

# **Declaration of the Joint Forum of Civil Society and Scientific Research**

## **A fulfilling life throughout the life-course: a joint effort of civil society and research in policy making**

**Rome, 15 June 2022**

### **Preamble**

1. We, the representatives of civil society and scientific research, welcome the opportunity offered to discuss the impact of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) on older persons in the United Nations Economic Commission for Europe (UNECE) region.
2. We acknowledge the commitments made by member States of the UNECE in the 2022 Rome Ministerial Declaration (2022 MD). We particularly appreciate that in many areas the rights and needs of older people are being addressed and call on member States to fulfil their engagements taken under the previous and upcoming MIPAA Regional Implementation Strategies to enhance older persons' right to live in dignity and fully participate in society.
3. Recognising the different societal, political, economic, and environmental crises that many countries undergo, we state that it is precisely during hard times that MIPAA should be upheld, and efforts increased to better serve older persons.
4. We appreciate the human rights-based approach taken in the 2022 MD and call on member States to ensure that this approach is further pursued in all policies and programmes including data gathering, monitoring, and evaluation.
5. We note with increased concern that MIPAA is not universally applied and that it has failed to ensure member States fully respect, protect and fulfil the full enjoyment of human rights by older persons. The existing indicators are insufficient to fully assess the achievement of objectives and member States do not face any consequences if they do not comply with the commitments made under MIPAA.
6. The Joint Forum fully supports the recommendations of the United Nations (UN) High Commissioner for Human Rights, the Independent Expert on the enjoyment of all human rights by older persons, and the Global Alliance for the Rights of Older People (GAROP) that a UN legally binding instrument is urgently needed to promote and protect the human rights of older persons. Such an instrument would reinforce the commitments member States are taking under the MIPAA and allow them to attain its objectives. Therefore, the Joint Forum calls on member States to actively engage and support the discussions in the UN Open-Ended Working Group on Ageing and to steer its discussion towards the binding outcome highlighted above, in accordance with its mandate.

7. We further support the life-course perspective taken in the 2022 MD to tackle the social inequalities accumulated over the life-course. These include – but are not limited to – social isolation and loneliness, two phenomena that are both a cause and a consequence of these inequalities. Policies must mitigate such processes by creating more equitable living conditions and access to social support and by fostering social solidarity.
8. We are extremely concerned about the impact that the COVID-19 pandemic has had on older persons across the region and which has led to unprecedented numbers of preventable deaths. The blanket isolation measures applied in some settings led to older persons paying a significant toll in terms of mental and physical health. Further, too many deaths were caused by age discrimination that deprived older persons of their rights and prevented them from receiving optimal services.
9. In later phases of the pandemic, vaccinations and the precautions taken by the entire population have made it possible to better protect older persons, albeit with continuing inequities in access and coverage. The review of MIPAA should therefore build on the lessons learned by the COVID-19 pandemic and on recent developments in the Human Rights Council (HRC) in condemning ageism and age discrimination (Resolution HRC/48/3 and report HRC 49/70) to accelerate and improve the protection of older persons' rights.
10. The topics addressed in the 2022 MD are crucial for both civil society and scientific research communities. Based on inputs from these communities, we shall underline specific issues and provide guidance for topics that will need to be addressed in the future.

### **Promoting active and healthy ageing**

11. The Joint Forum appreciates the aim to promote active and healthy ageing, but would like to underscore that, from a life-course and human-rights based perspective, environmental, contextual, and structural preconditions need to be considered more intensively to enable active and healthy ageing. For this purpose, the World Health Organization (WHO) Global Network for age friendly cities should be further developed in member States.
12. Older persons are a heterogenous group with hugely diverse characteristics such as gender identity, living places and environmental conditions, health status, socio-economic and educational backgrounds, social relations, race, religion, ethnicity, and sexual orientation, as well as various intersectionalities. This diversity must be reflected and valued in policy interventions regarding education, training, and life-long-learning (including for the oldest old); equal access to goods and services; the extension of working lives and a decent work/life balance; environmental conditions regarding mobility and housing; as well as health promotion, disease prevention, and health and social care services, among other things. This must be underpinned by explicitly pursuing the principles of non-discrimination regarding age and other factors in the endeavour to realise all human rights. Only then we can build inclusive societies, together with younger generations, in which ageing and longevity will be fully appreciated as an opportunity for individual citizens and society as a whole.

