**Input by the UNECE Population Unit**

**to the 10th session of the Open-ended Working Group on Ageing**

The [Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing in the ECE region between 2012 and 2017](http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Lisbon/Practical_infos/Synthesis_report_MIPAA15_Room_Document_with_Annex.pdf) reported on progress in implementing the objectives of the [2012 Vienna Declaration](http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Vienna/Documents/ECE.AC.30-2012-3.pdf) in which ECE member States had set the priorities for the implementation of the Madrid International Plan for the period 2012-2017. 45 national reports informed the report. This document presents relevant sections of the Synthesis Report as an input to the four focus areas as requested:

1. Social protection and social security (including social protection floors)
2. Education, training, life-long learning and capacity-building
3. Autonomy and independence
4. Long-term care and palliative care

The full document is available on the UNECE website at this link:

<http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Lisbon/Practical_infos/Synthesis_report_MIPAA15_Room_Document_with_Annex.pdf>

The national reports which informed the synthesis report can be downloaded at: <http://www.unece.org/pau/mipaareports2017.html>

Since the Synthesis report was published, Slovenia (2017), Czechia, Italy and Republic of Moldova (2018) provided updates on their country policy frameworks during the annual meetings of the UNECE Working Group on Ageing. The presentations are available on the respective meetings webpage <http://www.unece.org/pau/welcome.html> .

The following text is extracted from [Synthesis Report 2017](http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Lisbon/Practical_infos/Synthesis_report_MIPAA15_Room_Document_with_Annex.pdf):

**A. Social protection and social security (including social protection floors)**

Two in three ECE countries (30) participating in the review indicated major achievements with respect to reforms of their social protection systems (Vienna Declaration Goals 1 and 2/ MIPAA/RIS Commitment 4) compared to one in two countries (23) considering social protection as a key challenge, reflecting that significant progress in pension reforms has already been achieved to date.

Carrying out pension reforms to adapt to demographic changes, including increasing longevity and, in certain Member States, to the growing numbers of older persons working in the informal sector. Promoting the sustainability and adequacy of both public and private pension systems and ensuring universal coverage, as appropriate.

Reforms over the reporting period adapted pension systems to increased longevity. Measures taken included increasing the revenues of national pension systems by increasing pension contributions (BGR), increasing the years of contributions required to become eligible (e.g. ALB, BGR, ITA), and – as was reported by most countries – increasing the retirement age (e.g. ALB, AUT, BGR, BLR, CAN, CZE, DNK, FIN, GBR, GRC, HUN, IRL, ITA, KAZ, NLD, PRT, SRB). Some countries introduced an indexation mechanism that allows future pension age increases in line with increasing life expectancy (e.g. in DNK, FIN, GRC, ITA, LUX, NLD).

Other reforms aim at making pension systems more sustainable by reducing expenditures through pension funds. The Slovene pension reform in 2013 eliminated pension entitlements that were not based on contributions paid. Other countries decoupled invalidity/incapacity pensions from the pension system as for example done in the *Disability Benefits Reform* implemented in 2015 in Norway. In Belarus, early retirement programmes for those working under harmful conditions have been paid out of the pension system. In future, they will be financed through mandatory special-purpose contributions by employers.

Another approach reported by ECE member States has been to reduce eligibility for early retirementon the grounds of incapacity to work and to encourage older people to re-enter the labour market after periods of incapacity to work. In Austria, for example, the right to retire on grounds of invalidity/incapacity changed for those born after 1964: instead of incapacity pensions, there will be an entitlement to up to six months of rehabilitation/retraining benefits. Persons who have completed rehabilitation are then entitled to unemployment benefits for a longer period, irrespective of age. Finland also introduced support for those on disability pension to re-enter the labour market. In Denmark, voluntary early retirement pay was reduced from five to three years before pension age, with a new senior disability pension covering those who are permanently unable to work five years prior to retirement.

**B. Education, training, life-long learning and capacity-building**

Ensuring lifelong access to various forms of high quality education and training, including in advanced technologies

The promotion of lifelong learning was highlighted in many national reports. While there has been an increase in the participation in trainings and education courses by older persons in some countries since 2012 (for example in France, Sweden and Switzerland) the overall level of enrolment remains low for both men and women (see Table 8c in the Annex).

