CHAPTER- IV

SOCIAL SECURITY FOR THE AGED: THE ROLE OF UNITED NATIONS AND OTHER ORGANIZATIONS
CHAPTER- IV
SOCIAL SECURITY FOR THE AGED: THE ROLE OF
UNITED NATIONS AND OTHER ORGANIZATIONS

4.1 Introduction

"Increased longevity is providing humanity with a new frontier, a broadening
of our mental and physical landscape. The older people of today are, in many
ways, pioneers. True to this spirit, they have been innovators, catalysts and
leaders of the many initiatives taken during the Year. In doing so, they have
helped pave the way to a safer, healthier and richer life for the many
generations of older people who will come after them".  

Kofi Annan, Secretary-General UN

The world population is ageing at a steady, quite spectacular rate. The
proportion of persons 60+ is also projected to increase from 7.8 per cent in 1960 to
13.9 percent in 2025. The increase in the proportion of the aged to the total population
has been much greater in the more developed regions from 12.5 per cent in 1960 to
23.6 per cent projected for 2025 as compared to less developed regions from 5.5 per
cent in 1960 to 11.9 per cent for 2025. In terms of geographical distribution of
numbers in 1980, 53.4 per cent of the population 60+ in the world was in the less
developed regions. The proportion is projected to increase by 71 per cent in 2020.

The overall number of older persons will increase from 606 million in 2000 to
1.9 billion in 2050. 394 million older persons will live in the developed countries by

1 Kofi Annan, Secretary-General, Decent Jobs: Social Inclusion and Social Protection United Nations,
March 2002.

2 B.N. Chatteraj, "Problems of Senior Citizens in a Changing Society: An Indian Perspective" Social
2050, up from 232 million in 2000. In the developing regions of the world the number will reach 1.5 billion in 2050, a fourfold increase from 375 million in 2000.³

These figures are illustrations of a quiet revolution, but one which has far-reaching and unpredictable consequences and which is now affecting the social and economic structures of societies both at the world level and at the country level, and will affect them even more in future.⁴

Most of the States and the industrialized countries in particular, are faced with the task of adapting their social and economic policies to the ageing of their populations, especially as regards social security. In the developing countries, the absence or deficiencies of social security coverage are being aggravated by the emigration of the younger members of the population and the consequent weakening of the traditional role of the family, which is the main support of older people.⁵

Globally, the proportion of persons aged 60 years and older is expected to double between 2000 and 2050, from 10 to 21 per cent, whereas the proportion of children is projected to drop by a third, from 30 to 21 per cent.

In certain developed countries and countries with economies in transition, the number of older persons already exceeds the number of children and birth rates have fallen below replacement levels. In some developed countries, the number of older persons will be more than twice that of children by 2050.⁶ This demographic shift presents a major resource challenge.

³ World Population Prospects: The 2002 Revision, vol. II.
⁵ Ibid.
Though developed countries have been able to age gradually, they face challenges resulting from the relationship between ageing and unemployment and sustainability of pension systems, while developing countries face the challenge of simultaneous development and population ageing. There are other major demographic differences between developed and developing countries. While the overwhelming proportion of older persons in developed countries live in areas classified as urban, the majority of older persons in developing countries live in rural areas today.\(^7\)

Significant differences also exist between developed and developing countries in terms of the kinds of households in which older persons live.

In developing countries a large proportion of older persons live in multi-generational households. These differences imply that policy actions will be different in developing and developed countries.\(^8\) In order to tackle these challenges and other issues the world bodies like U.N.O. and other international agencies have been continuously making their relentless efforts; the following are the some of them.

### 4.2 The United Nations Programme on Ageing

The United Nations Secretariat which is entrusted with responsibility to develop and promote the implementation of international policy on ageing, provides advisory services to countries in the process of development, change and transition to ensure that ageing remains an important part of their development programme. The United Nations focal point is on designing guidelines for policy development and implementation; advocating means to mainstream ageing into development agendas; engaging in dialogue with civil society and the private sector; and information

\(^7\) *Ibid*, p.3.
\(^8\) *Ibid*
exchange. Population ageing is not a "catastrophe", but it does pose a policy challenge. Since ageing is a long-term phenomenon, there is sufficient time available for coping mechanisms to be introduced gradually. Such mechanisms are most likely to be found in the world of work and in social transfer systems. The United Nations and the ILO have been playing a vital role in developing far-sighted solutions and setting them into motion. United Nations General Assembly is focusing on the measures to be adopted in response to the challenges of the ageing process, public and private partnerships and to strengthen solidarity between the generations.9

4.3 The First World Assembly on Ageing at Vienna, Austria, 1982

The First World Assembly on Ageing was held at Vienna under the aegis of the United Nations in 1982. The Assembly adopted the Vienna International Plan of Action on Ageing. This plan of action has guided the course of thinking and action on ageing over the past 20 years. This document was endorsed by the General Assembly and is a very useful guide, it contains the measures that should be taken by Member States to safeguard the rights of older persons proclaimed by the International Covenants on Human Rights. The following are the important recommendations of the World Assembly.

4.3.1 Health Care and Nutrition

Health care of the elderly people is the more important requirement. The Vienna plan of action contains number of recommendations in this regard. Thus it has been stated that care designed to alleviate the handicaps, re-educate remaining functions, relieve pain, maintain the lucidity, comfort and dignity of the affected and

---

help them to re-orient their hopes and plans, particularly in the case of the elderly, are just as important as curative treatment.  

(i) Involvement of Social and Health Sectors and Family

The care of elderly persons should go beyond disease orientation and should involve their total well-being, taking into account the interdependence of the physical, mental, social, spiritual and environmental factors. Health care should therefore involve the health and social sectors and the family in improving the quality of life of older persons. Health efforts, in particular primary health care as a strategy, should be directed at enabling the elderly to lead independent lives in their own family and community for as long as possible instead of being excluded and cut off from all activities of society.

(ii) Preventive Measures

Early diagnosis and appropriate treatment is required, as well as preventive measures, to reduce disabilities and diseases of the ageing.

(iii) Treatment of Mental Disorders

Particular attention should be given to providing health care to the very old, and to those who are incapacitated in their daily lives. This is particularly true when they are suffering from mental disorders or from failure to adapt to the environment; mental disorders could often be prevented or modified by means that do not require placement of the affected in institutions, such as training and supporting the family

12 Ibid, Recommendation 3.
and volunteers by professional workers, promoting ambulant mental health care, welfare work, day-care and measures aimed at the prevention of social isolation.\textsuperscript{13}

(iv) Care for the very old

Some sectors of the ageing, and especially the very old, will nevertheless continue to be vulnerable. Because they may be among the least mobile, this group is particularly in need of primary care from facilities located close to their residences and/or communities. The concept of primary health care incorporates the use of existing health and social services personnel, with the assistance of community health officers trained in simple techniques of caring for the elderly.

Where hospital care is needed, application of the skills of geriatric medicine enables a patient's total condition to be assessed and, through the work of a multidisciplinary team, a programme of treatment and rehabilitation to be devised, which is geared to an early return to the community and the provision there of any necessary continuing care. All patients should receive in proper time any form of intensive treatment which they require, with a view to preventing complications and functional failure leading to permanent invalidity and premature death.

(v) Special care for terminally ill

Attentive care for the terminally ill, dialogue with them and support for their close relatives at the time of loss and later require special efforts which go beyond normal medical practice. Health practitioners should aspire to provide such care. The need for these special efforts must be known and understood by those providing medical care and by the families of the terminally ill and by the terminally ill

\textsuperscript{13} Ibid, Recommendation 4.
themselves. Bearing these needs in mind, exchange of information about relevant experience and practices found in a number of cultures should be encouraged.\(^{14}\)

(vi) Need to reduce cost of health care services

Existing social services and health-care systems for the ageing are becoming increasingly expensive. Means of halting or reversing this trend and of developing social systems together with primary health care services need to be considered, in the spirit of the Declaration of Alma-Ata.\(^{15}\) The trend towards increased costs of social services and health-care systems should be offset through closer co-ordination between social welfare and health care services both at the national and community levels. For example, measures need to be taken to increase collaboration between personnel working in the two sectors and to provide them with interdisciplinary training. These systems should, however, be developed, taking into account the role of the family and community, which should remain the interrelated key elements in a well-balanced system of care. All this must be done without detriment to the standard of medical and social care of the elderly.

(vii) Training to Health Care workers and others

Those who give most direct care to the elderly are often the least trained, or have insufficient training for their purpose. To maintain the well-being and independence of the elderly through self-care, health promotion, prevention of disease and disability requires new orientation and skills, among the elderly themselves, as

\(^{14}\) Ibid, Recommendation 5.

