



An Aging World



“Population aging is a universal force that has the power to shape the future as much as globalization.” So states the United

Nations in the *Madrid*

International Plan of Action on Aging, a plan that was accepted by 156 nations at the **United Nations Second World Assembly on Aging** that took place in Spain in April 2002. As a member of the Canadian delegation, I had the privilege of learning first-hand about the huge challenges – and opportunities – that aging poses around the world and comparing them to our experience in Canada.

Aging isn't a “side” issue internationally. It's a central concern that must be in the mainstream of global development agendas. And while the specifics differ depending on what part of the world you're from, delegates from all regions at this Second

Assembly agreed on several common goals: ensure dignity, security and equality for all older persons (especially for women, who face more discrimination); enhance solidarity among generations; support families; create opportunities for productive activity for all ages and fight poverty.

The First World Assembly on Aging took place in 1982. Has progress been made on the goals set at that time? Reports indicate that on the whole, the basic challenges remain the same, but are more urgent. The developed world, including Canada, has established an infrastructure of programs and services for seniors that needs to be strengthened and made more accessible to vulnerable groups. In other regions where aging issues are intricately linked with economic and social development, respect for human rights and political stability, progress has not been significant. The Madrid International Plan of Action on Aging acknowledges these issues and provides guidelines to be

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adapted to each country's situation. Political will, of course, is essential to carry them out.

Canada was clearly regarded as a leader at the Assembly and I'm proud of our contribution to this event and of the social policy legacy upon which our international reputation rests. Yet our country needs to move forward on several fronts to maximize the potential that aging – and seniors – represent. To remain credible on the international scene, we now need to mobilize all governments, voluntary organizations, service-providers, private enterprise and seniors themselves – to implement the Madrid International Plan of Action on Aging at home. As a signatory to the Plan, Canada is accountable to Canadians and to the international community to achieve the goal of *a society for all ages*. The Second World Assembly on Aging is over. It's time for action.

Patricia Raymaker
NACA Chairperson

A Registered Nurse with more than 30 years experience, Pat Raymaker has held a variety of leadership roles within her community. She has been President of the Brain Injury Association of Alberta and is currently Co-Chair of the Alberta Neuro-Trauma Committee and a member of the Canadian Bioethics Society.



She was first appointed to NACA in 1994 as a member from Alberta and was named Chairperson in 1997. She was subsequently re-appointed as Chair in 2002 for another two-year term.

NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experiences and expertise to advise the federal Minister of Health, her colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

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- Bubs Coleman**, SASK
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- Jean Claude Duclos**, QC
- Michael Gordon**, ONT
- Don Holloway**, NFLD
- Reg MacDonald**, NB
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**National Advisory Council
 on Aging**

Postal Locator 1908A1
 Ottawa, Ontario
 K1A 1B4

Tel.: (613) 957-1968

Fax: (613) 957-9938

E-mail: seniors@hc-sc.gc.ca

Web site:
www.naca.ca

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■ Why meet internationally?

The aging of the population worldwide is relevant to each and every country on the globe. This major demographic change will affect social structures and resources, production, finances, health and environments. And the way in which different parts of the globe cope with aging and treat their seniors will have an incidence on the other parts of the globe.

■ A bit of history

In 1982, demographic projections indicated that between 1975 and 2025, the 60 and older population would increase 224 percent worldwide. It was this startling reality that provided the impetus for countries to gather together at the *First World Assembly on Aging*, in Vienna that year. The two decades leading up to that Assembly had been, for most industrialized countries, a time of increases in public spending, including in the areas of health and pensions, so the Assembly was taking place in a spirit of openness to public responsibility for the well-being of citizens. Coming out of this Assembly, 121 nations and 250 non-governmental organizations (NGOs) from across the world produced the “First International Plan of Action on Aging,” which focused mainly on the humanitarian and developmental aspects of aging. While the Plan was relevant globally, many of the proposed actions may have been skewed towards the concerns of the more developed countries while developing countries faced many barriers to its implementation.

■ The changing world

Pervasive economic and demographic changes have occurred since 1982, that have changed the world’s perception of global aging issues significantly. Unlike the period leading up to the First World Assembly, the period since has seen many countries cut back on social spending, often in areas that affect older adults – community programs, health care and housing. In addition, statistics were now showing that 72% of seniors would reside in developing countries by 2025, in regions that are sinking deeper into debt and unable, for the most part, to offer public social services.

