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MIPAA/RIS +20



20 years of action towards creating societies for all ages in the UNECE region



UNITED NATIONS

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MIPAA/RIS +20

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all ages in the UNECE region



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Introduction

The Madrid International Plan of Action on Ageing (MIPAA), adopted at the Second World Assembly on Ageing in April 2002, set a comprehensive and bold agenda for ageing-related policies in the 21st century.

With the UNECE Regional Implementation Strategy for MIPAA (RIS/MIPAA), adopted in Berlin the same year, countries drew a roadmap for creating a ‘society for all ages’ in the region.

MIPAA/RIS called upon state actors, civil society, and the research community to change the way we think about older persons and ageing in the UNECE region and take concerted action to improve the situation of older persons and prepare for population ageing.

The implementation of the Madrid International Plan of Action on Ageing over the past two decades has taken place in the context of profound social, economic, environmental, and technological change.

The financial crisis of 2007-2008, security threats and armed conflicts, increased global migration flows and the COVID-19 pandemic since 2020 all had their far-reaching impacts on the region’s economy, employment, health and care systems, social solidarity, and cohesion. Also, the effect of, and recovery from, these crises remain uneven across countries.

Digitalisation has transformed economic and social life across the region over the past 20 years, bringing new opportunities as well as challenges for societal adaptation to population ageing.

Collective consciousness of climate change, environmental degradation, and the increased frequency of natural disasters has grown. Older persons are at particular risk in emergency situations, as the recent experience of the global COVID-19 pandemic and the armed conflict in Ukraine have painfully demonstrated. As the region adjusts to these new realities, the importance of mainstreaming ageing across all policy fields becomes more evident, just as the necessity to deliver on the pledge of the 2030 Agenda for Sustainable Development to ‘leave no one behind’.

This report, issued to mark the 20-year milestone in the implementation of MIPAA/RIS, highlights progress in policy development and shifts in the way ageing societies adapt to demographic change. It provides an overview of the broad array of measures through which countries in the region have been paving the way toward societies for all ages, aspiring to a future in which every individual, young and old, can fully contribute to and benefit from social and economic development, social cohesion, and peace.

Population ageing in the UNECE region

Since the adoption of MIPAA/RIS in 2002, the trend towards population ageing has continued in the region. It intensified in the east European countries where the impact of low fertility and rising longevity was amplified by increasing outmigration of the working age population. In turn, the international migration flows had a mitigating impact on the pace of demographic ageing in a number of west European countries. The proportion of persons aged 65 and older in the region has increased from about

1 in 8 (13.1 per cent) in 2000 to 1 in 6 (16.8 per cent in 2020) and is projected to reach 1 in 4 (24.5 per cent) by 2050. The age group 80+ has been growing fastest from 2.8 per cent in 2000 to 4.4 per cent in 2020 and is expected to almost double to 8.7 per cent by 2050. Women predominate among the older age groups as they outlive men whose life expectancy has remained lower. Women currently make up 58 per cent of the population aged 65 and above in the UNECE region.

Figure 1
Population structure of the UNECE region, 2000 and 2020



Source: United Nations, Department of Economic and Social Affairs, Population Division. *World Population Prospects: The 2019 Revision. Estimates.*

Shift in age structure

As the population pyramid for the UNECE region shows, the proportion of persons in the age groups 50 and above has grown in the past 20 years, while the share of those below 50 has been declining. By 2023, the population aged 65 and above will outnumber children aged below 15.

Rising median age

The median age in the UNECE has increased by 4 years from 35.5 in 2000 to 39.5 in 2020. It is projected to further rise to 43.9 years by 2050.

Old-age to working-age ratio

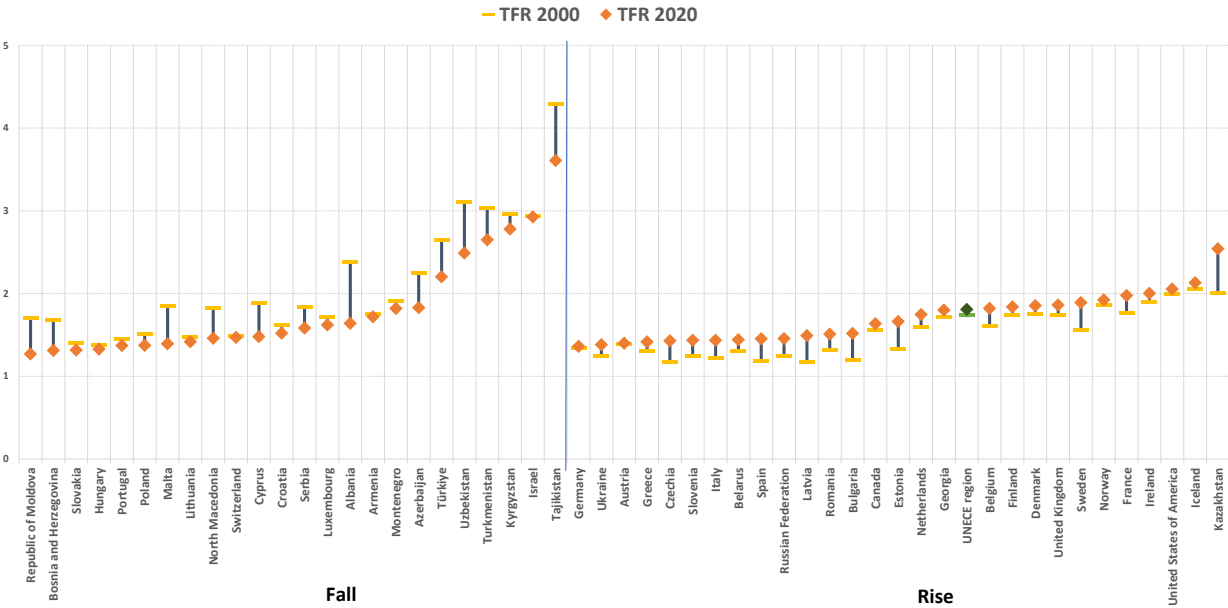
While there were 5 people of working age (15-64) for every person aged 65 and above in 2000, there were under 4 (3.9) in 2020. Population projections estimate that by

2050 there will be less than 3 (2.4) persons of working age for every person aged 65 and above on average across the UNECE region.

Low fertility

Total fertility rates have increased slightly over the past 20 years, from 1.7 to 1.79 between 2000 and 2020. They continue to be below replacement level (of 2.1 children per woman) in most countries of the UNECE region. Only Israel, Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan had total fertility rates above replacement level in 2020. While about half of the countries experienced a slight increase in fertility over time, significant declines in total fertility were recorded in Albania, Azerbaijan, Bosnia and Herzegovina, Malta, Republic of Moldova, Tajikistan, Türkiye, and Uzbekistan.

Figure 2
Total Fertility Rate in UNECE countries, 2000 and 2020



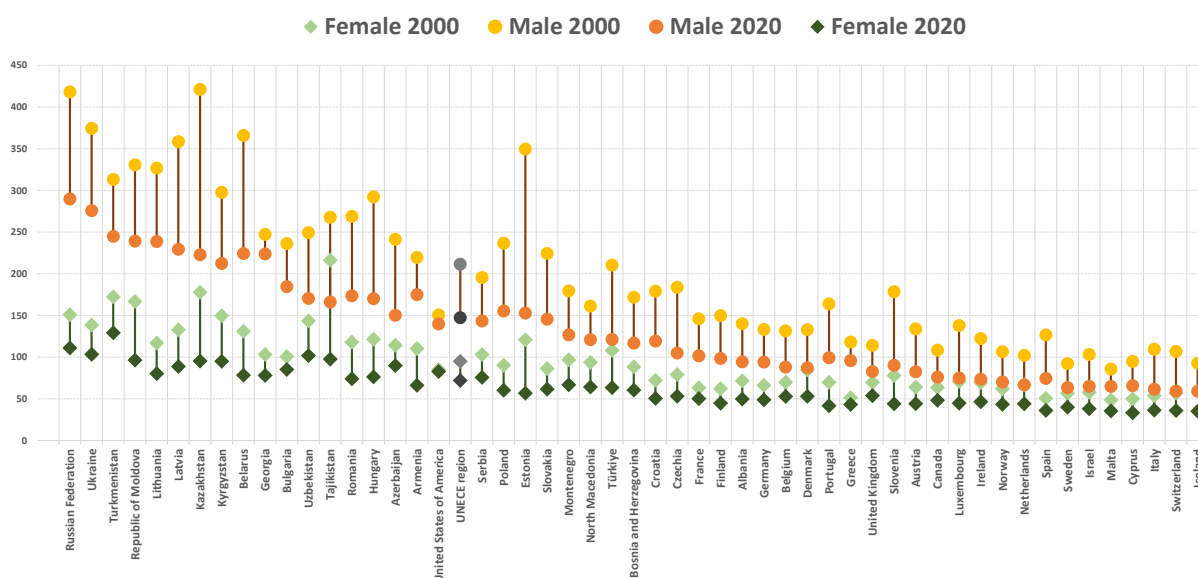
Source: United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2019 Revision. Estimates.