\(^{15}\) International Conference on Primary Health Care, Alma-Ata USSR, 6-12th September 1978 Expressing the need for urgent action by all Governments, all Health and Development Workers, and the World Community to protect and promote the health of all the people of the World.
well as their families, and health and social welfare workers in the local communities.¹⁶

a. Those who work with the elderly at home, or in institutions, should receive basic training for their tasks, with particular emphasis on participation of the elderly and their families, and collaboration between workers in health and welfare fields at various levels;

b. Practitioners and students in the human care professions (e.g., medicine, nursing, social welfare etc.) should be trained in principles and skills in the relevant areas of gerontology, geriatrics, psycho geriatrics and geriatric nursing.

(viii) Participation of aged in health care

c. All too often, old age is an age of no consent; Decisions affecting ageing citizens are frequently made without the participation of the citizens themselves. This applies particularly to those who are very old, frail or disabled. Such people should be served by flexible systems of care that give them a choice as to type of amenities and the kind of care they receive.¹⁷

Participation of the aged in the development of health care and the functioning of health services should be encouraged. A fundamental principle in the care of the elderly should be to enable them to lead independent lives in the community for as long as possible. ¹⁸

---

(ix) Health care facilities in the community

Health and health-allied services should be developed to the fullest extent possible in the community. These services should include a broad range of ambulatory services such as day-care centers, outpatient clinics, day hospitals, medical and nursing care and domestic services. Emergency services should be always available. Institutional care should always be appropriate to the needs of the elderly. Inappropriate use of beds in health care facilities should be avoided. In particular, those not mentally ill should not be placed in mental hospitals. Health screening and counselling should be offered through geriatric clinics, neighbourhood health centers or community sites where older persons congregate. The necessary health infrastructure and specialized staff to provide through the complete geriatric care should be made available. In the case of institutional care, alienation through isolation of the aged from society should be avoided interlayer by further encouraging the involvement of family members and volunteers.

Nutritional problems, such as deficient quantity and inappropriate constituents, are encountered among the poor and underprivileged elderly in both the developed and the developing countries. Accidents are also a major risk area for the elderly. The alleviation of these problems may require a multi-sectoral approach.19

(x) Assessment of needs of the elderly

The promotion of health, the prevention of disease and the maintaining of functional capacities among elderly persons should be actively pursued. For this purpose, an assessment of the physical, psychological and social needs of the group

---

concerned is a prerequisite. Such an assessment would enhance the prevention of disability, early diagnosis and rehabilitation.  

(xi) Provision for nutritious food

Adequate, appropriate and sufficient nutrition, particularly the adequate intake of protein, minerals and vitamins, is essential to the well being of the elderly. Poor nutrition is exacerbated by poverty, isolation, misdistribution of food, and poor eating habits, including those due to dental problems. Therefore special attention should be paid to:

a. Improvement of the availability of sufficient food stuffs to the elderly through appropriate schemes and encouraging the aged in rural areas to play an active role in food production;

b. A fair and equitable distribution of food, wealth, resources and technology.

(xii) Home care services

Efforts should be intensified to develop home care to provide high quality health and social services in the quantity necessary so that older persons are enabled to remain in their own communities and to live as independently as possible for as long as possible. Home care should not be viewed as an alternative to institutional care; rather, the two are complementary to each other and should so link into the delivery system that older persons can receive the best care appropriate to their needs at the least cost.

---

20 Ibid, Recommendation 11.
21 Ibid, Recommendation 12.
The health of the ageing is fundamentally conditioned by their previous health and, therefore, lifelong health care starting with young age is of paramount importance; this includes preventive health, nutrition, exercise, the avoidance of health-harming habits and attention to environmental factors, and this care should be continued.  

(xiii) Protection from accidents

An avoidable accidents represent a substantial cost in human suffering and in resources, priority should be given to measures to prevent accidents in the home, on the road, and those precipitated by treatable medical conditions or by inappropriate use of medication.  

(xiv) International Exchange and Research Co-operation

International Exchange and Research Co-operation should be promoted in carrying out epidemiological studies of local patterns of health and diseases and their consequences together with investigating the validity of different care delivery systems, including self-care, and home care by nurses, and in particular of ways of achieving optimum programme effectiveness; also investigating the demands for various types of care and developing means of coping with them paying particular attention to comparative studies regarding the achievement of objectives and relative cost-effectiveness; and gathering data on the physical, mental and social profiles of ageing individuals in various social and cultural contexts, including attention to the

---

24 Ibid, Recommendation 17.
special problems of access to services in rural and remote areas, in order to provide a sound basis for future actions. 25

4.3.2 Protection of Elderly Consumers

Next set of recommendations deal with protection of elderly as consumers. They provide that the Government should:

i. Ensure that food and household products, installations and equipment conform to standards of safety that take into account the vulnerability of the aged;

ii. Encourage the safe use of medications, household chemicals and other products by requiring manufacturers to indicate necessary warnings and instructions for use;

iii. Facilitate the availability of medications, hearing aids, dentures, glasses and other prosthetics to the elderly so that they can prolong their activities and independence;

iv. Restrain the intensive promotion and other marketing techniques primarily aimed at exploiting the meager resources of the elderly. 26

4.3.3 Housing for the Aged

Housing for the elderly must be viewed as more than mere shelter. In addition to the physical, it has psychological and social significance, which should be taken into account. To release the aged from dependence on others, national housing policies should pursue the following goals:

i. Helping the aged to continue to live in their own homes as long as possible, provision being made for restoration and development and, where feasible and

25 Ibid.
26 Ibid, Recommendation 18.
appropriate, the remodelling and improvement of homes and their adaptation to
match the ability of the aged to get to and from them and use the facilities;
ii. Planning and introducing a housing policy that provides for public financing
and agreements with the private sector housing for the aged of various types to
suit the status and degree of self-sufficiency of the aged themselves, in
accordance with local traditions and customs;
iii. Coordinating policies on housing with those concerned, with community
services (social, health, cultural, leisure, communications) so as to secure,
whenever possible, an especially favourable position for housing the aged vis-
da-vis dwellings for the population at large;
iv. Evolve and apply special policies and measures, and make arrangements so as
to allow the aged to move about and to protect them from traffic hazards; such
a policy should, in turn, form part of the broader policy of support for the least
well off sectors of the populations.27
v. National Governments should be encouraged to adopt housing policies that
take into account the needs of the elderly and the socially disadvantage. A
living environment designed to support the functional capacities of this group
and the socially disadvantaged should be an integral part of national guidelines
for human settlement policies and action.28

Special attention should be paid to environmental problems and to designing a
living environment that would take into account the functional capacity of the elderly
and facilitate mobility and communication through the provision of adequate means

---

of transport. The living environment should be designed, with support from governments, local authorities and non-governmental organizations, so as to enable elderly people to continue to live, if they so wish, in locations that are familiar to them, where their involvement in the community may be of long standing and where they will have the opportunity to lead a rich, normal and secure life.29

(xv) Protection from crime

The growing incidence of crime in some countries against the elderly victimizes not only those directly involved, but, the many older persons who become afraid to leave their homes. Efforts should be directed to law enforcement agencies and the elderly to increase their awareness of the extent and impact of crime against older persons.30

4.3.4 Family

The family, regardless of its form or organization, is recognized as a fundamental unit of society. With increasing longevity, four-and five-generation families are becoming common throughout the world. The changes in the status of women, however, have reduced their traditional role as caretakers of older family members; it is necessary to enable the family as a whole, including its male members, to take over and share the burden of help in and by the family. Women are entering and remaining in the labour force for longer periods of time. Many who have completed their child-rearing roles become caught between the desires and need to work and earn an income and the responsibility of caring for elderly parents or grandparents. As the family is recognized as a fundamental unit of society, efforts

29 Ibid, Recommendation 22.
should be made to support, protect and strengthen it in agreement with each society’s system of cultural values and in responding to the needs of its ageing members. Governments should promote social policies encouraging the maintenance of family solidarity among generations, with all members of the family participating. The role and contribution of the non-governmental organizations in strengthening the family as a unit should also be stressed at all levels.\textsuperscript{31}

Appropriate support from the wider community, available when and where it is needed, can make a crucial difference to the willingness and ability of families to continue to care for elderly relatives. Planning and provision of services should take full account of the needs of those carers.

