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**Recommendations for Possible Actions to Improve the State of Elderly**

*Prepared by SESRIC for Consideration during the Workshop on “Improving the State of Elderly in OIC Member States”*

*(24-25 April 2018, Jeddah)*

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# I. Introduction

Talking about ageing means talking about the future. Across the OIC region, however, ageing so far has not been a primary policy concern. A relatively young population, an almost flat speed of ageing rate, and traditional and religious values that have made co-residence the key response to macro level ageing[[1]](#footnote-1) enabled OIC societies to absorb ageing.

However, since the 2000s, OIC Member States and their societies have been entering a new demographic and cultural stage. In this new stage, for one, Member States should expect their population structure to *become older* and *at a faster speed.* In fact, by 2050 in a significant number of Member States there will be *more elderly than young people*. These trends will increase *the old age dependency ratio* meaning that *more people will need support and care for a longer period of time.* Second,this demographic shift will interact with equally significant and major cultural and economic changes that will increasingly undermine filial care and families’ ability to absorb ageing. Together, these radical changes call the OIC member states to finally start a conversation on ageing and respond to the newly moulding conditions, mandating them, in particular to take on larger responsibility.

This document is an initial step to start this much needed conversation on ageing and the common future of Member States. It aims to urge policymakers to measure demographic transition over the next years to map out its health, social, and economic consequences, to start preparing for these consequences from today on by redesigning health and social policies accordingly, and to foresee the future factors that are going to modify demographic makeup of their relevant societies.

To enable realization of this aim, the document focuses on four intervention areas, which will to jump-start a process of identifying most immediate problems, reviewing existing policies, and taking necessary policy actions. These areas cover (i) labour market and economic integration, (ii) health and well-being, (iii) enabling a supportive environment, and (iv) culture.

Importantly, both selected areas and actionable insights provided for each are only draft suggestions to be considered and discussed at the workshop on ‘‘Improving the State of Elderly in OIC Member States’’ (24-25 April 2018, Jeddah, Kingdom of Saudi Arabia), which aims to bring all relevant OIC institutions and Member Country Experts to develop an effective approach to the issues at hand. This would also open up the way to eventually develop an OIC Action Plan to address the current and emerging challenges related to ageing in OIC countries.

# II. Overarching Principles

Before presenting the main recommendations to improve the state of elderly in OIC countries, it is important to recognize that there are some cross-cutting issues and key aspects related to the key intervention areas and specific recommendations presented in this document. To avoid repetition and to be able to present a methodical approach to the issue of ageing, the document suggests the following key aspects to be considered as overarching principles that need to be applied to each area.

1. Keep diversity in mind: While the label elderly is commonly used for the population 65 years and over, this group is quite heterogonous and the experience of aging varies among different segments that constitute the elderly group. Gender, rural versus urban settings, income settings, differing physical and mental abilities, ability and inability to work and volunteering, residing with family or at institutions and many other factors determine the needs and problems of the elderly. *This diversity requires the member states to map out existing segments, in particular collecting accurate information on the age distribution of elderly given the vast differences between the oldest old (80 years and above) and young old (65 to 80).*
2. Adopt the socio-cultural model:Neither health nor ageing are merely medical concepts. On the contrary, health and ageing are defined by the cultural and societal norms about body, personhood, and community*. This requires the member states to adopt the ‘the socio-cultural model’ that places ageing in the dynamic interplay of social structures.*
3. Engage all sectors of society: To address the problems posed by ageing population not only a multi-disciplinary but a multi-sectoral approach is needed. Engaging private sector, civil society, faith-based associations, and elderly themselves will not only assist policy makers to better understanding the problems on the ground but also come up with innovative, fast-track, and cost efficient fast-track, and cost-efficient solutions. *This requires Member states to develop mechanisms and opportunities to partner policymakers with different sectors and to enable these sectors to partner with one another.*
4. Adopt a gender lens: The social and economic consequences of micro and macro ageing impact women the most. As young female adults, women are the main segment of population that takes care of the elderly and ageing parents. However, women are also the main caregivers for children. Working women are being increasingly burdened by this double demand. On the other hand, elderly women are at a higher risk to be exposed to poverty, violence, and abuse. *This requires member states to adopt a gender-lens in developing health and social services for ageing.*
5. Pay specific attention to displacement and migration: Many OIC member states are struck by immigration, either through their population exiting or through entrance of new populations. Migration patterns are typically -age-selective and both in the context of the hosting county and country of origin, results in additional burden on the State in the areas of health, housing and social security. This requires member states to take displacement and immigration into account in developing health and ageing policies and services.
6. Understand the broader demographic and economic context: Finally, the growth of the elderly in OIC member states take place in a context that is when compared to other country groups has the highest growth of the young population and of those of working age, whose needs still largely remain to be unmet. *This requires member states to develop smart-policies that can recognize the interplay between both trends and address issues of both segments in a way that can benefit both.*

