

Editorial: Three challenges in realising the MIPAA in developing regions

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Introduction

The year 2017 marked fifteen years since the adoption of the Madrid International Plan of Action on Ageing (MIPAA), deemed to be a major breakthrough in the way the world seeks to support older people. The MIPAA focuses on three priority areas: older persons and development, advancing health and wellbeing into old age and ensuring enabling and supportive environments, and sets out 239 recommendations in relation to its 35 objectives. The Madrid Plan is the successor to the Plan adopted during world's first international policy framework on ageing, the Vienna International Plan of Action on Ageing (VIPAA) introduced some thirty years earlier in 1982. Although a landmark agreement in its own right, the implementation of the VIPAA was perceived to be of most relevance to advanced economies which already had aged populations, and little progress was made in implementing its' recommendations in developing countries with younger age profiles (Sidorenko & Zaidi, 2018). The MIPAA reaffirmed commitments made in the VIPAA, but also sought to be of increased relevance in developing as well as developed countries. Further, the MIPAA took an explicitly rights based approach and encouraged the mainstreaming of ageing issues into general policy and development discourses (Sidorenko & Walker, 2004; Marin & Zaidi 2007), with a key commitment being to 'build a society for all ages' (United Nations, 2002).

Fifteen years since the MIPAA's adoption, there are 962 million people aged 60 years or over globally, over twice as many as in 1980 when preparations for the VIPAA were underway (UNPD, 2017). This figure is projected to rise to 2.1 billion by 2050 with the biggest growth to be seen in developing countries. Indeed, almost eight in every ten older people globally will live in a developing region by the middle of the century (ibid.). Whilst the MIPAA is not legally binding and responsibility for its implementation lies primarily with national governments, information and best practice sharing at the international level is strongly encouraged. Indeed, the United Nations has been collating evidence for its' third five-year review on the implementation of the Plan (ECOSOC 2017). Thus, it is a timely opportunity to reflect on progress made in developing countries, as well as to analyse the challenges that lie ahead in regions set to grow old before they grow rich.

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This special issue of the International Journal on Ageing in Developing Countries brings together regional level perspectives on progress towards the MIPAA from Africa, Asia and Latin America and the Caribbean. A subsequent special issue on the same topic includes country-specific examples on implementing the Madrid Plan.

The authors of the papers in this issue include academics and policy professionals, and as such bring a range of expertise and insights to the issue. Whilst each paper provides its own unique contribution, analysis and conclusions, three common challenges in realising the MIPAA are evident across this collection of papers. We summarise these three challenges below.

(1) The complex realities of ageing in developing countries

Papers based on analysis from multiple regions in this issue highlight key nuances with the application of the MIPAA to their contexts largely linked to their developmental stage. For example, several papers highlight that high labour force participation rate reflects a lack of safety nets and alternatives rather than necessarily a success in supporting the choices of older workers (Padmadas et al. 2018; Salazar & Jenkins 2018; Sibai et al. 2018; Quashie et al., 2018). Whilst social pensions are yet to be the norm in many developing countries, there are examples of developing countries with well-developed social protection schemes analysed in this issue – for example Padmadas et al. describe Mauritius’s long-standing scheme well as recently introduced social pensions such as Uganda’s Senior Citizens Grant, whilst Salazar and Jenkins describe the Universal Social Security System in Cuba. Indeed, there is a growing body of evidence from across world regions that social pensions can be a key building block to development not only amongst older people but also their wider families and households (World Bank 2012; Mendizabal 2014). Further, in analyses of progress towards advancing health and wellbeing into old age, several papers describing limited progress in supporting mental health, training of medical specialists and prevention of non-communicable disease, but at the same time flagging up that the countries in their regions continue to face a substantial burden of infectious disease (Abla et al. 2018; Padmadas et al. 2018; Parry et al. 2018; Quashie et al. 2018).

As is eloquently argued in the conclusion of Sibai and colleagues (2018) paper, we need to strive to make supporting older people part of the development process, rather than implicitly conceptualising support for older people happening once a certain level of economic development has been achieved. This is reflected in Huber’s (2005) UN paper on how the MIPAA should be implemented, which recognised diversity between and within countries. Thus, flexibility to recognise the differential starting position of different regions, such as with disease profiles, and the close interlinkages between some objectives, such as those linked to labour force participation and social protection coverage and adequacy is important.

