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# I **2012 Vienna Ministerial Declaration**

## **Ensuring a Society for All Ages: Promoting quality of life and active ageing**

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1. We, the representatives of the Member States of the United Nations Economic Commission for Europe (UNECE), gathered at the Ministerial Conference on Ageing from 19 to 20 September 2012 in Vienna, Austria, reaffirm our commitment made in the Berlin Ministerial Declaration in 2002 and subsequently confirmed in the León Ministerial Declaration in 2007 to implement the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA).

2. We welcome the notable increase in life expectancy in the region, so that ever greater proportions of persons are living longer and in better health. We are aware that in certain countries with economies in transition the recent gains in longevity have not yet been able to fully offset the losses in life expectancy of their citizens, particularly men.

3. We recognize that the enduring demographic changes have been generating both opportunities and challenges in the region. We are committed to raising awareness about and enhancing the potential of older persons for the benefit of our societies and to increasing their quality of life by enabling their personal fulfilment in later years, as well as their participation in social and economic development.

4. We emphasize the rights of older persons and note with concern that age discrimination continues to be a barrier in attaining a full, healthy life as active members of society.

5. We are committed to meeting individual and societal challenges triggered by population ageing through adequate and sustainable measures of financial security in old age, lifelong continuum of health and social care, including long-term care, and provisions of inclusive systems and support for active ageing, lifelong learning, and participation in various spheres of society without discrimination, particularly with regards to older women.

6. We realize that the implementation of the UNECE RIS/MIPAA during the past five years has occurred in the environment of a continuing global financial crisis, which in most countries of the region has affected families and communities, including its older members and especially older women.

7. We also realize that while some Member States still have to develop more comprehensive policy responses to individual and societal needs of ageing populations,

others aim to sustain for the future the existing access of older persons to adequate social protection and well-functioning systems of education, gender-specific health and social care, as well as opportunities to participate in society as equal partners.

8. We acknowledge the significant progress made by many Member States in fulfilling the ten commitments of the UNECE RIS/MIPAA during the second five-year cycle. The notable achievements of the implementation process in the region include, among others, the following:

(a) increasing attention by policymakers, the media and the general public to the issues of population and individual ageing, including growing recognition of older persons' dignity, human rights and fundamental freedoms, their potential to contribute to social and economic development, solidarity between generations and cohesion within society;

(b) expanding initiatives to adapt national social protection systems to the consequences of demographic change;

(c) growing involvement of civil society, in particular organizations of older persons, in formulating, implementing and monitoring policies addressing the rights, needs and expectations of older persons;

(d) increasing use of innovative approaches in providing educational, health, rehabilitation and social care services, including technological and organizational innovations, as well as promoting stronger involvement and collaboration of public, private and non-profit sectors in developing such services;

(e) establishing the UNECE Working Group on Ageing as an intergovernmental body for regional cooperation in the implementation and monitoring of RIS/MIPAA.

9. We are cognizant that the advancement towards a society for all ages promulgated by the MIPAA has been uneven across the region. We are also aware of numerous challenges in implementing RIS/MIPAA, including the following:

(a) many societies are still confronted with man-made barriers and prejudices that constrain the achievement of intergenerational equity and reciprocity. There remains the need for policies on health and welfare of older persons to be complemented with measures to empower older persons, particularly older women, and

to prevent elder abuse, neglect and loneliness, as well as by measures to strengthen solidarity among generations;

(b) in many countries, policies fostering active and healthy ageing have been rather modest and short of the necessary disease preventing and health promoting measures;

(c) the progress in adjusting national legislation concerning work and retirement has been slow in some countries;

(d) the need to streamline national efforts to adjust the systems of social protection in view of demographic changes and financial challenges persists;

(e) the growing demand for long-term care presents additional challenges for public systems of care provision, as well as for care provided by civil society and by families.

10. In fostering the implementation of the UNECE RIS/ MIPAA in its third implementation cycle (2013-2017), we are determined to reach by 2017 the following policy goals:

#### **I. Longer working life is encouraged and ability to work is maintained by**

(a) Promoting and supporting healthy life styles and well-being in work, preventing and controlling non-communicable diseases, and ensuring safe and healthy working conditions, including measures for appropriate work-life balance with flexible working time schemes, through the entire working career.