# III. Recommendations

This section groups the key challenges faced by elderly people living in OIC countries under four main areas: (i) labour market and economic integration, (ii) health and well-being, (iii) enabling a supportive environment, and (iv) culture. These areas have been identified through analysing relevant qualitative and quantitative indicators on elderly in OIC countries, assessing international datasets, and reviewing national, regional as well as international plans on elderly. Following the discussion on the key challenges under each area of concern, a set of policy recommendations are listed for the consideration of policy-makers. More specific policy actions have been proposed in order to provide a concrete roadmap for the successful implementation of each recommendation. These specific policy-actions are presented in the Annex of this document.

## AREA 1: Labour Market and Economic Integration

Elderly people are usually among the poorest in many developing countries including OIC countries. They often do not have access to a regular income due to weak and underdeveloped social protection mechanisms and labour market arrangements. As a result, elderly people continue to work even they have some serious physical capacity as well as health problems without necessary protection at work. On the other hand, those who chose to work face problems in access to employment opportunities. Even sometimes they become the victims of discrimination due to their age.

As the share of elderly people in OIC countries tends go up in the light of demographic projections, the increase seen in the old-age dependency ratio of several OIC countries have already started to put a pressure on their social security systems. Therefore, the active participation of elderly people into labour market and their integration into economic life have become more important than ever. In this regard, OIC countries need to make some reforms and take policy-actions from labour market regulations to social security contributions to address challenges faced by elderly people in the work life with a view to enabling them to reach better standards of living as well as maximizing their contribution to the development of their societies. In this regard, OIC countries are specifically advised to consider the following six recommendations:

* 1. *Develop and adopt alternative working systems*
	2. *Encourage economic integration of elderly people*
	3. *Enhance skills development of elderly people according to labour market needs*
	4. *Promote effective coordination among key stakeholders and enhance intra-OIC cooperation*
	5. *Improve the scope and delivery of social security services*
	6. *Cope with non-discrimination at work*

## AREA 2: Health and Well-Being

Elderly people in good health can enjoy a greater sense of well-being and participate more actively in the economic, social, cultural and political life of a society. Increasing life expectancy in OIC countries and growing size of elderly population bring new challenges for individuals, families and society to a large extent. Given the rapid change in traditional roles of family members (e.g. parental care and childcare), an increasing number of elderly people need to solely rely on social protection programmes and available public health services to continue their remaining life. In some OIC countries, health systems and social security programs have already started to be challenged while trying to meet the growing demand for quality and comprehensive health care services for elderly people. This necessitates for OIC countries to scale up their health care and well-being services for elderly people both in terms of human capital as well as financial sources. As several OIC countries are characterized by a relatively higher share of rural population, making these services more accessible for all elderly people is also important to be more inclusive. Nevertheless, prevention of diseases and disabilities during old ages is the least costly intervention that can be taken. Therefore, a specific attention also needs to be paid to the prevention and early detection policies. Against this background, the following specific policy-recommendations can be made for the improvement of health and well-being of elderly people in OIC countries:

***2.1.*** *Improve disease prevention*

***2.2.*** *Invest into rehabilitation and long-term care services*

***2.3.*** *Improve public mechanisms including social security systems*

***2.4.*** *Ensure access to health services*

***2.5.*** *Promote inter-sectoral and intra-OIC cooperation*

## AREA 3: Enabling a Supportive Environment

Creating inclusive, cohesive societies for all, especially for those who remain to be more vulnerable— namely, women, children, elderly, and youth— is a necessary condition for social and economic sustainable development. To create a society where elderly is integrated and included, one of the most fundamental steps is to promote an ‘enabling environment’. An environment is enabling when circumstances do not prevent but improve the capabilities and well-being of the elderly. Environmental circumstances include both physical circumstances, such as the built environment, and social circumstances, such as integration and solidarity, and these different components mutually reinforce one another.