Bulgaria, Estonia, and Romania introduced national lifelong learning strategies in 2014 (EST, BGR) and 2015 (ROU). A new adult education act came into force in Estonia in 2015. It aims to increase the transparency of the activity of in-service training institutions and to enhance the availability of high-quality adult education. Azerbaijan has started the development of a lifelong education system within its *National Qualification Framework*.

There is diversity in the provision and degree of institutionalization of lifelong education. Some countries mentioned ad-hoc courses and programmes provided through projects (ALB, HUN, LTU), employers (CYP), NGOs (FIN), or higher education institutions (EST, HUN, LUX, SWE). Bulgaria mentioned its support, through a national support service, of the establishment and development of an *Electronic Platform for Adult Learning in Europe*. There has also been a trend in the establishment of new institutions dedicated to education for older people, including *third age universities* (BLR, NLD, PRT, SVN, RUS). Third age universities offer a wide range of courses to develop new skills in ICT, social and legal matters, healthy life style, history, sport, how to handle mobile phones, or video cameras, and modern home appliances.

Lifelong learning activities in some countries were explicitly designed to enhance employability and skills of older workers (ISR, MDA, NOR). The Netherlands introduced stipends for students over the age of 30 to facilitate continued learning and training in 2017. Norway developed a white paper on adult education (2015-2016) aimed at developing a coordinated and comprehensive policy ensuring low-skilled adults access to education and training to strengthen employability and faster transition to work. A national skills strategy presented in 2017 includes important adult education components such as targeted and business relevant continuing education and training for the workplace, retraining of low-skilled adults and validation and recognition of non-formal learning and informal learning. Azerbaijan adopted a strategy on education in 2016 to build an infrastructure that meets modern demands and enables lifelong learning. Czechia also advanced the recognition that learning is acquired through volunteering activities through a government resolution in 2015, which formalized volunteering as one form of lifelong learning.

Literacy, and increasingly digital literacy, are important facilitators of social participation. In times where digital relations with administrations and services are on the rise (e-government, tele-medicine), people's digital literacy and connection are an indicator of inclusion. There has been impressive growth in Internet use by older persons in the age range 55 to 74 over the past decade. If in 2005, 24.2 per cent of men and 14 per cent of women in the ECE region were using the Internet at least once a week in 2015 these proportions had increased to 52.3 per cent of men and 42.6 per cent of women in this age group. This also demonstrates a narrowing of the gender gap in ICT use (see Table 9c in the Annex).

Efforts to further enhance digital literacy skills were explicitly mentioned in one fifth of national reports (ALB, AUT, BEL, BLR, CYP, EST, FIN, LUX, SVK). Austria implemented a new broadband campaign (2015-2020) investing one billion Euros to make ultra-fast broadband access available nationwide. In the Russian Federation, third age universities specifically offer courses to train older people in using web portals for state and municipal services. In Belarus, one of the largest telecom companies launched in 2014 an educational project to increase the digital literacy of older generations. Fourteen courses cover information that is useful for older people in everyday life. Teachers are all volunteers, including students, employees, as well as retirees. There are 32 educational centres throughout Belarus, 120 groups, over 2,000 graduates and 150 volunteers.

**C. Autonomy and independence**

MIPAA/RIS Commitment 7 (Quality of life, independent living and health )/Vienna Ministerial Declaration Goal 3 stands out as the area that ECE countries have been most active in and continue to be most concerned about – 38 and 36 countries respectively.

Respecting self-determination and dignity as core values through the end of life of an individual. This in particular should be the principal attitude in nursing and medical practice, including long-term and palliative care.

UNECE member States reported on diverse measures to enable people to approach the end of their lives with more self-determination and in dignity.

Ukraine is working on developing a palliative care strategy focusing on palliative care at home and local social service provision. Israel launched a *National Program for People in End-of-Life Situations and for Palliative Care* in June 2016. It aims to allow patients and families to live independently, in dignity, and to receive care suited to their preferences and values. The focus lies on the development of palliative services in hospitals and institutions of long-term care, in an effort to ensure continuity of care. The program emphasizes education, training and research.

Another measure taken by Israel to respect self-determination and dignity of older people was to amend the *Legal capacity and Guardianship Law* in 2015 to allow people with declined functioning to preserve their autonomy and maximal independence in managing their lives by reducing the amount of cases in which a guardian is appointed. Under the amended legislation, the appointment of a guardian is to be a last resort.