(b) Achieving higher employment rates of older men and women through appropriate incentives related to, inter alia, taxation and social security systems, age-friendly working conditions, flexible working time schemes, information, age-appropriate training and retraining programmes, and age management measures in public and private sectors.

(c) Developing evidence-based labour market policies which recognize that youth and older persons' employment policies are complementary and beneficial to all. Promoting positive attitudes towards senior employees and combating age discrimination in the labour market.

(d) Making the transition to retirement more flexible and providing incentives for staying longer in the work force in accordance with the individual's needs and aspirations.

(e) Carrying out pension reforms to adapt to demographic changes, including increasing longevity and, in certain Member States, to the growing numbers of older persons working in the informal sector. Promoting the sustainability and adequacy of both public and private pension systems and ensuring universal coverage, as appropriate.

(f) Promoting the role of older workers as transmitters of knowledge and experience to younger workers.

#### **II. Participation, non-discrimination and social inclusion of older persons are promoted by**

(a) Reducing material deprivation, poverty and social exclusion among older persons, especially older women, and facilitating the access of older persons to resources to meet their needs.

(b) Taking measures to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.

(c) Empowering people to realize their potential for physical, mental and social well-being throughout the life course and to fully participate in society according to their needs, desires and capacities.

(d) Ensuring lifelong access to various forms of high-quality education and training, including in advanced technologies.

(e) Facilitating participation of older persons in political, economic, cultural and social life.

(f) Facilitating participation of older persons, particularly women, in decision-making processes at all levels, both directly and through organizations of older persons across civil society.

(g) Combating ageism through awareness campaigns and by encouraging the media and other opinion-making actors to give an age-balanced image of society, highlight the positive aspects of ageing, develop non-discriminatory images of older persons, and disseminate information about ageing as a natural phase in individual development. Involve older persons in the planning, implementation and evaluation of such media programmes.

(h) Promoting easy access of young and older persons to information and education related to ensuring their dignity and their human rights.

(i) Improving the collection and sharing of data, statistics and qualitative information for monitoring better the quality of life and dignity of older persons, including cases of violation and abuses of their rights, in order to design and implement appropriate evidence-based policy measures.

(j) Taking into account the diverse needs of a growing number of older persons among ethnic minorities and migrants to ensure their integration and equal participation in society.

#### **III. Dignity, health and independence in older age are promoted and safeguarded by**

(a) Safeguarding the dignity of older persons, particularly those with disabilities, and fostering their sense of

belonging and self-esteem through measures aimed at, inter alia, combating any form of prejudice, neglect, abuse and discrimination.

(b) Strengthening measures of health promotion, care and protection, as well as disease and injury prevention at all ages, thus lowering the probability of illness and disability and helping to ensure high physical and mental functioning, independent living, as well as active participation throughout the life course.

(c) Giving special attention to preventive measures, early diagnosis and to the treatment, care, especially long-term care, and social protection of persons with Alzheimer's disease and other dementias, while ensuring their dignity and non-discrimination in society.

(d) Respecting self-determination and dignity as core values through the end of life of an individual. This in particular should be the principal attitude in nursing and medical practice, including long-term and palliative care.

(e) Aiming to ensure that older persons maintain the highest possible level of health, social and functional capacity before, during and after natural and man-caused disasters by enhancing coordinated support.

(f) Facilitating access to age-appropriate, affordable and effective high-quality goods and services and improving mobility through age-friendly environments.

(g) Developing innovative methods and technologies for reliable, affordable and safe support and care of older persons at home.

(h) Ensuring "ageing in place" by promoting services and support to the individual and the family to enable older persons to continue living for as long as possible in their own environment and community. These services should take into account the special needs of women, in particular those who are living alone.

(i) Promoting architectural alterations and innovative housing design aimed at adapting to the changing needs and functional abilities of persons as they age.

(j) Supporting, by appropriate means, self-help arrangements of older persons for independent or assisted living, including intergenerational housing facilities, and acknowledging that individual needs are assessed and properly addressed whether in an institution or at home.

(k) Ensuring a continuum of affordable, high-quality care, ranging from arrangements for primary and community-based care to various forms of institutional care.

(l) Recognizing and improving the situation of informal and formal carers, including migrant carers, through training and dignified working conditions including adequate remuneration.