In regards to physical circumstances, housing and the surrounding built environment— including transportation and design of public spaces and buildings— are particularly important for the elderly for these circumstances determine whether one has access to such basic requirements of well-being as security, access to water and shelter, mobility. Social environmental circumstances play an equally fundamental role by determining whether one is able to remain active in and connected to society and maintain emotional well-being. In this light, this sub-section first presents key actionable insights that would enhance both physical and social environmental conditions that surround the elderly. It emphasizes in particular reformulating environmental conditions to enable ‘ageing in place’ and facilitating elderly volunteerism as major factors that can create a positive environment for elderly people. The sub-section highlights the need for a more thorough and scientifically based approach to ageing and the needs of elderly in order to better formulate polices that can ensure an enabling social and physical environment. In this regard, the following specific policy-recommendations can be made to create a supportive environment for elderly people in OIC countries:

***3.1.*** *Develop policies to ensure an enabling environment for the elderly people*

***3.2.*** *Improve mobility of elderly people across all spheres of life*

***3.3.*** *Promote elderly volunteerism to improve elderly well-being and to facilitate their contribution to society*

***3.4.*** *Improve scientifically based approaches to ageing to better address the needs of the elderly and prepare OIC Member States to future demographic changes*

## AREA 4: Culture

The issue of ageing and elderly cannot be thoroughly comprehended within the limits of medical intelligence; culture is what defines who is considered old, how people make sense of and responds to ageing and old-age, and how societies, from families to policy makers, view and treat their elderly. This sub-section starts with considering cultural and religious attitudes towards ageing and elderly to identify ways in which negative stereotypes, that view old age as decline and incompetency and as a source of anxiety, can be replaced by a more positive and realistic perception of ageing and old age. Promoting positive attitudes can also be considered as a part of the efforts to fight against and eliminate violence, neglect, and abuse of elderly in addition to and to complement necessary legal instruments and frameworks. Moreover, cultural attitudes towards ageing determine to a large extent the nature of caregiving. Across OIC countries, the key response to elderly care has been informal care provided by family members. However, upcoming and intensifying demographic and economic challenges as well as changing family values threaten the community orientation of families. As such, the sub-section focuses on how to increase the capacity of both caregiving families and elderly care institutions, both public and private. It particularly emphasizes supporting female caregivers (both the sandwich generation**[[2]](#footnote-2)** and elderly women) given their exposure to greater risk and pressure.

Finally, cultural attitudes also influence intergenerational relations; modern society tends to create generational segregation in public spaces and activities. However, intergenerational support and solidarity can benefit both the elderly and the young and both at the broader level of society and at the level of co-residing families. The sub-section presents policy recommendations on how to combat negative stereotypes and violence directed at elderly, strengthen and promote caregivers of all kind, and promote and facilitate intergenerational support and mutually beneficial relations. In this context, the following specific policy-recommendations can be made to address challenges faced at the cultural front for elderly people in OIC countries:

***4.1.*** *Fight against ageism in society at large and promoting positive images of ageing and the elderly[[3]](#footnote-3)*

***4.2.*** *Strengthen solidarity through equity and reciprocity between generations*

***4.3.*** *Eliminate Violence against and Abuse and neglect of elderly*

***4.4.*** *Support and Strengthen caregiving families and institutions*

# IV. The Way Forward

As the senior citizens of societies, elderly people have made great contributions to the development of their countries throughout their life span. As the official statistics reveal, the number senior citizens or elderly people living in OIC Member States has been on the rise over the last decades. The growing number of elderly people and increased life expectancy in OIC Member States, however, put a pressure on policy-makers on how to best address these emerging trends and continue to provide good quality services for the growing number of elderly people that they can sustain their life in comfort. In order to ensure best living standards and improve their well-being, OIC Member States need to take actions and implement a set of policies both at the national and intra-OIC cooperation levels.

This requires OIC Member States to make a commitment and take significant steps in elderly policy-making and implementation. Such commitment should involve utilization of concerted action frameworks including experience-sharing and transfer of knowledge that would lead to development of constructive cooperation among the relevant fields of capacity building, education, rehabilitation and elderly care services. Moreover, national elderly strategies need to be aligned to contemporary needs and developments to enhance their strategic capabilities and capacities both for the short- and long-terms.

Elderly people possess great potentials to help achieve sustainable development in OIC Member States given their stock of knowledge, experience and skills set. By neglecting such a significant segment of a society and without addressing challenges faced by them, it is not likely that OIC Member States will achieve sustainable development. It is therefore essential to design strategies and take policy actions to improve the state of elderly people.

On the other hand, improving the state of elderly in OIC Member States require establishment of effective coordination mechanisms among stakeholders at the national level. It is also imperative to develop such coordination mechanisms at the intra-OIC level with the participation of relevant OIC institutions as well as OIC Member States for the betterment of elderly people. The concerted efforts need to be formulated in a way to implement policy-actions on elderly in a timely and coordinated manner. Nevertheless, this usually requires development of an implementation plan that should include such basic elements: action points/activities, implementing stakeholders, time-frame, financial contributions, and key performance indicators. In this regard, the recommendations listed in this document may be accompanied with such an implementation plan that would be instrumental both during the implementation, monitoring and assessment phases.