There is ample evidence of the high esteem in which older people are held in developing countries. Trends towards increasing industrialization and urbanization and greater mobility of the labour force indicate, however, that the traditional concept of the role of the elderly in the family is undergoing major change. Worldwide, the overall responsibility of the family to provide the traditional care and support needs of the ageing is diminishing.\textsuperscript{32}

Ways to ensure continuity of the vital role of the family and the dignity, status and security of the ageing, taking into account all the internal and international events, which might influence this status of security, are issues that deserve careful consideration and action by governments and non-governmental organizations. Recognizing the predominance of older women, and the relatively greater numbers of

\textsuperscript{31} Ibid, Recommendation 25.
\textsuperscript{32} Ibid, Recommendation 26.
windows than widowers throughout the world, particular considerations should be given to the special needs and roles of this group.\textsuperscript{33}

Governments are urged to adopt an age/family-integrated approach to planning & development, which would recognize the special needs and characteristics of older persons and their families. Older persons should be included in the governmental and other decision making process in the political, social, cultural and educational areas among others, and children should be encouraged to support their parents.\textsuperscript{34}

Governments and non-governmental bodies should be encouraged to establish social services to support the whole family when there are elderly people at home and to implement measures especially for low-income families who wish to keep elderly people at home.\textsuperscript{35}

4.3.5 Social Welfare

Social welfare services can be instruments of national policy and should have, as their goal, the maximizing of the social functioning of the ageing. They should be community-based and provide a broad range of preventive, remedial and developmental services for the ageing, to enable them to lead as independent life as possible in their own home and in their community, remaining active and useful citizens.

In relation to elderly migrants appropriate measures should be taken to provide social welfare services in accordance with their ethnic, cultural, linguistic and other

\textsuperscript{33} Ibid, Recommendation 27.
\textsuperscript{34} Ibid, Recommendation 28.
\textsuperscript{35} Ibid, Recommendation 29.
characteristics. Social welfare services should have as their goal the creation, promotion and maintenance of active and useful roles for the elderly for as long as possible in and for the community. In many countries where resources are scarce, there is a general lack of organized social welfare services, particularly in the rural areas. Although the role of governments in providing such services is paramount, the contribution of non-governmental organizations is also of great importance.

In traditional societies, old people have always enjoyed a privileged position based on respect, consideration, status and authority. But this is starting to be upset under the influence of modern trends and that privileged position is now being questioned. It is therefore time to become aware of these changes and on that basis to define national ageing policies that would avoid some of the problems concerning the elderly faced by some developed countries.\[36\]

Existing formal and informal organizations should consider the particular needs of the ageing and allow for them in their programmes and future planning. The important role that co-operatives can play in providing services in this area should be recognized and encouraged. Such co-operatives could also benefit from the participation of elderly people as full members or consultants.

A partnership should be formed between governments and non-governmental organizations designed to ensure a comprehensive, integrated, coordinated and multi-purpose approach to meeting the social welfare needs of the elderly.\[37\]

The involvement of young people in providing services and care and in participating in activities for and with the elderly-should be encouraged, with a view

\[36\] Ibid, Recommendation 30.
\[37\] Ibid, Recommendation 31.
to promoting intergenerational ties. Mutual self-help among the able and active elderly should be stimulated to the extent possible, as should the assistance this group can provide to its less fortunate peers, and the involvement of the elderly in informal part-time occupations.Governments should endeavour to reduce or eliminate fiscal or other constraints on informal and voluntary activities, and eliminate or relax regulations, which hinder or discourage part-time work, mutual self-help and the use of volunteers along side professional staff in providing social services or in institutions for the elderly.

Whenever institutionalisation is necessary or inevitable for elderly persons, the utmost effort must be made to ensure a quality of institutional life corresponding to normal conditions in their communities, with full respect for their dignity, beliefs, needs, interests and privacy; States should be encouraged to define minimum standards to ensure higher quality of institutional care.

In order to facilitate mutual help among the elderly and let their voices be heard, governments and non-governmental bodies should encourage the establishment and free initiative of groups and movements of elderly persons and also give other age groups opportunities for training in, and information on, the support of the elderly.

4.3.6 Income Security and Employment

Major differences exist between the developed and the developing countries and particularly between urban, industrialized and rural, agrarian economies with regard to the achievement of policy goals related to income security and employment.

38 Ibid, Recommendation 32.
40 Ibid, Recommendation 34.
41 Ibid, Recommendation 35.
Many developed countries have achieved universal coverage through generalized social security schemes. For the developing countries, where many if not the majority of persons live at subsistence levels, income security is an issue of concern for all age groups. In several of these countries, the social security programmes launched tend to offer limited coverage. In the rural areas, where in many cases most of the population lives, there is little or no coverage. Furthermore, particular attention should be paid, in social security and social programmes, to the circumstances of the elderly women whose income is generally lower than men’s and whose employment has often been broken up by maternity and family responsibilities. In the long term, policies should be directed towards providing social insurance for women in their own right.

(i) Provision for minimum income to elderly person

Governments should take appropriate action to ensure to all older persons an appropriate minimum income, and should develop their economies to benefit all the population. To this end, they should:

a. Create or develop social security schemes based on the principle of universal coverage for older people. Where this is not feasible, other approaches should be tried, such as payment of benefits in kind, or direct assistance to families and local co-operative institutions;

b. Ensure that the minimum benefits will be enough to meet the essential needs of the elderly and guarantee their independence. Whether or not social security payments are calculated taking into account previous income, efforts should be made to maintain their purchasing power. Ways should be explored to protect the savings of the elderly against the effects of inflation. In determining the age
at which pensions are payable, due account should be taken of the age of retirement, changes in the national demographic structure and of the national economic capacity. At the same time, efforts should be made to achieve continuous economic growth;

c. In social security systems, make it possible for women as well as men to acquire their own rights;

d. Within the social security system and if necessary by other means, respond to the special needs of income security for older workers who are unemployed or those who are incapable of working.

e. Other possibilities of making available supplementary retirement income and incentives to develop new means of personal savings for the elderly should be explored.

Broadly related to the issues of income security are the dual issues of the right to work and the right to retire. In most areas of the world, efforts by older persons to participate in work and economic activities, which will satisfy their need to contribute to the life of the community and benefit society as a whole, meet with difficulties. Age discrimination is prevalent many older workers are unable to remain in the labour force or to re-enter it because of age prejudice. In some countries this situation tends to impact women more severely. The integration of the aged into the machinery of development affects both the urban and rural population groups.42

42 Ibid, Recommendation 36.
(ii) Participation of elderly in economic activities

Governments should facilitate the participation of older persons in the economic life of the society. For that purpose:

a. Appropriate measures should be taken, in collaboration with employers' and workers' organizations, to ensure to the maximum extent possible that older workers can continue to work under satisfactory conditions and enjoy security of employment.

b. Governments should eliminate discrimination in the labour market and ensure equality of treatment in professional life.

Negative stereotypes about older workers exist among some employers. Governments should take steps to educate employers and employment counsellors about the capabilities of older workers, which remain quite high in most occupations. Older workers should also enjoy equal access to orientation, training and placement facilities and services;

c. Measures should be taken to assist older persons to find or return to independent employment by creating new employment possibilities and facilitating training or retraining. The right of older workers to employment should be based on ability to perform the work rather than chronological age.

d. Despite the significant unemployment problems facing many nations, in particular with regard to young people, the retirement age for employees should not be lowered except on a voluntary basis.43

43 Ibid, Recommendation 37.
Older workers, like all other workers, should enjoy satisfactory working conditions and environment. Where necessary, measures should be taken to prevent industrial and agricultural accidents and occupational diseases. Working conditions and the working environment, as well as the scheduling and organization of work, should take into account the characteristics of older workers.\textsuperscript{44}

Proper protection for workers, which permits better follow-up for people of advanced age, comes about through a better knowledge of occupational diseases. This necessarily entails training medical staff in occupational medicine. Similarly, pre-retirement medical checks would allow the effects of occupational disease upon the individual to be detected and appropriate steps to be planned.\textsuperscript{45}

Governments should take or encourage measures that will ensure a smooth and gradual transition from active working life to retirement, and in addition make the age of entitlement to pension more flexible. Such measures would include pre-retirement courses and lightening the workload during that last years of the working life, for example by modifying the conditions of work and the working environment of the work organization and by promoting a gradual reduction of work-time.\textsuperscript{46}

Governments should apply internationally adopted standards concerning older workers; particularly those embodied in Recommendation 162 of the International Labour Organization. In addition, at the international level, approaches and guidelines concerning the special needs of these workers should continue to be developed.\textsuperscript{47} In the light of ILO Convention No. 157 concerning maintenance of social security rights,

\textsuperscript{44} Ibid, Recommendation 38.
\textsuperscript{45} Ibid, Recommendation 39
\textsuperscript{46} Ibid, Recommendation 40.
\textsuperscript{47} Ibid, Recommendation 41.
measures should be taken, particularly through bilateral or multilateral conventions, to guarantee to legitimate migrant workers full social coverage in the receiving country as well as maintenance of social security rights acquired, especially regarding pensions, if they return to their country of origin. Similarly, migrant workers returning to their countries should be afforded special conditions facilitating their reintegration, particularly with regard to housing.  

