needs of the employees as well as the employers, in particular by applying the principle of flexible retirement policies and practices, while maintaining acquired pension rights. Possible measures to achieve this goal may include reducing the incentives and pressures for early retirement and removing disincentives to working beyond retirement age;

(i) Recognize and accommodate the caring responsibilities of increasing proportions of workers for older family members, persons with disabilities and persons with chronic diseases, including HIV/AIDS, by developing, inter alia, family-friendly and gender-sensitive policies aimed at reconciling work and care-giving responsibilities;

(j) Remove disincentives to working beyond retirement age, for example through protecting acquired pension rights, disability benefit rights and health benefits from being affected by delayed retirement age;

(k) Promote new work arrangements and innovative workplace practices aimed at sustaining working capacity and accommodating the needs of workers as they age, inter alia, by setting up employee assistance programmes;

(l) Support workers in making informed decisions about the potential financial, health and other impacts of a longer participation in the workforce;

(m) Promote a realistic portrait of older workers' skills and abilities by correcting damaging stereotypes about older workers or job candidates;

(n) Take into account the interests of older workers when policy or decision makers approve business mergers so that they are not subject to greater disadvantages, reduction of benefits or loss of employment than are their younger counterparts.

Issue 3: Rural development, migration and urbanization

29. In many developing countries and countries with economies in transition, the ageing population is marked in rural areas, owing to the exodus of young adults. Older persons may be left behind without traditional family support and even without adequate financial resources. Policies and programmes for food security and agricultural production must take into account the implications of rural ageing. Older women in rural areas are particularly vulnerable economically, especially when their role is restricted to non-remunerated work for family upkeep and they are dependent on others for their support and survival. Older persons in rural areas in developed countries and countries with economies in transition often still lack basic services and have insufficient economic and community resources.

30. Despite restrictions on legal international migration, migration flows have increased internationally. In developing countries and countries with economies in transition, economic support, including remittances from children abroad, is often a vital lifeline to older persons and through them to their communities and local economies. As international migrants from earlier decades grow older, some Governments are seeking to assist older migrants.

31. The urban setting is generally less conducive to sustaining the traditional extended family network and reciprocity system than are rural areas. Older migrants from rural to urban areas in developing countries often face loss of social networks and suffer from the lack of a supporting infrastructure in cities, which can lead to their marginalization and exclusion, in particular if they are ill or disabled. In countries with a long history of rural to urban migration and the expansion of underdeveloped cities, there is a growing population of poor older persons. The urban setting for the older migrant in developing countries and countries with economies in transition is often one of crowded housing, poverty, loss of economic autonomy and little physical and social care from family members who must earn their living outside the home.

32. Objective 1: Improvement of living conditions and infrastructure in rural areas.

Actions

(a) Strengthen the capacity of ageing farmers through continued access to financial and infrastructure services and training for improved farming techniques and technologies;

(b) Encourage the establishment and revitalization of small-scale enterprises by providing funding or support for income-generating projects and rural cooperatives and by widening economic diversification;

(c) Foster the development of local financial services, including microcredit schemes and microfinance institutions, in underserved rural areas in order to encourage investment;

(d) Promote ongoing adult education, training and retraining in rural and remote areas;

(e) Connect rural and remote populations to the knowledge-based economy and society;

(f) Ensure that the rights of older women in rural and remote areas are taken into account with regard to their equal access to and control of economic resources;

(g) Encourage appropriate social protection/social security measures for older persons in rural and remote areas;

(h) Ensure equal access to basic social services for older persons in rural and remote areas.

33. Objective 2: Alleviation of the marginalization of older persons in rural areas.

Actions

(a) Design and implement programmes and provide services to sustain the independence of older persons in rural areas, including older persons with disabilities;

(b) Facilitate and strengthen traditional rural and community support mechanisms;

(c) Focus support on older persons in rural areas without kin, in particular older women who face a longer old age, often with fewer resources;

(d) Give priority to the empowerment of older women in rural areas through access to financial and infrastructure services;

(e) Promote innovative rural and community support mechanisms, including those that facilitate the exchange of knowledge and experience among older persons.

