

Adjusting to population ageing: evidence for policy action

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Abstract: This article discusses the contribution of research evidence to shifting the focus of international policy planning on ageing from predominantly humanitarian aspects to predominantly developmental aspects. Opposing views on the implications of population change for societal development are delineated. Particular attention is paid to efforts aimed at linking research and policy processes in the area of population ageing. The role of international cooperation in developing/strengthening national capacity for evidence informed policy on ageing is reviewed.

Keywords: population ageing; research evidence; international policy.

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1. Introduction. International policy frameworks on ageing: current content and recent dynamics

During the last three decades, international thinking and planning on ageing have undergone a gradual yet notable evolution. This evolution is clearly seen when comparing the two milestone documents of global policy on ageing: the 1982 Vienna International Plan of Action on Ageing (VIPAA) and the 2002 Madrid International Plan of Action on Ageing (MIPAA). The 1982 VIPAA focused on the humanitarian aspects of ageing, suggesting policy actions in seven ‘areas of concern to ageing individuals’: health and nutrition; protection of elderly consumers; housing and the environment; the family; social welfare; income security and employment; and education (United Nations, 1982). The focus of the 2002 MIPAA is the development of ageing societies with the aim of transforming them into societies for all ages (United Nations, 2002). According to MIPAA, societal transformation could be achieved through policy efforts within three priority directions: older persons

and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. While the humanitarian aspects of policy on ageing, i.e. meeting the needs of older persons, are not omitted from MIPAA, the primacy of developmental aspects is obvious: out of 239 recommended policy actions, 107 actions, or 45 per cent, constitute a set of recommendations of the first ‘developmental’ priority direction; 81 policy actions (34 per cent) of the second priority direction address the ‘traditional’ needs and expectations of older persons such as health and social care; and 51 actions (21 per cent) are suggested for ensuring environments – physical, social and psychological - which can enable and support the individual’s progress through their life course into older age.

MIPAA has recognized population ageing as a ‘universal force that has the power to shape the future as much as globalization’ and called on the international community to ‘embrace the potential of the ageing population as a basis for future development’ while viewing older persons as both *beneficiaries* and *agents* of development. As far as individual ageing is concerned, MIPAA has replaced the ‘compassionate ageism’ prevalent in VIPAA, which regards older people as a ‘deserving’ group,

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with the recognition and promotion of their rights to equal treatment and self-determination (Sidorenko and Walker, 2004). If one were to choose key words reflecting the developmental content of MIPAA these would be *security, dignity and participation*.

Whereas the developmental approach of MIPAA is generally uniform in its consideration of the major challenges and opportunities of ageing, there are significant differences in its applications for more and less developed countries. In the more developed countries, the central task is to utilize the still untapped resource of their older population. In the less developed countries, the central task of the developmental approach is to prevent the potentially negative impact of population ageing on societal development. Developing countries are at the centre of considerations and recommendations of MIPAA, given the massive scale and rapid pace of population ageing taking place in those countries during the twenty-first century. At the same time, the economic and social foundations of developing countries for responding to the implications of ageing are limited as compared to the more developed countries. It is therefore necessary to design policy measures which could prevent ageing from becoming an additional burden for developing countries and transform it into an opportunity for development (Sidorenko, 2007). Given the universality of population and individual ageing, such policies have to address the whole of society and people of all ages, with the aim of integrating ageing into the broader process of development (Kinsella and Phillips, 2005). In the recent years significant progress has been made in advancing the human rights component of international policy frameworks on ageing, which is particularly visible in the movement towards elaborating the convention on the rights of older people¹.

The specific goal of policies proposed in MIPAA is ‘adjustment to an ageing world, in which success is measured in terms of social development, the improvement for older persons in quality of life and in the sustainability of the various systems, formal and informal, that underpin the quality of well-being throughout the life course’ (United Nations, 2002, p.8). Adequate adjustments could include ‘suitable interventions of social, economic and demographic policies as well as changes in people’s behaviours’ (European Union, 2014, p.16). Beyond MIPAA, measures of adjustment can be found in various policy

concepts and policy frameworks, such as ‘healthy ageing’ (Oxley, 2009); ‘successful ageing’ (Rowe and Kahn, 1998); ‘positive ageing’ (Fernández-Ballesteros, 2011); and ‘active ageing’ (World Health Organization, 2002; International Longevity Centre Brazil, 2015; Walker and Maltby, 2012).

It is no exaggeration to say that since the first World Assembly on Ageing a paradigm shift has occurred in considering and addressing the issues of population and individual ageing. What has prompted that shift and, as a result, encouraged the international community to embark on designing the necessary policy responses? There have been several driving forces behind establishing a new outlook on ageing, namely: rising political and public awareness; growing political will; tireless advocacy by civil society; and the consolidation of efforts by inter-governmental organizations to place ageing and the concerns of older persons on the political agenda. However none of these forces could have acquired their dynamism without the additional power of evidence.