In Finland, the *Advanced Healthcare Directive* allows older persons to decide on their care when they are no longer able to make decisions for themselves due to illness or incapacity. The directive is the person's will on medical and care measures expressed in written or oral form. It can include the person's will on resuscitation, treatment or medical examinations, and whether the treatment should prioritize quality of life or longevity. The treating personnel should be informed about the existence of the patient's advance healthcare directive and they should respect the patient's will when making treatment plans. The directive should be updated regularly to keep it up-to-date with the patient's current will and wishes.

Canada has invested significantly in the past eight years in the area of palliative care research. Provincial end-of-life-care action plans and related measures were put in place in the Canadian provinces Alberta and British Columbia.

A small number of countries reported on legislation to regulate euthanasia and assisted suicide to regulate the conditions and procedures under which a person may choose their death (e.g. CAN, LUX). New legislation passed in Canada in 2016 enables safe and consistent access across Canada to medical assistance in dying. The legislation balances personal autonomy for those seeking access to medically assisted dying while protecting vulnerable Canadians. The legislation revises the Criminal Code to exempt health care practitioners who provide, or help to provide, medical assistance in dying from otherwise applicable criminal offences.

Austria has pooled federal, regional and local budgets to fund hospice care and a hospice and palliative care forum was set up in 2015 to implement measures to ensure dignity at the end of life. Further steps have been made to facilitate mobile hospice and palliative care by making funds from the Long-term care fund available for this purpose (2013) and increasing the number of mobile teams. Recent years have also seen an increase in the provision of in-patient hospices in Lower and Upper Austria.

Ensuring 'ageing in place' by promoting services and support to the individual and the family to enable older persons to continue living for as long as possible in their own environment and community. These services should take into account the special needs of women, in particular those who are living alone.

Many countries have oriented their ageing policies to enable older people to remain in their own homes for as long as possible and in as good health as possible. The emphasis is put on independent living and deinstitutionalization by building and strengthening a comprehensive and integrated care and support infrastructure at local level supporting older people and their family caregivers in the community.

Support for “ageing in place” starts with providing information that help people plan ahead for their later years, to prepare before need arises. In Canada, the Forum of Federal/Provincial/Territorial Ministers responsible for Seniors published the guide *Thinking about Aging in Place* for older adults wishing to plan their future. In Austria, the website [www.pflegedaheim.at](http://www.pflegedaheim.at) provides targeted information to persons in need of care and family carers.

Social care and support is essential in helping older people to remain living in their homes when they no longer are able to take care of their everyday needs fully independently. A helping hand with running errands, gardening, and other chores of everyday life can make the difference as to whether an older person can remain living in their own homes. A diversity of home services have been implemented in the region (e.g. EST, ITA). The *Better at Home* non-medical home support programme in British Columbia, Canada, provides simple, non-medical services such as light housekeeping and grocery shopping, to help older people remain in their own homes longer. In Uzbekistan, territorial programmes between 2015 and 2017 were developed to improve the housing conditions for older people and people with disabilities. These include annual repairs and yard maintenance that are actively supported by civil society organizations, local residents, youth and charity organizations. In Israel, the *Repair Commando*, a group of volunteers made up of electricians, plumbers, carpenters, technicians etc. carry out light repairs for older people. In the United Kingdom, an Hourly Service Centre for the provision of community-based or home-based social inclusion services has been established to provide a comprehensive service for people over the age of 65 who need help or are unable to look after themselves.

In many countries, social support and care are organized and delivered by municipalities at local level. In Finland, the *Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons* requires municipalities to draw up plans on measures to support the wellbeing, health, functional capacity and independent living of the older population and to organize and develop the services and informal care needed by older persons. By 2014, 80 per cent of municipalities had drafted such a plan.

One way of ensuring that the social care needs of older people are identified and recognized is through preventive house visits(e.g. AUT, DNK). In Denmark home visits have long been established to detect problems and create a dialogue with older persons about their life situation and need for assistance. In 2016, the Danish law on preventive home visits was revised to address several target groups. Home visits are paid to all older people over the age of 80 (previously 75) but also to vulnerable people between 65 and 80 who are in a difficult life situation and therefore considered at risk, for example after losing a spouse.