34. Objective 3: Integration of older migrants within their new communities.

Actions

(a) Encourage supportive social networks for older migrants;

(b) Design measures to assist older migrants to sustain economic and health security;

(c) Develop community-based measures to prevent or offset the negative consequences of urbanization, such as the establishment of centres for older persons;

(d) Encourage housing design to promote intergenerational living, where culturally appropriate and individually desired;

(e) Assist families to share accommodation with older family members who desire it;

(f) Develop policies and programmes that facilitate, as appropriate,

Actions

(a) Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;

(b) Encourage and promote literacy, numeracy and technological skills training for older persons and the ageing workforce, including specialized literacy and computer training for older persons with disabilities;

(c) Implement policies that promote access to training and retraining

Issue 5: Intergenerational solidarity

42. Solidarity between generations at all levels \bar{N} in families, communities and nations \bar{N} is fundamental for the achievement of a society for all ages. Solidarity is also a major prerequisite for social cohesion and a foundation of formal public welfare and informal care systems. Changing demographic, social and economic circumstances require the adjustment of pension, social security, health and long-term care systems to sustain economic growth and development and to ensure adequate and effective income maintenance and service provision.

43. At the family and community level, intergenerational ties can be valuable for everyone. Despite geographic mobility and other pressures of contemporary life that can keep people apart, the great majority of people in all cultures maintain close relations with their families throughout their lives. These relationships work in both directions, with older persons often providing significant contributions both financially and, crucially, in the education and care of grandchildren and other kin. All sectors of society, including Governments, should aim to strengthen those ties. Nevertheless, it is important to recognize that living with younger generations is not always the preferred or best option for older persons.

44. Objective 1: Strengthening of solidarity through equity and reciprocity between generations.

Actions

(a) Promote understanding of ageing through public education as an issue of concern to the entire society;

(b) Consider reviewing existing policies to ensure that they foster solidarity between generations and thus promoting social cohesion;

(c) Develop initiatives aimed at promoting mutual, productive exchange between the generations, focusing on older persons as a societal resource;

(d) Maximize opportunities for maintaining and improving intergenerational relations in local communities, inter alia, by facilitating meetings for all age groups and avoiding generational segregation;

(e) Consider the need to address the specific situation of the generation of people who have to care, simultaneously, for their parents, their own children and their grandchildren;

(f) Promote and strengthen solidarity among generations and mutual support as a key element for social development;

(g) Initiate research on the advantages and disadvantages of different living arrangements for older persons, including familial co-residence and independent living in different cultures and settings.

Issue 6: Eradication of poverty

45. The struggle against poverty among older persons, aiming towards its eradication, is a fundamental aim of the International Plan of Action on Ageing. Although global attention has recently been focused more actively on poverty eradication targets and policies, older persons in many countries still tend to be excluded from these policies and programmes. Where poverty is endemic, persons who survive a lifetime of poverty often face an old age of deepening poverty

46. For women, institutional biases in social protection systems, in particular those based on uninterrupted work histories, contribute further to the feminization of poverty. Gender inequalities and disparities in economic power sharing, unequal distribution of unremunerated work between women and men, lack of technological and financial support for women's entrepreneurship, unequal access to, and control over, capital, in particular land and credit and access to labour markets, as well as all harmful traditional and customary practices, have constrained women's economic empowerment and exacerbated the feminization of poverty. In many societies, female-headed households, including divorced, separated and unmarried women and widows, are at particular risk of poverty. Special social protection measures are required to address feminization of poverty, in particular among older women.

47. Older persons with disabilities are also at greater risk of poverty than the non-disabled older persons partly because of workplace discrimination, including employer discrimination, and the absence of workplace accommodation of their needs.

