INTERNATIONAL LONGEVITY CENTRE BRAZIL

The International Longevity Centre Brazil (ILC-Brazil) is an independent think-tank based in Rio de Janeiro that was inaugurated in 2012. Its mission is to **promulgate ideas and policy guidance to address population ageing that are based on international research and practice with a view to advance Active Ageing**. The Centre places particular emphasis on knowledge development and exchange, evidence-based strategies, social mobilization, and international networking with an additional focus on Brazil and the State of Rio de Janeiro.

ILC-Brazil is a partner in the Global Alliance of International Longevity Centres (ILC-GA), an international consortium with consultative status to the United Nations that has representation in seventeen countries. Current member organizations are located in Argentina, Australia, Brazil, Canada, China, the Czech Republic, the Dominican Republic, France, Germany, India, Israel, Japan, the Netherlands, Singapore, South Africa, the United Kingdom and the United States of America. The Centres work both independently and collaboratively. The global secretariat is located in New York and the present Co-Presidents of the Alliance are Baroness Sally Greengross (ILC-UK) and Dr Alexandre Kalache (ILC-Brazil).

International Longevity Centre Brazil (Centro Internacional de Longevidade Brasil)
[http://www.ilcbrazil.org](http://www.ilcbrazil.org)
ACTIVE AGEING:
A Policy Framework in Response to the Longevity Revolution

Rio de Janeiro, July 2015
International Longevity Centre Brazil (ILC-Brazil)
ACKNOWLEDGEMENTS

The intention of this report is to contemporize the landmark document Active Ageing: A Policy Framework published by the World Health Organization (WHO) in 2002. This update is a product of the International Longevity Centre Brazil (ILC-Brazil) and was written by Dr Louise Plouffe, former Research Coordinator of ILC-Brazil and now Research Director at ILC-Canada, in collaboration with Ina Voelcker, Project Coordinator of ILC-Brazil under overall guidance by Alexandre Kalache, President of ILC-Brazil. Warm thanks to Peggy Edwards – herself closely involved in the writing of the 2002 Policy Framework – for drafting this Executive Summary.

We are grateful for the input from the following ILC partner organizations: ILC-Argentina, ILC-Australia, ILC-China, ILC-Czech Republic, ILC-Dominican Republic, ILC-France, ILC-India, ILC-Israel, ILC-Japan, ILC-Netherlands, ILC-Singapore, ILC-South Africa and ILC-United Kingdom. Further, we would like to acknowledge the generous support of ILC-Canada who facilitated the finalization of the report by providing Louise Plouffe with time.

We appreciate the time and expertise that the following individuals dedicated to the Active Ageing: A Policy Framework in Response to the Longevity Revolution: Sara Arber (University of Surrey, UK), Alanna Armitage (UNFPA), Jane Barratt (IFA), Carolyn Bennett (Canadian Parliament, Canada), Ana Charamelo (University of the Republic, Montevideo, Uruguay), June Crown (former President, Faculty of Public Health, Royal College of Physicians, UK), Denise Eldemire-Shearer (UWI Jamaica), Vitalija Gaucaite Wittich (UNECE), Karla Giacomin (NESPE/FIOCRUZ-UFMG, Brazil), Dalmer Hoskins (U.S. Social Security Administration), Irene Hoskins (former President, International Federation on Ageing), Norah Keating (IAGG Global Social Initiative on Ageing, Canada), Nabil Kronfol (Center for Studies on Ageing, Lebanon), Silvia Perel Levin (ILC-GA Geneva representative), Joy Phumaphi (African Leaders Malaria Alliance), Mayte Sancho (Fundación Matía Instituto Gerontologico, Spain), Kasturi Sen (Wolfson College (cr), University of Oxford, UK), Alexandre Sidorenko (European Centre for Social Welfare Policy and Research, Vienna, Austria), Terezinha da Silva (Women & Law in Southern Africa, Mozambique), Derek Yach (WEF), Yongjie Yon (University of Southern California, USA), and Maria-Victoria Zunzunegui (University of Montreal, Canada).

