History of the Third World Assembly on Ageing

In recent decades, human civilization has gone through a slow, but deep transition from world with more young populations to one with more elderly demographics. The pyramid structure has been flipped on its head with a booming number of older people at the top. This poses a serious development change to the world. As healthcare and medicine becomes more advanced and easier to access, life expectancy will continue to increase. The problem is being exacerbated due to rapid declines birthrates – some European societies are even experiencing negative birthrates. Moreover, technological advancements, modern careers and a move away from tradition to more urban lifestyles deemphasize the necessity to have more children and large, extended families. Dual incomes further reduce the role of childrearing and may put off a woman's desire to have children. There is hardly a region of the world not affected by these developments, but few countries are actively engaging in preparing for the adverse socio-economic effects.

In an effort to meet these global changes in ageing populations, the General Assembly called for the establishment of the First World Assembly on Ageing in 1979. The goal of the committee was to address these demographic shifts in the wake of declining fertility rates, better healthcare services and extended life expectancies. The increase of older population segments is projected to place unique burdens on developing and developed nations alike. With this goal in mind, the United Nations held the first World Assembly on Ageing in 1982.

One of the main purposes for calling the Assembly together was the prediction that the number of elderly people would rapidly increase over the next 20 years. The result of the First World Assembly is typically referred to as the “Vienna International Plan of Action on Ageing” and contains 62 points that include mechanisms and policies that have been integrated into the action plans of many UN member nations. However, another decade between now and 2002 had passed and the international community needs to re-visit this issue.

In April of 2002, the Second World Assembly on Ageing was held in Madrid. The framework of the assembly, entitled “Report of the Second World Assembly on Ageing,” was divided into three primary thematic areas as part of a global action plan on ageing:
a. Help Member States to develop and implement policies on ageing by providing practical recommendations based on national-level experience;
b. Promote an age-integrated approach to the analysis and design of national policies and programs;
c. Expand the technical assistance provided by the Division for Social Policy and Development for implementing policies on ageing to a wider number of countries by sharing experience and capacity building case studies.

The Madrid round highlighted several lessons learned from the prior decade.¹ The framework produced more policy-based recommendations than did the first Vienna round, including priority directions on older persons and development, alleviation of marginalization of older persons, the question of older migrants and access to knowledge and information.² Moreover, the plan sought to improve participation in society and development and to focus on rural development. This committee now sees itself as the Third Assembly and you and your fellow delegates should address the various avenues such as plans to focus on adult education, retraining and literacy.

The United Nations Department of Economic and Social Affairs (UNDESA) has taken over the leadership and guidance function of the Assembly. UNDESA organized three Working Groups, which have met at the UN Headquarters. The first two occurred from 18-21 April and 1-5 August 2011 with the final session having taken place from 21-24 August 2012. The Working Groups serve as smaller, policy follow-up sessions to the larger Assemblies. The General Assembly has already scheduled the Third World Assembly on Ageing to take place in Boston, Massachusetts, from 14-17 February 2013.

Proposed Solutions

As a result of the global recession, governments have sough to increase retirement ages. These efforts have been met with formidable resistance. In 2010, over 1 million workers protested then French President Sarkozy's attempt to increase the retirement age from 60 to 62. Individual country policies vary on these issues and dictate the resultant policy recommendations.

A concrete, specific recommendation for a convention on aging might be a solution to the issue of unrestrained age-based discrimination. Such a convention should address the perceptions around the aged to adjust both primes and attitudes, perhaps through media presence. A convention on aging should return to the UN Principles for Older Person's principle of expanding and defining parameters of the independence of the elderly. This would establish reasonable expectations, in both economic and social spheres. Beyond that, the convention would also do well to draw special attention to the potential for the compounding of age- and sex-based discrimination, as the CEDAW did at its 2010 meeting.

Bloc Positions

Latin America

Latin American states have closely coordinated their reactions to demographic change. The majority of nations in Latin American guarantee older persons certain securities, reasonable quality of life, food, housing, as well as a welfare system. Nearly every nation recognizes that the rights of the elderly are particularly vulnerable. A stringent prohibition of age-based discrimination is included in the constitutions of both Brazil and Mexico, and it is addressed in regards to workplace environments in the constitutions of Panama, Paraguay, and Venezuela.