2. Exploring the challenges and opportunities of population ageing

The initial accumulation of evidence which prompted the paradigm shift in our dealing with ageing issues was undertaken by the science of demography. By the end of the twentieth century, demographers had accumulated enormous quantities of data depicting dramatic changes in population structure and dynamics (see Box 1).

While the demographic data are themselves impressive, the real ‘drama’ of population ageing, and demographic change more generally, reveals itself in their implications. Of most attention and concern are the social, economic and financial consequences of population ageing, including the predicted decline in productivity of ageing societies and the rising cost of social security provision, and of health and social services.

The consequences of population ageing have been debated for decades (European Union, 2014), but have occupied a visible place on the global agenda only during the last decade of the twentieth century, which coincided with, and most probably was inspired by, the follow-up activities of the first World Assembly on Ageing. One of the milestones

¹ See <http://social.un.org/ageing-working-group/>

Box 1

Population ageing: key demographic features

One of the most comprehensive collections of demographic facts, projections and considerations related to population ageing has been gathered by the United Nations and presented in various publications including the reports on World Population Ageing produced by the United Nations Population Division (2015). These UN reports have been published since 2002: the first report was released in conjunction with the Second World Assembly on Ageing (<http://www.un.org/esa/population/publications/worldageing19502050/>); subsequent reports were released in 2007, 2009, 2013 and, most recently, 2015 (<http://www.un.org/en/development/desa/population/theme/ageing/WPA2015.shtml>). Some snapshots selected from these reports are presented below:

- The demographic transition is instigated by declining mortality and fertility; it is ubiquitous and most probably irreversible.
- More developed countries have been leading the demographic transition and have now acquired the highest proportion of older people in their population while the segment of 'working age' population in these countries is declining. The number of older persons in developed countries exceeds the number of children; at the global level, older persons are projected to exceed the number of children in 2030.
- In less developed countries, including such population giants as China and India, the demographic transition is progressing on an unprecedented scale and with striking speed. Putting it even more emphatically: ageing in the twenty-first century is happening in developing countries with the geographic dominance of Asia. About two-thirds of the world's older persons live in developing countries; by 2050, nearly 8 in 10 of the world's older population will live in the less developed regions.
- Many developing countries can benefit from the 'demographic dividend' caused by the continuing high level of economic support ratios, provided that appropriate and timely labour market and other policies are designed and implemented.
- Longevity is ascending: about twenty years have been added to an average human life span in the second half of the twentieth century; a rise of another 10 years is expected by 2050. Notable exceptions exist, however: some African regions and some Eastern European countries, particularly the countries of the former Soviet Union, have experienced a decline in life expectancy during recent decades.
- The older population is itself ageing.
- The majority of older persons are women.

in international debate on ageing was the 1994 World Bank policy research report 'Averting the old age crisis' (World Bank, 1994). The report explored old-age security arrangements emphasizing the major dilemma of an ageing world, namely, the weakening of traditional support for older persons in family and community *vis-à-vis* the limited or non-existent capacity of public social security systems to meet the continuing (in developed countries) and looming (in developing countries) demand for income security in old age. The World Bank report examined the complex interplay between old-age security arrangements and such issues as poverty, employment, inflation, and economic growth. The central recommendation of the report was that financial security for older persons and economic growth would be sustained and balanced if governments developed three systems, or 'pillars', of old age security: a publicly managed system with mandatory participation and the limited goal of reducing poverty among older persons; a privately managed mandatory savings system; and voluntary savings.

The World Bank report resonated vividly throughout the research community and among policy experts and policy-makers, as well as with the general public, thus ensuring that population ageing was placed on a short-list of leading global

issues. The added value of the World Bank report is that it instigated an intensive and sometimes heated debate between the proponents and opponents of the privatization of pension systems as a solution to its potential insolvency (Holzmann and Hinz, 2005; International Labour Organization, 2013; OECD, 1998; United Nations, 1997, 2007). In a broader sense, contenders from academia, political spheres and the general public have been divided by their view of the future of ageing societies as either a continuum of growing challenges and dilemmas impeding societal progress or, alternatively, an array of conceivable opportunities for furthering social development and economic advancement.

The major concerns related to population ageing and more generally to demographic change can be divided into four areas: productivity and economic growth; income security and social protection; health care services; and social services, particularly long-term care. The essence of the negative and even alarmist view of the consequences of population ageing lies in predictions that it would lead to economic stagnation and even decline; insolvency of social security schemes going as far as to cause the collapse of financial markets; insufficient ability of health-care systems to deal with the increasing incidence of chronic diseases prevalent in older age; unsustainable

public cost and unmanageable individual burden of long-term care; (Beck, 2009; Center for Strategic and International Studies and Watson Wyatt Worldwide, 2000; Peterson, 2000; Farrell, Ghai and Shavers, 2005).