Decreasing adult mortality

Adult mortality has continued to drop across the region for both men and women. Significant progress in longevity has been recorded for men, which has contributed to narrowing the gender mortality (and life

expectancy) gap over time. Countries that have experienced the greatest drops in adult mortality include Belarus, Estonia, Kazakhstan, Latvia, the Russian Federation, and Slovenia.

Figure 3
Adult Mortality Rate in UNECE countries, 2000 and 2020



Source: United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2019 Revision. Estimates.

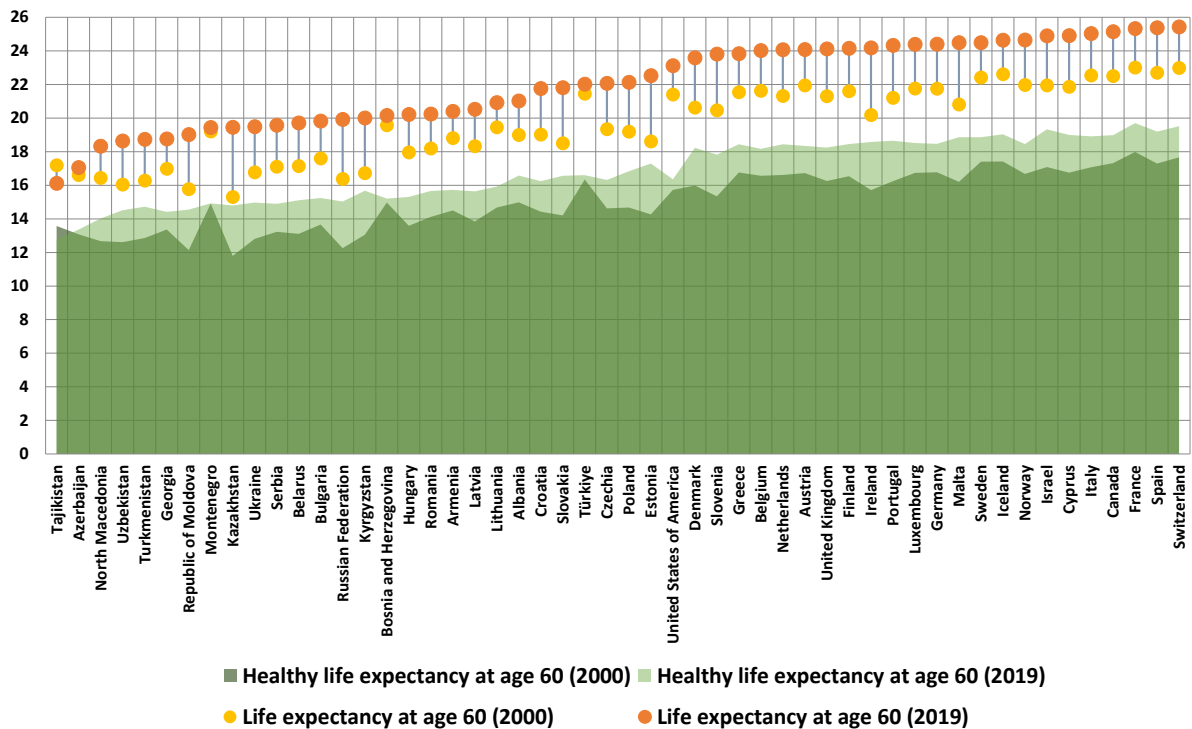
Longevity and healthy life years

Across the region, there has been an increase in both life expectancy and healthy life expectancy at age 60 between 2000 and 2019, except for Tajikistan. In the region, the average life expectancy at age 60 reached 21.1 years for men and 24.5 years for women (an increase of 2.8 years for men and 2.4 years for women since 2000). Healthy life expectancy at age 60 was 16

years for men and 18.1 years for women in 2019, representing an additional 1.9 healthy life years for men and 1.5 years for women since 2000. The highest gains in healthy life expectancy at age 60 were achieved in Estonia, Kazakhstan, Ireland, and the Russian Federation. Across the region, in 2019, older persons could expect a period of, on average, 5.8 years of ill health during which they may require increased health and social services, including long-term care.

Figure 4

Life expectancy and Healthy Life Expectancy at age 60, 2000 and 2019



Source: World Health Organization Global Health Observatory data repository.

Migration and demographic change

Between 2000 and 2020, the number of intra-European migrants (migrating between European countries) increased by nearly 13 million people, with a significant influence on country-level demographic change in the eastern and southern part of the region.

Over this period, 18 countries in the region saw their populations decline in large part due to the international (mainly intra-European) migration.

Latvian and Lithuanian population shrank by a fifth, while population declines by more than 10 per cent were recorded in Bosnia and Herzegovina, Bulgaria, Romania and Ukraine. It also accelerated population ageing as a large proportion of international migrants were of working age.

In turn, international migration boosted population growth and, in some cases,

slowed down or stabilized population ageing in a number of west European countries. According to the UNDESA World Population Prospects, Cyprus, Ireland, Luxembourg, Norway and Switzerland recorded population rise between 20 and 40 per cent since 2000. In North America and most of Western Europe, levels of foreign-born population are above 10 per cent and in some countries significantly higher. The diversity of migrants, including high- and low-skilled workers, students and retirees who come with different cultural and educational backgrounds also impacts the heterogeneity of older population groups as they age.

Population ageing is a reality to which countries need to adapt. MIPAA and its Regional Implementation Strategy for the UNECE region have guided the way for important policy adjustments over the past 20 years.

Regional Implementation Strategy for MIPAA

- 1** To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages
- 2** To ensure full integration and participation of older persons in society.
- 3** To promote equitable and sustainable economic growth in response to population ageing
- 4** To adjust social protection systems in response to demographic changes and their social and economic consequences
- 5** To enable labour markets to respond to the economic and social consequences of population ageing
- 6** To promote lifelong learning to adapt the educational system to meet the changing economic, social, and demographic conditions
- 7** To strive to ensure quality of life at all ages and maintain independent living including health and well-being
- 8** To mainstream a gender approach in an ageing society
- 9** To support families that provide care for older persons and promote intergenerational and intragenerational solidarity among their members
- 10** To promote the implementation and follow-up of the regional implementation strategy through regional cooperation

Mainstreaming Ageing

Ageing impacts almost all areas of society. Adaptation to population ageing and the creation of societies for all ages requires the systematic integration of ageing issues into all policy fields at all levels.

MIPAA called for the integration of ageing into broader policy agendas on social and economic development and human rights. In the RIS, UNECE countries committed to mainstreaming ageing with the goal of securing “gender-sensitive and evidence-based coordinated and integrated policies to bring societies and economies into harmony with demographic change”.