# Annex on Detailed Policy Actions

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| **AREA 1: LABOUR MARKET AND ECONOMIC INTEGRATION** |
|  | **Actions** |
| **1.1 Develop and adopt alternativeworking systems** | *1.1.1 Consider devising alternative working systems including teleworking and flexible working systems in labour market with a view to easing transition from home to work* |
| *1.1.2 Make required legislative changes to encourage elderly and/or retired people to remain active in the labour market such as through flexible work arrangements including consultative, temporary or part-time positions* |
| *1.1.3 Make necessary reforms to eliminate unnecessary steps and high-level of bureaucracy in hiring retired elderly people* |
| *1.1.4 Develop new frameworks and regulations to benefit from the experience of elderly people as consultants and advisors both in the public and private sector* |
| *1.1.5 Consider developing alternative working systems with a view to optimizing work-life balance that would allow elderly workers to fulfil their family responsibilities as well as meet their healthcare needs* |
| **1.2 Encourage economicintegration of elderly people**  | *1.2.1 Develop financial and non-financial incentive mechanisms and tax schemes to motivate elderly people to stay active in the labour market* |
| *1.2.2 Identify major challenges faced by elderly people that motivate them to be inactive in the labour market and prepare a roadmap to address such challenges faced by them* |
| *1.2.3 Identify among existing statistical indicators and develop new ones in order to measure and review the progress in dealing with factors that discourage elderly people to be active in labour market* |
| *1.2.4 Organise awareness-raising and promotion programmes for elderly to equip them about the importance of labour force participation and encourage them to stay economically active in older ages*  |
| *1.2.5 Develop modalities for recognising and validating skills and competences acquired outside formal education* |
| *1.2.6 Consider introducing special employment quotas for elderly job-seekers*  |
| **1.3 Enhance skills development of elderly peopleaccording to labour market needs**  | *1.3.1 Empower elderly people into economic activities through promoting life-long education and vocational training with a view to equipping them with necessary skills* |
| *1.3.2 Improve the employability of elderly people by adjusting workplace environments to the physical and mental capacities of these people, providing targeted training and education* |
| *1.3.3 Conduct diagnostic studies to assess the profile of the inactive elderly labour force and understand the needs for skills development according to labour market needs* |
| *1.3.4 Strengthen the capacity of the social partners to contribute to dynamic life-long learning programmes* |
| *1.3.5 Upscale investments into the technical and vocational education and training system (TVET) for inactive elderly people that have motivation for work* |
| *1.3.6 Improve the technical and vocational education and training system (TVET) and ensure that it caters to the needs of elderly people as well as employers* |
| *1.3.7 Ensure good quality data on the respective employment possibilities and related gains associated with different qualification levels for elderly people* |
| *1.3.8 Develop a Skill Recognition System (SRS) to identify and verify prior skills and experiences gained at work over years, which could facilitate the shift to new jobs easy and comfortable as well as enable the move from informal to formal economy* |
| *1.3.9 Improve dialogue with representatives of the private sector to provide elderly people on-the job training with a view to facilitating transfer of knowledge* |
| *1.3.10 Develop inclusive policies and mechanisms to ensure all interested elderly people can reach labour market services provided by relevant public institutions both in rural and urban areas such as through easing their accessibility to employment agencies* |
| *1.3.11 Design and implement targeted education programmes to improve skills of elderly people living especially in rural areas* |
| *1.3.12 Develop key performance indicators to better monitor inactivity rates among elderly population living in rural areas by taking local factors such as high unofficial employment rate in the agriculture sector into consideration* |