48. Objective 1: Reduction of poverty among older persons.

Actions

- (a) Reduce the proportion of persons living in extreme poverty by one half by 2015;
- (b) Include older persons in policies and programmes to reach the poverty reduction target;
- (c) Promote equal access for older persons to employment and income-generation opportunities, credit, markets and assets;
- (d) Ensure that the particular needs of older women, the oldest old, older persons with disabilities and those living alone are specifically addressed in poverty eradication strategies and implementation programmes;
- (e) Develop, as appropriate and at all appropriate levels, age and gender-relevant poverty indicators as an essential means to identify the needs of poor older women and encourage the use of existing indicators of poverty so that the review is carried out according to age group and gender;
- (f) Support innovative programmes to empower older persons, particularly women, to increase their contributions to and benefit from development efforts to eradicate poverty;

(b) Recognize the potential of older persons as leaders in the family and community for education, communication and conflict resolution;

the older population must be available, taking into account the introduction of geriatric medicine in relevant university curricula and health-care systems, as appropriate. In addition to Governments, there are other important actors, in particular non-governmental organizations and families, which provide support for individuals in maintaining a healthy lifestyle while cooperating closely

(d) Encourage a balanced diet to provide adequate energy and prevent macro- and micro-nutrient deficiency, preferably based on local foods through, inter alia, developing national dietary goals;

(e) Pay particular attention to nutritional deficiencies and associated diseases in the design and implementation of health promotion and prevention programmes for older persons;

(f) Educate older persons and the general public, including informal caregivers, about specific nutritional needs of older persons, including adequate intake of water, calories, protein, vitamins and minerals;

(g) Promote affordable dental services to prevent and treat disorders that can impede eating and cause malnutrition;

(h) Include specific nutritional needs of older persons into curricula of training programmes for all health and relevant care workers and professionals;

(i) Ensure appropriate and adequate provision of accessible nutrition and food for older persons in hospital and other care settings.

Issue 2: Universal and equal access to health-care services

69. Investing in health care and rehabilitation for older persons extends their healthy and active years. The ultimate goal is a continuum of care ranging from health promotion and disease prevention to the provision of primary health care, acute care treatment, rehabilitation, community care for chronic health problems, physical and mental rehabilitation for older persons including older persons with disabilities and palliative care for older persons suffering painful or incurable illness or disease. Effective care for older persons needs to integrate physical, mental, social, spiritual and environmental factors.

70. Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination. Older persons can experience financial, physical, psychological and legal barriers to health-care services. They may also encounter age discrimination and age-related disability discrimination in the provision of services because their treatment may be perceived to have less value than the treatment of younger persons.

71. We recognize the gravity of the public health problems afflicting many developing countries and least developed countries, especially those resulting W

75. Objective 2: Development and strengthening of primary health-care services to meet the needs of older persons and promote their inclusion in the process.

Actions

(a) Take measures to provide universal and equal access to primary health care and establish community health programmes for older persons;

(b) Support local communities in providing health support services to older persons;

(c) Include traditional medicine in primary health-care programmes where appropriate and beneficial;

(d) Train primary health-care workers and social workers in basic gerontology and geriatrics;

(e) Encourage, at all levels, arrangements and incentives to mobilize commercial enterprises, especially pharmaceutical enterprises, to invest in research aimed at finding remedies that can be provided at affordable prices for diseases that particularly afflict older persons in developing countries and invite the World Health Organization to consider improving partnerships between the public and private sectors in the area of health research.

76. Objective 3: Development of a continuum of health care to meet the needs of older persons.

Actions

(a) Develop regulatory mechanisms at appropriate levels to set suitable standards of health care and rehabilitation for older persons;

(b) Implement community development strategies that determine a systematic needs assessment baseline for the planning, execution and evaluation of locally based health programmes. The baseline should include contributions from older persons;

(c) Improve the coordination of primary health care, long-term care and social services and other community services;

(d) Support the provision of palliative care and its integration into comprehensive health care. To this end, develop standards for training and palliative care and encourage multidisciplinary approaches for all service providers of palliative care;

(e) Promote the establishment and coordination of a full range of services in the continuum of care, including prevention and promotion, primary care, acute care, rehabilitation, long-term and palliative care that resources can be deployed flexibly to meet the variable and changing health needs of older persons;

(f) Develop specialized gerontological services and improve coordi

77. Objective 4: Involvement of older persons in the development and strengthening of primary and long-term care services.

Actions

(a) Include older persons in the planning, implementation and evaluation of social and health care and rehabilitation programmes;

(b) Encourage health and social care providers to fully include older persons in decision-making related to their own care;

(c) Promote self-care in older persons and maximize their strengths and abilities within health and social services;

(d) Integrate the needs and perceptions of older persons in the shaping of health policy

Issue 3: Older persons and HIV/AIDS

78. HIV/AIDS diagnosis among older persons is difficult because symptoms of infection can be mistaken for other immunodeficiency syndromes that occur in older persons. Older persons can be at increased risk of HIV infection merely because they are typically not addressed by public information campaigns and thus do not benefit from education on how to protect themselves.