Aging Facts

- In 2002, the median age of the world’s population is 26; by 2050, the median age will be 36.
- Globally, the proportion of persons aged 60 and older is expected to double between 2000 and 2050.
- The majority of older people live in developing countries (61% or 355 million).
- A million men and women turn 60 every month; 75% of these people are in the 3rd world.
- The older population (60 and older) in developing countries will quadruple in the next 50 years.

During the same period, the international flow of goods, services, ideas and capital was accelerating dramatically, causing a parallel increase in the migration of people and significant disruptions in traditional social and family networks.



"Trees grow strong over the years, rivers wider. Likewise, with age, human beings gain immeasurable depth and breadth of experience and wisdom. That is why older persons should not be only respected and revered: they should be utilized as the rich resource to society that they are."

Kofi Annan, Secretary-General of the United Nations.

It was in this context that in May 2000, the United Nations General Assembly decided to convene the *Second World Assembly on Aging* to review the outcome of the first World Assembly and to adopt a revised Plan of action.

■ Second World Assembly on Aging

The Second World Assembly saw a greater participation of countries and NGOs than in 1982, reflecting the increased interest and concern worldwide on questions of aging. Canada was officially represented at the Assembly by a delegation of government and non-government representatives led by the Honourable Sharon Carstairs, Leader of the Government in the Senate and Minister with Special Responsibility for Palliative Care. The Assembly roundtables and meetings allowed participants to grasp the different countries' contexts of aging and to gain an understanding of the links between issues and the interdependence of nations in a globalized world.

■ Different contexts

While most countries are facing issues of an aging population, the situation varies greatly between developed countries, developing countries and countries undergoing

economic transitions (such as those of the former Soviet Union).

Whereas in most developed countries the **population aging process** was gradual and followed socio-economic growth over several decades and generations, in developing countries, the process is being compressed into two or three decades. For example, in France, it took 115 years for the senior population to double (from 7% to 14%) but it will only take 27 years for China to achieve the same increase. It's not surprising that, following the Assembly, **Minister Sharon Carstairs** was emphatic that "we have a responsibility to help other nations meet the new challenges they are now confronting."

While the recent trend to globalization can be seen as positive in some contexts, it has not resulted in a global **equitable distribution of wealth**. The changes engendered by trade agreements, private investments and international financial institutions have contributed, in fact, to

Global distribution of wealth

High income economies have over 81% of global income while the rest of the world has less than 19%.



disruptions, increased debt and privatization of social services and goods in many developing countries. Over the past decades, the gap between rich and poor countries (and between rich and poor individuals everywhere) has been widening as wealth becomes increasingly concentrated (regionally and individually).

In the context of an aging population, the significance of this inequality is clear if we consider the difference in the ability of wealthy countries to care for the seniors compared to poor countries. **Myriam Jamault**, a Canadian delegate at the Assembly representing Help the Aged Canada pointed out that “when countries are struggling to allocate scarce resources, it’s often seniors who end up at the bottom of the priority list.” Even for countries that are relatively well off, such as Canada, economic disparities remain – often associated with geography, gender, disability and ethnicity. Addressing inequality is therefore a challenge for all countries.

Another major difference that drastically alters the lives of older people in certain parts of the world is the ongoing threat and reality of **humanitarian crises**, the result of natural disasters, wars and civil unrest – which are exacerbated by poverty and environmental degradation. There’s been a worldwide increase in the number of refugees and internally displaced persons, 10 to 30 percent of which are seniors. No matter where they occur, emergencies cause extreme stress for older persons and seriously affect families’ abilities to look after their aging relatives.

■ Similar issues

Countries at the Assembly openly recognized the **lack of respect for the human rights** of older people around the world – evident in areas such as barriers to training and employment, poverty, provision of health services and elder abuse.

They also recognized the **relevance of gender**. While as a population group older adults are often disadvantaged compared to younger ones, within that group, women usually face the greatest challenges in old



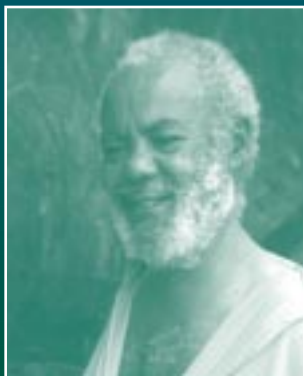


age. Compared with men, older women are more likely to have had a lifetime of disadvantage and exclusion – poor education and nutrition and lack of access to services and the labour market – which often leaves them with poor health and few material resources.¹

Men also experience gender-related consequences in later life, when they feel stripped of their purpose, status and self-worth after leaving paid employment. A lifetime of conforming to gender roles can have inhibited older men's participation in home-centred activities and their ability to initiate social contacts.