| *1.3.13 Develop mechanisms to monitor and assess the challenges faced by elderly people in obtaining necessary skills and qualifications needed for their employment* |
| *1.3.14 Improve data and monitoring capacities to regularly monitor the education and employment status of elderly people* |
| **1.4 Promote effective coordination among key stakeholders and enhance intra-OIC cooperation** | *1.4.1 Enhance coordination among key stakeholders (e.g. Ministry of Social Affairs, Ministry of Labour, and Ministry of Health) to improve labour market prospects for elderly people*  |
| *1.4.2 Promote and ensure a successful cooperation between national employment centres and health institutions to improve employability of elderly people by taking their healthcare needs into consideration* |
| *1.4.3 Raise awareness among employers about the potentials of elderly people at work in coordination with representatives of public and private sector* |
| *1.4.4 Review best-practices and policies implemented in OIC Member States in encouraging elderly people to be active in the labour market* |
| *1.4.5 Promote sharing and transferring country experiences regarding improving skills base of the elderly people among OIC Member States* |
| *1.4.6 Encourage the coordination mechanisms among key stakeholders in enhancing local skill solutions and customized employment services for elderly people* |
| *1.4.7 Ensure that labour market institutions develop and maintain a database and disseminate timely information on jobs, skills, learning and training opportunities for all age groups including elderly people* |
| *1.4.8 Monitor trends in indicators on elderly workforce to prepare better policy-responses in a timely manner* |
| **1.5 Improve the scope and delivery of social security services**  | *1.5.1 Develop or enhance comprehensive social security schemes and other social protection mechanisms for elderly people*  |
| *1.5.2 Consider providing incentives in social security services to promote working at senior ages* |
| *1.5.3 Devise and implement both online and offline job search assistance programmes with a view to improving match between employer and employee, and reducing time and cost for job search and providing training for elderly people on these programmes*  |
| *1.5.4 Promote community-based rehabilitation programmes to assist them in their inclusion and integration into work life* |
| *1.5.5 Take measures to address tax evasion and avoidance of social contributions, labour laws and regulations that lead to higher informality among elderly work force* |
| **1.6 Cope with non-discrimination at work** | *1.6.1 Respect, promote and realize equality of work opportunity and treatment for elderly men and women without any discrimination*  |
| *1.6.2 Combat discrimination, prejudice and hatred on the basis, age or any other grounds in labour market* |
| *1.6.3 Encourage employers to be more inclusive by hiring people with diverse backgrounds as long as they have basic skills to carry out their duties and develop mechanisms to discourage them on age-based discrimination in hiring processes* |
| *1.6.4 Strengthen the national capacity of labour inspection systems and dispute resolution mechanisms to monitor and implement the legislations related to non-discrimination at work based on age* |
| *1.6.5 Take all practicable measures to foster public understanding and acceptance of the principles of non-discrimination at work based on age* |
| *1.6.6 Cooperate with civil society organisations that are specialized on skills development of elderly people and employment issues*  |
| *1.6.7 Review social security measures with a view to providing rights of elderly people in labour markets at international standards*  |
| *1.6.8 Review existing rules and regulations in labour markets from a age-based discrimination perspective and devise effective policies to fight with age-based based discrimination at work*  |
| *1.6.9 Provide training to employers to reduce age-based discrimination at work* |
| *1.6.10 Raise awareness in the society and among employers to overcome some challenges such as social norms, misbeliefs etc. that hinders employment of elderly people* |

