



Economic and Social Council

Distr.: General
7 April 2022

Original: English

Economic Commission for Europe

Standing Working Group on Ageing

Ministerial Conference on Ageing

Rome, 16 and 17 June 2022

Item 1(c) of the provisional agenda

Overview of MIPAA/RIS implementation in the United Nations

**Economic Commission for Europe region (summary of country reports)
and launch of the MIPAA+20 report**

Synthesis report on the implementation of the Madrid International Plan of Action on Ageing in the Economic Commission for Europe region in 2017-2022: Executive summary

I. The context of the fourth cycle of the Madrid International Plan of Action on Ageing implementation

A. Population ageing continues to be a dominant trend in the United Nations Economic Commission for Europe region

1. Since the adoption of the Madrid International Plan of Action on Ageing and the ECE Regional Implementation Strategy (MIPAA/RIS) in 2002, population ageing has continued to transform the demographic structure of countries in the region. In two decades between 2002 and 2022, the number of people who are 65 years old and above has risen by 70.3 million, and their proportion increased from 13.4 per cent in 2002 to 17.5 per cent in 2022, according to United Nations population estimates.¹ Rising life expectancy, enduring low fertility, as well as migration have affected the extent and pace of population ageing. The ongoing trends of these factors indicate that, by 2030, people aged 65 years and older are set to account for a fifth of the total population in the ECE region. Persons aged 80 and above will make up 5.4 per cent. By 2050, persons 65 years old and above are expected to make up almost a quarter of the region's population, while older persons aged 80 and above are projected to account for 8.7 per cent. The median age of the ECE population is set to rise from 39.5 years in 2020 to 41.8 years by 2030 and 43.9 by 2050. It is important to note, however, that population data cited throughout the report are based on the United Nations population projections from 2019 and may undergo revisions in the future, as the full and

¹ Demographic data and estimates in this section are from the United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects: The 2019 Revision*. New York: United Nations. Available at <https://esa.un.org/unpd/wpp/>. Due to the impact of COVID-19, the cited data are expected to undergo some revisions in the forthcoming 2022 issue of the *World Population Prospects*.



long-term impact of the COVID-19 pandemic on demographic data gradually becomes more evident.

2. Between 2010 and 2020, life expectancy at birth increased on average by almost three years in the ECE region, and life expectancy at the age of 65 grew by more than a year. In a number of ECE countries, in particular Estonia, Latvia and Lithuania, as well as Belarus, Kazakhstan and the Russian Federation, the latest gains in longevity were markedly higher than the region's average. This contributed to offsetting the losses in life expectancy of their population, particularly among men, experienced during the 1990s. Nevertheless, the disparities in life expectancy among ECE countries, and between men and women (among and within countries) remain large. In 2020, life expectancy for men at birth varied from 81.6 years in Switzerland to 64.5 years in Turkmenistan, and for women, from 86.1 years in Spain to 71.5 years in Turkmenistan.

3. The average total fertility rate in 2020 remained below the so-called replacement level (i.e. 2.1 children per woman) in 46 out of 52 ECE countries,² with Central Asian countries and Israel continuing to have fertility rates above this level. In 14 ECE countries, the fertility rate stayed below 1.5 children per woman. Over the last decade, there was some marginal recovery of fertility in a number of low-fertility ECE countries, especially in Central and Eastern Europe, while in others, particularly in Southern and South-Eastern Europe, fertility rates declined further. As a result, the average total fertility rate for the region remained at 1.8 children per woman in 2020, the same level as in 2010.

4. Another important factor influencing the age structure and population growth rate of ECE countries has been migration. As a combined effect of declining fertility and significant out-migration, especially in the productive age, 18 out of 52 ECE countries³ saw their populations decline in the 20 years between 2002 and 2022, with many of them recording heavy drops in their working-age populations in particular. Countries in South-East Europe, the Baltics, Eastern Europe and the Caucasus were the most heavily affected.