(m) Recognizing and supporting family carers, who are mostly women, in accomplishing their demanding tasks, including provisions for reconciliation of work and family duties, as well as social protection measures.

#### **IV. Intergenerational solidarity is maintained and enhanced by**

(a) Promoting and strengthening multigenerational dialogue and intergenerational learning by all stakeholders, including governments, non-governmental organizations, the private sector, the media and the general public.

(b) Improving cooperation between youth organizations and older persons' organizations.

(c) Recognizing the value of and fostering the joint volunteering of people of all ages.

(d) Designing and implementing educational campaigns for the general public, particularly the younger generations, on issues of population and individual ageing. It should include teaching about healthy, active ageing as part of the life course into the curricula of all educational institutions, while also raising awareness among older persons on issues, living conditions and challenges of the younger generations.

(e) Considering, that solidarity between generations also means adequate and sustainable social protection of older persons while recognizing that older men and women continue to make important contributions to their communities in various ways, including continued employment, performing non-paid caring of younger and older family members, participating in volunteering as well as cash and in-kind transfers to benefit younger members of their families and communities.

(f) Developing and implementing socially responsible, financially sound and sustainable strategies encompassing the needs, capacities and expectations of current and future generations while promoting equal opportunities for their self-determination.

11. For reaching the policy goals in the implementation of the UNECE RIS/MIPAA during the period 2013-2017, we stress the importance of mainstreaming ageing and promoting active ageing as defined by the World Health Organization (WHO) in the national policy processes, notably by incorporating the life course approach. We also note a need to build where possible on recent international commitments relevant to the promotion of active ageing, including prevention and control of non-communicable diseases, and addressing the social determinants of health.

12. We will endeavour to raise awareness in societies of the overall advantages of promoting active ageing for today and the future, underlining the need of allocating

sufficient resources for its implementation. We will also strive to disseminate across the region innovative and effective approaches for policy action, for example those promoted during the European Year for Active Ageing and Solidarity between Generations (2012) and its follow up.

13. We also emphasize that policies on ageing and their implementation are to be seen as a shared responsibility of all major actors in society. Consequently, there is a need to effectively promote the collaboration of governments, policymakers, the private sector, social partners, researchers and organizations of and for older persons, as well as other non-governmental organizations. Such cooperation is of particular importance for identifying issues that require new policies, for formulating appropriate responses and for the effective implementation, monitoring and evaluation of evidence-based policies on ageing.

14. We are aware that research is vital to the development and implementation of effective policies and programmes. Sustainable research infrastructures, improved data collection, longitudinal research and cross-sectoral cooperation should be further strengthened and developed.

15. We acknowledge the contribution of civil society and older people themselves in taking forward the provisions of the RIS/MIPAA and are committed to sustain the continuing partnership between all major stakeholders in the implementation process.

16. We appreciate the contribution of the European Centre for Social Welfare Policy and Research, affiliated with the United Nations, and the International Institute on Ageing, United Nations - Malta (INIA), to the implementation of the UNECE RIS/MIPAA.

17. We recognize the role of the national focal points on ageing and the UNECE Working Group on Ageing in leading the implementation and monitoring of RIS/MIPAA across the region and providing for the exchange of information and best-practices. Through the work of its Bureau, the Working Group on Ageing has streamlined the second review and appraisal process of RIS/MIPAA and the preparation of this Ministerial Conference on Ageing.

18. We are committed to sustaining the Working Group on Ageing as a long-term intergovernmental body within the UNECE framework for the implementation and monitoring of RIS/MIPAA and will support its activities substantively and by contributing financially to the extent possible.

19. We appreciate the role of the UNECE secretariat, in collaboration with other stakeholders, in assisting Member States in implementing the UNECE RIS/MIPAA and the Vienna Ministerial Declaration 2012 through, inter alia, the support provided in developing national capacities on ageing. The cooperation between the UNECE secretariat and its major partners within the UN system, in particular with the entities working on ageing such as UNFPA and the WHO Regional Office for Europe, should be strengthened.

20. We thank the Commission of the European Union for the financial contribution to the organization of the Research and Civil Society Fora.

21. We express our sincere gratitude to Austria for hosting the 2012 UNECE Ministerial Conference on Ageing and for its hospitality.