Concern about ensuring equity in access to services has been raised by a number of countries (e.g. FRA, FIN, GRC, SVN). Finland’s key government project *equal, well-coordinated and cost-effective services for older persons and all aged informal carers* aims to develop home care and services accessible from home as the principle form of care provision while at the same time developing equal access to such services across the country and enhancing their coordination. In the Netherlands the policy “*Longer living independently*” introduced in 2014 aims to support municipalities by enhancing collaboration between municipalities, care providers and other stakeholders by sharing innovations, collectively identifying barriers and preventing mismatches. France reported financial support to home care service providers who are in economic difficulties and in the process of restructuring, in order to maintain service provision and save jobs in the care sector.

In the former Yugoslav Republic of Macedonia, the Red Cross of Skopje with the support of the Ministry of Labour and Social Policy and the City of Scopje have implemented a day-care centre for older persons and home assistance targeted at older people and people with disabilities who are in need of medical and psycho-social support and to those who are at risk of social isolation. In Greece the *Home Social Care* Programme, established in 2014 specifically targets uninsured older people, economically deprived individuals and those living with disabilities who are in need of social care and nursing services.

To make the administration and delivery of home care services more efficient and to enhance coordination centred around the needs of older persons, there have been increasing efforts to integrate social and nursing care services(e.g. FRA, LTU, MKD). In Lithuania, the *Integral Assistance Development Programme* was launched in 2013 to enable people to receive assistance at home and help family carers to remain in the labour market. Financed through the European Social Fund, the programme provides nursing and social services for people with disabilities and old people needing care, as well as advice to their family care givers. During the implementation period 2013-2015, 1,500 people received assistance, and 1,400 family members consultations. As both beneficiaries and municipalities positively evaluated the programme, a new *Action Plan for Integral Assistance Development* was approved for 2016-2019, spreading the programme to almost all municipalities in Lithuania from 2016.

**D. Long-term care and palliative care**

Ensuring a continuum of affordable, high-quality care, ranging from arrangements for primary and community-based care to various forms of institutional care.

In the context of population ageing, there continues to be growing demand for geriatric health care and long-term care services. In the region, these are provided through a broad infrastructure of formal health and care services provided in the community, at home, in day care centres, and nursing and residential care comes. The emphasis has been on supporting "ageing in place" as long as possible through mobile home nursing and support services and to provide residential long-term care for those who can no longer be cared for at home.

The provision of health care services in the home or community can help delay or prevent unnecessary hospitalisation or admission to nursing homes. Home nursing provides treatment and nursing at home for people who are temporarily or chronically ill or dying. In Denmark, all citizens in the municipalities are entitled to home nursing. When prescribed by a general practitioner, the municipalities must provide home nursing free of charge, including all necessary requisites. This entitlement is rooted in the aspiration of Danish ageing policy to provide help based on individual need rather than type of residence, to provide care at home for as long as this is possible and to secure access to nursing homes for those who can no longer be cared for at home. The Canadian province Saskatchwan runs *Home First/Quick Response* projects that target enhanced home care services for intense short-term needs or longer-term support service. It has the goal of sustaining older people in their homes for as long as possible in order to delay or prevent admission to long-term care, facilitate appropriate discharge from acute care to the community, prevent unnecessary admissions to emergency rooms and engage service providers in the system to support seniors in their own homes. Austria invested significantly in the extension of mobile services and technologies for supporting care at home.

Many countries have increased investments in the provision and quality of long-term care serviceto meet growing demand (for example AUT, DEU, EST, NLD, ROU, RUS). Estonia increased the funding for nursing care services by approx. 40 per cent between 2012 and 2015. The Russian Federation has widened the coverage of inpatient institutions for social services where older persons live on a permanent basis, including in rural areas where new nursing homes of 15-50 places have been built in addition to modernizing already existing institutions.

Affordability of care and accessis another very important issue that has been addressed in different ways across the region. Cyprusruns a care services subsidy scheme to cover the costs of care services for those who meet certain conditions of the Guaranteed Minimum Income legislation and whose income is insufficient to cover the costs of their care needs. Ireland has a *Nursing Homes Support Scheme* since 2009 that provides financial support to those in need of long-term nursing home care. The scheme aims to ensure that long-term nursing home care is accessible and affordable for everyone and that people are cared for in the most appropriate settings. The Scheme was reviewed in 2015 and recommendations are being implemented. In Austria, people in need of nursing are eligible for funding for 24-hour care if the general requirements for live-in care are met. The *Long-term Care Act 2015* in the Netherlands covers the persons in the most vulnerable categories, such as those requiring permanent supervision or 24-hour care nearby, providing a broadly defined set of services, including residential care.