13. We underline §12 of the 2022 MD that mainstreaming gender is crucial “in policies that promote active and healthy ageing, taking into account the different needs and situations of all individuals over the life course.” We also consider the support and reconstruction of career paths over the life-course as highly important, as well as the full recognition of unpaid care work as key to combatting the gender pension gap and female poverty in old age.
14. We stress the need to promote older persons’ active participation in advocating for their rights, through strengthening their empowerment for social and political participation, both on the individual level (training, volunteering, accessibility, etc.) and with respect to structures in the political system (independent support to representative organisations of older persons, consultation on and co-design of public policies, ministries, ombudspersons, community boards, etc.).
15. We recognise the importance of resisting the tendency to consider some physical and mental health conditions, such as arthritis, atherosclerosis, depression, and Alzheimer’s disease and related dementias, as an unavoidable part of the “normal” ageing process. This normalization has serious consequences for health care as well as well-being and quality of life of older persons.

### **Ensuring equal access to care and support to older persons and their caregivers**

16. We appreciate the high importance member States give to the development of accessible, integrated, and appropriately funded care systems and the acknowledgement of informal and unpaid carers. However, we would like to underline that there is an overreliance on unpaid care work in most member States that causes inequalities, particularly for women and those retiring from the labour market due to care responsibilities which, in turn, contributes to lower pensions and creates gender income- and pension gaps.
17. We call for a change in long-term care policies to focus on the best support they can provide to the right to independence and autonomy, emphasising the choice of persons in need for care about the form of quality care that best suits them. This can only be made possible by increasing investment into the development of all forms of quality care, particularly home care, community-based and nursing home care. This also calls for a social protection approach to long-term care, making care services universally available to all persons in need for support.
18. We advert to the changing family structures, increased mobility, increased urbanization, and other societal changes that make traditional concepts of care by family members unsustainable and reinforce social exclusion that unpaid, informal carers are facing. To promote community-based care, it will be necessary to invest in quality services that can support older persons living alone in need of care, especially those living in remote areas, and guarantee the full enjoyment of their human rights. Creating caring neighbourhoods, coordinated support in local settings, and multi-functional health and social care centres are social innovations that can show the way ahead in this context.
19. At the same time, informal carers must be supported by measures to balance paid work, care, and private life, for example, through ensuring social protection and providing income support, services for respite and day care, as well as training to cope with the physical and psychological challenges of caring.

20. The pandemic has shown that it is more urgent than ever to reconsider professional care work. The poor working conditions of care workers have been exposed, alongside the challenge to train, recruit, and retain care workers in most member States. It will be necessary to make the profession more attractive by improving working conditions, pay, shaping new job profiles, finding new ways of education and training, as well as new ways of organising care in the community.
21. We stress the importance of increasing the participation and involvement of people in need of care and their families in care policies, starting by establishing a dialogue with persons in need of care, family members and their wider community from the onset of care needs. We call for care systems that empower people at all stages of their lives, enable their participation and support their autonomy – that is care systems that ensure older persons can be part of society as equal and full citizens.

### **Mainstreaming ageing to advance a society for all ages**

22. We fully embrace the mainstreaming ageing approach at all levels. Older persons are an integral and valuable part of society, their dignity and quality of life are indicators of societal development. Enhancing the role of older persons by combating ageism and promoting intergenerational solidarity are therefore preconditions for building a society for all ages.
23. Member States are starting from very different bases so that research and development are needed to facilitate mutual learning and learning from good practice. This is particularly true for the issue of ageism, where it is necessary to develop tools to promote and measure both awareness and tangible implementation of appropriate interventions. Involving the media is a critical component to this strategy in this respect.
24. We recognise the broad support in the 2022 MD for older persons' rights but underline that related legislation has not been adopted nor fully implemented in all member States, with many among them still hesitating to support a UN Convention on the rights of older persons. We therefore call for the creation of appropriate structures in member States to secure a human rights-based approach when dealing with demographic change and intergenerational solidarity, mainstreaming ageing, and related legislation.

### **Future topics**

25. The future of population ageing and of all generations will depend, among other factors, on whether and how societies will be able to solve current societal, political, economic, and environmental crises beyond demographic change. In the absence of a human rights framework regarding ageing, challenges need to be considered in the MIPAA/RIS process, to which civil society and research will contribute appropriately. This process needs to be underpinned by a powerful international entity to develop, monitor and safeguard the rights of older persons, for instance by an integration and significant upgrading of the various UN Programs and initiatives dealing with population ageing.
26. Research will contribute to the advancement of knowledge. In designing respective studies and research questions we need to **enhance our awareness of ageism, sexism, racism, and all other forms of discrimination and intersectionality**. We must promote geriatric and gerontological research that collects age and sex differentiated data on older people, ensuring the inclusion of older women, the oldest

old, and frail older subjects as well as those living in nursing homes, and we need to include them in clinical trials. Moreover, multi-disciplinary research must address social inequalities at all levels, and research outcomes should always be translated into evidence-based policy decisions, produced in concert with all stakeholders concerned, that sustain a society for all ages.

