

# UN General Assembly's Open-ended Working Group (OEWG) on Ageing

## Inputs from the World Health Organization for the 11<sup>th</sup> session of the OEWGA

### 1. Education, Training, Life-long Learning and Capacity Building

Learning enables older people to have the knowledge and skills to manage their health, to keep abreast of developments in information and technology, to participate, to adjust to ageing, to maintain their identity and to keep interested in life.

Older people who continue to learn report heightened self-confidence and self-actualization, and learning keeps older people more involved in community activities, reduces their dependency on family and government-funded social services, and enhances their health and well-being.

*Learning and personal growth are important areas for investment by both governments, communities and individuals, alongside learning for paid employment.* Investing in education and lifelong learning have positive impacts on all aspects of life: health, recreation, relationships, and civic and work life across the full life course, including older persons.. *Learning opportunities need to be adapted to the diversity of adult learners.* The ability to learn is equally relevant across the spectrum of older people and just as important, for example, to older people who are illiterate yet wish to maximize their health as it is to older people who finally have time to undertake study for an academic degree.

Several barriers however need to be addressed to facilitate older people's involvement in lifelong learning.

*Ageism* - the stereotypes, prejudice and discrimination based on age – and *discrimination against girls and women across the life course* must be addressed. Girls and women who are excluded from access to education and training suffer the accumulation and intersection of multiple discriminations that exponentially affect their daily lives including their health literacy and status -

Older people may have *self-negative attitudes about returning to learning* because they see themselves as too old, lack confidence or motivation or fear competition with younger people. At the same time, teachers and service providers may have negative attitudes about older people's ability to learn.

*Physical and material barriers*, such as the costs of educational opportunities, lack of time, lack of information about what is available, the location where educational services are available, and problems with the availability and accessibility of transportation, will need to be addressed.

*Structural barriers*, including lack of opportunities for older people for pursuing their interests, instructions that are delivered in ways that are not acceptable to older people, and problems with inaccessible and unfamiliar locations, must be identified and tackled.

Various strategies for addressing these barriers exist.

Combating *ageism* requires:

- Adoption of laws against age-based discrimination; modification or repeal of laws, customs or practices that discriminate directly or indirectly, as well as the establishment of appropriate administrative measures where needed;
- Communication campaigns that directly challenge ageism and working with the media and the entertainment industries to present a balanced view of ageing;
- Consolidated evidence on:
  - the current roles, needs and preferences of older people.
  - New economic models that comprehensively assess the participation of older people
  - The cost of formal and informal care provision;
  - The benefits of interventions to foster Healthy Ageing on older people's functioning, and on society.

*Literacy and health literacy among older people* must be improved. Literacy levels, including levels of health literacy, are lower among older age groups than other sections of the population. This is an important area for attention. Older people with low levels of health literacy are more likely to report not receiving vaccinations or cancer screening, and health literacy is a more meaningful predictive factor than educational level for older people's use of preventive services. Efforts must be made to actively reach out to older people, including through available networks of and for older people.

*Investing in accessible opportunities for lifelong learning and growth* is essential.

To address the material and structural barriers to learning, media and approaches to older learners must be adapted, and reasonable accommodations must be available to ensure that older people with disability can effectively participate in learning opportunities. These include:

- providing access for older people to open universities (that is, universities with no entry requirements)
- engaging older people and their associations as partners in learning and health promotion activities;
- using massive open online courses (known as MOOCs) and offline courses, which have the potential to reach people across countries and socioeconomic divides;
- Enabling access to new technologies and providing training in using them;
- using peer-to-peer support and longer-term group involvement (lasting 3 years or longer) to improve self-management skills;
- ensuring that physical locations for learning are attractive and accessible to facilitate broader participation;
- developing training approaches and materials in such a way as to enable participants irrespective of their capacity to learn (e.g. to accommodate decline in hearing and vision capacity, make information available in alternative formats that adhere to clear print guidelines or enable better hearing through, inter alia, use of microphones in classes);
- identifying and applying relevant existing legislative and policy mechanisms in countries to learning for older adults, such as consumer protection policies and nondiscrimination legislation.
- Informing older persons of their rights and available learning opportunities.