79. Objective 1: Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and those who are caregivers for infected or surviving family members.

Actions

(a) Ensure and expand the compilation of HIV/AIDS data to allow for the assessment of the extent of HIV/AIDS infection in older persons;

(b) Pay special attention to older carers of HIV/AIDS patients, including the collection of both quantitative and qualitative data on the health status and needs of older carers.

80. Objective 2: Provision of adequate information, training in caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers.

Actions

(a) Revise, as appropriate, public health and prevention strategies to reflect local epidemiology. Information on prevention and risks of HIV/AIDS for the general population should meet the needs of older persons;

(b) Provide training to older caregivers to help them to provide effective care while minimizing the possible negative impact on their own health and well-being;

(c) Ensure that AIDS treatment and support strategies recognize the needs of older persons who are infected by HIV/AIDS.

81. Objective 3: Enhancement and recognition of the contribution of older persons to development in their role as caregivers for children with chronic diseases, including HIV/AIDS, and as surrogate parents.

Actions

(a) Review the economic impact of HIV/AIDS on older persons; particularly in their role as caregivers, as agreed in the Declaration of Commitment on HIV/AIDS⁴;

(b) Introduce policies to provide in-kind support, health care and loans to older caregivers to assist them in meeting the needs of children and grand children in accordance with the Millennium Declaration;

(c) Foster collaboration between governmental agencies and non-governmental organizations that work with children, youth and older persons on HIV/AIDS issues;

(d) Encourage the elaboration of studies to better understand and highlight the contribution of older persons to social and economic development in all countries, in particular those countries severely affected by HIV/AIDS, and disseminate the findings as widely as possible.

Issue 4: Training of care providers and health professionals

82. There is an urgent worldwide need to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and to expand educational programmes on health and older persons for professionals in the social service sector. Informal caregivers also need access to information and basic training on the care of older persons.

83. Objective 1: Provision of improved information and training for health professionals and para-professionals on the needs of older persons.

Actions

(a) Initiate and promote education and training programmes for health professionals, social care professionals and informal care providers in the services for and care of older persons, including in gerontology and geriatrics, and support all countries, in particular developing countries, in these efforts;

(b) Provide health-care and social-care professionals with continuing education programmes, with a view to an integrated approach of health, well-being and care of older persons as well as the social and psychological aspects of ageing;

(c) Expand professional education in gerontology and geriatrics, including through special efforts to expand student enrolment in geriatrics and gerontology

Issue 5: Mental health needs of older persons

84. Worldwide, mental health problems are a leading cause of disability and of reduced quality of life. Mental health problems are clearly not an inevitable outcome of growing old, but a significant increase in the number of older persons with mental illnesses can be expected due to population ageing. Grief losses and life changes can often lead to an array of mental health disorders, which, if not properly diagnosed, can lead to inappropriate treatment, or no treatment, and/or clinically unnecessary institutionalization.

85. Strategies to cope with such diseases include medication, psychosocial support, cognitive training programmes, training for caring family members and caring staff and specific structures of inpatient care.

86. Objective 1: Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons.

Actions

(a) Develop and implement national and local strategies designed to improve prevention, timely detection and treatment of mental illness in old age, including diagnostic procedures, appropriate medication, psychotherapy and education for professionals and informal caregivers;

(b) Develop, where appropriate, effective strategies to increase the level of quality assessment and diagnosis of Alzheimer's and related disorders at an early stage. Research on these disorders should be undertaken on a multidisciplinary basis that meets the needs of the patient, health professionals and carers;

(c) Provide programmes to help persons with Alzheimer's disease and mental illness due to other sources of dementia to be able to live at home for

(j) Provide ongoing training to health-care professionals in the detection and assessment of all mental disorders and of depression.

Issue 6: Olderpersons and disabilities

87. Incidence of impairment and disability increases with age. Older women are particularly vulnerable to disability in old age due to, inter alia, gender differences in life expectancy and disease susceptibility and gender inequalities over the life course.