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| **AREA 2: HEALTH AND WELL-BEING** |
|  | **Actions** |
| **2.1 Improve disease prevention** | *2.1.1 Reduce the level of exposure of individuals and populations including elderly people to the common risk factors for non-communicable diseases - namely, use of tobacco and alcohol, unhealthy diet and physical inactivity*  |
| *2.1.2 Strengthen the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster health preservation and lead them to have a healthier ageing process and provide education and training programmes to adults on healthy ageing* |
| *2.1.3 Design and implement policies with a view to reducing risk factors contributing to disabilities during old ages* |
| *2.1.4 Collaborate with stakeholders and families with a view to preventing dementia and other mental diseases as well as identifying them at their early stages*  |
| *2.1.5 Invest in early detection systems for chronic diseases that has the potential of reducing long-term well-being of elderly people and improve the network of screening, diagnostic and treatment facilities for the most prevalent communicable and non-communicable diseases in terms of accessibility, affordability and quality* |
| *2.1.6 Consider developing mechanisms to move elderly people out of the crisis region or provide protected shelters during the outbreak of communicable diseases*  |
| *2.1.7 Increase access to quality health care services of elderly people especially for early detection through organizing public awareness raising campaigns*  |
| **2.2 Invest into rehabilitation and long-term care services** | *2.2.1 Invest in elderly care houses to provide rehabilitation and long-term care services by health professionals for elderly people in a healthy environment* |
| *2.2.2 Review best-practices across the globe and OIC on elderly care houses to improve their effectiveness and strengthen capacities at the national level* |
| *2.2.3 Make rehabilitation and long-term care services affordable and inclusive in the social security systems with a view to minimizing out-of-pocket expenditures on such services and improving their accessibility and coverage*  |
| *2.2.4 Consider implementing community-based rehabilitation programmes to better understand elderly people given their special needs and provide them necessary care services in this way*  |
| *2.2.5 Improve delivery of quality health care and long-term care services for elderly people through an integrated network comprising of health care facilities, community health workers, NGOs and volunteers* |
| *2.2.6 Cooperate with community and religious leaders to train and equip generations on the importance of elderly care in Islam and organize public campaigns to raise awareness in the society in this respect* |
| *2.2.7 Promote community-based initiatives to deliver more assistive devices for elderly people those in need of such devices* |
| **2.3 Improve public mechanisms including social security systems**  | *2.3.1 Strengthen national regulatory authority with adequate resources and staff to ensure quality, safety and efficacy, and widen its scope to cover all technologies for elderly health care and well-being including medicines, vaccines, medical devices and diagnostics* |
| *2.3.2 Establish and strengthen national bodies to facilitate training, recruitment and management of health workforce across the country in providing health, rehabilitation and long-term care services for elderly people* |
| *2.3.3 Develop mechanisms on the family practice approach for delivery of health care and long–term care services for elderly people* |
| *2.3.4 Set up a mechanism for social protection of poor elderly people by benefiting experiences of various OIC Member States and other countries in the world, and consider benefiting from Islamic instruments such as Zakat, Sadaqah and Waqf as sources of funds to support social protection of these people*  |
| *2.3.5 Increase the budgetary allocations for health sector and ensure that certain portion of the allocations are being dedicated to be used for elderly care mechanisms*  |
| **2.4 Ensure access to health services**  | *2.4.1 Ensure physical accessibility to a range of services based on needs of elderly people, ensuring continuity of elderly care, delivered with an integrated approach and delivery by a well-trained multidisciplinary team* |
| *2.4.2 Involve elderly people in needs assessment, priority setting, implementation, monitoring and evaluation of the public health care services to make health related interventions sustainable and impactful* |
| *2.4.3 Invest more on self- care capacity building through training with a view to reducing dependency of elderly people to others* |
| *2.4.4 Develop mechanisms for sustainable health financing for elderly people with a view to mitigating inequities in accessing health care during old ages* |
| *2.4.5 Develop national mechanisms and action plans for elderly people without any social security registration and income with a view to providing them public health care services and including them into such systems* |
| *2.4.6 Enhance inter-sectoral cooperation among stakeholders in order to make health care and long-term care services more affordable and accessible for elderly people* |
| *2.4.7 Support businesses to provide a comfortable working environment that is conducive to physical and mental health of elderly people at work* |
| *2.4.8 Improve the quality, accessibility and sustainability of health care services for elderly people* |
| *2.4.9 Review and upgrade the current status of the national health information systems and its key elements by taking the evolving needs of elderly people into consideration* |
| *2.4.10 Support local manufacturers of essential medical products as well as assistive devices for elderly people to make them more accessible*  |
| **2.5 Promote inter-sectoral and intra-OIC cooperation** | *2.5.1 Encourage inter-sectoral cooperation at the national level for sustainable health development for elderly people through strengthening cooperation between health, education, labour, and social services*  |
| *2.5.2 Promote intra-OIC cooperation on experience sharing and transfer of knowledge and technology in the domain of health care and well-being of elderly people, and develop a knowledge sharing platform to facilitate the transfer of knowledge and expertise in this context* |
| *2.5.3 Facilitate establishment of a network among training institutions, health services and professional associations for joint planning to address the needs and profiles of health professionals working in institutions providing elderly care* |
| *2.5.4 Organize capacity building, experience sharing and sensitizing activities to enhance intra-OIC cooperation in the domain of health care and well-being of elderly people*  |
| *2.5.5 Follow up and actively participate into implementation of the OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA) with a view to improving health systems* |
| *2.5.6 Facilitate intra-OIC cooperation on knowledge exchange and coproduction of new technologies with a view to improving health and well-being of elderly people such as through developing joint capacity building programmes* |
| *2.5.7 Ensure mutual recognition of medical diplomas, healthcare providers’ certificates and degrees across the member states especially specialized on elderly care* |
| *2.5.8 Collaborate with international agencies active on ageing and elderly people like WHO, UNICEF, UNFPA and World Bank to benefit from their expertise and financial contribution to build health infrastructure in member states for elderly people* |
| *2.5.9 Consider supporting public-private partnerships to improve the availability of elderly care, rehabilitation and health service providers*  |