B. Socio-economic development in the region endured major disruptions with an uncertain recovery

5. Socio-economic development during the fourth cycle of MIPAA/RIS implementation was marked by a major disruption caused by the onset of the COVID-19 pandemic at the beginning of 2020. Before this crisis emerged, output in the ECE region increased at a steady but decelerating rate, averaging around 2.5 per cent annually. In 2020, severe GDP contractions were observed in practically all countries in the region. High-income countries and countries more dependent on tourism and other services based on social interaction were hit hardest. Most countries reacted with massive monetary and fiscal stimuli, which in combination with strong consumer spending, drove a rapid recovery in 2021. As a result, around half of the countries in the ECE region brought their output back to pre-pandemic levels. Growth in 2022 was expected to slow down, amid rising inflationary pressures, still unresolved supply-chain disruptions and lingering concerns on new waves of COVID-19 infection. But the war in Ukraine has exacerbated tensions in commodity markets, in particular food and energy, heightened uncertainty and severely depressed the economic outlook in the region.

6. The labour market has seen major disruptions as well, although differential policy responses within the region have led to considerable divergence. Prior to the pandemic, unemployment had been declining steadily across the region. The COVID-19 crisis and related mobility restrictions brought about a sharp dislocation to the labour market, leading to unemployment rates in the United States shooting up briefly to levels surpassing those seen during the global financial crisis of 2008–2009. By 2022, unemployment rate returned to pre-pandemic levels. In Europe, the use of job retention schemes during the crisis resulted in lower variability in the labour market. While employment has fully recovered, the number of hours worked remained below pre-crisis levels. In many countries, unemployment and

² Excluding Andorra, Liechtenstein, Monaco and San Marino.

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surplus labour co-existed with acute labour shortages, fuelled by rapid shifts in demand for some occupations, in particular in the area of health and social care.

7. Poverty reduction efforts have been negatively affected by the COVID-19 crisis as well. In the EU, after years of steady decline, the share of people at risk of poverty and social exclusion increased in 2020. However, country performances differed, with some economies continuing to report reductions. In the economically less advanced parts of the region, which are marked by more precarious social support systems, earlier gains in poverty reduction were reversed as a result of the pandemic, and recent gradual improvements are yet to prompt a return to previous levels.

C. The COVID-19 crisis has had a disproportional negative effect on older persons

8. The COVID-19 pandemic has had far-ranging implications for the economy and for society. However, it is first and foremost a health emergency which has affected millions across the ECE region, with particularly grave implications for older age groups. As has been widely reported, the fatality rate for older people is higher than for younger age groups, and while evidence shows significant variation in the infection-fatality ratio across geographic locations and as the virus developed over time, the mortality risk for older persons has been consistently significantly higher across data sources.⁴ Beyond the threat to life, the pandemic has put older people at greater risk of physical and social isolation, loneliness, discrimination and various human rights abuses, necessitating innovative responses beyond the economic and health domains.

II. Main findings from the fourth review and appraisal of the Madrid International Plan of Action on Ageing and the ECE Regional Implementation Strategy

9. In recent years, population ageing has been recognized as a determining trend throughout the ECE region, and increasingly so not only in countries which already experience its economic and social implications but also in member States which are still relatively youthful compared to the regional average. In testimony of this growing awareness, ECE member States engaged in a broad range of policy initiatives to advance active and healthy ageing, to promote the participation, autonomy and self-determination of older persons, and to reform social protection and long-term care systems to ensure their sustainability and intergenerational fairness. Countries such as Belarus and the Republic of Moldova have benefited from ECE assistance in developing and evaluating road maps for mainstreaming ageing that provided concrete policy guidance on ageing grounded in a profound analysis of the situation in the country.

