From Rhetoric to Action:
Implementing the Madrid International Plan of Action on Ageing

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In the past 25 years, INIA has trained in Malta over 2,106 candidates from 141 different countries. ‘In-situ’ missions were held in 27 countries, which trained another 3,081 candidates.
THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING

The MIPAA contains more than 200 recommendations made in three priority areas:

- older persons and development
- advancing health and wellbeing into old age
- ensuring enabling & supportive environments
The Maltese Government was the first nation to bring a motion before the United Nations that called for an action plan in regard to the world's ageing population. This occurred in 1968, with ‘population ageing’ being successfully included on the agenda of the 24th session of the General Assembly.

Chairperson of the United Nations’ World Assembly on Ageing in 1980 was a Maltese citizen.

In 1987, Malta was one of the first countries whose ministerial cabinet had a Junior Ministry for the Care of the Elderly.
In 2013, the Prime Minister renamed the ‘Junior Ministry for the Care of the Elderly’ to a ‘Junior Ministry for the Rights of Persons with Disability and Active Ageing’.

In 2013, *National Strategic Policy for Active Ageing*: embedding the MIPPA, and its related European regional strategy, in a Maltese cultural framework that advocates innovative policy measures that uphold:

- productive ageing
- social participation
- independent living
PRODUCTIVE AGEING

- Launching opportunities for vocational education and training of older workers.
- Regulating health and safety principles that foster the employability of older workers.
- Providing training to guidance workers on job services for third age employment.
- Expanding legal definitions to note how age discrimination can be both direct and indirect, and how it can also take place by way of victimisation or harassment.
- Advocating the availability of work practices - such as work-time adjustment, flexible working, telework, and job-sharing - to older workers who hold caring responsibilities.
SOCIAL PARTICIPATION

- Launching an Office of the Commissioner for Older Persons.
- Encouraging Local Authorities to set up a sub-committee responsible for active ageing.
- Implementing intergenerational programmes in schools.
- Coordinating financial literacy programmes for elders.
- Maintaining the value of pensions, with adjustments made in line with the cost of living.
Independent and Healthy Living

- financial assistance to persons who care for older relatives on a full-time basis;
- outreach social work services;
- night shelters & respite centres;
- training programmes in gerontology and geriatrics to persons working in ageing welfare;
- domiciliary nursing and physiotherapy services;
- assistive technology services that serve as intruder alerts, fall detectors, and pill dispensers.
National Dementia Strategy

- Launched 2 April 2015
- Increasing awareness and understanding of dementia;
- Timely diagnosis and intervention;
- Workforce development;
- Improving dementia management and care;
- Research;
NATIONAL MINIMUM STANDARDS FOR CARE HOMES FOR OLDER PERSONS

*Home’s obligations* where each care home shall provide the statement of purpose, the range of facilities, and the contract terms and conditions.

*Health and personal care.* Residents’ health and personal care shall be based on their specific individual needs and wishes within reason.

*Daily life and social activities* to ensure that older individuals continue to have social, cultural, spiritual, and recreational needs and interests.

*Complaints and protection* by addressing the matter of how residents and/or their representatives can make complaints to a Regulator.

*Environment* so that all care homes shall be constructed in a way that the living space suits all residents’ needs.

*Staffing issues* which demand care homes to set appropriate staffing contingents that includes an adequate skills mix.

*Management and administration* by clarifying the qualities & qualifications required of the persons in day-to-day control of the delivery of care.
Thank You
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