88. The effects of impairment and disability are often exacerbated by negative stereotypes about persons with disabilities, which may result in lowered expectations of their abilities, and in social policies that do not allow them to reach their full potential.

89. Enabling interventions and environments supportive of all older persons are essential to promote independence and empower older persons with disabilities to participate fully in all aspects of society. The ageing of persons with cognitive disabilities is a factor that should be considered in planning and decision-making processes.

90. Objective 1: Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of olderpersons with disabilities.

Actions

(a) Ensure that the agendas of national policy and programme coordination agencies dealing with disabilities include attention to issues concerning older persons with disabilities;

(b) Develop, as appropriate, gender and age-sensitive national and local policies, legislation, plans and programmes for the treatment and prevention of disabilities, taking health, environmental and social factors into account;

(c) Provide physical and mental rehabilitation services for older persons with disabilities;

(d) Develop community-based programmes to provide education on causes of disabilities and information on how to prevent or manage them throughout the life course;

(e) Create age-friendly standards and environments to help prevent the onset or worsening of disabilities;

(f) Encourage the development of housing options for older persons with disabilities that reduce barriers to and encourage independence and, where possible, make public spaces, transportation and other services, as well as commercial premises and services used by the general public accessible to them;

(g) Encourage the provision of rehabilitation and appropriate care and assistive technologies for older persons with disabilities to fulfil their need for services, support and full integration into society;

Transportation is problematic in rural areas because older persons rely more on public transport as they age and it is often inadequate in rural areas. In addition, some older persons may continue to live in houses that they are unable to maintain after their children have moved out or after a spouse has died.

98. Objective 1: Promotion of 'Ageing in place' in the community with due regard to individual preferences and affordable housing options for older persons

Actions

- (a) Promote the development of age-integrated communities;
- (b) Coordinate multi-sectoral efforts to support the continued integration of older persons with their families and communities;
- (c) Encourage investment in local infrastructure, such as transportation, health, sanitation and security, designed to support multigenerational communities;
- (d) Introduce policies and support initiatives that ease access of older persons to goods and services;
- (e) Promote equitable allocation of public housing for older persons;
- (f) Link affordable housing with social support services to ensure the integration of living arrangements, long-term care and opportunities for social interaction;
- (g) Encourage age-friendly and accessible housing design and ensure easy access to public buildings and spaces;
- (h) Provide older persons, their families and caregivers with timely and effective information and advice on the housing options available to them;
- (i) Ensure that housing provided for older persons takes appropriate account of their care and cultural needs;
- (j) Promote the growing continuum of housing options for older persons.

99. Objective 2: Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons in particular those with disabilities.

Actions

- (a) Ensure that new urban spaces are free of barriers to mobility and access;
- (b) Promote employment of technology and rehabilitation services designed to support independent living;
- (c) Meet the need for shared and multigenerational co-residence through the design of housing and public space;

(d) Assist older persons in making their homes free of barriers to mobility and access.

100. Objective 3: Improved availability of accessible and affordable transportation for older persons.

Actions

(a) Improve the availability of efficient public transportation services in rural and urban areas;

(b) Facilitate the growth of both public and private alternative forms of transport in urban areas, such as neighbourhood-based businesses and services;

(c) Encourage the training and assessment of older drivers, the design of safer roadways and the development of new kinds of vehicles that cater to the needs of older persons and persons with disabilities.

Issue 2: Care and support for caregivers

101. Provision of care to those who need it, either by older persons or for them, is mostly done by the family or community, especially in developing countries. Families and communities also play a key role in prevention, care, support and treatment of persons affected by HIV/AIDS. Where the caregivers are older persons, provisions should be made to assist them; and where they are the recipients of care there is a need to establish and strengthen human resources and health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services. This caregiving system should be strengthened and reinforced by public policies as the proportion of the population needing such care increases.

102. Even in countries with well-developed formal care policies, intergenerational ties and reciprocity ensure that most care is still informal. Informal care has a complementary character and does not replace professional care. Ageing in one's community is an ideal in all countries. In many countries, however family care without compensation to caregivers is creating new economic and social strains. The cost to women, in particular, who continue to provide the majority of informal care, is now recognized. Female caregivers bear financial penalty of low pension contributions because of absences from the labour market, foregone promotions and lower incomes. They also bear the physical and emotional cost of stress from balancing work and household obligations. The situation is especially demanding for women with both child and elder care responsibilities.