4.3.7 Education

The scientific and technological revolutions of the 20th century have led to a knowledge and information ‘explosion’. The continuing and expanding nature of these revolutions has given rise also to accelerated social change. In many of the world’s societies, the elderly still serve as the transmitters of information, knowledge, tradition and spiritual values: this important tradition should not be lost. Educational programmes featuring the elderly as the teachers and transmitters of knowledge, culture and spiritual values should be developed.

In many instances, the knowledge explosion is resulting in information obsolescence, with, in turn, implications of social obsolescence. These changes suggest that the educational structures of society must be expanded to respond to the educational needs of an entire lifespan. Such an approach to education would suggest the need for continuous adult education, including preparation for ageing and the creative use of time. In addition, it is important that the ageing, along with the other

48 Ibid, Recommendation 42.
age groups, have access to basic literacy education, as well as to all education facilities available in the community.\textsuperscript{49}

As a basic human right, education must be made available without discrimination against the elderly. Educational policies should reflect the principle of the right to education of the ageing, through the appropriate allocation of resources and in suitable education programmes. Care should be taken to adapt educational methods to the capacities of the elderly, so that they may participate equitably in and profit from any education provided. The need for continuing adult education at all levels should be recognized and encouraged. Consideration should be given to the idea of university education for the elderly.

There is also a need to educate the general public with regard to the aging process. Such education must start at an early age in order that aging should be fully understood as a natural process. The importance of the mass media in this respect cannot be overstated.\textsuperscript{50}

\textbf{Role of mass media}

A co-ordinated effort by the mass media should be undertaken to highlight the positive aspects of the ageing process and of the ageing themselves. This effort should cover, among other things:

\begin{enumerate}
  \item The present situation of the aged, in particular in rural areas of developed and developing countries, with a view to identifying and responding to their real needs;
\end{enumerate}

\textsuperscript{49} Ibid, Recommendation 44.
\textsuperscript{50} Ibid, Recommendation 45
b. The effects of migration (both internal and international) on the relative ageing of populations of rural areas, and its effects on agricultural production and living conditions in these areas;

c. Methods to develop job opportunities for and adapt conditions of work to older workers. This would include developing or furnishing simple equipment and tools which would help those with limited physical strength to accomplish their assigned tasks;

d. Surveys of the role of education and ageing in various cultures and societies.51

Recreational and cultural programmes for elderly:

In accordance with the concept of life long education promulgated by the United Nations Educational, Scientific and Cultural Organization (UNESCO), informal, community-based and recreation-oriented programmes for the ageing should be promoted in order to help them develop a sense of self-reliance and community responsibility. Such programmes should enjoy the support of national governments and international organizations.52

Governments and international organizations should support programmes aimed at providing the elderly with easier physical access to cultural institutions (museums, theatres, opera houses, concert halls, cinemas etc.) in order to encourage their greater participation in leisure activities and the creative use of their time. Furthermore, cultural centers should be asked to organize for, and with, the elderly

51 Ibid, Recommendation 46.
52 Ibid, Recommendation 47.
workshops in such fields as handicrafts, fine arts and music, where the elderly can play an active role both as audience and participants. 

Programmes for educating general public

Governments and international organizations concerned with the problems of ageing should initiate programmes aimed at educating the general public with regard to the ageing process and the ageing. Such activities should start from early childhood and continue through all levels of the formal school system. The role and involvement of ministries of education in this respect should be strengthened in encouraging and facilitating the inclusion of ageing in curricula, as an aspect of normal development and education for the life of individuals beginning with the youngest age, so leading to greater knowledge of the subject and to possible positive change in the stereotypical attitudes to ageing of present generations. Non-formal channels and the mass media should also be used to develop such programmes. The mass media should also be used as a means of promoting the participation of the aged in social, cultural and educational activities within the community; conversely, the aged or their representatives should be involved in formulating and designing these activities. Where stereotypes of the ageing person exist, efforts by the media, educational institutions, governments, non-governmental organizations and the ageing themselves should be devoted to overcoming the stereotyping of older persons as always manifesting physical and psychological disabilities, incapable of functioning independently and having neither role nor status in society. These efforts are

54 Ibid, Recommendation 49.
necessary for achieving an age-integrated society.\textsuperscript{55} Comprehensive information on all aspects of their lives should be made available to the ageing in a clear and understandable form.\textsuperscript{56} Full use should also be made of opportunities existing for technical co-operation between developed and developing countries in the field of ageing.\textsuperscript{57}

\textbf{4.3.8 Data Collection and Analysis}

Data concerning the older sector of the population-collected through censuses, surveys or vital statistics systems—are essential for the formulation, application and evaluation of policies and programmes for the elderly and for ensuring their integration in the development process.

Governments and organizations that are in a position to do so should develop an information base, which would be more specific than the ‘sixty-and-over’ one now in use and which would be of help in planning the development of and solving problems concerning the elderly. The base could cover social, age, functional and economic classifications, among others.

Household sample and other surveys and other sources of demographic and related socio-economic statistics provide important data for use in formulating and implementing policies and programmes for the elderly.

All countries that so request should be provided with the technical assistance needed to develop or improve databases relating to their elderly and the services and

\textsuperscript{55} Ibid, Recommendation 50.
\textsuperscript{56} Ibid, Recommendation 51.
\textsuperscript{57} Ibid, Recommendation 52.
institutions that concern them. The assistance should cover training and research in methodologies for collecting, processing and analyzing data.

Data concerning the ageing could be developed along the line of a codification system, which will give national governments information, tabulated by sex, age, income levels, living arrangements, health status and degree of self-care, among others. Such data could be collected through the census, micro or pilot census or representative surveys. Governments are urged to allocate resources for that purpose.\textsuperscript{58} Governments and institutions concerned should establish or improve existing information exchange facilities, such as databanks in the field of ageing.\textsuperscript{59}

4.3.9 Training and Education

The dramatic increase in the number and proportion of older adults calls for a significant increase in training. A dual approach is needed: an international programme for training concomitant with national and regional training programmes that are particularly relevant to conditions in the countries and regions concerned. The needs of the elderly, as well as the implications of the ageing of the population for development, need to be taken into account in developing education and training policies and programmes for all ages, especially the younger generation.

Education and training programmes should be interdisciplinary in nature, as ageing and the aging of population is a multidisciplinary issue. Education and training in the various aspects of ageing and the ageing of the population should not be restricted to high levels of specialization, but should be made available at all levels.

\textsuperscript{58 \textit{Ibid}, Recommendation 52.}
\textsuperscript{59 \textit{Ibid}, Recommendation 53.}
Efforts should be made to regulate the training skills and educational requirements for different functions in the field of ageing.

The exchange of skills, knowledge and experience among countries with similar or comparable structures and composition, or having historical, cultural, linguistic or other links, with respect to their ageing population would be a particularly fertile form of international co-operation. Besides the transfer of specific skills and technologies, the exchanges of experience regarding the wide array of practices relating to ageing could also constitute an area for technical co-operation among developing countries. In regions, which include both developed, and developing countries side by side, the rich opportunities for mutual learning and co-operation in training and research should be vigorously explored.60 Intergovernmental and non-governmental organizations should take the necessary measures to develop trained personnel in the field of ageing, and should strengthen their efforts to disseminate information on ageing, and particularly to the ageing themselves.61 Retirees' and elderly people's organizations should be involved in planning and carrying out such exchanges of information.62 The implementation of several recommendations will require trained personnel in the field of ageing. Practical training centers should be promoted and encouraged, where appropriate facilities already exist, to train such personnel, especially from developing countries, who would in their turn train others.