We are grateful for the research grant (E-26/110.058/2013) by FAPERJ (Fundação Carlos Chagas Filho de Amparo à Pesquisa do Estado do Rio de Janeiro), the research funding agency of the State of Rio de Janeiro, which made the undertaking of this report possible. In addition, we recognize the generous financial contribution of the American Association of Retired Persons (AARP) as well as Bradesco Seguros. We also would like to acknowledge the support of the State Secretariat of Health through the Instituto Vital Brazil (IVB) and its Centre for Research and Study on Ageing (Cepe) who have supported our Centre since its beginnings.

And last but not least, we would like to thank the whole team of ILC-Brazil, including Silvia Costa, Márcia Tavares, Diego Bernardini, Elisa Monteiro and Yongjie Yon (ILC-Brazil Associate) who substantially contributed to the production of this report as well as all other board members of ILC-Brazil (Ana Amélia Camarano, Claudia Burlá, Égídio Dorea, José Elias S. Pinheiro, Laura Machado, Louise Plouffe, Luiza Fernandes Machado Maia, Marília Louvisor, Rosana Rosa, Silvia Regina Mendes Pereira, Israel Rosa, João Magno Coutinho de Souza Dias Filho and Fernanda Chauviere) for their continued support to ILC-Brazil.

ILC-Brazil intends the Active Ageing Revision to act as an ongoing consultation – an interactive process through which accredited partners will be encouraged to contribute new evidence and practice. If you are interested in joining this process please contact us on: info@ilcbrazil.org

We hope that you will enjoy reading and making good use of this Policy Framework.
INTRODUCTION

Every second, two people in the world celebrate their 65th birthday. Many millions go on to live an additional five to forty years. These extra years of life are nothing short of a revolution – a longevity revolution.

*Active Ageing: A Policy Framework in Response to the Longevity Revolution* revisits the World Health Organization’s 2002 *Active Ageing: A Policy Framework* in light of the most current demographic and social trends. It explores new data and information about the determinants of Active Ageing and adds lifelong learning as a fourth pillar of the Active Ageing concept. The report explores how the longevity revolution combined with current global trends is changing the face of ageing around the world. In doing so, it challenges us to rethink the traditional life-course model. Most importantly, the report provides a comprehensive set of recommendations for policy, research and practice that will enable us to fulfil the promise and potential of much longer lives.1

This report, which was written and produced by the International Longevity Centre Brazil in consultation with multiple partners around the world, casts the spotlight on older people as the next population group requiring legal measures, policies and practices that protect and promote their rights. At the same time, the longevity revolution requires actions that support all generations equitably.

---

1 Please see the full report for references and the complete set of recommendations: www.ilcbrazil.org
Population ageing is the result of two key factors: longer life expectancy and decreasing fertility rates. As people live longer and have fewer children, families may enjoy the benefits of simultaneous support from multiple generations. At the same time, fewer children combined with other societal changes may reduce the support and care that older persons receive from younger generations.

The older population groups and especially those aged 80 years and over are growing more quickly than any other age group. This growth is happening faster in low- and middle-income countries than in high-income countries, which are already further ahead in the demographic transition. While some regions and countries are making progress in improving healthy life expectancy (numbers of years spent in good health), large inequities remain both among and within countries.

Population ageing converges with other global trends that shape our collective future. These include:

- urbanization and the increasing proportion of older people "ageing in place" in rural communities;

- globalization and the associated economic, health and social benefits and risks to older populations and families;

- increased migration, which triggers complex challenges for younger and older generations within families and communities;

- the technology revolution, which presents opportunities for a better quality of life among all ages, as well as challenges in access, affordability, instruction and lifelong learning, if all ages are to benefit;

- environmental and climate change and the effects on older people, including their role in efforts to achieve environmental sustainability;

- epidemiological transitions, including the emergence of non-communicable diseases as the principle causes of morbidity, disability and mortality, and the double burden of both infectious and chronic diseases in many middle- and low-income countries;

- armed conflicts involving civilians and other humanitarian emergencies (such as those due to climatic change) wherein older persons are among the most vulnerable – unable to escape or access relief and basic means, and often excluded in recovery and reconstruction efforts – while, also a resilient group important in reconstruction and recovery efforts;

- persistent, relative poverty and increasing economic, health and social disparities among and within countries, between women and men, and among various social groups; and

- the evolving formal recognition of the human rights of specific population groups, which has led to a call for an international convention on the rights of older persons.