103. In many parts of the world, especially Africa, the HIV/AIDS pandemic has forced older women, already living in difficult circumstances, to take on the added burden of caring for children and grandchildren with HIV/AIDS and for grandchildren orphaned by AIDS. At a time when it is more normal for adult children to look after their ageing parents, many older persons find themselves with the unexpected responsibility of caring for frail children or with the task of becoming sole parents to grandchildren.

ly care, taking into account equal distribution of caring responsibilities between women and men by measures for better reconciliation of working and family life.

106. Objective 2: Support the caregiving role of older persons, particularly older women.

Actions

- (a) Encourage the provision of social support, including respite services, advice and information for both older caregivers and the families under their care;
- (b) Identify how to assist older persons, in particular older women, in caregiving and address their specific social, economic and psychological needs;
- (c) Reinforce the positive role of grandparents in raising grandchildren;
- (d) Take account of the growing numbers of older caregivers in service provision plans.

Issue 3: Neglect, abuse and violence

107. Neglect, abuse and violence against older persons takes many forms – physical, psychological, emotional, financial – and occurs in every social, economic, ethnic and geographic sphere. The process of ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover physically or emotionally from trauma. The impact of trauma may be worsened because shame and fear cause reluctance to seek help. Communities must work together to prevent abuse, consumer fraud and crimes against older persons. Professionals need to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home and in community and institutional settings.

108. Older women face greater risk of physical and psychological abuse due

humanity, they are often depicted as weak and dependent. This reinforces exclusionary practices at the local and national levels.

113. Objective 1: Enhancement of public recognition of the authority wisdom, productivity and other important contributions of older persons.

Actions

(a) Develop and widely promote a policy framework in which there is an individual and collective responsibility to recognize the past and present contributions of older persons, seeking to counteract preconceived biases and myths and, consequently, to treat older persons with respect and gratitude, dignity and sensitivity;

(b) Encourage the mass media to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older women and men, including older persons with disabilities;

(c) Encourage educators to recognize and include in their courses the contribution made by persons of all ages, including older persons;

(d) Encourage the media to move beyond portrayal of stereotypes and to illuminate the full diversity of humankind;

(e) Recognize that the media are harbingers of change and can be guiding factors in fostering the role of older persons in development strategies, including in rural areas;

(f) Facilitate contributions by older women and men to the presentation by the media of their activities and concerns;

(g)

121. Globalization offers opportunities and challenges. The developing countries and countries with economies in transition face special difficulties in

SECOND WORLD ASSEMBLY ON AGEING MADRID SPAIN

Annex

Attendance

The following States were represented at the Assembly:

Afghanistan	Poland
Albania	Portugal
Algeria	Qatar
Andorra	Republic of Korea
Angola	Republic of Moldova
Argentina	Romania
Armenia	Russian Federation
Australia	Rwanda
Austria	Saint Kitts and Nevis
Azerbaijan	Saudi Arabia
Bahamas	Senegal
Bahrain	Sierra Leone
Bangladesh	Singapore
Barbados	Slovakia Cyprus
Belgium	Czech Republic
Belize	Democratic Republic of the Congo
Benin	Denmark
Bhutan	Dominican Republic
Bolivia	Ecuador
Bosnia and Herzegovina	Egypt
Botswana	El Salvador
Brazil	Equatorial Guinea
Brunei Darussalam	Eritrea
Bulgaria	Estonia
Burkina Faso	Ethiopia
Burundi	Finland
Cambodia	France
Cameroon	Gabon
Canada	Gambia
Cape Verde	Germany
Chad	Ghana
Chile	Greece
China	Guatemala
Colombia	Guinea
Costa Rica	Guinea-Bissau
Côte d'Ivoire	Guyana
Croatia	Haiti
Cuba	Holy See
Panama	Honduras
Paraguay	Hungary
Peru	Iceland
Philippines	

Mauritania
Mauritius
Mexico
Micronesia (Federated States of)
Monaco
Mongolia