

## WHO's response to UN request for input on VIII Session of UN Open-ended Working Group on Ageing

### A. Equality and non-discrimination

The existence of prejudice, stereotyping and discrimination towards older adults - commonly referred to as ageism - imposes barriers to developing good policy on ageing and hinders older people's ability to do the things that they value. Prejudice affects how people feel about older people; stereotyping affects how people think about older people; and discrimination affects how people and institutions act towards older people. The World Health Organization is working to eliminate ageism by changing how people feel, think and act towards ageing and age, and has made major contributions in this area.

WHO's *World Report on Ageing and Health*, published in 2015, provides the best available evidence on the prevalence of ageism and its effects across sectors, including workplace and healthcare settings. As the *World Report on ageing and health* indicates, ageism may now be even more pervasive than sexism and racism, and has serious consequences both for older people's health and well-being and for society at large. Importantly, ageism limits the way problems are framed and how they are addressed, thus posing barriers to adequate policy development. In view of this evidence the *World Report on Ageing and Health* highlights the need to challenge ageism in order to create inclusive, enabling environments where older people can be and do what they have reason to value.

The *World Report on Ageing and Health* provided the starting point for the development of the *Global strategy and action plan on ageing and health*, which sets the agenda for consolidated global action on ageing and health over the next fifteen years. The *Global strategy and action plan on ageing and health* was adopted by the World Health Assembly in May 2016 after extensive consultations with WHO's 194 Member States, organization of the United Nations and international and national partners. It has a clear focus on challenging ageism as a prerequisite to realising the rights of older adults. Specifically the Strategy includes 'non-discrimination' as one of its underpinning principles, and has a specific sub-objective focusing on combatting ageism and transforming understanding of ageing and health (Strategic objective 1.3). Campaigns are identified in the strategy as core interventions to challenge ageism. In recognition of their value, the 2016 World Health Assembly explicitly requested the Director General of the World Health Organization "to develop, in cooperation with other partners, a global campaign to combat ageism in order to add value to local initiatives and to achieve an ultimate goal of enhancing the day-to-day experience of older people and to optimize policy responses".

Key actions have already been taken by the World Health Organization to set the foundations for the *Global Campaign to Combat Ageism*, including:

- events to raise awareness ( notably around the international day of older persons 2016 [http://www.who.int/ageing/events/idop\\_rationale/en/](http://www.who.int/ageing/events/idop_rationale/en/) ),
- the conduct of scoping reviews on the causes and consequences of ageism, as well as on interventions that could be used to tackle ageism.
- An analysis of countries' efforts to tackle ageism drawing on the information provided by UNECE Member States as part of the third review and appraisal of the implementation of the Madrid International Plan of Action on Ageing (MIPAA +15).

The results from this analysis will provide an in-depth understanding of national initiatives to challenge ageism and will be used to inform the development of campaign strategies.

Next steps to advance the campaign include the conduct of solid research to help in the identification and development of the evidence based strategies and messaging for the campaign; the training of a critical mass of local and national actors to implement concrete campaign actions; and the establishment of a committed coalition of key actors to lead the way towards a non-ageist world.

The *Global Campaign to Combat Ageism* provides the platform to change the way society thinks, feels and acts towards age and ageing. Transformative change requires, concerted joint action, and the World Health Organization would welcome involvement of the UN Open-ended Working Group on Ageing in this campaign.

## **B. Elder Abuse**

Elder abuse is recognised globally as a serious problem, yet there is little evidence on the overall prevalence and even less evidence on what works to address it.

WHO has long since recognised that elder abuse is an important public health problem. See below for WHO *evidence based policy guidance* on elder abuse :

- [Global status report on violence prevention](#) (2014)
- [EURO report on preventing elder maltreatment](#) (2011)
- [World report on violence and health](#) (2002)

More recently WHO released the *World report on ageing and health* which outlined available evidence on elder abuse (see box for definition) including the prevalence, risk factors, consequences and possible strategies for prevention.

**Definition** A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person (WHO, Fact sheet No.357; Elder abuse). While elder abuse shows extensive cultural variation in the circumstances and context it is generally agreed to take the following forms:

- physical abuse, which includes acts carried out with the intention to cause physical pain or injury,
- psychological abuse, defined as acts carried out with the intention of causing emotional pain or injury,
- sexual assault;
- material exploitation, involving the misappropriation of an older person's money or property, and
- neglect, the failure of a designated caregiver to meet the needs of a dependent older person.

Victims of elder abuse were found to be more likely to be female and to have a physical disability; be care dependent; have poor physical or mental health, or both; have a low income; and lack social support. Elder abuse was associated with devastating individual consequences and societal costs, including increased risk of mortality, nursing home placement, hospitalization, physical health effects (e.g., traumatic injury, pain), and psychological effects (e.g., depression and anxiety).

The World report concluded that despite awareness of the issue, the evidence on which interventions are effective at preventing elder abuse is not available. Improved data on the magnitude of the problem, the causes, health and social consequences and what works to prevent and respond to elder abuse are required.

**Since the release of the World report on ageing and health (2015), WHO has done two main things**

1. **Developed and had adopted by 194 Member States a *Global strategy and action plan on ageing and health (2016)***. The strategy includes elder abuse and provides a framework for coordinated action until 2030 to align with the sustainable development goals. Actions under the strategy including developing the evidence base for action and supporting prevention and response to elder abuse.

**2. Taken actions (2016 – 2017) to support the implementation of the Strategy including:**

- a. Updated global prevalence estimates: WHO supported a systematic review and meta-analysis on the prevalence of elder abuse from 28 countries (see attached paper). The results indicate that the overall prevalence rate for elder abuse is 15.7%, which is higher than previously reported. The prevalence estimate for different types of abuse were as follows:
  - psychological abuse 11.6%
  - financial abuse 6.8%
  - neglect 4.2%
  - physical abuse, 2.6%
  - sexual abuse 0.9%
- b. Started to assess the global prevalence of elder abuse in institutions. The prevalence rates above are likely to be underestimates as they exclude people with loss in cognitive capacity and those living in institutions, who are at particular risk. WHO is currently doing a review of elder abuse in institutions which will be released shortly.
- c. Developed a database (called Violence Info) on all available evidence on prevalence, risk factors, consequences and interventions in elder abuse as well as other forms of violence. The database is being completed and will provide an unparalleled information resource.

**Where to from here**

Elder abuse is a **widespread problem that should be largely preventable**. Further efforts are needed to

- Raise awareness with policy makers, service providers, etc on the magnitude of the problems and its effects. Actions to overcome negative stereotypes such as the global campaign to combat ageism will be important for challenging negative attitudes and stereotypes about ageing and older people.
- Evaluate current interventions to identify those that are effective.
- Implement existing *evidence* in terms of :
  - National laws/policies/ plans to prevent elder abuse;
  - Data and surveillance on elder abuse;
  - Ensuring ethical and quality services in the community and in institutions, both to prevent abuse;
  - Improved response to victims of elder abuse notably promoting the role of and training health and social care personnel;
  - Enhancing a life course approach to addressing abuse and developing protective factors such as intergenerational social cohesion.