(2) *Limited availability of data*

The shortage of high quality data is highlighted in multiple papers (Faye & Andrade 2018; Padmadas et al., 2018; Parry et al., 2018; Quashie et al. 2018; Sibai et al. 2018). At a population level, old age is associated with declining health and ability to engage in work, which can make older people a vulnerable group. However, this potential vulnerability is masked when statistics are only produced for the total population or total adult population. This makes older people invisible and difficult both to assess and celebrate progress in supporting older people in relation to the MIPAA, and to evidence where countries are falling short of their commitments. High quality evidence on the situation of older people is particularly valuable for resource-constrained settings where policymakers are faced with limited budgets and juggling multiple pressing priorities. Whilst in general there is greater availability of age-disaggregated data in developed countries, the issue is not exclusive to developing countries. For example, the lack of representative data on elder abuse mentioned in several of this issue's papers is in fact a global issue (WHO, 2014). Very limited information is available in many countries around the world on the extent of violence, abuse and neglect of older persons. Even where data are available, cases are often underreported and prevention policies are lacking.

There are examples of innovative use of existing data in developing countries to shed light on the relative situation of older people. Indeed, in their paper reviewing the data challenge for monitoring ageing in Asia and the Pacific, Parry and colleagues (2018) note disaggregating existing data by age group and removing the age cap on existing surveys may be the most realistic options for resource-constrained countries seeking to improve data availability on ageing. Faye and Andrade (2018) adopt the approach advocated by Deaton and Paxson (1995) of using USAID's Demographic and Health Survey (DHS) data to estimate wealth amongst households which include older people in Western and Central Africa countries. The DHS programme is a large household data collection effort in developing countries which samples households that include at least one woman aged 15-49 years. Information on all household members is then collected, and this enabled Faye and Andrade to demonstrate that households which include older people are more likely to be poor than household which do not include older people.

With sufficient political will and resources, there could be greater moves towards nationally representative surveys which specifically focus on the wellbeing of older people and thus provide evidence on progress towards the breadth of recommendations in the MIPAA. There are multiple models of high quality ageing surveys which are used for cross-country comparisons in developed countries, such as the Survey of Health, Ageing and Retirement in Europe (SHARE), and increasingly in developing countries, such as the Study on Global Ageing and Adult Health (SAGE) which includes six middle income countries. The new national survey on older persons in Iran, to be conducted during 2018, is a good practice example in this respect where policymaking communities in a resource-constrained country appreciate the value of high-quality evidence base on older persons. The formation of the new United Nations Titchfield City Group on Ageing and Age-disaggregated data also provides

us with a unique opportunity to ensure that countries learn from each other in the collection of age-disaggregated data and monitor progress in the implementation of the MIPAA.

(3) Paucity of agreed arrangements for monitoring & implementation

Part of the issue around lack of age-disaggregated data is the lack of clear guidance in the MIPAA documents on the need to collect this data in order to monitor progress. Indeed, the MIPAA lacked a comprehensive and consistent approach to its monitoring which makes it difficult to assess implementation and to fairly compare progress across countries and regions (Sidorenko & Zaidi, 2018). There are examples of successes at a regional level in introducing binding commitments, such as the Inter-American Convention on the Protection of the Rights of Older People described in the Montes de Oca et al.'s paper on policy developments in Latin America and the Caribbean. However, multiple papers in this issue cite the limitations of information on legislative change, pressures of resources and limited political will as obstacles to success in the implementation of the supporting older people (Padmadas et al., 2018; Quashie et al. 2018; Sibai et al., 2018). Inconsistent implementation and monitoring is perhaps to be expected given that the Madrid Plan is not a legally binding obligation.

However, in recent years, there is renewed momentum behind supporting vulnerable groups. In contrast to their predecessor, the Millennium Development Goals, the new 2030 Agenda of the Sustainable Development Goals (SDGs) makes specific mention of older persons and ageing as a cornerstone of sustainable development (Bennett and Zaidi, 2016). Key pledges in the Agenda are to 'leave no one behind' and 'reach the furthest behind first' (United Nations, 2015). In support of these commitments, an explicit target in the implementation of the SDGs is to increase the availability of high quality age-disaggregated data. These commitments clearly resonate with the MIPAA's pledge to 'build a society for all ages'. Therefore, a key opportunity ahead is capitalising on this renewed momentum to include the needs of older people in development planning and to build high quality metrics to assess progress over time, so that they can also contribute to monitoring and implementation of the MIPAA. Parry and colleagues (2018) provide an assessment of the challenges of monitoring active ageing in the Asia-Pacific region. They conclude that a dashboard of indicators which align with the Active Ageing Index of Zaidi et al. (2017) but also link with the MIPAA commitments could form part of the solution on how to monitor the MIPAA, stressing that the dashboard of indicators should be adapted according to context-specific factors in particular countries/regions and developmental stage and existing data infrastructure.

These overarching themes as well as the nuanced findings and analyses presented in each paper, show that whilst ageing is increasingly evident on policy agendas in developing regions there are still significant challenges and obstacles ahead as we strive to build a global society for all ages.

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