27. The increasing **prevalence of emerging technologies** (like for instance those based on artificial intelligence) and the **impact of digitalisation** on individuals and societies need to be carefully analysed and underpinned by **strategies that promote equity and minimize bias by increasing access and avoiding social exclusion and digital divides**. This means upscaling efforts to provide digital skills, connectivity, and accessible and affordable technologies and tools to older persons. At the same time, users must be protected from intrusion, scams, fraud, and other violations of their rights when using digital devices and applications.
28. **Emergencies** due to wars and military interventions, climate change, and pandemics are likely to increase in the future and will continue to create higher risks for older persons. In this regard, we would like to express our solidarity with the Ukrainian population for the current aggression. For the future, it will be necessary to better adapt relief operations and related interventions to the rights and needs of older people and to involve them in the planning, implementation, and assessment of preventive and curative operations. This also includes research on the currently under-explored area of how to develop intergenerational solidarity in relation to climate change.
29. The COVID 19-pandemic has prompted reflection on many issues concerning older people. Older persons, often described as “helpless victims” with respect to severe illness and high mortality, were remarkably resilient in other areas of life, such as in caring for grandchildren or in volunteering. Therefore, **participation of older persons must be ensured when deciding on their position and autonomy** versus forms of protection and care. In this context, rethinking the role of nursing homes is necessary as well, starting from principles of autonomy and person-centred care.
30. Older persons as a diverse societal group call for more awareness of individual needs with respect to public infrastructures that can no longer be shaped according to traditional types of family and relationships only. The **importance of all types of sentimental relationships and sexualities** in older age for emotional, spiritual, and physical well-being needs to be recognised and favourable societal conditions should be created for all persons to support enjoying the full potential of life.
31. In connection to this, it is important to understand how **different emerging phenomena will change the conditions and perceptions of age** in the years to come. They include changing family structures, following the growing share of persons living alone, of childless people and of those experiencing postponed parenthood; the experience of living into very old age with an increasing risk of sensory, physical or mental impairments; the impact of more globalised and digitised working conditions; the increasing diversity of sexual orientations; and the coexistence of mixed religious and ethnic communities.
32. **Social inequality** will continue to be a major challenge. Multidisciplinary and cross-cultural research in combination with the involvement of relevant stakeholders and an accurate monitoring of loneliness and social isolation will support the development of effective interventions.

33. Last, but not least, various **challenges related to migration and ageing** will have to be addressed as soon as possible. Migration is often described as an issue of younger generations, but it concerns older persons, too, both in countries of origin and in receiving countries. On the one hand, older persons left behind in countries of origin (including for instance Romania, Ukraine, Moldova, and Poland), need to take over care for their grandchildren or are left alone. On the other hand, older persons (and/or their families) in many receiving countries (like for example Austria, Germany, Italy, Spain, Switzerland) often become employers of live-in migrant carers.
34. Older persons having left their home countries because of environmental disasters or war, such as older refugees from Syria or Ukraine, are facing struggles with finding adequate housing, income support, maintaining their pension rights and access health and care systems. A better understanding and **recognition of the specificity of needs and aspirations of refugees**, of “ageing in a foreign land” in general, **and of migrant carers** specifically, is therefore necessary. Dealing with migration must also address related issues of inequalities and fractures in the social tissue across UNECE member states.

### **Concluding remarks**

We are fully aware that a new approach to ageing and demographic change cannot be solved by incremental fixes to legislation or short-term policy initiatives alone. While recognising that it is not a human rights instrument, we conceive the MIPAA/RIS process as an opportunity to develop appropriate policies for older persons towards a holistic strategy at national and international levels together with all partners and countries involved, and to use it as a compass to measure their policies’ contributions toward the commitment to respect human rights for all and leave no one behind.

We appreciate the recognition of NGOs and the research community to be involved in the MIPAA process and underline the various roles of organisations, civil society and institutions in this process as promoters of innovation, providers of support services and knowledge as well as of advocates of older persons and their rights and needs.

As representatives of older persons and scientific researchers we are committed to intensifying our involvement also in the next review and appraisal of the MIPAA process and are ready to support the commitments made at the present Ministerial Conference to ensure that they are fully realized.

To underpin these endeavours, we deem it necessary to create without delay an international, legally binding instrument to substantiate the policy efforts made by member States on the promotion and protection of older persons’ rights. Therefore, we call on governments to support the drafting of a UN Convention for the rights of older persons to guarantee the equal application of universal human rights in older age at national and global levels.

*This Declaration is based on the contributions suggested by civil society and scientific research organisations in preparation of the Joint Forum held in Rome on 15 June 2022, as for the first time the two sectors combined their efforts towards a common understanding of the conditions of becoming and being old. It was a collaborative and productive process, and we hope it will be so in and for the future as well.*