European Union

Northwestern Europe was the first place where demographic changes, drops in birthrates and increases in the number of elderly citizens were observed. As a result, the EU is not faced with classic development issues surrounding aging. Rather, the topic of workplace discrimination has come to the fore. In its article on non-discrimination, the Charter of Fundamental Rights of the European Union

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prohibits discrimination on the basis of age.\textsuperscript{4} Considering the level of collaboration on policies surrounding aging, EU member states will certainly serve as an interest-based block for any discussion the topic.

Sub-Saharan Africa
While Latin America and, even more so, the European Union, are long seen the affects brought about by ageing populations, the nations of sub-Saharan Africa are about to undergo the societal transition. In 2006, 44\% of the region's population was under 15 years, making it the youngest in the world—in contrast, only 16\% of European residents were under 15 years.\textsuperscript{5} Advance discussion of the transition can prepare these countries to better care for their elderly. The issues relating to poverty that face many residents of sub-Saharan nations are made more severe for their oldest residents.

North Africa and the Middle East
In this region of the world, pressing developing concerns and recent instability and conflict have made the plight of ageing a very pressing development concern. In North Africa and the Middle East, older individuals have less access to a contributory pension plan, making economic issues later in life more difficult. Social security and unemployment benefits are also a rarity in this region. While poverty rates tend to be higher among the elderly, they are actually lower for the oldest age cohorts in Djibouti, Egypt, Jordan, Morocco, and Yemen.\textsuperscript{6} Many of these countries may have common interests and pressure to collaborate together on a resolution that assists them in combating some of these issues.

Questions for a Resolution

- How should nations deal with the increasing numbers of elderly?
- What human rights issues do elderly populations face? Can we even call them human rights issues?


\textsuperscript{6} David A. Robalino, Gudivada Venkateswara Rao and Oleksiy Sluchynsky, "Preventing poverty among the elderly in MENA countries: role and optimal design of old-age subsidies" (Washington, D.C.: World Bank, Human Development Department, Middle East and North Africa Region, 2007).
In what ways does migration affect population aging?
What mechanisms would best guarantee the rights of older individuals in the workplace? How does this differ for widows versus widowers?
What strategies can developing nations employ to best prepare for elderly populations?
Can welfare programs be effective?
**Topic B:**

**Maximizing Health and Wellbeing**

In the past century, the world has seen unprecedented advancements in medical science, public health, maternal health and disease control. When compared to approximately 100 years ago, the average life expectancy, then at 30 years, has nearly tripled in developed countries. As more advancement reach developing countries, we can expect life expectancy to increase throughout the world. This poses a new challenge to global development efforts: how to deal with societies that are becoming older. Indeed, the world's elderly are growing in number: in 2006, roughly 500 million of the world's people were over 65 years old, and by 2030, one in eight of the world’s residents is expected to be over 65 years.

After two round of the Assembly on Ageing in Vienna and Madrid, General Assembly Resolution 65/182 established the Open-Ended Working Group on Ageing (OEWG) in order to focus efforts on promoting the human rights of older persons. The mandate of the OEWG is two-fold: firstly, to evaluate the existing infrastructure for accommodating the rights of older populations; secondly, to recognize and ameliorate possible struggles based on the viability of suggested changes. The previous OEWG Working Sessions have largely focused on understanding the current situation of the human rights of older persons around the world, including existing frameworks by exploring areas of non-implementation of older persons’ rights. The most recent Working Groups meeting of August 2012 addressed the pressing issue of age discrimination. This has led to the neglect of a larger demographic segment's access to basic rights, such as justice and social projection, education, health care, and housing.

**HIV/AIDS and the Elderly**

Over recent decades, data collection on HIV/AIDS has been the result of a tremendous effort to understand the epidemic in order to mobilize the best possible response. Around the world, however, nations monitor HIV through surveys of individuals aged 15-49. As a result, the incidence among mature patients remains uncertain, hindering the world's ability to respond properly to treat these individuals. At the national level, data collection from

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antenatal clinics has generally been replaced by Demographic Health Surveys (DHS), but because these surveys have at their heart issues of reproductive health, they have a narrow scope of examination. Data on the prevalence of HIV remains restricted to individuals aged 15-49 years, although in 2006, UNAIDS began to release estimates on HIV incidence among all individuals over 15 years. Botswana, Kenya, Mozambique, South Africa, and Swaziland investigated the prevalence of HIV among older individuals and found a rate higher than the national average for men aged 50-54. Globally, the self reports of the cohort of men aged 15-49 show them more likely to use condoms than men aged 50-59. While one could speculate that this has to do with the way HIV/AIDS awareness campaigns have been marketed, the clear takeaway is that older men are neglecting HIV response and are thus in dire need of attention. Access to antiretroviral therapy has greatly increased life expectancy for HIV patients, and it would be tragic for it inadvertently to facilitate the spread of the epidemic.