New legislation in Germany comprehensively restructured social long-term care insurance and improved benefits by a total of 5 billion Euros per year. Changes to the needs assessment have improved access to long-term care for people with dementia. The reforms also expanded services for all those in need of long-term care, strengthening home care services as well as in-patient facilities. To finance these improvements, contributory payments to the long-term care insurance were increased by 0.5 contribution rate points.

The fragmentation of servicesneeded by older people who may have multiple needs is a challenge, both in terms of efficient administration and cost effectiveness but also in terms of ensuring that older people receive the care they need, regardless of where they live and of their ability to bear the costs. Ireland’s Health Service Executive is working on a SingleAssessment Toolto implement a standardised IT-enabled health and social care needs assessment for older people nationally. This new approach holds the potential to reduce fragmentation so that assessment, care planning and policy decision-making are effective, co-ordinated and cost effective. Israel developed a pilot programme of individualized care management. The model is based on the local service system for diagnosis and referral to existing services and seeks to address the fragmentation of service providers.

Long-term care reforms that seek to deinstitutionalise care and place the emphasis on "ageing in place", such as for example in the Netherlands, have implied an increasing reliance on informal care in families and the community.To better integrate informal care within the broader landscape of care provision, some countries reported on measures that foster collaboration between formal and informal care providers. In Israel, MATAV – the largest NGO of home care workers, has begun to implement a programme to train the caregivers of older people to identify the needs of family members and set up effective cooperation for the benefit of the older person, their family members and the professional care givers.

In the Netherlands, recent government efforts have sought to enhance coordination between health care professionals and informal care providers. The project *Yes to Informal Care* (In voor Mantelzorg) facilitates better collaboration between informal caregivers and health care providers.

Ensuring the quality of care provided across a broad landscape of care providers and settings is a challenge. Providing a sufficient number of health care personnel that is adequately trained is one aspect that countries have been addressing, the introduction of quality standards and their enforcement another. The Swedish government earmarked over 100 million Euro in 2015 and a further 200 million in 2016 to increase staffing levels with the aim of raising the quality of care for older people, increasing reassurance for older people and improving conditions to ensure that the quality of care provided is equal across Sweden, including with respect to gender equality. Kazakhstan reported on increasing the number of nurses to improve the capacity to monitor older people with chronic diseases.

In order to ensure that care services provided are of adequate quality, countries advance regulation and controls in this area. Kazakhstan for example introduced standards for gerontology and geriatric care services in 2015. In Cyprus, the Social Welfare Services are promoting the adoption of legislation and regulations for home care that will lay down conditions for the qualifications and suitability of carers and their responsibilities towards care receivers. In Austria, roughly 20,000 visits are paid to the homes of care allowance recipients to assure the quality of home care. Graduate nursing specialists examine the specific care situation on the basis of standardized protocols. Since 2015 it is also possible to request these home visits. The reform of social services in Albania includes a draft law on the regulation of provisions of services from third parties, introducing clear procurement procedures and quality standards.

With regard to the quality of care provided in nursing homes, the Netherlands launched a programme called *Dignity and Pride. Loving Care for our Elderly* that focuses on prioritizing the relationship between the client, their social support and healthcare professionals. By 2016, results of the programme included an increase in supervision of the Health Care Inspectorate on providers with high-risk profiles and reinforcement of good quality standards, structural implementation of 200 million Euros, providing additional resources for the education of nursing care. Another Dutch programme to enhance the quality of long-term care is the *Care reform agenda: Living dignity* with care which shifts attention from care provision as such to a broader perspective on the well-being of persons relying on long-term care by (1) giving people with severe limitations substantially more (financial) control to choose their support and care at their home or in other living arrangements, (2) encouraging more innovative health care providers in long-term care and (3) stimulating technological innovations in long-term care.

In Sweden, the National Board of Health and Welfare has worked with the Swedish Association of Local Authorities and Regions to develop a system of benchmarking to support national actors, service providers and practitioners to enhance the quality of care. The system of recurring indicator-based comparisons of quality and resource consumption in health and medical care, social services and public health reported at regional, county council, municipal or unit level aims to encourage these actors to analyze their operations, learn from each other, improve quality and efficiency.