---

60 Ibid, Recommendation 54.
61 Ibid, Recommendation 55.
62 Ibid, Recommendation 56.
These centers would also provide updating and refresher courses and act as a practical bridge between and among developed and developing regions; they would be linked with appropriate United Nations agencies and facilities.\textsuperscript{63} At national, regional and international levels, extra attention should be given to research and study undertaken in support of integrating the problems of ageing in planning and policy formulation and management.\textsuperscript{64}

Training in all aspect of gerontology and geriatrics should be encouraged and given due prominence at all levels in all educational programmes. Governments and competent authorities are called upon to encourage new or existing institutions to pay special attention to appropriate training in gerontology and geriatrics.\textsuperscript{65}

4.3.10 Research

The Plan of Action gives high priority to research related to developmental and humanitarian aspects of ageing. Research activities are instrumental in formulating, evaluating and implementing policies and programmes: (a) as to the implications of the ageing of the population for development; and, (b) as to the needs of the ageing. Research into the social, economic and health aspects of ageing should be encouraged to achieve efficient uses of resources, improvement in social and health measures, including the prevention of functional decline, age-related disabilities, illness and poverty, and co-ordination of the services involved in the care of the ageing.

The knowledge obtained by research provides scientific backing for a sounder basis for effective societal planning as well as for improving the well-being of the

\textsuperscript{63} Ibid, Recommendation 57.
\textsuperscript{64} Ibid, Recommendation 58.
\textsuperscript{65} Ibid, Recommendation 59.
elderly. Further research is required, e.g. (a) to narrow the wide gaps in knowledge about ageing and about the particular needs of the ageing; and (b) to enable resources provided for the ageing to be used more effectively. There should be emphasis on the continuum of research from the discovery of new knowledge to its vigorous and more rapid application and transfer of technological knowledge with due consideration of cultural and social diversity.

Research should be conducted into the developmental and humanitarian aspects of ageing at local, national, regional and global levels; Research should be encouraged particularly in the biological, mental and social fields. Issues of basic and applied research of universal interest to all societies include:

a. The role of genetic and environmental factors;

b. The impact of biological, medical, cultural societal and behavioural factors on ageing;

c. The influence of economic and demographic factors (including migration) on societal planning;

d. The use of skills, expertise, knowledge and cultural potential of the ageing;

e. The postponement of negative functional consequences of ageing;

f. Health and social services for the ageing as well as studies of co-ordinated programmes;

g. Training and education.

Such research should be generally planned and carried out by researchers closely acquainted with national and regional conditions, being granted the independence necessary for innovation and diffusion. States, intergovernmental organizations and
non-governmental organizations should carry out more research and studies on the developmental and humanitarian aspects of ageing co-operate in this field and exchange their findings in order to provide a logical basis for policies related to ageing in general.66

States, intergovernmental organizations and non-governmental organizations should encourage the establishment of institutions specializing in the teaching of gerontology, geriatrics and geriatric psychology in countries where such institutions do not exist.67 International exchange and research co-operation as well as data collection should be promoted in all fields having a bearing on ageing, in order to provide a rational basis for future social policies and action. Special emphasis should be placed on comparative and cross-cultural studies on ageing. Interdisciplinary approaches should be stressed.68

4.4 The United Nations Principles for Older Persons, 1991

In 1991 the General Assembly adopted the United Nations Principles for Older Persons, which because of their programmatic nature, is also an important document in the present context.69

It is divided into five sections, which correlate closely to the rights recognized in the Covenant. “Independence” includes access to adequate food, water, shelter, clothing and health care. To these basic rights are added the opportunity to remunerated work and access to education and training. By “participation” is meant

66 Ibid, Recommendation 60.
that older persons should participate actively in the formulation and implementation of policies that affect their well-being and share their knowledge and skills with younger generations, and should be able to form movements and associations. The section headed "care" proclaims that older persons should benefit from family care, health care and be able to enjoy human rights and fundamental freedoms when residing in a shelter, care or treatment facility. With regard to "self-fulfillment", the Principles that older persons should pursue opportunities for the full development of their potential through access to the educational, cultural, spiritual and recreational resources of their societies. Lastly, the section entitled "dignity" states that older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse should be treated fairly, regardless of age, gender, racial or ethnic background, disability, financial situation or any other status, and be valued independently of their economic contribution.\textsuperscript{70}

In 1992, and in commemoration of the tenth anniversary of the adoption of the Vienna International Plan of Action by the Conference on Ageing, the General Assembly adopted the Proclamation on Ageing in which it urged support of national initiatives on ageing so that older women are given adequate support for their largely unrecognized contributions to society and older men are encouraged to develop social, cultural and emotional capacities which they may have been prevented from developing during breadwinning years. Families should be supported in providing care and all family members encouraged to cooperate in care giving; and that international cooperation is expanded in the context of the strategies for reaching the

\textsuperscript{70} Committee on Economic, Social & Cultural Rights General Comment 6, Thirteenth Session, 1995.
global targets on ageing for the year 2001. It also proclaimed the year 1999 as the International Year of Older Persons in recognition of humanity’s demographic “coming of age”.71

4.5 Covenant on Economic, Social and Cultural Rights, 1976

The International Covenant on Economic, Social and Cultural Rights does not contain any explicit reference to the rights of older persons, although Article 9 dealing with “the right of everyone to social security, including social insurance”, implicitly recognizes the right to old-age benefits. Nevertheless, in view of the fact that the Covenant’s provisions apply fully to all members of society, it is clear that older persons are entitled to enjoy the full range of rights recognized in the Covenant. This approach is also fully reflected in the Vienna International Plan of Action on Ageing. Moreover, in so far as respect for the rights of older persons requires special measures to be taken, States parties are required by the Covenant to do so to the maximum of their available resources.

Specific Provisions of the Covenant

(i) Equal rights of men and women:

States parties to Covenant must “ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights”. States should pay particular attention to older women who, because they have spent all or part of their lives caring for their families without engaging in a remunerated activity entitling them to an old-age pension, and who are also not entitled to a widow’s pension, are often in critical

71 General Assembly resolution 47/5 of 16 October 1992, “Proclamation on Ageing”. 
situations. To deal with such situations and comply fully with article 9 of the Covenant and paragraph 2 (h) of the Proclamation on Ageing, States parties should institute non-contributory old-age benefits or other assistance for all persons, regardless of their sex, who find themselves without resources on attaining an age specified in national legislation.

(ii) Rights relating to work:

States should take appropriate steps to safeguard the right of everyone to the opportunity to gain a living by work, which is freely chosen or accepted. In this regard, the Covenant, bearing in mind that older workers who have not reached retirement age often encounter problems in finding and keeping jobs, stresses the need for measures to prevent discrimination on grounds of age in employment and occupation. The right “to the enjoyment of just and favourable conditions of work” is of special importance for ensuring that older workers enjoy safe working conditions until their retirement. In particular, it is desirable, to employ older workers in circumstances in which the best use can be made of their experience and know-how. In the years preceding retirement, retirement preparation programmes should be implemented, with the participation of representative organizations of employers and workers and other bodies concerned, to prepare older workers to cope with their new situation. Such programmes should, in particular, provide older workers with information about: their rights and obligations as pensioners; the opportunities and conditions for continuing an occupational activity or undertaking voluntary work;

73 Ibid, Article 6.
74 Ibid, Article 7.
means of combating detrimental effects of ageing; facilities for adult education and cultural activities, and the use of leisure time. The rights protected by Article 8 of the Covenant, namely, trade union rights, including after retirement age, must be applied to older workers.75

(iii) Right to social security:

States parties "recognize the right of everyone to social security", without specifying the type or level of protection to be guaranteed. However, the term "social security" implicitly covers all the risks involved in the loss of means of subsistence for reasons beyond a person's control.76 In accordance with Article 9 of the Covenant and the provisions concerning implementation of the ILO Social Security Conventions.77

States parties must take appropriate measures to establish general regimes of compulsory old-age insurance, starting at a particular age, to be prescribed by national law. In keeping with the recommendations contained in the two ILO Conventions

(iv) Protection of the family:

States parties should make all the necessary efforts to support, protect and strengthen the family and help it, in accordance with each society's system of cultural values, to respond to the needs of its dependent ageing members. Governments and non-governmental organizations to establish social services to support the whole family when there are elderly people at home and to implement measures especially for low-income families who wish to keep elderly people at home. This assistance

75 Ibid, Article 8.
76 Ibid, Article 9.
77 No. 102 concerning Social Security (Minimum Standards) (1952) and; Convention No. 128 concerning Invalidity, Old-Age and Survivors' Benefits (1967).
should also be provided for persons living alone or elderly couples wishing to remain at home.\textsuperscript{78}

(v) Right to an adequate standard of living:

Of the United Nations Principles for Older Persons, principle 1, which stands at the beginning of the section relating to the independence of older persons, provides that: "Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help".\textsuperscript{79}

(vi) Right to physical and mental health:

States parties should take account of the content of recommendations 1 to 17 of the Vienna International Plan of Action on Ageing, which focus entirely on providing guidelines on health policy to preserve the health of the elderly and take a comprehensive view, ranging from prevention and rehabilitation to the care of the terminally ill. Clearly, the growing number of chronic, degenerative diseases and the high hospitalization costs they involve cannot be dealt with only by curative treatment. In this regard, States parties should bear in mind that maintaining health into old age requires investments during the entire life span, basically through the adoption of healthy lifestyles (food, exercise, elimination of tobacco and alcohol, etc.). Prevention, through regular checks suited to the needs of the elderly, plays a decisive role, as does rehabilitation, by maintaining the functional capacities of

\textsuperscript{78} Article 10, Paragraph 1, of the Covenant and Recommendations 25 and 29 of the Vienna International Plan of Action on Ageing.