Proposed Solutions

As mentioned in Topic A, the problem of ageing in the developing world is confronted with complex, multilayered issues and is in need of response from the whole of the international community. The following strategies are some of the proposed options that delegates may wish to consider or build upon during their deliberations and negotiations.

Improved Healthcare System Design

One of the solutions to the ageing issue is concerned with existing healthcare systems. Here, lessons can be learned from nations that have adopted robust healthcare networks for the elderly or who specifically try to hire older citizens as employees. It is also important to consider the differences that may exist between nations, and whether certain systems will work well in a given nation. Factors, like culture, religion, size and population breakdown and distribution can have formidable pressures on how individuals approach health.

Focus on Education and Information

So as to be better equipped for the coming changes in demographics, experts and practitioners need to know more their cases before influencing policy. Bangladesh has been well documented for its innovative healthcare projects, but it lacks sufficient information about its elderly healthcare, especially in remote, hard-to-reach rural areas, where data collection is difficult. Nine out of ten deaths in one Bangladesh research project occurred at home and lacked death certificates, or even any official record of the cause of death at all. Over time, this presents the government, state institutions and NGOs with the problem of knowing where assistance is actually needed and which mechanisms and policies are working or not working. Government resources and national capacities in developing nations are commonly low, thereby making the problem more difficult to tackle.
Bloc Positions
The following possible interest groups could offer some insight and inspiration in collaborating toward common goals for a resolution.

Africa
Africa is and will remain the youngest world region, with a median age of under 20. As a result, the policies in its developing nations have been oriented towards creating programs and options for its youth. Unlike the European Union, which has numerous offices and publications oriented towards accommodating its older adults, the African Union’s social policies are barely attentive to the needs of older adults. Faced with more immediate issues with greater potential for affecting short-term successes, nations have tended to prioritize the health of their younger members. Turning a blind eye to changes that could be made now, however, may amount to sacrificing an opportunity to make small changes before they snowball into greater problems. The nations of Northern and Southern Africa, for example, will see the oldest age cohort increase from a 10% to a 30% share of their total population. Poverty is significantly more common among older individuals than it is among younger adults. Disease and disability is also far more common in older individuals. While this is inevitable to a degree, the extent to which it is the case goes beyond the typical physiological decline that happens with age.217 Rather, it suggests that older patients are being intentionally neglected from the healthcare system. These individuals face a nexus of limitations—of their own, financially and physically, as well as of the healthcare system, in its ability to treat all patients and to address the conditions of older adults.

Latin America
Latin America has embarked on several efforts to secure the health and wellbeing of its older residents. The right to healthcare is a particular concern for older women in Latin America because 60% of individuals over 60 are female. By 2025, this figure is expected to grow to 75%. Younger women are frequently subject to discrimination, characterized as weak and vulnerable, and this stereotype is even more rampant for the elderly, making them prime targets for abuse. The Inter-American System has put forward several binding publications that can be interpreted to protect the elderly, including the American Convention on Human Rights; Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women; Inter-American Convention to Prevent and Punish Torture. The 1988 Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights is the only binding
document that stipulates old age as a human right. Its article on the protection of the elderly ensures the respect of integrity and prevents degrading treatment.

Questions a Resolution Must Answer

- Has the globe substantially moved towards completing any of its goals stated in the Second World Assembly on Ageing? The UN currently reports that only one-third of nations have "comprehensive social protection schemes" for the elderly, so what can be done to raise this number?
- The Madrid International Plan on Ageing has been criticized for its weak backing, with no formal laws forcing countries to adhere to it. Are there any measures that can be taken to make this and any future documents more than a simple list of "aspirations"?
- How can healthcare systems in all nations, but especially developing nations, be structured so that NCDs that frequently hit elderly populations are prevented, and not simply managed?
- Are the types of reform necessary constant across development levels, or do nations have unique problems with their current systems regarding NCDs?
- What methods should used to allow ageing populations more self-autonomy?
- Are social welfare expansion, free healthcare, or telehealth systems viable options for all nations? If not, what are?
- Is education and training (of both citizens and medical professionals) on healthcare for the elderly a worthwhile investment? If so, how can such programs best be implemented to improve healthcare culture in all nations?
- Should countries take steps to find employment for the elderly, so that medical expenses do not burden them with debt and fear, or even worse, prevent them from receiving proper care at all?