10. Apart from reinforced policy work and action by countries, the economic and social challenges presented by population ageing have also stimulated innovation and cross-sectoral response in which not only governments but also civil society, the private sector and the research community have been mobilized. The national MIPAA/RIS review reports of ECE countries are evidence in particular to the crucial role of non-governmental organisations and of technological innovations and digitalisation.

11. Despite diversity across the region, the fourth review and appraisal of the implementation of MIPAA/RIS for the period 2017-2022 has identified common trends in the way countries have addressed the three priority goals agreed in 2017 at the ECE Ministerial Conference on Ageing in Lisbon. ECE member States set out to (1) recognize the potential of older persons; (2) encourage longer working life and ability to work; and (3)

⁴ COVID-19 Forecasting Team. Variation in the COVID-19 infection–fatality ratio by age, time, and geography during the pre-vaccine era: a systematic analysis. *The Lancet*. February 24, 2022. Available at <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902867-1>.

ensure ageing with dignity. The following paragraphs briefly outline the key findings from the regional review.

A. Recognizing the potential of older persons

12. Realizing the potential of living longer cannot be achieved without taking ageing and older persons' issues into consideration in all policy fields across all levels of government. There has been an increasing recognition of the importance of mainstreaming ageing and of better coordination among all relevant actors. Some form of mainstreaming ageing in public policies is in application in most ECE countries and a number of them have integrated ageing and older persons' issues in key long-term national development strategies. Councils and advisory bodies on ageing, often including multiple governmental and non-governmental stakeholders, are in place in several member States. Significant advances have also been made with regard to the involvement of older persons and their representatives in policy processes affecting them. In particular, older persons' councils at the local level have become more widespread.

13. ECE member States have also facilitated older persons' participation in social and cultural life by providing various opportunities for volunteering, entertainment and physical and cultural activities tailored to their needs and preferences. Apart from playing a positive role in facilitating healthy and active ageing, such actions have also aimed to combat feelings of loneliness and social isolation, which continue to be widespread in older age groups. Several countries highlighted the crucial role of civil society in promoting active ageing and participation among older persons.

14. Countries have also made efforts to promote a positive image of ageing and to counteract negative stereotypes and other manifestations of ageism against older persons. The measures adopted, including information campaigns, intergenerational dialogue or various competitions, played an important role in creating conditions for a more active engagement of older persons in society. Several countries highlighted the crucial role of media in this endeavour. Member States have also launched various initiatives promoting work and volunteering in intergenerational settings, aiming to enhance intergenerational solidarity, learning and dialogue, and to promote a more realistic image of ageing.

B. Longer working life

15. ECE countries approached the policy objective of extending working lives from two main angles in the reporting period between 2017 and 2022. Firstly, significant attention was devoted to measures combatting unemployment among older persons, developing their skills, and promoting age management at the workplace and age-friendly working conditions. Older jobseekers were identified as a key target group for employment policies in many countries. They are offered tailored support, which increasingly includes also comprehensive rehabilitation and labour force reintegration programmes.

16. Moreover, the employment prospects of older persons were boosted through lifelong learning, which was highlighted by an impressive number of countries. In particular, efforts to increasing digital skills and literacy to facilitate labour market and social participation among older persons was reported in about two thirds of national reports. Enhancing the ability to work has naturally not been the sole objective of lifelong learning opportunities offered to older persons in ECE member States. Promoting healthy ageing, improving financial literacy, or facilitating the transition to retirement were prominently represented as well.

17. Countries have also been encouraging longer working lives by adjusting pension systems. A broad range of actions was reported by ECE member States in this area. They included direct measures, such as raising and harmonizing retirement ages between women and men, or restricting access to early retirement, but also a number of more indirect incentives. Some of the innovative measures introduced by member States included partial and gradual retirement, the promotion of flexible and shared work, the possibility of

cumulating pension and employment income, or higher pensions in return for additional contributory years.