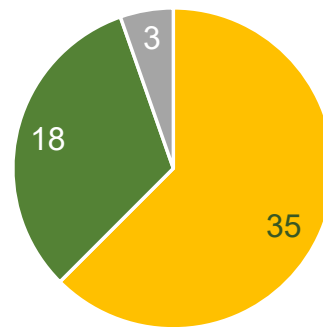
Notable progress has been achieved over the past 20 years in developing national policies and institutional structures and mechanisms to respond to population ageing and better take the needs of older persons into account in national and local policymaking.

National ageing strategies

Since the adoption of MIPAA/RIS, the majority of UNECE countries have developed national cross-sectoral strategies on ageing to implement the policy priorities of MIPAA/RIS.¹ In some countries, such as Belgium, Canada and Italy, regional ageing policies were developed in the absence of national frameworks. They provide strategic directions for policy action in the health and care sectors, social security, labour markets, education, information, social services and assistance, housing, transport, and intergenerational relations.

Figure 5
Ageing strategies

35 countries have developed national ageing strategies since 2002



- National strategies on ageing or older persons
- No ageing strategy reported
- Regional ageing policies

Source: National MIPAA Reports 2007-2022

Roadmaps for Mainstreaming Ageing

With the support of UNECE, Armenia, Belarus, Georgia, and the Republic of Moldova have developed county-tailored Roadmaps for Mainstreaming Ageing to align the development of national ageing strategies with the policy objectives of MIPAA/RIS. UNECE Guidelines for Mainstreaming Ageing, issued in 2021, provide further support for developing or improving strategic frameworks for mainstreaming ageing.

Governance

In most countries, the ageing portfolio is managed by dedicated ageing units within line ministries in charge of health or social affairs. They coordinate the development and oversee the implementation of ageing-related policies. A few countries have appointed ministers to lead on ageing-related matters. Canada for example first appointed a Minister of Seniors in 2011 and Malta created a dedicated ministry in charge of Senior Citizens and Active Ageing in 2020.

Coordination mechanisms

Several countries in the region, including Armenia, Austria, Bulgaria, Canada, Czechia, France, Finland, Slovakia, and Spain have developed inter-institutional coordination mechanisms, such as inter-ministerial councils, committees or working groups, to support the development, coordination and implementation of ageing-related policy and facilitate stakeholder involvement.

Data and research

UNECE countries have undertaken significant efforts since 2002 to strengthen the evidence base for ageing policies through the collection and analysis of ageing-related and age-disaggregated data, including demographic projections at national and local levels that allow longer-term monitoring of population dynamics. Academic research on ageing has been strengthened, including in the fields of gerontology and geriatrics.

Data gaps in certain areas remain, for example on elder abuse, and ageing-related research and disaggregating data by age groups remains a key priority for evidence-informed policymaking and longer-term planning.

Age-sensitive analysis

Age-sensitive analysis such as assessments of the impact of new policy on different age groups, including older persons, is an important tool for mainstreaming ageing. Some countries such as Canada, Estonia, France, and Germany have started to consider the implications of new laws for older persons through regulatory impact assessments.

Stakeholder involvement

The meaningful participation of all concerned stakeholders², including different generations, is central to good governance and to promoting active citizenship through political participation.

The important role of civil society organizations in improving the situation of older persons has been recognized by many countries in the region. Several countries have enhanced the representation of the interests of older persons by supporting organisations that represent them or deliver important services to them. Estonia for example provides training to older people's advocacy organizations on cooperation and networking, policy development, advocacy, and media relations.

Around a third of UNECE countries have set up multi-stakeholder advisory bodies on ageing/older persons' issues with advisory functions to government, which include older persons or organizations representing them. An example is the High Council for Family, Children and Age in France.

Older people councils

Older people councils have been established at national and subnational levels in one in three UNECE countries, with some, such as Ireland, having ensured older people's representation in policymaking at both national level and in all local authorities. In Denmark, all municipalities are required by law to establish a Senior Citizen's Council.

Active and Healthy Ageing

MIPAA promoted an important shift in the perception of older persons as vulnerable, passive, and care-dependent to recognizing older persons as valuable contributors to the economy, society, communities, and families. Older persons have diverse needs and strengths. The objective of active and healthy ageing has been to realize their potential to the full by enabling them to age healthily, contribute meaningfully, and live independently.

from addressing vulnerability to realizing potential

Active ageing

The concept of ‘active ageing’ coined by WHO in 2002 has gained momentum as a guiding framework for the implementation of MIPAA in the UNECE region since 2012. Policy action on active ageing focuses on promoting health, facilitating participation, and ensuring security, allowing people to

“realize their potential for physical, social and mental well-being throughout the life course and participate in society according to their needs, desires and capacities while providing them with adequate protection, security and care when they require assistance”.

Active Ageing Strategies

Several UNECE countries have developed dedicated Active Ageing Strategies. Others are currently working on them, including Luxembourg and Portugal.

Bulgaria	2019-2030
Estonia	2013-2020
Kazakhstan	2021-2025
Latvia	2016
Malta	2021-2027
Republic of Moldova	2018-2021
Romania	2015-2020
Slovakia	2014-2030
Slovenia	2017

Changing the image of ageing

MIPAA promoted a change in the narrative on ageing and older persons, promoting a more positive attitude towards older age and older persons. Actions have included challenging age stereotypes and raising awareness through media campaigns. In Kazakhstan, for example, journalists were trained on the principles of active ageing, older people’s rights, age-related stereotypes and the role of the media in overcoming ageism.

Healthy habits

Health promotion and disease prevention are central elements of active and healthy ageing programmes. This includes the encouragement of healthy habits across the life course, including in old age. Actions have focused on providing information about healthy diets, the benefit of sports and physical exercise, health checks and early diagnosis and treatment of emerging health issues. In Belarus, for example, hundreds of ‘health schools for the third age’, offer classes to older persons on diverse aspects of disease treatment and health promotion.

Lifelong learning

Continuous learning across the life course to maintain and upgrade skills needed for the labour market and to stay abreast of fast-changing technological development is a central pillar of active ageing. Opportunities for learning in older age include so-called Third Age Universities that have been set up in several UNECE countries. Malta established a university of the Fourth Age, which provides learning programmes to older adults in residential homes. Many countries in the region have put emphasis on the development of digital skills and literacy among older persons to enable them to benefit from digitalisation for learning, communication, and access to information and services and not to be left behind in the digital era.

Valuing older workers

To realize the potential of older persons for longer contributions to the labour market, a range of measures have been introduced to remove employment barriers. Family-friendly and age-friendly work practices, including flexibility for older workers with care responsibilities or health issues, are important in this regard, as well as training opportunities. Czechia for example promoted

the development of ‘age-management’ practices. The Austrian NESTORGOLD programme and German Demography Network provide companies with guidance and support in developing age-inclusive work environments.

Occupational health and safety

Healthy and safe working conditions are key in ensuring the ability of workers to remain in the workforce longer. A number of countries have advanced in this area. Monaco, for example, adopted a reform on occupational medicine in 2017 which allows for personalised “health-work” monitoring for each employee, benefiting older workers.

Silver economy

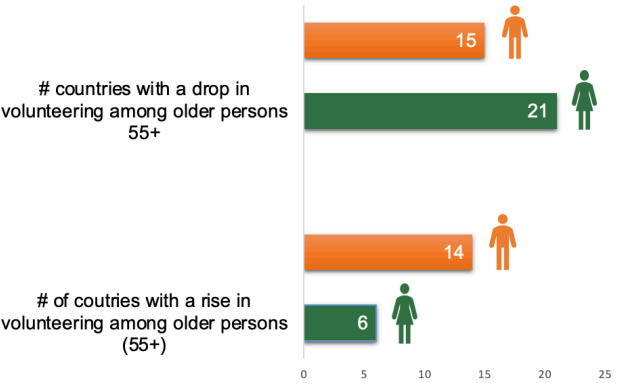
Older persons contribute to the economy as employees, but also as entrepreneurs and as consumers. Several countries promote senior entrepreneurship by offering older people training to develop entrepreneurial skills (for example Kazakhstan). With the growing number of older persons, new markets for goods and services have emerged commonly referred to as the “silver economy”. A number of countries have emphasized the importance of involving older consumers in the design and development of goods and services. The ‘Tested and approved by seniors’ label in France is an example.