These trends coupled with demographic changes call for a radical rethinking of the life course that challenges existing assumptions about the age of retirement and the needs for care in older age. This new paradigm will see people moving out of rigid age-structured life patterns into a more flexible approach that allows for learning, work and leisure at different times throughout the life course.
“The longevity revolution forces us to abandon existing notions of old age and retirement. These social constructs are simply quite unsustainable in the face of an additional 30 years of life.” Alexandre Kalache, President of the International Longevity Centre Brazil

As the longevity revolution gains momentum, current paradigms about living environments, functional ageing, quality of life and dying are changing. A new transitional phase dubbed “gerontolescence” describes the increasingly long years of physical and mental vitality extending from the sixth decade until eventual (but not obligatory) decline in very old age. The vision of Active Ageing includes people in advanced years of life as well. Resilient older people who endure and cope with impairments and losses with dignity and continue to find meaning and joy in their lives are a source of inspiration. Others, who are dependent and sometimes wordless, call upon us to recognize and promote their human rights and the expression of their unique identities. Increasingly, a “good death” has come to mean that quality of life has been maintained until one’s last breath.
**ACTIVE AGING 2015**

*An Evolving Understanding*

In this report, the 2002 World Health Organization’s (WHO) definition of Active Ageing has been further refined by adding lifelong learning as a fourth component or pillar.

**Active Ageing is the process of optimizing opportunities for health, lifelong learning, participation, and security in order to enhance the quality of life as people age.**

A set of Active Ageing principles underlies this definition and guides policy action.

1) Being “active” is not restricted to physical activity or to labour force participation. It also covers meaningful engagement in social, cultural, spiritual and family life, as well as in volunteering and civic pursuits.

2) Active Ageing applies to persons of all ages, including older adults who are frail, disabled and in need of care, as well as older persons who are healthy and high functioning.

3) The goals of Active Ageing are preventive, restorative and palliative, and address needs across the range of individual capacity and resources.

4) Active Ageing promotes personal autonomy and independence as well as interdependence – mutual giving and receiving between individuals.

5) Active Ageing promotes intergenerational solidarity – fairness in the distribution of resources across age groups, concern for the long-term well-being of each generation, and opportunities for contact and support between generations.

6) Active Ageing combines top-down policy action with the promotion of opportunities for bottom-up participation.

7) Active Ageing is a rights-based approach that recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they develop, mature and grow older. It respects diversity and fulfils all United Nations (UN) human rights conventions, principles and agreements, including the UN Principles for Older Persons of independence, participation, dignity, care and self-fulfilment. It emphasizes the rights of persons who experience inequality and exclusion throughout life.

8) Active Ageing promotes individual responsibility while not assigning blame to individuals who have been excluded from society. It is designed to present opportunities for full citizenship and healthy choices throughout the life course.
Four Pillars of Active Ageing

1. Health

Active Ageing embraces the goals of enhancing the physical and mental health of populations and reducing health inequalities to enable people to achieve their fullest health potential across the life course. The earlier in life we cultivate good health, the better. Yet, it is never too late to improve health, to maintain functional capacity, to prevent and control disease, and to reverse or delay decline.

2. Lifelong Learning

Globalization and the rapid expansion of a knowledge-based economy have made access to information and lifelong learning key to Active Ageing. Lifelong learning is a pillar that supports all the other pillars of Active Ageing: it equips us to stay healthy, remain relevant and engaged in society, and assure our personal security. People in all walks of life and at all ages who are informed and skilled contribute to economic competitiveness, employment, sustainable social protection and citizen participation. Lifelong learning also contributes to solidarity between generations.