18. The long-term financial sustainability and adequacy of pensions in the face of demographic changes and rising costs of living have also been high on countries' policy agendas. In response, there has been an increasing trend of linking retirement age to life expectancy in several ECE member States, and many countries reported on raising pensions through revised indexation rules or additional allowances targeting older persons with the lowest pensions. Poverty in older age, especially among women, received significant attention as well and the existence of a gender pension gap was recognized as a serious shortcoming. Efforts were made by countries to compensate for and, importantly, also to prevent the emergence of a gender pension gap, through measures that compensate for pension contributions during periods of care work and through an enhanced drive to reduce the gender pay gap.

C. Ageing with dignity

19. Dignified ageing requires the conjunction of many elements including the full enjoyment of human rights, freedom from violence and abuse, access to high quality health and social care, autonomy to make decisions, choose one's preferred living environment and participate in society, and self-determination up to the end of life. National reports from ECE member States have been a testimony for the growing awareness of the importance of all these features for well-being in older age. In particular, the human rights, autonomy and self-determination of older persons received increased attention, and declared policy objectives in these areas have taken the shape of concrete action in several countries. Reforming legal guardianship rules and introducing measures to increase self-determination at the end of life and in palliative care settings were most prominently represented.

20. Ensuring that older persons can stay in their preferred living environment for as long as possible was also highlighted as a means of strengthening their autonomy and self-determination. Countries reported on advances in deinstitutionalisation and in enabling independent living within the community, by developing integrated care and support infrastructures at the local level. Progress was also made in leveraging technology and digitalisation to enable ageing in place and countries introduced support schemes to promote further research and development in the area of assisted-living technologies. Apart from the increased support for ageing in place, alternative living arrangements meeting older persons' needs for company and support with daily activities were expanded in several countries. They took various forms, such as intergenerational or supported housing.

21. Preventing abuse and violence has been another key concern with regard to safeguarding the dignity of older persons. Measures undertaken included awareness-raising, training to better detect and respond to cases of abuse, as well as improved legislation and procedures to protect victims. Addressing financial abuse and fraud in particular has been a priority for several ECE member States, and violence, abuse and neglect in the health and social care sectors also received attention.

22. Most policy interventions and measures related to ageing with dignity have traditionally focused on ensuring quality and accessible health and social care for older persons. The period of the fourth review cycle of MIPAA/RIS has been no exception and a significant number of countries reported on piloting, introducing, updating or reforming their frameworks to respond to the long-term health and social care needs of their ageing populations. The major aspects addressed by countries included quality assurance, integration, financial sustainability, decentralisation and deinstitutionalisation of long-term care. Notably, an expansion of home care services in ECE member States was discernible from national reports.

23. Persons providing care, whether professional or informal carers, received significant attention. Providing a sufficient number of health and social care personnel that is adequately trained has been identified as a major challenge by a considerable number of countries, and many of them have taken concrete steps to address it, including enhanced training, financial incentives, or improving working conditions. There has also been an

increasing recognition of the crucial role of informal and family carers in the long-term care infrastructures of countries. An important number of countries adopted measures to support them and alleviate the strain of informal caregiving, for example through expanded respite care services. Moreover, several countries highlighted the growing importance of non-governmental organisations in long-term care service provision.

24. ECE member States also continued to address the growing prevalence of dementia associated with increased longevity. A significant number of countries adopted or updated strategies and action plans responding to the increasing burden of dementia and/or mental and behavioural disorders on health systems and on informal caregivers, with a particular focus on areas such as prevention, early diagnosis, awareness-raising, reduction of stigma, ethical treatment, autonomy, and research. In addition, several countries reported on advances to turn living environments and communities, more dementia-friendly, and to expand community-based care options and possibilities for social participation for persons with dementia and their caregivers.

III. Mainstreaming ageing in sustainable development policy and in COVID-19 response

25. Apart from reviewing progress made towards the achievement of the three above-detailed goals of the 2017 Lisbon Ministerial Declaration, countries have used the opportunity provided by the fourth review and appraisal of MIPAA/RIS to also report on the interlinkages between ageing and sustainable development, and on managing the impact of the COVID-19 pandemic on older persons.