Volunteering and political engagement

After retirement, older persons continue to contribute their time and skills to their families and communities, through volunteering, political and civic engagement. Volunteering among older persons has been actively promoted across the region as a means of facilitating social participation. Data³ collected across UNECE countries however show that levels of formal volunteering have remained relatively low.

Out of the 34 UNECE countries for which data on formal volunteering is available for 2016, 21 countries had volunteering levels below 5 per cent of the population aged 55+, while 7 countries had volunteering levels in the range of 10-15 per cent. In Austria, Denmark, Luxembourg, Netherlands, Sweden older persons were most actively engaged in volunteering with participation levels between 15 and 25 per cent.

Figure 6
Change in volunteering 2007-2016



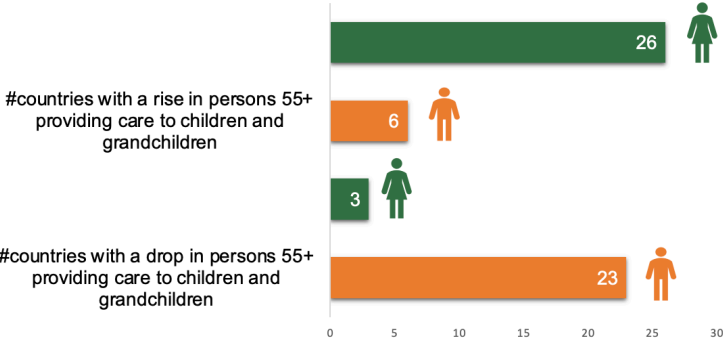
Source: Synthesis reports 2007 and 2022, Table 7a

Over the same time period, 18 out of 28 countries saw a drop in the proportion of men aged 55+ engaged in political and civic life, compared to 10 countries that recorded an increase. Women’s political and civil engagement on other hand increased between 2007 and 2016 in 16 countries, while it had fallen in 12 countries.

Grandparenting and family care

Many older persons provide support to their family members and nurture intergenerational relations and solidarity through grandparenting and the provision of care.

Figure 7
Change in family care 2007-2016



Source: Synthesis reports 2007 and 2022, Table 7a

A similar shift was recorded for care provision to older or disabled relatives among men and women aged 55+: 18 countries recorded a drop in the proportion of older men providing informal care, while 10 recorded an increase, compared to 21 countries in which the proportion of women providing care increased, compared to 7 where it dropped across the 28 countries for which data is available.

Age-friendly environments

Accessibility of buildings, public space and transport, the proximity of health and social services and socially inclusive communities with opportunities for participation and social contacts are important determinants of active and healthy ageing. The creation of age-friendly environments has been promoted through the Age-friendly Cities concept, developed by WHO, to enhance opportunities for active ageing where people live. Over the past decade, hundreds of cities and communities across the region have signed up to the approach, supported by active age-friendly city networks and programmes in Canada, Belgium, France, Ireland, Norway, Slovenia, Spain, the United Kingdom, and the United States of America among others.

Active Ageing Index (AAI)
 The AAI, developed by UNECE, the European Commission and the European Centre for Welfare Policy and Research is a practical tool for policymakers that helps to identify areas in which older people’s potential for active ageing is not fully realized. It measures the level at which older people live independent lives, participate in paid employment and social activities as well as their capacity and enabling environment to remain active in older age. Several UNECE countries have used the AAI to inform government policy.

Human rights of older persons

The principle of ensuring the full enjoyment of all human rights and fundamental freedoms underpins MIPAA. It builds on the United Nations Principles for Older Persons, adopted in 1991, which called for independence, participation, care and self-fulfilment, and dignity.

National Human Rights Institutions across the region as well as governments and civil society organisations have been increasingly working on the promotion and protection of the rights of older persons.

from meeting needs to fulfilling rights

Ageism

An important milestone in fulfilling the rights of older persons has been to ban age-based discrimination in regulatory frameworks. Many countries have reviewed and revised their legislation to include 'age' among the prohibited grounds of discrimination. An important impetus for member countries of the European Union in this regard was provided by EU Council Directive 2000/78/EC that established a general framework for equal treatment in employment and occupation. More recently, attention has also been placed on the importance of addressing negative attitudes, prejudice, as well as behaviours in the fight against ageism.⁴

Access to justice

To facilitate access to justice in case of age discrimination is a challenge. Many older persons do not know their rights or whom to turn to for support in case of violation of their rights. Ombudspersons, among others, play an important role in monitoring compliance with equality legislation and raising awareness. Norway and Finland, for example, established an independent Ombudsperson for Older Persons in 2020 and 2021 respectively to promote the interests, address the needs and raise awareness on the situations of older people in all areas of society. Malta appointed an independent Commissioner for Older Persons. Czechia set up a dedicated Working Group for the Protection of Rights of Older Persons.

Elder abuse

Neglect, violence, and abuse in all its forms⁵ against older persons are important human rights violations but often remain invisible and underreported. Efforts to raise awareness about, prevent and address elder abuse have been stepped up. To protect older persons, countries have implemented measures to enhance awareness and provide training to detect and improve the response to elder abuse. Hotlines and counselling services are provided for victims of violence (for example in Austria, France, and Türkiye). Some countries, including Finland, Sweden, Canada (Québec), the Netherlands and the United States of America adopted strategies and action plans in the past decade to prevent and address elder abuse more effectively.

Accessibility

Progress in creating accessible environments, including digital environments, and promoting universal design in housing, public transport and public spaces was catalysed through the United Nations Convention on the Rights of People with Disabilities adopted in 2006, and since ratified by almost all UNECE countries. Many countries have revised or adopted accessibility legislation, stimulating the development of barrier-free environments that benefit many older persons and enhance their opportunities for participation and independence. Examples include the National Action Plan for Universal Design (2015-2019) in Norway and the Accessibility Plus Programme (2018-2025) in Poland.

Emergency situations

Between 2001 and 2019, emergency crises in the UNECE region affected an estimated 130 million people - a number significantly increased since 2020 with the COVID-19 pandemic and armed conflict in Ukraine. When emergencies occur, natural or man-made, older people are particularly at risk. They are however often neglected in disaster risk reduction strategies and emergency responses. Recovering from crises, based on lessons learned, is essential. Following the 2003 heatwave in France in which many older people died of dehydration, an alert system for health and social care professionals in the event of high temperatures was introduced and residential homes for older people developed plans to mitigate future heat waves.⁶

COVID-19

The COVID-19 pandemic has highlighted the centrality of protecting human rights in emergencies. It has brought to the fore pre-existent stereotypes, and prejudice, but also structural deficits in national health and

care systems. During the pandemic some older persons have been denied access to health services, they have been physically and socially isolated, in some cases denied freedom of movement and have experienced various forms of ageism.⁷ To learn from the pandemic, several countries, including Austria, Canada, France and Lithuania, have conducted studies to draw lessons from measures taken and their impacts on older persons.

Human rights of older persons

Human rights apply to all, regardless of age. Human rights advocates have however pointed to several normative and implementation gaps in the international human rights framework that leave older persons at risk of being neglected in the implementation, monitoring, and reporting on safeguarding human rights. The need for more effective mechanisms for the protection of the human rights of older persons at the international level underpins the call for a Convention on the Rights of Older Persons supported by human rights advocates and civil society organizations across the region.

International developments

In 2010, the General Assembly (GA) established an Open-ended Working Group for the purpose of strengthening the protection of the human rights of older persons.

In 2013, the Human Rights Council (HRC) established the mandate of the Independent Expert (IE) on the enjoyment of all human rights by older persons. In annual thematic and country visit reports, the IE has drawn the attention of the GA, HRC, and stakeholders to the human rights challenges older persons experience.

In 2021, the HRC adopted Resolution 48/3 on the Human Rights of Older Persons with a focus on ageism and age-based discrimination.

Ageing with dignity

Over the past 20 years of MIPAA/RIS implementation, there has been growing concern with ensuring conditions that allow ageing with dignity.