\textsuperscript{79} \textit{Ibid}, Article 11.
elderly persons, with a resulting decrease in the cost of investments in health care and social services.\textsuperscript{80}

(vii) Right to education and culture:

Recognizes the right of everyone to education. In the case of the elderly, this right must be approached from two different and complementary points of view:

(a) The right of elderly persons to benefit from educational programmes; and,

(b) Making the know-how and experience of elderly persons available to younger generations.

With regard to the former, States parties should take account of:

(a) the recommendations in principle 16 of the United Nations Principles for Older Persons to the effect that older persons should have access to suitable education programmes and training and should, therefore, on the basis of their preparation, abilities and motivation, be given access to the various levels of education through the adoption of appropriate measures regarding literacy training, life-long education, access to university, etc.; and

(b) Recommendation 47 of the Vienna International Plan of Action on Ageing, which, in accordance with the concept of life-long education promulgated by the United Nations Educational, Scientific and Cultural Organization (UNESCO), recommends informal, community-based and recreation-oriented programmes for the elderly in order to develop their sense of self-reliance and the community’s

\textsuperscript{80} Ibid. Article 12, Paragraph 1, of the Covenant.
sense of responsibility. Such programmes should enjoy the support of national
Governments and international organizations.81

States parties recognize the right of everyone to take part in cultural life and to
enjoy the benefits of scientific progress and its applications. In this respect, the
Committee urges States parties to take account of the recommendations contained in
the United Nations Principles for Older Persons, and in particular of principle 7:
“Older persons should remain integrated in society, participate actively in the
formulation and implementation of policies that directly affect their well-being and
share their knowledge and skills with younger generations”; and principle 16: “Older
persons should have access to the educational, cultural, spiritual and recreational
resources of society”.82

4.6 United Nations Principles for Older Persons: 1999

The General Assembly of UNO laid down United Nations principles for older
persons in the year 1999 declared as International Year of Older Persons. A society
for all ages, which was the theme for the 1999 International Year of Older Persons,
contained four dimensions: (a) individual lifelong development; (a) multigenerational
relationships; (c) the interrelationship between population ageing and (d) development;
and the situation of older persons. The International Year helped to advance
awareness, research and policy action worldwide, including efforts to integrate the
issue of ageing in all sectors and foster opportunities integral to all phases of life.

Appreciating the contribution that older persons make to their societies bearing
in mind the standards already set by the International Plan of Action on Ageing and

81 Ibid. Article 13, paragraph 1, of the Covenant.
82 Ibid Article 15, paragraphs 1 (a) and (b), of the Covenant.
the conventions, recommendations and resolutions of the International Labour Organization, the World Health Organization and other United Nations entities, encourage Governments to incorporate the following principles into their national programmes whenever possible:

4.6.1 Independence

(1) Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.

(2) Older persons should have the opportunity to work or to have access to other income-generating opportunities.

(3) Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

(4) Older persons should have access to appropriate educational and training programmes.

(5) Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

(6) Older persons should be able to reside at home for as long as possible. 83

4.6.2 Participation of older persons

(1) Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.

(2) Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

(3) Older persons should be able to form movements or associations of older persons.84

4.6.3 Care and Protection of the Older Persons

(1) Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

(2) Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

(3) Older persons should have access to social and legal services to enhance their autonomy, protection and care.

(4) Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

(5) Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility; including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.85

84 Ibid. p.3.
85 Ibid.
4.6.4 Self-fulfillment

(1) Older persons should be able to pursue opportunities for the full development of their potential.

(2) Older persons should have access to the educational, cultural, spiritual and recreational resources of society.\(^{86}\)

4.6.5 Dignity

(1) Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

(2) Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.\(^{87}\)

4.7 Political Declaration of the Second World Assembly on Ageing in Madrid, Spain, April 2002

The aim of the Plan of Action is to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights. While recognizing that the foundation for a healthy and enriching old age is laid early in life, the Plan is intended to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population ageing. The common features of the nature of ageing and the challenges it presents are acknowledged, and specific recommendations are designed to be adapted to the great diversity of circumstances in each country. The Plan recognizes the many different stages of development and the transitions that are taking place in various

\(^{86}\) Ibid, p. 4.

\(^{87}\) Ibid.
regions, as well as the interdependence of all countries in a globalizing world. It calls for changes in attitudes, policies and practices at all levels in all sectors so that the enormous potential of ageing in the twenty-first century may be fulfilled. Many older persons do age with security and dignity, and also empower themselves to participate within their families and communities.  

There are a number of central themes running through the International Plan of Action on Ageing 2002 linked to these goals, objectives and commitments, which include:

(1) The full realization of all human rights and fundamental freedoms of all older persons.

(2) The achievement of secure ageing, which involves reaffirming the goal of eradicating poverty in old age and building on the United Nations Principles for Older Persons;

(3) Empowerment of older persons to fully and effectively participate in the economic, political and social lives of their societies, including through income-generating and voluntary work;

(4) Provision of opportunities for individual development, self-fulfillment and well-being throughout life as well as in late life, through, for example, access to life-long learning and participation in the community while recognizing that older persons are not one homogenous group;

---

(5) 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.

(6) Commitment to gender equality among older persons through *inter alia*, elimination of gender-based discrimination; Recognition of the crucial importance of families, intergenerational interdependence, solidarity and reciprocity for social development;

(7) Provision of health care, support and social protection for older persons, including preventive and rehabilitative health care; 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; Harnessing of scientific research and expertise and realizing the potential of technology to focus on *inter alia*, the individual, social and health implications of ageing, in particular in developing countries. Recognition of the situation of ageing indigenous persons, their unique circumstances and the need to seek means to give them an effective voice in decisions directly affecting them.

(8) The promotion and protection of all human rights and fundamental freedoms including the right to development is essential for the creation of an inclusive society for all ages in which older persons participate fully and without discrimination and on the basis of equality. Combating discrimination based on age and promoting the dignity of older persons is fundamental to ensuring the respect that older persons deserve. Promotion and protection of all human rights and fundamental freedoms is important in order to achieve a society for all ages. In this, the reciprocal relationship
between and among generations must be nurtured, emphasized, and encouraged through a comprehensive and effective dialogue.

The recommendations for action are organized according to three priority directions: older persons and development; advancing health and well being into old age; and ensuring enabling and supportive environments. The extent to which the lives of older persons are secure is strongly influenced by progress in these three directions. The priority directions are designed to guide policy formulation and implementation towards the specific goal of successful adjustment to an ageing world, in which success is measured in terms of social development, the improvement for older persons in quality of life and in the sustainability of the various systems formal and informal that underpin the quality of well-being throughout the life course.\(^8^9\)

The representatives of Governments meeting at the Second World Assembly on Ageing in Madrid, Spain, 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 promote the development of a society for all ages. In the context of this Plan of Action, the states were 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.\(^9^0\)

The States at the meeting, reiterated the commitments made by heads of State and Governments in major UN Conferences and summits and their follow-up processes, and in the Millennium Declaration, with respect to the promotion of

---

\(^8^9\) Ibid, p.2.
\(^9^0\) Ibid, Article, 1.

It was emphasized that in order to complement national efforts to fully implement the International Plan of Action on Ageing 2002, enhanced international cooperation is essential. Therefore, they encouraged the international community to further promote cooperation among all actors involved.91

The States reaffirmed their commitment to spare no effort to promote democracy, strengthen the rule of law, promote gender equality, as well as to promote and protect human rights and fundamental freedoms, including the right to development. They committed themselves to eliminate all forms of discrimination, including age discrimination. They recognized that persons, as they age, should enjoy a life of fulfillment, health, security and active participation in the economic, social, cultural and political life of their societies.