3. Participation

Participation means engagement in work (paid and voluntary) and any social, civic, recreational, cultural, intellectual or spiritual pursuit that brings a sense of meaning, fulfilment and belonging. Social and intellectual engagement is linked to good health among young to very old adults and to optimal cognitive functioning capacity in later life. The active participation of all citizens in the decision-making processes of society keeps democracy robust, makes policies more responsive and empowers individuals.
4. Security

Without security, which requires both physical and social protection, we cannot develop our potential and age actively. Threats to security at a societal level include conflict, the effects of climate change, natural disasters, disease epidemics, organized crime, human trafficking, criminal victimization and interpersonal violence and abuse, as well as sudden and/or prolonged economic and financial downturns. At the individual level, risks can be disease, poverty and hunger, deaths in the family, periods of unemployment, and moving away from homeland. Persons whose security is most at risk are those with the least power in society – children and youth, women, older persons, indigenous peoples, immigrants, racial minorities and persons with a disability.

Determinants of Active Ageing

In 2002, the World Health Organization proposed a set of interrelated determinants to explain the multiple and interactive factors that shape Active Ageing. Active Ageing involves the dynamic interplay of these risk and protective factors over a lifetime in the person and in the environment. We have learned more about the determinants of Active Ageing since 2002. While most of the research has been carried out in high-income countries, the evidence from developing countries is increasing. Our understanding of how they interact across the life course is improving, in particular, thanks to large longitudinal studies that examine multiple factors.

Cross-Cutting Determinants: Culture and Gender

Culture and gender are overarching, cross-cutting determinants that shape a person and his or her environment over the life course. **Culture** shapes almost every aspect of one’s life including health behaviours, practices to maintain health and treat illness, ways of coping, the provision of care, the roles of women and men, the place and value of...
persons of different ages and socio-cultural groups, living arrangements, relationships within the family, and expectations for care at all stages of life.

Culture provides people with a sense of identity, continuity and belonging. Colonial cultural oppression has had devastating effects on the social integrity and individual well-being of indigenous peoples. Globalization poses threats to cultural heritage in many regions of the world. Extensive migration creates a growing diversity of cultures that can stimulate tolerance and cultural sensitivity, but can also lead to frictions and social exclusion. Cultural safety has become an essential lens for policy development that supports Active Ageing.

The traditional culture of family care for older people in multigenerational households is increasingly challenged by the demands of urbanization, the participation of women in the paid workforce, the poor uptake of care responsibilities by men, changing attitudes toward independent living, and unstable environments due to conflict, natural disasters and humanitarian emergencies. The longevity revolution, changing family structures and increased migration may also mean that some older people have few or no available family caregivers. An international consensus is emerging around the need to forge a culture of caring that responds to these factors.

Culture influences beliefs and attitudes about ageing and older persons, both positively and negatively. Like other social biases, such as racism or sexism, ageism is displayed in actions that overlook relevant age-related differences, as well as in actions that fail to see the similarities between older and younger persons. Discrimination because of age or other social characteristics is increasingly recognized as a significant risk factor for health.

Gender affects all of the other determinants of Active Ageing. Women are disadvantaged to varying degrees in all countries and in all areas of life – economic security, education, health and political empowerment. While some progress has been made, gender inequities are still present worldwide. Caregiving, which is mostly women's work, exacts a toll on health. Girls and women are much more likely than boys and men to experience domestic violence and sexual abuse. Advancing age- and sex-related biological differences, compounded by the cumulative impact of social inequities over a lifetime, lead to greater morbidity and disability among older women than older men. Women are more likely to be widowed and impoverished in late life. A protective factor for women against isolation, however, is their closer ties to family members and generally more extensive network of friends in comparison to men.

Despite enjoying more of the social and economic advantages that support Active Ageing than women, men's socialization in most cultures to be 'masculine' engenders a number of risks to physical, social and mental well-being. Greater risk-taking over the life course is one explanation for the universally lower life expectancy of men compared to women. Men are the most frequent victims of violence outside the home and men over age 60 have the highest suicide rates, with rates rising progressively per decade. The transition from work to retirement may be more difficult for men than women, as men's identity may depend more on their occupation, and their social relationships outside the family may be principally work-related. Social isolation among older men reflects a reluctance to engage with others,
and the risks for isolation are higher for divorced and never-married men.