Old-age poverty

Adequate income in older age and protection from poverty are essential prerequisites for meeting one's needs. Many countries therefore supplement low pensions with additional allowances, housing subsidies and essential goods and services. Examples include a Solidarity Supplement for Older Persons introduced in Portugal in 2006 to combat old-age poverty and guaranteed minimum income or minimum pension schemes in Cyprus (2014), Slovakia (2015) and Italy (2019).

Thanks to quite comprehensive pension and social protection coverage across the region, the risk of poverty has remained stable over the past 20 years, affecting on average one in ten older persons. Women's higher risk of old-age poverty and prevailing gender pension gaps, however, remain a concern.

Ageing in a place of choice

A key trend over time has been enabling older persons to stay in their own homes as long as possible avoiding or delaying the need for institutional care. Many countries have increased the provision of integrated health and social care and support at the community level, and the development of home-based services.

Affordable, age-appropriate, and barrier-free housing is key to ageing in place. A

number of countries, therefore, provide financial support for home adaptations and for the construction of new, age-appropriate housing.

For older persons living alone, ageing in place may not always be the best option when functional capacity declines. Alternative living arrangements that meet the need for company and support with daily activities include shared, supported, and multigenerational housing promoted by several countries, such as Austria, Belgium, Belarus, Germany, France, and Luxembourg.

The potential of technology

Technological developments and digitalisation can support independent living in old age. Several countries have invested in research and development of smart assisted-living technologies and devices (Canada, Estonia, Sweden, USA) to enhance, for example, (remote) health monitoring, housing adaptations, and virtual care. The Digital Pact for Older Persons in Germany is an example of collaboration between different levels of government, business, scientific research, and civil society, to improve autonomy and self-determination in older age.

Social isolation and loneliness

Older persons, especially when living alone, are at risk of social isolation and loneliness. Research in this area has contributed to growing awareness about the detrimental effects on health and well-being and loss of autonomy. Many countries have developed actions to combat loneliness and isolation.

Examples include multi-sector partnerships and mobilisation of volunteers, such as in the French MONALISA network or community connector programmes in the United Kingdom⁸ and similar initiatives in the Netherlands and Portugal. Such outreach programmes identify older people at risk, provide company, opportunities for social interaction and support with daily activities.

Access to health and care services

Older people often have multiple health conditions and diverse health and care needs. Expanding access to geriatric health and social care services to meet the needs of a growing number of older persons, both in urban and rural settings has been a priority for UNECE countries.

Progress in laying the foundations for geriatric health services was made in Armenia, Azerbaijan, Belarus and Kazakhstan and existing geriatric services have been improved through new regulations, protocols and manuals in the Republic of Moldova and Tajikistan and through additional professional education and training in the Russian Federation and Tajikistan, for example.

While progress is notable in some areas, health systems in several countries have struggled to meet growing demand for services over the past decade.

Between 2010 and 2018, 21 UNECE countries have seen a fall in the number of persons aged 55 and above who reported ‘no unmet need for medical and dental examination and treatment’ compared to 11 in which more people reported no unmet need compared to 2010.⁹

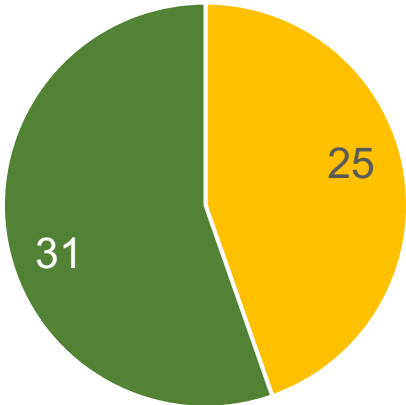
Long-term care

There has been a trend to ‘deinstitutionalise’ and ‘decentralise’ long-term care services privileging home-based and community-based services¹⁰. The role of municipalities as care providers has recently been strengthened for example in Albania, Bulgaria, and Estonia. Increasingly, focus has been placed on a better integration of health and social services, fostering information sharing and cross-sectoral cooperation across institutions and service providers with recent progress reported by Belarus, Bulgaria, and Türkiye, and encouraging service delivery by multi-disciplinary teams based on integrated person-centred care plans, for example in the Republic of Moldova. The Netherlands reformed the long-term care system in 2015 to enhance decentralization, and deinstitutionalisation. Slovenia passed a comprehensive Long-term Care Act in 2021.

Dementia

It is estimated that dementia affects about 5 per cent of people over the age of 65 and 20 per cent of people over the age of 80. With the increasing prevalence of dementia in ageing societies, about a third of UNECE countries have developed dementia strategies and action plans¹¹ to improve the lives of people living with dementia and of their families.

Figure 8
Dementia strategies



25 countries developed dementia strategies or plans

Source: National MIPAA Reports and Alzheimer Europe

Action has centred on prevention, early diagnosis, awareness-raising, dementia-friendly environments and communities, participation, autonomy, ethical treatment, dementia-care training, and research. As with long-term care, focus is increasingly placed on the provision of community-based care and support, for example in Belgium, Estonia, Germany, and Sweden.

Palliative care and dying with dignity

Self-determination at the end of life is central to dignity. This includes enabling older persons to make informed decisions about their end of life, for example by involving them in decisions about treatment and encouraging end-of-life plans (for example in Finland).

To enable older persons to spend their end of life in dignity, several countries have undertaken steps to increase the availability of palliative and hospice care in institutions and at home. Measures have included the provision of mobile services, and enhanced research, education, training, and care standards. Switzerland, for example, developed a National Strategy for Palliative Care in 2010 and Israel a National Programme for People in End-of-Life Situations and for Palliative Care in 2016. A small number of countries, including Canada and Luxembourg also developed legislation to regulate euthanasia and regulated suicide.

Quality of services

Countries are placing increased emphasis on ensuring a high quality of services and choice across care providers and settings. Several countries have defined quality standards, and developed quality assessment tools, including self-monitoring (Finland), user satisfaction surveys (Denmark), quality certificates (Austria), licenses (Estonia) and measurement of care results and external

care evaluations (Germany). Denmark established a National Centre for a Dignified Elderly Care that provides trainings for care units that do not meet established quality criteria.

United Nations Decade of Healthy Ageing (2021-2030)

In December 2020, United Nations Member States called for a decade of concerted and catalytic action to improve the lives of current and future generations of older people, their families, and communities.

The Decade of Healthy Ageing, led by WHO, encourages actions in four areas:

- Changing how we think, feel and act towards age and ageing;
- Ensuring that communities foster the abilities of older people in areas including labour, education, housing, social protection, transport, and technology;
- Delivering integrated care and primary health services responsive to older people; and
- Providing access to long-term care for older people who need it.

Solidarity and equity between the generations

Families have continued to diversify over the past 20 years with changing family forms and structures. Family sizes are getting smaller with growing numbers of one-person households, including among older persons. This, together with increasing labour market participation by women has changed the ability of families to provide care and personal support for their members.

Older persons contribute to families through financial support and care for grandchildren, spouses, and other family members with disabilities (in need of care).

Care provision in families

The role of family carers can be physically and mentally challenging and holds significant costs in the form of lost earnings, careers, and pension entitlements. Without adequate support, informal care can put carers at risk of poverty, ill health, and social isolation¹².

Many women and men in their late 50s to late 60s care for older parents while supporting their own children by providing care for their grandchildren. Several countries, including Italy and Portugal, have made advances in legally recognizing the activities of informal carers and providing targeted support.

Support measures

Notable investments have been made over the past 20 years in developing home-based assistance, day-care services, respite, and

emergency care (for example in Czechia, Finland, Malta, Poland, and the United States of America). Provisions aimed at supporting families with balancing work and care responsibilities across the life course have included growing availability of flexible working arrangements and enhanced leave entitlements in several countries, including Austria, Czechia, Germany, France, and Norway. The Family Caregiver Leave Act (2015) in Germany and Familial Solidarity Leave in France, for example, entitle working carers to time off work to provide short or long-term care to close relatives. Other forms of support such as helplines, information portals for caregivers, opportunities to receive training and peer support and the building of networks are equally important (e.g. Finland, Slovenia, Switzerland, UK).