They determined to enhance the recognition of the dignity of older persons, and to eliminate all forms of neglect, abuse and violence. 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 it. It was recognized that concerted action was 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.

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 the members recognized the importance of placing ageing in development agendas, as well as strategies for the eradication of poverty and in seeking to achieve the full participation in the global economy of all developing countries.92

They committed themselves to the task of effectively incorporating ageing within social and economic strategies, policies and action while recognizing that specific policies will vary according to conditions within each country. They recognized the need to mainstream a gender perspective into all policies and

92 Ibid, Article 6.
programmes to take account of the needs and experiences of older women and men.\textsuperscript{93} 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.

The importance of international research on ageing and age related issues, was emphasized as an important instrument for the formulation of policies on ageing, based on reliable and harmonized indicators developed by \textit{inter alia}, national and international statistical organizations.\textsuperscript{94} 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 programs.

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.\textsuperscript{95} The primary responsibility of governments in promoting, providing and ensuring access to basic social services was stressed, bearing in mind specific needs of older persons. To this end it was needed to work together with local authorities, civil society, including non-governmental organizations, private sector, volunteers and voluntary organizations, older persons

\textsuperscript{93} \textit{Ibid}, Article 8.
\textsuperscript{94} \textit{Ibid}, Article 10.
\textsuperscript{95} \textit{Ibid}, Article 11.
themselves and associations for and of older persons, as well as families and communities.

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 was emphasized. The attainment of the highest possible level of health is a most important worldwide social goal, whose realization requires action of many other social and economic sectors in addition to the health sector. Older persons should be provided with universal and equal access to healthcare and services including physical and mental health services and the growing needs of an ageing population require additional polices, in particular care and treatment, the promotion of healthy lifestyles and supportive environments. The families, volunteers, communities, older persons' organizations and other community-based organizations play an important role in providing support and informal care to older persons in addition to services provided by Governments. The need to strengthen solidarity among generations, and intergenerational partnerships, was stressed, keeping in mind the particular needs of both older and younger ones, and to encourage mutually responsive relationships between generations.

Governments have the primary responsibility to provide 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,

96 Ibid, Article 12.
97 Ibid, Article 13.
98 Ibid, Article 14.
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 workers organizations; co-operatives; research, academic, and other educational and religious institutions; and the media.\textsuperscript{99}

The important role of the United Nations system, including the regional commissions in assisting the Governments, at their request, in the implementation, follow-up and national monitoring of the International Plan of Action on Ageing 2002, was underlined by taking into account the differences in economic, social and demographic conditions existing among countries and regions.

Lastly, the Assembly invited all people in all countries from every sector of society, individually and collectively, to join in their dedication to a shared vision of equality for persons of all ages.\textsuperscript{100} Thus a commitment to achieve the overall improvement in the conditions of older persons was made at the Assembly.

\textbf{4.8 SAARC Consultation on Ageing: 2003}

The SAARC countries similarly focussed their attention on the problems of the aged. They resolved that the governments should honour their commitments made in various international and national forums.

They decided to establish a common Resource Centre on ageing for the SAARC countries to provide a common platform for sharing thoughts and learning from each other and strengthening the common cultural bond. It was emphasised that research on Ageing, Geriatrics and Gerontology be promoted so that the States are

\textsuperscript{99} \textit{Ibid}, Article 15.
\textsuperscript{100} \textit{Ibid}, Article 16.
able to understand the changing needs of elderly people and plan services accordingly in order to maintain the dignity and quality of their life. Their plan of action contemplated that:

a. Older persons should be involved and encouraged to participate in drafting national policies for the elderly since they would be in better position to state their needs;

b. The Government should find adequate funds to meet the needs of older people and allocate funds considering this on par with other developmental needs of the country;

c. Networking among the organisations working for and with the elderly should be supported so as to prevent duplication of efforts, share experiences, serve as think tanks and advocate the cause of ageing;

d. The States should evolve action plans including appropriate legislation to give priority to the cause of older people in disposing of litigations, allotment of telephone connections, concessions in travel, and allocation of seats in parliaments and local assemblies, etc.;

e. Emergency help lines should be instituted so that the older people can seek community action or Governmental support in situations of abuse and crisis;

f. The Governments should take appropriate action to collect information about the elderly, their associations, organizations working for their welfare and
service providers so that it can be used when planning policies and programmes.  

Recommendations

4.8.1 Ageing: Community & Family

Considering that the family plays a very important role in the care and support of older people in the SAARC region and recognizing that with globalisation, migration of younger people to different places within and outside the country and smaller family size, it has become essential to review role of the family in caring for older people. Older people prefer to remain an integral part of the family and particularly when they are terminally ill they prefer breathing their last at home. It is equally important for older people to recognize that they are living in a multi-generational community and that they need to respect the independence and privacy of the younger people where mutual understanding and adjustment is most important for cordial relations among them.

Further a comprehensive programme dealing with the various aspects of caring for the elderly has been recommended including the following:

(1) The younger generation should be given value based education, in order to promote inter-generational bonding and to encourage them to take pride in caring for and respecting older people for the contributions they have made to the family, community and society.

(2) The State should provide incentives for the caregivers to ensure care of the elderly within the family and within the community.

---

(3) The State should take initiative in eliminating discriminatory laws of inheritance, which generally affect older women adversely.

(4) Governments and NGOs should create awareness about population ageing and sensitise people of all generations on the issues and problems of ageing. The media should be encouraged to play a positive and pro-active role in projecting positive image of older people.

(5) The government, NGOs and older people themselves should jointly carry out a periodic review of all the laws, policies and programmes affecting older people.

(6) Voluntarism amongst the older people should be encouraged and supported by networks among the NGOs working in the field of ageing.

(7) Since majority of the older people in the SAARC region tend to live with their families, The State should offer appropriate incentives to families that take care of the elderly by way of tax concessions, easy loans for modification of housing and so on.

(8) Special attention should be given to elderly women who do not have families to care and support them.

(9) Policies, laws and programmes for older people should be developed in consultation with the elderly so as to respect their right to participation and address their concerns and problems.

(10) The income generation programmes should encourage participation of older people where their skills and knowledge would be regarded as societal assets. Older people need to be encouraged to be active as long as possible so that they can live with dignity and independence.
(11) Public transportation should be made “Elderly-friendly” by offering easy access; daily passes at concessional rates and providing for separate queues for the elderly.

(12) Partnership between Governments and NGOs should be encouraged in providing services for the welfare of older people.

(13) Suitable mechanisms should be established in order to disseminate information about the policies and programmes for the elderly and in languages relevant to the geographical locations.

(14) Chapters on population ageing and specific problems of older people should be included in textbooks and in books of general reading, so as to bring about better integration of older people with the family and society.102

4.8.2 Ageing and Health

Considering that ageing leads to frailty and often sickness, it is necessary to promote healthy and active ageing by spreading awareness about nutritional needs. Since early diagnosis is very important in disease control and particularly in rehabilitation of older people, it is important that emphasis be given to research activities and in exploring newer and better means of serving older people. While the role of care givers is to be acknowledged, health promotion and disease prevention should be a central concern in achieving healthy and independent ageing by further developing appropriate technologies for providing better quality of life to the older people.

Following are the important recommendations for providing health care to the aged.

102 Ibid, Recommendation 1.
(1) The State should strengthen primary health care structures to meet the needs of older people. Women's organizations and Associations of older people should be encouraged to collaborate with the government in this endeavour.

(2) The State and the NGOs should be encouraged to hold free screening and medical diagnosis camps for early detection and prevention of diseases among older people who are destitute.

(3) The State should encourage use of Ayurvedic medical system and other traditional and alternative medical systems in treating and maintaining good health among older people.

(4) Older people should be made aware of the risk factors of old age and the necessary precautionary measures that need to be taken in order to avoid serious complications in health matters, including the impact of smoking, tobacco eating, alcohol consumption, excessive use of drugs and self medication.

(5) An essential Drug List advocated by WHO should be formulated by individual countries of the SAARC region so as to provide cheaper and affordable medicines to older people.

(6) A multidisciplinary approach should be encouraged in training Medical, Para-medical and occupational health workers.

(7) Graduate and post-graduate curricula should be suitably revised for proper incorporation of geriatrics and gerontological aspects of life.

(8) A special emphasis should be placed on training of geriatric nursing including post-hospitalisation care and rehabilitation training to care givers and older people themselves.
(9) Till such time when all the staff is trained with geriatric and gerontological requirements, separate wards and out patients departments should be maintained in the Government hospitals to ensure special care and extra provisions for older people including special bedside assistance and palliative care.