“When gender equality is truly embraced, the skills, experiences and resources of women and men of all ages will be recognized as intrinsic assets for a fully cohesive, fulfilling, productive and sustainable society.” Rio Gender and Ageing Charter, 2014

**Behavioural Determinants**

Individual behaviours play a direct and significant role in Active Ageing. Behaviours of particular importance include tobacco use, healthy eating (and healthy weights), physical activity, sleep, safe sex, alcohol consumption, self-care and health literacy. The world’s leading chronic diseases are linked to these behaviours. While we have learned more about these behaviours in relation to ageing in recent years, data and research on health behaviours in older age are lacking. Personal behaviours are powerfully influenced by social and economic factors. Population-level interventions that “make the healthy choices the easy choices” are required and can be complemented by health promotion measures at the individual level. It is never too late to enjoy a healthier lifestyle. Health promotion interventions can be beneficial and cost-effective also in older age.

---

2 Self-care is highly associated with health literacy, defined as the ability to obtain, process and understand basic health information and services to make appropriate health decisions.

**Personal Determinants**

Personal determinants of Active Ageing include:

- **Biological and genetics.** Genetic factors account for no more than 25% of the difference in the age of death of individuals. Some resistance or susceptibility to certain diseases is heritable.

- **Cognitive capacity.** Some cognitive abilities peak in young adulthood and decline with advancing age (e.g., mental speed), while others increase with age (e.g., vocabulary and specific skills). Although decline in cognitive functioning and the onset of dementia are associated with older age, modifiable social, environmental and individual factors play a large role.

- **Psychological factors.** Six key psychological dimensions are highlighted for their contribution to a longer, healthier life and robust well-being among older adults: autonomy, environmental mastery (ability to manage one’s immediate world), personal growth, positive relations with others, purpose in life, and self-acceptance. The capacity for positive psychological adaptation is possible even among people with severe limitations who choose how to use their restricted reserves of energy in ways that are most personally gratifying.

- **Sexual orientation and identity.** Sexual orientation and identity impact upon self-esteem, social status and both physical and mental well-being throughout life. While the lesbian, gay, bi-sexual, transgender and inter-gender (LGBTI) community is
highly diverse, it appears that LGBTI older adults are a resilient yet at-risk population experiencing significant health disparities. Globally, large numbers of LGBTI persons are routinely subjected to violence, abuse, bullying and stigmatisation, with negative health consequences at all ages.

**Physical Environment**

The physical environment (including public outdoor spaces and urban design, transportation, buildings and the natural environment) can be a risk as well as a protective factor for resilience along the life course, especially in older age when accessible environments are needed to compensate for functional capacity declines. An accessible environment encourages physical activity, independence, participation and social networking. At a community level, it fosters social interactions, which build social cohesion. Policies and programmes that create age-friendly physical environments are needed to facilitate Active Ageing. The effects of environmental and climate change (e.g., air pollution, flooding, heat waves) have a strong impact on the mortality and morbidity of children, older people and people with disabilities. While older people are more vulnerable in emergency situations, they also offer important contributions in recovering and rebuilding communities.

**Social Determinants**

The social environment and personal networks of family, friends, colleagues and acquaintances exert powerful effects over well-being. Social determinants of Active Ageing include:

- **Education.** Education is linked to better health throughout the life course and across generations. Lifelong learning, not limited to formal education, contributes significantly to well-being in midlife and older ages.

- **Social isolation and loneliness.** Older people with eroding social networks or restricted mobility, persons with mental illness and refugees are at a particular risk of social isolation and loneliness; women are at higher risk than men.

- **Violence and abuse.** Violence and abuse experienced early in life continues to influence one's health and well-being throughout life. While elder abuse can happen to anyone, persons who are more vulnerable are socially isolated or lonely, cognitively impaired and have a family member with serious personality problems. Abuse and violence against older women, including abandonment, property theft and accusations of witchcraft are sometimes embedded in where there is an expectation of trust, which causes harm or distress to an older person. It can be of various forms: physical, psychological, emotional, sexual, financial, or simply neglect, intentional or unintentional.

---

3 Social isolation refers to the objective lack of social contacts; loneliness is a subjective individual evaluation of the adequacy of one’s social network.

4 Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship
local customs, which must be identified and combatted.

- **Volunteerism.** Volunteering or helping others, either directly or through organizations, positively influences well-being at all ages, and particularly in older age.