Social protection for informal carers

Progress has also been made in enhancing the social protection of family carers in the form of care allowances (for example in Canada, Czechia, Ireland, Slovakia, Türkiye, UK) and pension entitlements for periods of care (for example in Austria, Germany, Luxembourg).

Support for and protection of family carers will continue to be an important priority in the future and needs to be explicitly addressed in the development of long-term care systems. To alleviate the informal care burden on families, further investments in the formal care sector are needed in most countries.

Intergenerational solidarity

Intergenerational contact is considered effective in preventing ageist attitudes between generations and enhancing mutual understanding and solidarity. Countries have developed various measures to foster intergenerational contact, for instance through volunteering and intergenerational housing initiatives. The establishment of 'multi-generation houses' in hundreds of municipalities in Germany is an example of governmental support to foster intergenerational contact and solidarity.

Equity and equal opportunities

As societies continue to adapt to population ageing, including through reforms of social protection and social security, as well as health and long-term care systems, it is important to ensure that the risks, costs, and benefits are equitably shared between generations, now and in the future.

Reforms need to ensure intra- and intergenerational equity and solidarity, the reduction of inequality and the protection of human rights which are central pillars of achieving harmony with demographic change.

Generations and Gender Programme

The Generations and Gender Programme, launched in 2000 by UNECE and coordinated by the Netherlands Interdisciplinary Demographic Institute since 2009 has generated important insights into individual life courses and family dynamics. Several UNECE countries have run the Generations and Gender Survey since 2004 and used its findings to inform new policies.

Gender equality in ageing societies

MIPAA/RIS called upon all actors to enhance the economic and social independence of women and their equal participation in decision-making and leadership; equal contribution to the economy; shared responsibilities within the family; and equal access to social protection and social security systems. Over the past 20 years, UNECE countries have made efforts and achieved some progress toward the goal of gender equality.

Women in Decision-Making

Significant progress has been achieved in increasing women's representation in political decision-making.

48 out of 52 UNECE countries for which data is available, increased women's share in parliament between 2000 and 2020.¹³

Women in Management

Several countries, including Austria, Belgium, France, Germany, Italy, Norway and Portugal, and have introduced measures such as minimum quotas to increase women's share in leadership positions as a measure to reduce vertical gender segregation in the labour force.

In 26 out of 30 UNECE countries for which data is available, women's share among managers has increased between 2000 and 2020.¹⁴

Work and care

Progress has been made in enhanced investments in child and elder care services, parental and family leave entitlements, care allowances, re-entry after extended periods of leave, and enhanced access to flexible working time arrangements in many countries in the region.

Equal sharing of family responsibilities

Several countries have introduced paternity leave and parental leave, encouraging men to share family responsibilities. Reforms have also been undertaken to make parental leave more attractive for men, including through improved care allowances compensating for lost wages. Men's share in family care has increased where such measures are in place, but equal sharing has not yet been achieved. Research shows that women are also 33 per cent more likely than men to provide informal care and 60 per cent more likely to provide intensive care¹⁵.

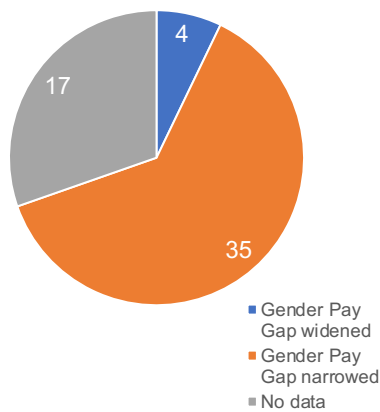
Societal adaptation to population ageing needs to be gender-responsive to ensure that women are not disproportionately disadvantaged by the consequences of population ageing. Unless further efforts are made to change current care-work patterns, growing demand for care and the trend towards deinstitutionalisation of long-term care will disproportionately impact women who predominate both among care providers and recipients.

Gender Pay Gap

Most countries for which data is available have achieved a narrowing of the gender pay gap in hourly rates over the past two decades.

Figure 9
Gender Pay Gap 2010-2020

35 out of 39 countries for which data is available narrowed the hourly gender pay gap



Source: UNECE Statistical Database

However, women still earned over 15 per cent less than men per hour in 12 UNECE countries for which data was available in 2020. Several UNECE countries have taken measures to tackle this issue, for example through gender pay gap reporting regulations introduced in the UK in 2017 and the Pay Equity Act in Canada in 2018.

Gender Pensions Gap

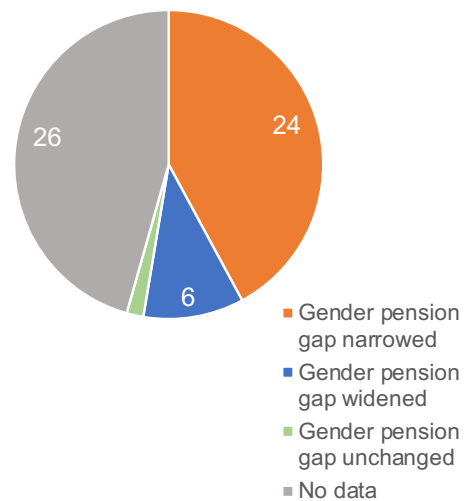
Over the life course, women's lower hourly earnings, part-time work and more frequent care-related career breaks result in lower average pensions than men and put them at a higher risk of old-age poverty.

Measures to reduce the gender pension gap include caregiver credits for periods of unpaid family care. Most UNECE countries recognize periods of care for small children in pension calculations, and some, including Austria, Germany, and Norway, provide pension credits for other forms of unpaid care, including care for older persons.

Over a third of UNECE countries achieved a narrowing in the gender pensions gaps over time.

Figure 10
Gender Pensions Gap 2010-2019

24 out of 31 countries for which data is available narrowed the gender pension gap between 2010 and 2019



Source: EU SILC Survey

The largest reduction with over 10 percentage points, was achieved in Türkiye, Greece, Slovenia, and Denmark.

Despite progress made, 22 out of the 31 countries for which data is available, had gender pension gaps of above 20 per cent in 2019.

Achieving harmony with demographic change

Challenges posed by demographic change are considerable, but they can be addressed and even turned into opportunities for ageing societies. MIPAA/RIS provides a long-term roadmap for societal preparation and adaptation to increasing longevity and population ageing and has guided national action over the past two decades.

Sustainable development

UNECE countries increasingly acknowledge demographic change as a key factor in their future social and economic development. Albania, Belarus, Kazakhstan, Poland, Republic of Moldova, Spain, Tajikistan and Türkiye have reflected this in their national sustainable development strategies. Demographic change and its impact on all areas of society needs to be considered and addressed in national and local sustainable development strategies.

Sustainable social security systems

Ensuring the long-term sustainability of pension systems has been one of the priorities of UNECE countries. Social security expenditures represent a large and growing share of public budgets. In designing pension reforms, countries need to strike a careful balance between achieving financial sustainability, pension adequacy for current and future generations, and gender equity.

In response to demographic change, the majority of countries in the region have raised statutory retirement ages to make pension systems more sustainable and encourage longer working lives. This included raising

the retirement age for women to gradually equalize it with men, and indexing the retirement age to life expectancy. Iceland and Norway currently have the highest statutory retirement age in the region of 67 for both women and men.

Since 2009, 30 UNECE countries increased statutory retirement ages. 25 had equal statutory retirement ages for women and men by 2020.¹⁶

Reforms of pension systems have further increased required contributory periods, limited early retirement options, provided financial incentives for working longer and introduced flexible retirement schemes to encourage later labour market exit.

Secure livelihoods in old age

At the same time, countries have undertaken reforms to mitigate old-age poverty and ensure secure livelihoods for the most vulnerable older persons, including older women.