These and many other issues were examined during the Assembly and elements of a plan were put in place to better the situation of seniors worldwide.

The key outcome of the discussions and exchanges was the adoption of the *Madrid International Plan of Action on Aging 2002*.



■ The Madrid Plan of Action

The Madrid Plan of Action on Aging is a long-term strategy on aging that addresses issues and recommendations around three priorities:

- **Older persons and development;**
- **Advancing health and well being into old age; and**
- **Ensuring enabling and supportive environments.**

The Plan of Action isn't binding, in that countries who are signatories to the document aren't obliged to implement its recommendations. However, it **does represent a moral commitment** to take action and should serve to guide governments as they determine priorities for their own policy responses to the reality of an aging society. It also provides context and direction for international cooperation.

■ Older persons and development

This first priority of the Plan focuses on ensuring the active participation of seniors in society, development and the labour force. Many of these issues link in some way to the problem of poverty. This is not a surprise since, in the developing world, poverty is the main threat to older people: they are consistently and disproportionately among the poorest of the poor. Even in countries like Canada, where seniors' poverty has decreased considerably, a number of seniors still live below the poverty line.

¹ HelpAge International, *Emergencies and Ageing: A Position Paper*, 2001



The Plan of Action recommends specifically that governments promote equal access to employment and income generation opportunities and address the obstacles that hinder seniors' participation in an increasingly globalized economy. It also recommends that governments should develop and implement poverty elimination strategies. And since with advancing age, seniors will eventually no longer be able to generate revenue, governments need to develop economic and social programs to protect them.

■ Advancing health and well-being into old age

This second priority calls on governments to reduce the effects of factors increasing disease and dependence in older age, to develop policies to prevent ill-health and to provide access to food and nutrition. Other recommendations deal with the elimination of social and economic inequalities based on age, gender or other grounds, and developing and strengthening primary, long-term and palliative care. As is the case with so many other issues, this priority area means different things in different parts of the world. In developing countries, a focus on health and well-being often simply means ensuring access to nutritious food, clean water and shelter.

The issue of **HIV/AIDS** also has particular significance for seniors in the developing world – who have been both “affected and infected” by the disease. They are deeply “affected” in the sense that they (primarily women) have become the caregivers of

people infected with the virus as well as the children orphaned by this disease. And as seniors remain sexually active, they can be “infected” and transmit the disease. Unfortunately, this risk has been amplified by the lack of HIV/AIDS education and support programs targeted at older adults. As a result, they are often unaware of the disease and many go untreated.

AIDS and AGE

- In Thailand, two-thirds of all those affected with HIV-related illness are nursed at home by parents in their 60s and 70s .
- In sub-Saharan Africa, some eight million children orphaned by HIV/AIDS are being cared for by older relatives.

The Plan of Action makes a number of recommendations which encourage governments to improve their understanding of the impact of HIV/AIDS on older people, to examine the extent of infection in that age group and to pay closer attention to the needs of older people both as caregivers and as individuals at risk for infection. It recommends that older persons be included as targets for prevention education, treatment, support, etc.

■ Ensuring enabling and supportive environments

This third priority of the Plan focuses on issues related to housing and living environments of elders and promoting a



positive view of aging – enhancing public awareness of the contributions older persons make to society, to care and to services.

The majority of older adults in developing countries live in rural areas while the reverse is true of those in developed regions. While rural living always poses challenges in terms of **isolation, lack of services and transportation** in all regions of the world, these conditions are much more extreme in developing countries. In the past, the lack of services was partially compensated by traditional reliance on families for care and support. However, in recent years a dramatic increase in migration of the younger generation to urban areas has disrupted social networks leaving the older generation alone and in need.

The recommendations found in the Plan of Action include: ensuring access to affordable housing and transportation; supporting the integration of older persons in their families and communities; developing policies and initiatives that improve seniors' access to goods and services.

Violence and abuse of older persons is also a concern – one that crosses all social, economic, ethnic and geographic boundaries. Recommendations found in the Plan of Action take into account the differing contexts of abuse in the developed and developing world.

The Plan stresses the need to eliminate harmful traditional practices involving older persons; to legislate and strengthen legal efforts to eliminate elder abuse; to sensitize professionals and educate the general public

Abuse takes many forms

- In Tanzania, some 500 women are murdered every year after being accused of witchcraft. Many others suffer physical attacks or are driven from their communities.¹
- In parts of India, widows are stripped of the income and property they once shared with their deceased husband.
- In industrialized countries, frail seniors are targets for physical assault, robbery and fraud.

on subject of elder abuse; and to create support services to address elder abuse.