Most of the above predictions are based on the consistent evidence produced by demographers, sociologists, economists and health-care professionals. Meanwhile experts in the very same areas of research and practice have generated evidence which points to more positive outcomes of demographic change, and suggest alternative scenarios of transformations of ageing societies. For instance, demographers have proposed new indicators for ‘re-measuring population ageing’, which have shown much less alarming changes of population structure during the demographic transition (Sanderson and Scherbov, 2010). The alternative measure of dependency, the economic support ratio (Mason and Lee, 2006), has revealed that the ‘window of opportunity’, the demographic dividend² period during which the support ratio is increasing, is still open in many developing, but not developed, countries (United Nations, 2013a, p.27). Opponents of the negative view of ageing argue that ‘positive changes due to human and physical capital accumulation will likely outweigh the problems of declining support ratios’ (Lee and Mason, 2010, p.151).

The mainstream debate on the economic implications of population ageing in more economically advanced and demographically ‘older’ countries has been concentrated around the notion of the ‘demographic deficit’ (Harper, 2014). The basis of the demographic deficit includes two concomitant demographic processes: population ageing and population decline, which have either already transpired or are projected in some economically advanced countries and several emerging markets. Population decline would further contract the size of the labour force and could therefore exacerbate the negative effects of population ageing on economic growth as well as on labour and financial markets. The demographic deficit would be particularly visible in Europe, where during the next forty-five

years about half of EU Member States are projected to undergo population decline (European Union, 2014, p.18). In several countries of the former Soviet Union, population ageing and population decline are even considered issues of ‘national security’ (Sidorenko, 2014). While the negative consequences of the demographic deficit have been substantiated, measures, both public and individual, to overcome or rather adjust to such consequences have also been elaborated (see Box 2).

Another major area of concern in ageing societies is the preparedness of their health care systems to deal with the epidemiological transition³. The epidemiological transition should be considered and dealt with in connection with other facets of global change: demographic transition, family transition, economic transition, etc. As pointed out by Omran (2005⁴, p. 744), ‘The shifts in health and disease patterns that characterize the epidemiologic transition are closely associated with the demographic and socioeconomic transitions that constitute the modernization complex’.

The research and debate on whether increased longevity would lead to an extension of healthy active lives or to extending periods of morbidity and frailty are continuing (Beard and Bloom, 2015; Chatterji et al., 2015; Lloyd-Sherlock, 2000). There are good reasons to believe that the better organisation of health-care systems may significantly moderate the impact of population ageing on the nations’ health and their health spending (Atun, 2015; Lloyd-Sherlock, 2000; Oxley, 2009; Economist Intelligence Unit, 2012). Thus the central challenge and opportunity for health-care systems is to develop optimal measures for adjusting to epidemiological transition. Such measures have to include balancing the priorities of health policy between non-communicable diseases and acute infectious diseases, the latter still being a major killer in less developed countries; combating ageism in health-care provision; integrating care for complex multimorbidities; and coordinating health and social care. The epidemiological transition should be matched by ‘a transition to person-centred health systems - health systems underpinned by technology-enabled primary, community, and social care that

² The demographic dividend is understood as a potential opportunity for a country to benefit from high and even increasing economic support ratios, ‘provided that appropriate labour market and other policies allow for a productive absorption of the growing working-age population and for increased investments in the human capital of children and youth’ (United Nations, 2013a, p.xii).

³ The epidemiological transition comprises parallel changes in mortality (decrease) and morbidity (shift from the prevalence of infectious diseases and malnutrition to the prevalence of chronic, non-infectious diseases).

⁴ This ‘proposition’ was made by Omran in 1971; the quoted publication is from the 2005 reprint.

Box 2

Measures of adjustment to the 'demographic deficit'

PUBLIC MEASURES

A. Changing the age composition of the population through:

I. Increasing childbearing by:

- (1) Promoting fertility (pro-natalist measures)
- (2) Introducing 'family-friendly' policies, such as:
 - Affordable quality child care
 - Parental leave
 - Financial transfers
 - Tax incentives

II. Increasing immigration

Appropriate measures could:

- prevent population decline
- maintain the size of the labour force
- slow population ageing
- promote innovations (indirect effect).

B. Decreasing dependency by promoting longer working life and gradual retirement through:

- Changing social security parameters
- Tax incentives
- Flexible working arrangements
- A conducive working environment (physical and psychological)
- Encouraging informal contributions to family (e.g., grand-parenting) and community (e.g., volunteering)
- Increasing employability (training, life-long education)
- Integrating intra-family transfer into formal old-age security system
- Promoting healthy and active ageing

C. Increasing productivity (e.g., through technological innovations)

INDIVIDUAL MEASURES

- Life-long education
- Mental adjustment (promoting and accepting positive image of ageing)
- Physical adjustment (healthy lifestyle)
- Adjustment in social networks (family and community)

(Based on: Harper, 2014)

sustain and improve health and do not merely react to disease' (Atun, 2015). Effective primary, secondary, and tertiary prevention targeting older people would benefit not only this target age-group but would potentially reduce the disease burden of the entire population and lower the potentially enormous societal cost of chronic disabling diseases (Prince et al., 2015).