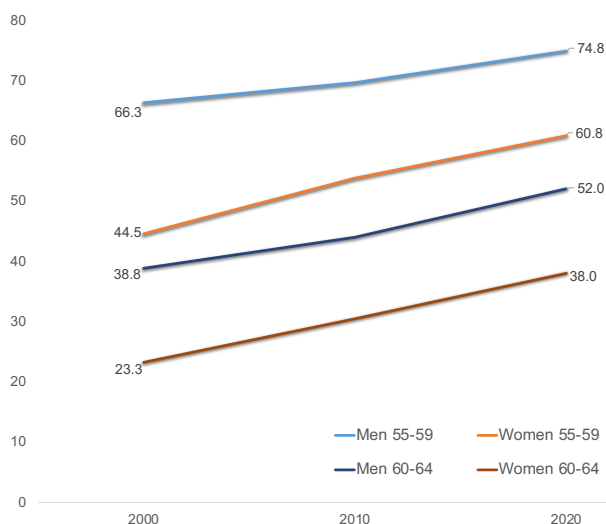
A challenge remains to ensure pension adequacy for future generations. There are potential trade-offs between sustainability, intergenerational solidarity, and gender equality in pension reforms. One of the consequences of adjustments made to control pension costs will be a fall in public pensions in the long run. Women, who on average have shorter working careers, and lower earnings and pension savings, will be at

greater risk of poverty than men. In addition, the growing prevalence of atypical work contracts, and self-employment including in the so-called 'gig-economy', erode pension coverage, putting an increasing number of workers at risk of low pension entitlements.

Longer working lives

As a result of pension reforms and of a range of targeted employment policies, the labour force participation of both men and women over the age of 55 has increased over the past two decades.

Figure 11
Employment rate by age group and sex in 2000, 2010 and 2020 in the UNECE region



Source: UNECE Synthesis Report 2022, Table 5

The average age at which people leave the labour market has increased by 2.5 years for men and 3.1 years for women over the past twenty years. Men's effective labour market exit age increased from, on average, 60.6 years in 2000 to 63.1 in 2020, compared to an increase from 59.2 years in 2000 to 62.3 in 2020 for women.

Valuing older workers

Despite this progress, older workers continue to face employment barriers across the region. Their labour market participation rates are lower than those of younger age groups. This is in part due to prevailing ageism in the labour market. Negative attitudes towards older workers reduce their chances of getting hired.¹⁶ Several countries, including Austria, Belgium, and the Netherlands, therefore, developed campaigns to raise awareness and change attitudes towards workers aged 50 and over. Measures to enhance older persons' opportunities in the labour market have included tailored support for older job seekers, including financial incentives to employers to hire them (for example in Slovakia), and measures to ease rehabilitation and labour market re-entry after periods of illness or care-related leave. Other measures include campaigns to tackle ageism in the labour market and change attitudes towards older workers. In Estonia, the 'Age is a Value' campaign promoted the value of older workers among employers and older persons through the media. The United Kingdom appointed a 'Business champion for older workers' to raise awareness.

Skills development

To develop, maintain, and upgrade labour-market relevant skills throughout the working life, continuous education and training are key. To this end, Bulgaria, Estonia, and Romania have developed national lifelong learning strategies. Some countries, such as Israel, the Republic of Moldova and Norway have tailored lifelong learning opportunities to enhance the employability and skills of older workers. Countries across the region have seen an increase in lifelong learning among the adult population. In Estonia, France, and Luxembourg participation increased significantly with an increase of over 10 percentage points.

Over the past 20 years, participation in education and training among the working age population (25-64) has increased in 18 out of 21 countries for which data is available.¹⁷

Despite this rise in the enrollment in adult education and training over time, overall levels remain low at an average 13 per cent. A drop in training and education participation levels was observed in a number of countries during the COVID-19 pandemic. Changing attitudes towards lifelong learning and new skill development, facilitating access, and encouraging participation remain important policy objectives.

Health and long-term care

With the proportion of older people rising, health and care systems are under pressure to meet growing demand. Significant investments have been made in several countries to expand the provision of services and set up long-term care systems that enable a choice between different long-term care settings and providers. Major efforts were also oriented towards improving efficiency in administration, cost-effectiveness, introducing quality standards, integrating health and social care, fostering cross-sectoral collaboration between different institutions and service providers, and developing the geriatric health and care workforce able to respond to the specific needs of older persons.

Development or reforming long-term care systems and ensuring their financial sustainability remains a priority for many countries in the region. Germany, Luxembourg and most recently Slovenia have introduced long-term care insurance to ensure the financial sustainability as well as affordability of long-term care services.

Tackling the need of an adequate supply of qualified health and care workers to

meet increasing demand is a challenge that countries are working to address. Investments in the health and care workforce have included training, financial incentives and improving working conditions, for example in Belgium, Germany, Norway, and Sweden.

Technology and digitalisation

Digitalisation has transformed the world of work, and most areas of society, in the past 20 years. Technological developments hold important promises for ageing societies. Digitalisation can enhance efficiency in administration and enhance information exchange and knowledge management. Technological advancements in industry and administration can reduce the need for labour while maintaining high productivity which can mitigate the anticipated impact of a shrinking labour force in ageing societies.

Technological advances have also contributed to enabling independent, safe, and secure living for older persons. Countries have promoted the research and development of smart home adaptations and assistive devices such as sensors and alarms. Digital technologies in the information and communication area enable older persons, particularly those with reduced mobility, to maintain social contacts and access services such as tele-medicine, online banking, entertainment or shopping.

Technological innovation tailored to the evolving needs of ageing societies creates economic opportunities through new markets in the 'silver economy' and opportunities for efficiency gains in the administration and delivery of health and care services. Many countries have stepped up efforts to develop the digital skills and literacy among the health and care workforce as well as among older persons to enable them to fully benefit from these innovations.

UNECE Regional Conferences on Ageing

2002 - Madrid

United Nations Member States adopted the **Madrid International Plan of Action on Ageing (MIPAA)** at the Second World Assembly on Ageing in Madrid in April 2002.

2002 - Berlin

Following the adoption of MIPAA, UNECE member States convened a Ministerial Conference on Ageing in Berlin on 11-13 September 2002 hosted by the Government of Germany. With the Ministerial Declaration on “**A Society for all Ages in the UNECE**” they adopted the **Regional Implementation Strategy for the Madrid International Plan of Action on Ageing**.

2007 - León

The first review and appraisal cycle of MIPAA/RIS concluded with the Ministerial Conference on Ageing in León on 6-8 November 2007 hosted by the Government of Spain. UNECE member States adopted a Ministerial Declaration on “**A Society for all Ages: Challenges and Opportunities**”.

2012 - Vienna

The second review and appraisal cycle of MIPAA/RIS concluded with the Ministerial Conference on Ageing in Vienna on 19 - 20 September 2012 hosted by the Government of Austria. UNECE member States adopted a Ministerial Declaration on “**Ensuring a society for all ages: promoting quality of life and active ageing**”.

2017 - Lisbon

The third review and appraisal cycle of MIPAA/RIS concluded with the Ministerial Conference on Ageing in Lisbon on 21-22 September 2017 hosted by the Government of Portugal. UNECE member States adopted a Ministerial Declaration on “**A sustainable society for all ages: realizing the potential of living longer**”.

2022 - Rome

The fourth review and appraisal cycle of MIPAA/RIS concludes with the Ministerial Conference on Ageing in Rome on 16-17 June 2022 hosted by the Government of Italy on the theme “**A sustainable world for all ages: joining forces for solidarity and equal opportunities throughout life**”.

From Berlin to Rome - 20 years of regional cooperation

MIPAA stipulated that a systematic review of its implementation was key to the Plan's success in improving the quality of life of older persons. Five Ministerial Conferences on Ageing, from Berlin 2002 to Rome 2022 convened UNECE member States, civil society, researchers, and international organisations to review and appraise progress made and set priorities for the way forward. Successive Ministerial Declarations adopted in Berlin, Léon, Vienna and Lisbon have endorsed the political commitment to MIPAA/RIS and addressed emerging issues over time.