The Plan offered a number of other directives and recommendations, for instance, on the need for action regarding the continuum of care, supporting the caregiving role of older persons and ensuring that a gender perspective is integrated into all policies and programs.

■ NACA's take on the Assembly

Canada is a signatory to the Madrid International Plan of Action on Aging, and as such, has a moral commitment to Canadians and the rest of the world, to act.

However, we can't assume that the simple existence of the Plan of Action will itself bring about change. We only have to look to the experience of the First World Assembly – which provided some impetus for action but has been of slow and quite uneven application across the world. Certainly, compared to many other regions,



Canada has made progress by implementing social and health programs to meet the challenges of its aging population. Nevertheless, problems remain and there's still much work to do.

■ If Canada doesn't move forward on some of these issues, it will have to bear the cost of inaction to our productivity, quality of life and social programs, including health care. NACA sees the following measures as particularly critical:

- **Ensure employment and learning** opportunities and incentives for all older persons who want to work. As the Plan of Action points out, unless action is taken, labour shortages are likely to occur and production will slow down as a result of the decline in the pool of young persons entering the labour market and of the barriers and disincentives to employment among older workers. We need to see more flexibility in the workplace, the elimination of mandatory retirement and better training and education for seniors.
- Carry out **health promotion activities** to forestall disease and decline in seniors. In Canada, as in other developed countries, the major diseases that result in disability and death are chronic conditions that occur in mid to later adult life – most strongly linked to preventable lifestyle risks. These diseases include cancers, heart disease, stroke and diabetes. They have many common risk factors, in particular, smoking, physical inactivity and obesity. Budgets need to be allotted to public education and



information campaigns aimed at seniors. But these need to be part of a greater effort that addresses the broader environmental, social and economic conditions that influence the health of Canadians.

- Develop a **continuum of health care services** to meet the needs of seniors. The Plan directs governments to establish a full and coordinated range of health services to flexibly meet the changing health needs of seniors: disease prevention, primary care, acute care, rehabilitation, long-term and palliative care. It also recommends improving the coordination of health care with social services and other community services, all recommendations endorsed by NACA and many of Canada's thinkers on health care.
- **Provide care, and support for caregivers.** UN member states recognize that the burden of responsibility for providing support and care to frail seniors is mostly assumed by families – and disproportionately by women. In the future, there will be



greater numbers of seniors relying on fewer informal caregivers, as most adults will be in the labour force. In Canada, about one in five adults over the age of 35 currently provide some unpaid care to a senior. We need to develop supports for informal caregivers that include more community services for frail seniors, more services to relieve caregivers, more workplace policies that allow caregivers to balance elder care and work responsibilities and more compensation measures for caregivers' loss of income, pension and career opportunities.

- Provide enabling supportive communities that allow "aging in place". The NACA public consultation in 1989 already showed that inadequate housing, transportation and community services were among the most important barriers

to seniors' independence. Action on NACA's more recent recommendations regarding supportive housing and transportation options would go a long way toward increasing seniors' ability to continue to live in and enrich their Canadian communities.

- The Second World Assembly on Aging provided an important opportunity to pinpoint key issues of aging facing the world. Canada is in a privileged position. But population aging will not be without consequences. Our governments need to pursue a course of diligent planning so that Canadians can welcome the new demographics with serenity and share with the world some of the paths that lead to *a society for all ages*. The Madrid Plan of Action points the way.

For more information ...

The **World Assembly** including resulting documents – the Madrid Plan of Action and the Political Declaration:

www.un.org/ageing/coverage

Valencia Forum (held as a side event to the Assembly, for researchers, educators and practitioners in aging) – description and final report: www.valenciaforum.com

First NGO World Forum on Ageing (held as a side event to the Assembly for NGOs to discuss policies on aging from a human and social point of view) – description and final report: www.madrid2002-envejecimiento.org

Statement by the Honourable Sharon Carstairs: www.un.org/ageing/coverage/canadaE.htm

Canada's Aging Population (a report on the Canadian situation):

www.hc-sc.gc.ca/seniors-aines/pubs/fpt_docs/fed_paper/intro_e.htm

Help Age International: www.helpage.org

UN Programme on Ageing: www.un.org/esa/socdev/ageing