(10) The State in collaboration with the NGOs should establish geriatric care centres and Hospices so the families have a choice to avail such services when they are unable to cope with the demands placed on them by the physical or mental conditions of older persons as well as when they require long term medical care.  

4.8.3 Ageing: Economic and Social Security

In the absence of opportunity to engage in income generating activities and with the rising cost of living and the further burden of inevitable health care expenses older people become even more dependent on others as their age progresses. It is therefore important that they are prepared and equipped to face their old age with dignity and self-reliance by being economically independent and socially respected.

In this regard following recommendations are made:

(1) The government should recognise that it has the primary responsibility to provide for its citizens including older people. However older people should be encouraged to take lead in forming self-help groups and working through the NGOs.

(2) The social security schemes should not be confined only to the urban and organized sector and their scope should be extended to include rural and unorganized sectors.

103 Ibid, Recommendation 2.
(3) All poverty elimination schemes should be so designed as to incorporate the interests of older generations.

(4) Better utilization should be made of the Information Technology sector for the purpose of disseminating information and developing nodal points for assistance to the older people especially in the rural area in order to meet their day-to-day needs.

(5) Measures should be designed to improve the employment opportunities for older women through appropriate training and development of infrastructure.

(6) The Government should improve the delivery of services for older people.

(7) The Governments should adopt provident fund schemes in countries where they do not exist and extend their scope to the unorganized sector as well. Such schemes should be restructured so as to provide for conversion into suitable pension schemes.

(8) Planning for retirement should commence well ahead of retirement so that older people get sufficient time to prepare for their retirement and also for the second vocation through appropriate training and counselling so that they may lead a good life, with secured income, housing and appropriate nutrition.

(9) Where social security schemes do not cover all sections of the population, the government should extend some social assistance to older persons who are unable to support themselves or secure support from their family.

(10) The younger people should be encouraged to inculcate the habit of saving.

(11) The State should pass social security legislation and implement schemes to prevent exploitation of older people including women.
(12) The media should take a lead in preventing negative stereotyping of older people by developing appropriate programmes to educate the community.

(13) The State and institutions of civil society should take the initiative to make neighbourhoods and communities secure for the citizens in general and older people in particular.104

Some of the SAARC Countries have adopted National Policies on Ageing. However not all of them have implemented the same. The States in this region should be encouraged to implement the policies and conduct research on population ageing and in creating better living conditions for older persons.

4.9 The ILO and Older Workers

The United Nations specialized agencies, especially the International Labour Organization, have also given attention to the problem of ageing in their respective fields of competence.105 The International Labour Organization (ILO) works to ensure decent work or retirement for older people. Calls upon states to adopt national policies to promote equality of opportunity and treatment for workers, whatever their age; and to take measures to prevent discrimination against older workers, particularly

(a) Access to vocational guidance and placement services, access to employment of their choice that takes into account their personal skills, experience and qualifications,

104 Ibid, Recommendation 3.
105 The ILO and older workers “International Labour Organization” (ILO), Geneva, Switzerland Published by the United Nations Department of Public Information DPI/2264 March 2002.
access to vocational training, in particular further training and retraining, and employment security. 106

Upon retirement, the ILO recommends that, measures be taken to ensure that the transition from work to retirement is gradual, that retirement is voluntary, and that the age qualifying a person for a pension is flexible.

(1) Enacting policies aimed at eliminating age discrimination in the labour market and that promote a flexible retirement age.

(2) Taking measures involving both employer and worker organizations - to ensure that older people can continue to participate in economic life and society including providing training and retraining.

(3) Promoting informal, community-based programmes to help older people develop a sense of self-reliance and community responsibility.

(4) Involving young people in providing services and care and in participating in activities for and with older persons.

(5) Enacting measures that ensure a gradual transition to retirement. Such measures would include pre-retirement courses, lightening the workload during the last years of the working life, and making the age of entitlement to a pension flexible.

(6) Ensuring satisfactory working conditions and environment for older workers.

Where necessary, working conditions and the working environment should take into account the characteristics of older workers.

(7) Population ageing is not a “catastrophe”, but it does pose a policy challenge. Since ageing is a long-term phenomenon, there is sufficient time available for coping

106 ILO's Older Workers Recommendation (No. 162), of 1980.
mechanisms to be introduced gradually. Such mechanisms are most likely to be found in the world of work and in social transfer systems. The United Nations and the ILO have a vital role to play in developing far-sighted solutions and setting them into motion.107

4.10 World Health Organization (WHO) and Ageing

Today, most older people are living in the developing world. Given the rapidity of population ageing in developing countries, health is a prerequisite for economic growth and the future development of societies. Healthy older people are a resource for their families, societies and the economy of their countries. Healthy older people are a precious resource and a formidable potential for empowering the development of their societies. Not only can they make important and necessary contributions to their families and communities but, after lifetimes of experience, they can also continue to contribute to their national economies through formal, informal or volunteer work. Longer lives must be free of disabilities for as long as possible. Older people’s preferences and capacities for work, care and living circumstances need to be respected and taken into account. WHO is committed to help achieve these goals.108

Longer lives must be accompanied by continued enjoyment of human rights, including access to health, security and participation in society. The World Health Organization has adopted the term “Active Ageing” to express how this can be achieved. WHO defines Active Ageing as “the process of optimizing opportunities for

health, participation and security in order to enhance quality of life as people age".¹⁰⁹ WHO is giving special emphasis to activities that enhance the capacity of the primary health care (PHC) sector to promote health, prevent or manage disease at older ages. These include efforts to prevent abuse and neglect of older people, survey medical student’s attitudes towards ageing, and setting standards to make PHC services more “age-friendly”. Furthermore, WHO is working to identify gaps and problems in the health care systems of developing countries and to recommend measures that successfully address the needs of older populations. These activities are pursued within the context of the general policy recommendations contained in the Active Ageing Policy Framework and the recommendations of the Madrid International Plan of Action on Ageing. WHO is also working with individual countries toward implementing Active Ageing policy approaches.¹¹⁰

4.11 The International Association of Gerontology

The international association of gerontology has member organizations in over 60 countries with a combined membership of over 46,000. Its objectives are to promote research on individual and population aging, foster training of highly qualified personnel, and promote members interests in international affairs.¹¹¹

The IAG organizes a World Congress every four years, organizes other events, collaborates regularly with the United Nation’s Programme on Ageing, World Health Organizations’ Ageing and Life Course.¹¹²

¹⁰⁹ Ibid, p.5.
¹¹¹ Gerontology Research Centre, Simon Fraser University, #2800-515 West Hastings St., Vancouver, BC Canada, V6B 5K3, <http://www.sfu.ca/iag.>, visited on 6-6-2006.
¹¹² Ibid.
4.12 International Institute on Ageing

The Madrid International Plan of Action 2002 set out a blueprint for an international response to the opportunities and challenges of population ageing and for the promotion of a "Society of All Ages". The Plan recognized that older persons are an important potential resource and recommended, as one of the priority areas, the empowerment of older persons to fully and effectively participate in the economic, political and social lives of their society.

One of the measures recommended to deal with these issues was the need to strengthen organizations that specifically promote training and capacity building on ageing in developing countries. This is indeed the raison d'être of the International Institute on Ageing (INIA), Malta. INIA has, since 1988, been providing multidisciplinary education and training in the various fields of ageing to personnel from developing countries that would in turn train others and thus contribute to capacity building. In order to facilitate this need for capacity building, INIA has, since 1995, been carrying out in-situ training programmes in different developing countries and countries with economies in transition. As the demand for trainers in the area of ageing is great, INIA is exploring how to involve the older persons themselves as trainers. 113

4.13 Conclusion

The major United Nations Conferences and summits and special sessions of the General Assembly and review follow-up processes have set goals, objectives and commitments at all levels intended to improve the economic and social conditions of

113 The International Institute on Ageing (INIA), Malta. 1988.
everyone. These provide the context in which the specific contributions and concerns of older persons must be placed. Implementing their provisions would enable older persons to contribute fully and benefit equally from development. Successful implementation of the Plan of Action requires maintaining support for ageing issues at the highest levels of Governments and throughout the United Nations system. The demographic projections of ageing in all countries make it of paramount importance to continue to include ageing in the development agenda, instead of treating it as an ad hoc issue. In this regard, the Governments, United Nations system agencies and organizations, as well as the non-governmental community, is to ensure that the challenges of population ageing and the concerns of older persons are adequately incorporated into their programmes and projects, especially at the country level. India

Being a signatory of these instruments is bound both by the provisions and the corresponding obligations arising under the Covenants.