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| **AREA 3: ENABLING A SUPPORTIVE ENVIRONMENT** |
|  | **Actions** |
| **3.1 Develop policies to ensure an enabling environment for the elderly people**  | *3.1.1 Review and update housing policies to ensure that they reflect and match the diverse needs of elderly people across different segments (such as, rural and urban, oldest old and young old, differing income level, gender) and based on preferences such as, preference for independent living, assisted living or care homes)*  |
| *3.1.2 Consider developing policies and mechanisms that can make “ageing in place’’ a prior response to address elderly needs To make this goal achievable:*  |
| *3.1.3 Ensure that families caring for older relatives are given priority in public housing schemes and that they are eligible for meaningful benefits such as subsidized housing or low cost interest*  |
| *3.1.4 Provide older persons, their families and caregivers with timely and effective information and advice on the housing options available to them* |
| *3.1.5 Meet the need for shared and multigenerational co-residence through the design of housing and public space* |
| *3.1.6 Ensure there is equitable distribution of services for older people between urban and rural areas* |
| *3.1.7 Improve and spread elderly care homes* |
| *3.1.8 Establish flexible care options provided by elderly care homes such as part time care* |
| *3.1.9 Enact and implement legislation to protect the rights of older people living in elderly care homes (both public and private) regarding security and privacy.* |
| *3.1.10 Assist elderly care homes to improve daily activities they provide to residents to stimulate learning, joy, mental alertness and physical well-being* |
| *3.1.11 Assist elderly care homes to provide religious services, such as religious training or reading the Quran in Arabic, to the residents to meet religious needs, ensure spiritual comfort, and enable a sense of proper preparation for the after-life*  |
| *3.1.12 Engage private sector, civil society and universities to develop new and innovative approaches to restructure elderly care homes for greater and more effective care* |
| **3.2 Improve mobility of elderly people in all spheres of life** | *3.2.1 Develop regulations to make public buildings more accessible for elderly people* |
| *3.2.2 Invest in transport systems with a view to increase mobility of elderly people in their daily life* |
| *3.2.3 Increase awareness on mobility needs of elderly people and train society to show respect to their special needs on accessibility and mobility* |
| *3.2.4 Make services provided for mobility of elderly people affordable and provide compensation through social security services with a view to increasing access of elderly people to transportation and mobility services* |
| *3.2.5 Provide sustainable mobility and transport services for elderly people to encourage them to be active in life and improve their well-being* |
| *3.2.6 Provide training programmes for service providers in transportation and mobility services about special needs of elderly people* |
| **3.3 Promote elderly volunteerism to improve elderly well-being as well their contribution to society** | *3.3.1 Start a national movement to promote elderly volunteerism to enable elders who are willing and capable of continuing to be active and productive members of society and their communities*  |
| *3.3.2 Promote a wider understanding of elderly volunteerism through public recognition of the social, cultural, economic and political contribution elders make to families, community, and society*  |
| *3.3.3 Facilitate the participation of older persons in volunteerism that may have little or no access to the benefits of engaging in volunteering* |
| *3.3.4 Identify tools and methods to encourage elderly peer-to-peer support to enable more experienced senior volunteers to guide new elderly volunteer recruits* |
| **3.4 Improve scientificallybased approaches to ageing tobetter address the needs of theelderly and prepare OIC Member States to future demographic changes**  | *3.4.1 Mainstream a geriatric and gerontological approach to health development policies in order to meet the future demand for quality long-term care services* |
| *3.4.2 Provide facilities including medical, psychiatric and rehabilitative services for early diagnosis and treatment of illness to eliminate problems that could lead to long-term debilitating conditions in old age* |
| *3.4.3 Encourage and facilitate academic institutions and health professionals to prepare policy makers to be responsive to the future demographic changes and problems associated with an aging population.*  |
| [*3.4.4 Raise awareness among health professionals on the distinction between geriatrics and gerontology to ensure that health professionals know about both the diseases and conditions and how to effectively communicate with older persons, how to be supportive, and respond to their complex array of concerns and problems.*](file:///C%3A%5CUsers%5Ckenan%5CAppData%5CLocal%5CTemp%5COICE_D4367064-80A4-4699-B4B8-7D5710B92B9C.0%5CE1E0AAE7.xlsx#RANGE!_ftn1) |
| *3.4.5 Establish a network of geriatric and gerontology experts and professionals across OIC Member States*  |

