ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

High-level Meeting on the Regional Review of the Madrid International Plan
 of Action on Ageing (MIPAA)

9-11 October 2007
Macao, China

THE MACAO OUTCOME DOCUMENT

of

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The Madrid International Plan of Action on Aging (MIPAA)[1] adopted by the Second World Assembly on Ageing in 2002 marked a milestone in international efforts to respond to the challenges of population ageing. It called for changes in attitudes, policies and practices at all levels in all sectors, so that the enormous potential of "a society for all ages" in the twenty-first century might be fulfilled. With three key priority areas, namely (a) older persons and development, (b) advancing health and well-being into old age, and (c) ensuring enabling and supportive environments, MIPAA was designed as a resource to guide policymaking and programme actions.

It was considered that a regular review of the implementation of MIPAA by Member States is valuable and critical for effective follow-up to the Assembly. The Commission for Social Development, in its resolution 44/1 of 17 February 2006, requested the regional commissions to identify appropriate modalities for conducting the regional review and appraisal, and encouraged them to convene regional review and appraisal activities. In the same resolution, the Commission also decided to start the first global cycle of review and appraisal of MIPAA in 2007 and to conclude it in 2008[2].

Against this background, ESCAP convened the High-level Meeting on the Regional Review of the Madrid International Plan of Action on Ageing in Macao, China, from 9 to 11 October 2007. The main objectives of the Meeting were: (a) to review developments in the area of ageing in Asia and the Pacific; (b) to review and appraise the implementation of MIPAA in the region by considering the findings of national reviews and sharing experiences and good practices, and (c) to identify priorities for further action in the implementation of MIPAA. ESCAP was the first of the five regional commissions to undertake the regional review of the implementation of MIPAA.

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[1] *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. E.02.IV.4), chap. I, resolution 1, annex II.
[2] See *Official Records of the Economic and Social Council, 2006, Supplement No. 6* (E/2006/26), chap I, sect C.

In Asia and the Pacific, the number of older persons is growing rapidly, from 410 million in 2007 to about 733 million in 2025, and to an expected 1.3 billion in 2050. In terms of percentages, older persons will constitute about 15 per cent of the total population in 2025 and up to nearly 25 per cent by 2050, from over 10 per cent now. Bringing together representatives from 22 members and associate members of ESCAP[3], three United Nations agencies[4] and 14 non-governmental organizations (NGOs) active in the area of ageing, the Meeting called attention to the rapid population ageing in the region and its profound impacts on the socio-economic development of societies.

After three days of deliberations and exchange of information on experiences and best practices in regard to the implementation of MIPAA, the Meeting recognized that many countries in the region had made significant progress in developing long-term plans and policies for the elderly and institutional mechanisms to prepare for an ageing society. While only a few countries in the region had universal social security systems, whose sustainability was questioned, many countries had strengthened existing systems or put in place a combination of schemes to improve the social security situation of older persons. Changing family structures and living arrangements, as well as the increasing burden of chronic diseases, were among the commonly identified key challenges for the continued provision of support in the light of rapidly changing social and demographic realities. The Meeting also underscored the importance of a multi-pillared health-care system targeted at older persons, informal care giving and life-long preparation for ageing. It was expected that efforts towards an improved age-friendly environment and support for caregivers would be strengthened.

On the basis of the interventions of the attending delegates, the Meeting adopted the following recommendations for action, which are to be pursued by Governments, NGOs, and other stakeholders in the region. Those recommendations were made in accordance with the three priority areas of MIPAA, together with additional recommendations for further implementation and follow-up. This document would be submitted to the Commission for Social Development in connection with its global review of MIPAA, to be conducted in 2008.

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[3] Australia, Bangladesh, Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, India, Indonesia, Iran (Islamic Republic of), Kyrgyzstan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Thailand, Viet Nam and Macao, China.

[4] International Labour Organization (ILO), United Nations Population Fund (UNFPA) and World Health Organization (WHO).

I. Older persons and development

1.   Increase the level of integration and mainstreaming of ageing concerns in national and international development policies and poverty reduction strategies, through a holistic response to address the full range of potential implications of population ageing.

2.   Put in place effective policies and programmes so that the opportunities of the demographic dividend brought about by changing population age structure could be efficiently utilized for boosting economic growth.

3.   Establish and strengthen multi-pillar pension schemes to ensure sustainable and adequate income security measures.

4.   Expand and improve the coverage of social security, especially to those not covered by a formal social security pension, particularly in the informal sector and rural areas.

5.   Promote social security coverage, including social pensions, for poor older persons, which could improve their well-being and participation in society and expand access to microcredit schemes.

6.   Increase awareness-raising among younger generations about lifelong preparation for retirement and old age, especially health and financial security.

7.   Support and encourage lifelong learning and access to information on the requirements of old age and retirement for older persons.

8.   Promote access to employment for and volunteering by older persons who are able and willing to work, including elder-friendly working conditions and flexible retirement as well as re-training and re-employment arrangements so as to maintain earning potential and satisfaction and to reduce old age dependency.

9.   Develop and strengthen policies and approaches to promote intergenerational solidarity, to encourage the provision of caregiving and interaction with older members of the family.

10.   Encourage the continuous participation of older persons in socio-economic development at all levels.

11.   Develop and implement school curricula on ageing issues to address the increasing intergenerational reciprocity gaps between the youth and older persons and the needs and requirements of older persons.

12.   Enable broad-based and well-informed participation of older persons, so that their voices and views are better reflected in policymaking programming and resource allocation.

13.   Address the feminization of ageing, especially of the oldest old, through policies of gender-responsive programmes for older women.

14.   Systematically link disaster preparedness, mitigation, recovery, relief and rehabilitation plans with those covering the concerns and issues of older persons.

II.   Advancing health and well-being into old age

15.   Promote healthy lifestyles and active ageing, improve healthy life expectancy, recognizing that a good quality of life in old age could be attained through a life cycle approach of promoting health and well-being at all stages of life and even before old age is reached.

16.   Empower individuals with the necessary information and healthier lifestyle choices to enable them to take control over risk factors and harmful environments that may adversely affect their health in old age, including lifelong learning on self-help and self-care.

17.   Develop a continuum of affordable, accessible, good quality age-friendly and culturally appropriate health, rehabilitation, palliative and social services that cover the range of primary health care and community-based long-term care to hospital-based services and other innovative models of long-term care.

18.   Recognize the psychosocial needs of older persons and address mental health issues and cognitive impairment.

19.   Prioritize primary health care resources towards the promotion of healthier lifestyles, thus avoiding or delaying the onset of chronic diseases.

20.   Strengthen health systems to effectively address the prevention and management of chronic diseases. Adopt a multi-pillared approach to the financing of health care, taking into account the diversity of financing approaches, resource constraints of developing