26. The implementation of MIPAA/RIS have been recognized as an important accelerator to realize the 2030 Agenda and its Sustainable Development Goals (SDGs). Several ECE member States established explicit links between their national ageing strategies and sustainable development plans, and highlighted mutually reinforcing actions in these two issues areas. A number of countries also considered ageing in their voluntary national review(s) (VNR), presented to the High-Level Political Forum on Sustainable Development (HLPF), underscoring the importance of taking individual and societal ageing into account when addressing broader sustainability questions.

27. A significant part of the fourth cycle of MIPAA/RIS implementation was affected by the COVID-19 pandemic, which has left a distinctive mark on many policies and measures adopted by countries in this period. Older persons were counted among the most vulnerable population groups both to the health and to the social impacts of the pandemic, triggering targeted response throughout the ECE region. Restrictions of movement, in some cases with special provisions concerning older age groups, were introduced around the region, limiting the spread of COVID-19 but also hindering social interactions, often leading to and increased feeling of loneliness. Countries responded by promoting volunteering and digital accessibility and literacy initiatives to mitigate the isolation of older persons. They also adopted a range of measures to provide special support to long-term care providers, offered additional financial support to older persons, and several countries prioritised older persons' access to COVID-19 vaccines, among many other actions.

28. A number of ECE member States also emphasised initiatives taken to ensure the dignity and the right to health of older persons in difficult health-care decisions. The participation of older persons and their representatives in decision-making during the pandemic was highlighted as well by some countries. Finally, despite the many adverse effects of COVID-19 for older persons, several countries reported on good practices arising from the enhanced information sharing and coordinated response across policy fields and levels that were triggered by the pandemic

IV. Outlook and priorities for the future

29. Despite the significant progress achieved, further reforms and investments are needed to realize the potential of every older person, create a society for all ages, and ensure the sustainability of social protection systems and long-term care.

A. Mainstream ageing across all policies at all levels

30. Increased longevity offers an enormous potential for economies, societies and individuals, which is yet to be fully realized. Moreover, population ageing creates a pressing demand to adapt existing systems, services and infrastructures to be able to respond to the needs of all. Mainstreaming an ageing perspective across all policy areas at all levels of government, and joining forces between multiple stakeholders across various sectors will be instrumental in achieving progress in these areas.

B. Promote active and healthy ageing across the life course

31. To reap the benefits of living longer and ensure well-being at older age, support and investment is necessary throughout the life course, in areas such as health promotion, lifelong learning, equal access to services, poverty reduction, or participation in the labour market and social life. Measures aimed at prevention and at creating equal opportunities in all fields of life are important prerequisites for health, participation and income security at older age. In addition, supportive and enabling environments need to be created in homes, communities and workplaces to support independent living and continued participation in economic and social life, even when functional ability declines.

C. Make long-term care of choice accessible for all and support caregivers

32. Population ageing increases the demand for long-term care and for skilled care professionals. To prepare for this surge in demand, long-term care services need to be continually adjusted and expanded, to be able to maintain high quality while securing access for all, including in rural and deprived areas. Apart from ensuring appropriate care, it is equally important to uphold the dignity and highest possible level of autonomy and self-determination of older persons across long-term care settings. Facilitating the choice of the preferred form of long-term care – whether at home, in the community, in supported housing, or in a residential facility – by individual older persons, will be an important step towards strengthening their self-determination and making sure that their respective needs for care and social interaction are met.

33. High-quality long-term care is, of course, unthinkable without dedicated professional and informal carers. To ensure the sustainability of long-term care systems, the terms of employment and working conditions of health and social care workers need to be improved, including ensuring adequate staffing. At the same time, comprehensive support has to be provided to informal and family carers, helping them to reconcile paid employment and care responsibilities.