## **2. Social Protection and Social Security (including social protection floors)**

Social protection is a fundamental human right and can be critical for older people, allowing them to manage financial risks and protecting them from poverty. Social protection support is essential for older persons who do not have access to sufficient income through contributory pensions, savings, inter-generational transfers or other sources, as it provides them with financial security and enables them to meet their basic needs, including health care, both short and long-term.

National social protection floors must, inter alia, include:

- access to essential health care that is readily available, accessible and acceptable to older people, and is of high quality; and
- basic income security, at least at a nationally defined minimum level, for older people.

In developing comprehensive social protection strategies and mechanisms, it is essential to address adequate financing for *long-term care services* for older persons who need it, i.e. those with significant loss of capacity.

Global population ageing will significantly increase the absolute number of older people who are care-dependent. Prevalence of care dependence is higher in low- and middle-income countries, and these are generally the settings with the least infrastructure in place to meet this significant need.

Many countries rely on out-of-pocket payments to fund at least a portion of long-term care. These payments have a significant adverse impact on the disposable income of older people and their families. In many low-income countries, where governments do not finance long-term care, the entire financial burden falls directly on older people or their families.

The WHO Global Strategy and Action Plan on Ageing and Health 2016–2020 emphasizes the importance of mechanisms at national level to ensure that older people can access services without financial burden. These should include *sustainable financing models to underpin the comprehensive and integrated services that older people require, and which should consider the need to minimize out-of-pocket spending and fragmentation within the health system.*

As a part of universal health coverage, ensuring access to person-centered, integrated care (including with the health system) without the risk of financial hardship for the older person, caregiver or family, will require resourcing and a commitment to prioritize support for those with the greatest health and financial needs.

The WHO Strategy's Action Plan calls upon Member States to *implement universal health coverage strategies to reduce out-of-pocket payments, wherever possible by extending population coverage, and widening the package of services that older people often need.*

### **3. Right to Work and Access to the Labour Market**

Volunteering and working are two important ways that adults use to find fulfilment in older age. Although the evidence is limited, research from high-income countries suggests that working and volunteering in later life can have positive health outcomes.<sup>1</sup> For instance, age-related changes in physical, mental and cognitive capacities can be reduced by the physical and intellectual activities

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<sup>1</sup> Maimaris W, Hogan H, Lock K. The impact of working beyond traditional retirement ages on mental health: implications for public health and welfare policy. Public Health Rev. 2010;31(2):532–48 ([http://www.publichealthreviews.eu/upload/pdf\\_files/8/PHR\\_32\\_2\\_Maimaris.pdf](http://www.publichealthreviews.eu/upload/pdf_files/8/PHR_32_2_Maimaris.pdf), accessed 10 July 2015).

associated with work and volunteering. Older persons' decisions to work or volunteer are influenced by their interests, financial need, health, the nature of the work being offered and the implications for their pensions.

Making policies work requires approaches that create opportunities for older persons who can and want to contribute, and that support employers willing to recruit, train and retain workers and volunteers.

Women have less accumulated financial resources and across their lifespan are likely to spend more time providing care to all generations than their male counterparts. Gender equality across the life course and other policies that tackle inequities are needed.

Strategies to facilitate the ability of older people to contribute include the provision of retraining programmes adapted to older workers, and the implementation of policies to prevent discrimination based on age, as well as the adoption of policies that ensure that:

- workplaces are adapted to the needs of older people ;
- older workers have the opportunity to share their expertise with other workers ;
- there are a range of opportunities for older workers, including health-care workers;
- retirement is a choice and not mandatory.

#### Access to Justice

Health and justice are strongly linked. The lack of access to appropriate health and social services and long-term care is described by the World Report on Ageing and Health as social injustice.

Policies and plans to prevent and respond to elder abuse and all forms of violence against older women and men require adequate referrals and interaction with several ministries, including Justice services

Older people are entitled to remedy and redress when they are refused treatment or are victims of negligence or abuse in any form.

Older persons need access to legal services and information about their rights regarding the choice of care treatment, support to exercise of their legal capacity and, among others the preparation of advance directives