### Economic Determinants

Financial capital influences all of the four pillars of Active Ageing. Economic risks and protective factors include the following:

- **Socio-economic status.** The negative effects of low income persist into older adulthood and are reflected in a higher prevalence of chronic illness, functional limitations, psychological distress and higher death rates.

- **Employment and working conditions.** A good job and adequate working conditions provide access to a decent income, learning opportunities, social networks and psychological benefits. Chronic unemployment and underemployment pose significant risks to long-term economic security and personal well-being. Job creation, particularly for the current generation of young people, is a core policy issue in a global economy with growing income inequalities and a highly mobile workforce. Having opportunities for dignified, safe and adequately remunerated work, to learning and to financial support for self-employment and income-generation activities is fundamental to resilience in older age.

- **Pensions and social transfers.** Pensions and unemployment benefits are important determinants of health and well-being in older age. There is evidence that pensions given to older people also lead to improved nutrition and schooling among younger household members, as well as lower child labour force participation. Financial literacy should be stimulated throughout the life course to facilitate the growth and management of capital reserves for later life.

### Health and Social Services

Accessible, equitable health and social services promote and protect health, prevent and treat health problems as they occur over the life course, and preserve quality of life until the end of life. The life-course model of Active Ageing suggests that the package of services provided in ageing societies must address several key health issues, including dementia, sensory impairment, mobility and falls, depression, skin health, as well as multimorbidity and frailty.

Health and social services that support Active Ageing include several evidence-based characteristics.

- **Chronic diseases.** Meeting the health and social service needs that relate to the chronic conditions associated with ageing (e.g., cardiovascular disease, cancers and chronic respiratory disease) positively influence health and well-being across the life course.

- **Continuum of services.** A continuum of services provides 1) an effective balance of services performed by self and family, community-based care and institutions; 2) a system focus on community-based primary health care and 3) a cadre of professionals who are trained to understand age-related aspects of health and respond to changing health needs over the life course.
**Health promotion.** Enabling people to take control over and improve their health is a crucial determinant of health. Health promotion is a shared role, involving home, school, workplace, community and health services, supported by government policies at all levels.

**Age-friendly health care.** Too brief consultations with professionals who do not have adequate training in ageing-related health needs, long distances to services, unaffordable costs and financial barriers, as well as long wait times for care in uncomfortable settings are common barriers in primary health care with direct impacts on health and well-being. Age-friendly models of primary and hospital care address the poor fit between health facilities and older patients with complex health issues.

**Long-term care.** Long-term care services that effectively support ageing-in-place at home incorporate the features of communication, continuity, coordination, comprehensiveness and community linkage. Long-term care institutions provide a suitable option for older persons with heavy dependency and lack of adequate support at home.

**Support to unpaid caregivers.** Unpaid caregivers provide an estimated 90% of the support and care received by older persons. Helpful ways to support caregivers include respite care, training, support groups as well as appropriate recognition and remuneration. A culture of care that includes but goes beyond strictly family or public (government provided) care, and redresses the gender imbalance in care work may resolve the growing dilemma of the diminishing ability of families to provide care without additional support. This includes but goes beyond strictly family or public (government provided) care, and redresses the gender imbalance in care work.

**Palliative care.** A lack of a compassionate and skilled palliative care to address the particular challenges associated with end-of-life care, undermines the quality of life of both the dying person and the family. Appropriate palliative care involves an adequate complement of specialists, as well as well-trained general care professionals.
THE POLICY RESPONSE

Active Ageing requires policy action on the four pillars and all determinants, including the cross-cutting factors of gender and culture. The full report contains details about the following policy recommendations.

Health

To take full advantage of the longevity revolution, it is essential to not only increase the number of years of life but also the number of years in good health.

- Reduce risk factors associated with major diseases (such as poverty, low levels of education and social exclusion) and increase protective factors (such as healthy living and age-friendly, healthy environments) throughout the life course.

- Ensure universal age-friendly access to quality, affordable health and social services and essential medicines without discrimination on the basis of age, gender, socio-economic status or any other social bias.

- Pay special attention to health issues that particularly affect older people, such as mental health services, falls and sensorial loss, and the need to include and support older people affected by and infected with HIV/AIDS.