The UNECE Standing Working Group on Ageing provides the institutional framework for regional, intergovernmental collaboration in the field of ageing. It provides a platform for the exchange of experiences and for jointly advancing towards a society for all ages.

The Standing Working Group on Ageing is composed of national focal points on ageing designated by member States. Representatives of civil society, international organizations, and scientific research participate as observers in its annual meetings in Geneva, where it reviews the achievements and developments of the past year and sets the agenda of work for the year to come.

Established in 2008 as an *ad-hoc* working group, it was upgraded to a *standing* working group by the United Nations Economic and Social Council in 2020. This change in status acknowledged the long-term importance of population ageing for countries in the region

and the value of multilateral cooperation in this field.

The Standing Working Group on Ageing:

- promotes international cooperation, exchange of experience and policy discussion on ageing and intergenerational relations, taking into account the situation and different needs of individual countries;
- develops guidelines and policy recommendations for governments on population ageing issues;
- supports MIPAA/RIS monitoring activities and coordinates the five-year review and appraisal exercises of MIPAA/RIS implementation;
- provides demand-driven policy advisory services and other capacity-building activities;
- raises awareness on population ageing and its implications throughout the UNECE region;
- creates synergies with related policy agendas and facilitates collaboration within and outside UNECE.

Among its key products are the Policy Briefs on Ageing series, Roadmaps and Guidelines for Mainstreaming Ageing, the annual Policy Seminars for in-depth exchange and peer learning, and the Active Ageing Index to support monitoring.

UNECE Policy Briefs on Ageing

1	2009	Mainstreaming ageing
2	2009	Gender equality, work, and old age
3	2009	Older persons as consumers
4	2009	Integration and participation of older persons in society
5	2010	Lifelong learning
6	2010	Health promotion and disease prevention
7	2010	Towards community long-term care strategy
8	2010	Advancing intergenerational solidarity
9	2011	Age-friendly employment: policies and practices
10	2011	Tapping the potential of volunteering
11	2011	Cooperation on Ageing Policies in the UNECE region
12	2012	Images of older persons
13	2012	Active ageing
14	2013	Abuse of older persons
15	2015	Innovative and empowering strategies for care
16	2015	Dignity and non-discrimination for persons with dementia
17	2016	Migration and older age
18	2017	Older persons in rural and remote areas
19	2017	Realising the potential of living longer
20	2018	Innovative social services and supportive measures for independent living in old age
21	2019	Combating ageism in the world of work
22	2019	The challenging roles of informal carers
23	2020	Gender equality in ageing societies
24	2020	Ageing in sustainable and smart cities
25	2020	Older Persons in Emergency Situations
26	2021	Ageing in the Digital Era
27	2022	Mainstreaming Ageing – Revisited

Outlook

Over the past 20 years of MIPAA/RIS implementation notable progress has been achieved in advancing societal adaptation to demographic change. Awareness of, and attention to, the needs and rights of older persons across the region have increased, and cross-sectoral dialogue and collaboration have intensified with the aim of enabling every person to age with dignity.

Ageing-related policies have become a core element of government policy across the region, informed by enhanced data availability and research, and the active participation of multiple stakeholders, including civil society and older persons.

But much remains to be achieved. Anticipating the deepening impact of population ageing, it is important to plan and take actions early in all sectors.

Good initiatives and policies should be scaled up and replicated to ensure that the progress enjoyed by some becomes a reality for all. Equity of access to services should be ensured across the region, across urban and rural areas, leaving no one behind, regardless of where people live and regardless of their personal characteristics.

Throughout four cycles of review and appraisal of MIPAA/RIS implementation, the sustainability of social security, health and care systems and their ability to meet growing demand has been and remains a major concern. Growing long-term care needs have received particular attention, as the proportion of older persons aged 80 and above continues to rise across the region.

Skills development, technological progress, longer working lives and intergenerational equity and solidarity are central pillars of societal adaptation to demographic change. More decisive and coordinated efforts are needed to realize the full potential of longevity and translate it into prolonged participation in the labour market and in social and civic life.

Preventive measures and health promotion across the life course, as well as the creation of age-friendly environments, enable older persons to remain healthy longer, actively contribute to society in diverse ways, and live independently in a place of their choice. The protection of all human rights and fundamental freedoms, the promotion of gender equality, and an emphasis on equity and solidarity among and between generations need to underpin further progress in these areas.

The 20-year milestone of MIPAA/RIS implementation is celebrated at a time of profound challenges in the region. Climate change, the COVID-19 pandemic, armed conflict, and their far-reaching economic, humanitarian, and social implications represent significant challenges for public policy in the years to come. In this time of uncertainty, it is important to leave no one behind. The creation of societies for all ages requires a holistic policy approach that includes all generations. It involves joining forces for equal opportunities and solidarity across life to build societies in which all, young and old, current and future generations, can thrive and age with dignity.

Endnotes

¹ Countries that have developed national strategies or action plans on ageing include Albania, Armenia, Austria, Belarus, Bosnia and Herzegovina, Bulgaria, Cyprus, Czechia, Estonia, Finland, France, Germany, Hungary, Ireland, Kazakhstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, North Macedonia, Norway, Poland, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Spain, Switzerland, Türkiye, Ukraine, United Kingdom, United States.

² See UNECE guidance note on 'Meaningful participation of older persons and civil society in policymaking: designing a stakeholder engagement and participation process' for a detailed discussion. Available on www.unece.org/mainstreaming-ageing.

³ Data presented in this section is taken from the UNECE Synthesis Reports 2017 and 2022, available on <https://unece.org/population/ageing/review-and-appraisal>. See in particular Table 7a on 'Volunteering and Political Participation' and Table 7b on the 'Provision of informal care'.

⁴ See 'Global Report on Ageism'. World Health Organization, 2015, and related resources on <https://www.who.int/publications/item/9789240016866>.

⁵ See UNECE Policy Brief on Ageing No.14 on 'Abuse of older persons'. Available on <https://unece.org/policy-briefs>.

⁶ See UNECE Policy Brief No.25 on 'Older persons in emergency situations' for a more detailed discussion. Available on <https://unece.org/policy-briefs>.

⁷ See 'Policy Brief: The Impact of COVID-19 and older persons', May 2020. Available on <https://unsdg.un.org/resources/policy-brief-impact-covid-19-older-persons>.

⁸ See UNECE Policy Briefs on Ageing No. 22 and 23 for more details. Available on <https://unece.org/policy-briefs>.

⁹ See Table 8a on 'Access to Health Services' in Synthesis Report 2022.

¹⁰ See UNECE Policy Brief on Ageing No. 7 'Towards community long-term care' (2010) and No. 15 'Innovative and empowering strategies for care (2015) for more details. Available on <https://unece.org/policy-briefs>.

¹¹ Countries that have developed national dementia strategies and plans since 2002 include Austria, Belgium, Canada, Cyprus, Czechia, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Slovenia, Spain, Sweden, Switzerland, United Kingdom and the United States of America.

¹² See UNECE Policy Brief on Ageing No. 22 for more details. Available on <https://unece.org/policy-briefs>.

¹³ Data source: UNECE Statistical Database

¹⁴ Data source: UNECE Statistical Database

¹⁵ Verbakel E., Tamlagsrønning, S., Winstone, L., Fjær, E.L., Eikemo, T.A. (2017), Informal care in Europe: findings from the European Social Survey (2014) special module on the social determinants of health, *European Journal of Public Health*, Vol. 27, Issue suppl_1, pp. 90-95. See UNECE Policy Brief on Ageing No. 22 on 'The challenging roles of informal carers' for more details.

¹⁶ See Table 7 in UNEC Synthesis Report 2017, and Table 4 in UNECE Synthesis Reports 2017, 2022. Available on <https://unece.org/population/ageing/review-and-appraisal>.

¹⁷ For a detailed discussion see UNECE Policy Brief on Ageing No. 21 on 'Combating ageism in the world of work'. Available on <https://unece.org/policy-briefs>.

¹⁸ Data source: UNECE Statistical Database