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| **AREA 4: CULTURE** |
|  | **Actions** |
| **4.1 Fight against ageism in society at large and promoting positive images of ageing and the elderly** | [*4.1.1 Raise awareness about ageism, what it means, and its negative consequences on society through mobilizing media, public opinion makers, and universities*](file:///C%3A%5CUsers%5Ckenan%5CAppData%5CLocal%5CTemp%5COICE_D4367064-80A4-4699-B4B8-7D5710B92B9C.0%5CE1E0AAE7.xlsx#RANGE!_ftn1) |
| *4.1.2 Promote and inform the society at large about Islam’s positive attitudes towards elderly and specific injunctions regarding how elderly should be treated through mobilizing religious leaders, mosques, and faith-based organizations* |
| *4.1.3 Conduct research on how ageing is perceived in OIC societies*  |
| **4.2 Strengthen solidarity through equity and reciprocity between generations** | *4.2.1 Raise through public education an awareness on elderly contribution to family and communities and promote examples of elderly men and women who have significantly contributed to society, development, or community from different sectors (private sector, civil activism, politics, religion, etc) to fight against negative stereotypes that view elderly to be fragile, incompetent, inactive, frail, out of touch, burdensome or dependent.* |
| *4.2.2 Train and sensitize policy-makers on ageism and stereotyping to enable them to recognize ageist and prejudicial attitudes in existing elderly related policies and institutional practices and to develop new policies and practices that do not perpetuate ageist belief and measures* |
| *4.2.3 Develop public platforms and spaces to facilitate intergenerational communication, connection, activities, and mutual support and fight against generational segregation or exclusion* |
| *4.2.4 Improve the capacity of local governments, such as municipalities, in developing and monitoring public spaces and platforms for multi-general interaction.*  |
| *4.2.5 Promote and strengthen solidarity among generations and mutual support as a key element for social development. For that:* |
| *4.2.6 Develop creative opportunities for inter-generational interaction, for instance by co-locating eldercare and childcare facilities, or arranging elderly visits to day cares, orphanages, and schools*  |
| *4.2.7 Consider the need to address the specific situation of the elderly who co-reside with their extended family and hence interact with multiple-generations (children and grant-children) on a daily basis either caring for them or being cared by them.*  |
| **4.3 Eliminate Violence against and Abuse and neglect of elderly** | *4.3.1. Eliminate all forms of neglect, abuse and violence of older persons. Neglect, abuse and violence against older person’s takes many forms — physical, psychological, emotional, financial — and occurs in every social, economic, ethnic and geographic sphere.*  |
| *4.3.2 Improve studies on the frequency of elder abuse particularly in elderly-care, for which as of now there is only little data* |
| *4.3.3 Mobilize communities to work together to prevent abuse, consumer fraud and crimes against older persons.* |
| *4.3.4 Carry out nation-wide campaigns in collaboration with religious leaders against elderly abuse and neglect and raise awareness*  |
| *4.3.5 Train Professionals to be able to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home and in community and institutional settings.*  |
| *4.3.6 Sensitize professionals and educate the general public, using media and other public awareness-raising tools, on the subject of elder abuse and its various characteristics and causes*  |
| *4.3.7 Develop policies specific to elderly women and those who are care dependent given these two groups of elderly face greater risk of physical and psychological abuse*  |
| *4.3.8 End abuse and neglect in senior-car homes, both public and private* |
| **4.4 Support and Strengthencaregiving families and institutions** | *4.4.1 In the face of rapid changes in family structures, demography, and cultural values, support the institution family and its core values and capacity regarding elderly care by mobilizing financial, legislative, and cultural means* |
| *4.4.2 Support families and young couples in their adherence to family-oriented values and the institutions of marriage*  |
| *4.4.3 Implement policies and programs that strengthen families that are inclusive of older people.* |
| *4.4.4 Support caregivers through training, information, psychological, economic, social and legislative mechanisms;*  |
| *4.4.5 Enhance the caregiving abilities of families through the provision of long-term support and services*  |
| *4.4.6 Address the increasing burden adult women shoulder in the elderly care. The situation is especially dire for the ‘sandwich generation’hence this generation requires policy prioritization* |
| *4.4.7 Involve older people in all stages of the design, development, implementation, monitoring and evaluation of programs* |
| *4.4.8 Learn from traditional values and norms to inform legislation about family values and the care of older persons. Identify, support and strengthen traditional support systems to enhance the ability of families and communities to care for older family members* |
| *4.4.9 Design and implement services to meet the specific needs of urban older people, recognizing that family networks tend to be weaker in urban centers* |
| *4.4.10 Tailor caregiving support systems to the unique needs of the elderly who shoulder care giving of other elderly such as spouses or family members*  |
| *4.4.11 Identify how to assist older women in caregiving and address their specific social, economic and psychological needs*  |
| *4.4.12 Take steps to ensure the provision of assistance to older persons in cases where informal support is unavailable, has been lost, or is not desired* |
| *4.4.13 Create programs in cooperation with gerontologists and geriatrics to train home health care providers, particularly focusing on meeting the special needs of those who care for elderly with cognitive disabilities, and acute diseases*  |

1. Macro level ageing refers to ageing of populations in an aggregate sense whereby the age-sex structure of a population, represented by an age pyramid, undergoes a change as a result of ageing. Population ageing is equally referred to as demographic ageing and is affected by changes in mortality, fertility and migration flows. [↑](#footnote-ref-1)
2. The sandwich generation is a generation of people who care for and support their aging parents while at the same time supporting and caring for their own children. [↑](#footnote-ref-2)
3. Ageism is the stereotyping of and discrimination against individuals or groups based on their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs. [↑](#footnote-ref-3)