- Develop a culture of care that supports ageing in place, self-care, caregivers, best practices in caring, and respect and comfort for the dying.

Lifelong Learning

Lifelong learning supports all the other pillars of Active Ageing.

- Promote innovative opportunities for lifelong learning that provide flexible, accessible literacy, educational, training and retraining opportunities throughout the life course.

- Improve access to information, especially about human rights for all ages and reduce age-related disparities in technological skills and knowledge.

- Recognize and support the crucial role of volunteering in fostering lifelong learning.

- Provide training and education on ageing and the longevity revolution, its differential impact on women and men, and the implications for policy and business, and on the rights of older persons.

- Promote intergenerational exchange and informal learning within families, communities and workplaces.

Participation

Inclusive, productive societies enable people to participate in social, economic, cultural, civic, recreational and spiritual activities throughout their lives, including in older age, according to their needs, preferences, capacities and rights.
• Improve images of ageing and combat ageism, stereotyping and biases.

• Create opportunities for people with a full range of functional capacities to actively participate in all spheres of life.

• Enable older women and men to be actively involved in decision-making at all levels.

• Foster civic and volunteer engagement throughout the life course, especially among groups whose voices are underrepresented in civic discourse, including very young adults, older people, minorities, and persons who are socially isolated and socio-economically disadvantaged.

• Re-design work, working environments and workforce policies to enable longer and more flexible labour force participation, as appropriate and desirable.

• Cultivate intergenerational relations, contact, dialogue and solidarity.

• Create age-friendly environments and transportation options that encourage participation and reduce barriers for people of all ages and functional capacity.

• Protect the right to basic physical and social security across the life course of both women and men.

• Build age-friendly, safe physical environments and provide a range of affordable housing options that facilitate secure ageing-in-place.

• Eradicate extreme poverty, provide a basic income and income-generation initiatives across the life course and reduce economic inequalities between women and men and across generations.

• Build security through decent work, sustainable and adequate pension systems, and a dignified retirement when working is no longer desirable or possible.

• Prevent and eliminate discrimination, violence and abuse including elder abuse and domestic violence against women and girls throughout the life course.

Security

Security – physical, financial and social – is a basic human right. When people are no longer able to support and protect themselves, policies that address security needs and rights become particularly important.

Cross-cutting issues: Governance, Policy and Evidence

Evidence-based intersectoral, collaborative action is required to achieve Active Ageing in all four pillars.

• Recognize population ageing as a critically important policy issue and enhance decision makers’ capacity to respond by providing access to research, evidence, data analysis, options and tested policies and practices.

• Improve governments’ commitment and ability to respond to the longevity revolution through cross-sectorial and collaborative action, enhanced coordination and a participatory approach.
Mainstream ageing, gender and culture to ensure that no-one is left out in all relevant policies and programmes.

Take global action to ensure that ageing-related needs and issues are explicitly addressed, measured and reported as part of international policy commitments to advance the well-being of all persons of all ages.

Invest in research on Active Ageing, data collection and analysis that is disaggregated by age and sex, and measurable targets to monitor and evaluate progress in all four pillars of Active Ageing.

Conclusions

The major challenges and recommendations identified in the 2002 Active Ageing Policy Framework remain just as relevant in 2015. They are nuanced and expanded in this document by new evidence, the dynamic nature of the longevity revolution, and changing global trends.

International agencies and non-governmental organizations have collectively called for a strengthening of the Active Ageing approach. There have been significant advances in research, policies and practice but, given the magnitude and speed of the longevity revolution and its all-encompassing impacts, the worldwide response remains far too timid.

While governments at all levels play a lead role in policy change, it is the responsibility of all generations, and all groups in society to press for action. Everyone has a stake in the outcomes. The Active Ageing model continues to present a coherent and a comprehensive framework for strategies at a global, national, local and individual level to respond to the longevity revolution.
© International Longevity Centre Brazil (Centro Internacional de Longevidade Brasil), 2015

Reproduction is authorized provided the source is acknowledged.

Edited by Paul Faber
Copy-edited by Audra Gorgiev
Executive Summary by Peggy Edwards
Graphic design by Márcia Tavares

FULL REPORT TO BE DOWNLOADED AT: http://www.ilcbrazil.org