Another prominent area of concern in ageing societies is social services. It is difficult indeed, futile, to consider health care and social care separately, as their measures and delivery processes are interconnected, particularly in long-term provision, and therefore should be integrated and coordinated (Foote and Stanners, 2002). The burden of most age-dependent disorders arises more from disability than

from mortality, and therefore long-term care costs of such disorders outweigh health expenditure (Prince et al., 2015). Provision of social care is viewed as a growing challenge for both more developed and less developed countries. Among the universal obstacles are the diminishing ability of the family to provide care and the growing pressure for public systems to substitute for the shrinking capacity of family caregiving. In many less developed countries, the above obstacles are aggravated by the weak, or non-existent, capacity of public, private and civil society systems to provide care (United Nations, 2007).

Among the major parameters for assessing the required capacity and the corresponding cost of health and social care for older persons are the incidence and prevalence of disability among this population

group. It is well established that the probability of an individual acquiring disabling conditions increases with age (World Health Organization, 2002; International Longevity Centre Brazil, 2015). In a continuing discourse on health and disability in old age, one again encounters two opposite and competing research concepts, or paradigms. One paradigm, ‘the failures of success’ (Gruenberg, 1977), supposes that increasing longevity would lead to prolonged individual suffering in later years of life and trigger unsustainable demand for public health and care resources. The opposite paradigm, ‘the compression of morbidity’ (Fries, 1980), suggests that morbidity can be postponed to a later and shorter period of life with less lifetime disability. The data from the National Long-Term Care Survey in the USA suggests that the rate of chronic disability among older Americans declined between 1982 and 1999, leading to a 25 percent drop in the number of chronically disabled older Americans (Manton and Gu, 2001). However, the international data on the compression of morbidity appears controversial in some high-income countries and unreliable in mid- and low-income countries (Chatterji et al., 2015). Meanwhile, the authors of the compression of morbidity paradigm believe that their ‘comfortable and familiar construct’ could be employed in designing a comprehensive health care strategy with several levels of preventive measures at its core (Fries, Bruce and Chakravarty, 2011).

The above brief review of the challenges and opportunities associated with population ageing reveals a certain equilibrium between the positive and negative aspects of this multifaceted process, with its major components of demographic transition, epidemiological transition, and family transition. Many questions are still unanswered and the ongoing public, political and policy debate on the implications of demographic change keeps inspiring further research into various aspects of population and individual ageing, as well as the search for adequate policy responses to related challenges and opportunities. The debate has also prompted a search for and analysis of suitable models for addressing the implications of demographic change (Lüscher et al., 2014). The central premise of current thinking in policy on ageing is that responses can be found, provided that challenges are not ignored and opportunities are identified in good time and used thoughtfully. Such responses could not only mitigate the unwanted implications of population ageing and enhance the wellbeing of older persons, but would also ‘benefit

people of all ages, and might be understood in terms of a more general reorientation of global development toward more efficient, equitable, and sustainable outcomes’ (Bloom et al., 2015).

3. Consolidating research evidence and policy on ageing

There is a macrocosm of national and international studies of ageing (Gateway to Global Aging Data⁵; Hofer and Sliwinski, 2001; Integrative Analysis of Longitudinal Studies of Aging⁶; Stanziano et al., 2010). Yet there is also a persistent dilemma of translating the research evidence into viable policy options on ageing (World Health Organization, 2012). Linking social research evidence and the social policy process, including in the area of ageing, has never been an easy task (Weiss, 1979). Very often research activities and policy processes exist independently, with various barriers to the use of research in policy and practice (Nutley and Davies, 2000). Meanwhile, several attempts have been made to overcome the communication gap between researchers and policy experts through the joint engagement of these two groups of players in developing conceptual and practical frameworks for linking policy and research on ageing.

One such framework, the Research Agenda on Ageing for the Twenty-First Century (RAA-21), was developed by the United Nations programme on ageing, in collaboration with experts from the International Association of Gerontology and Geriatrics (IAGG). RAA-21 was elaborated through a series of expert consultations conducted in 1999-2000 and finalized at the Valencia Forum of researchers and practitioners on ageing in April 2002 (Andrews, 2002). In 2003, four regional workshops were conducted by the UN programme on ageing and IAGG to formulate research priorities on ageing for Africa, Europe, Latin America and the Caribbean, and for Asia and the Pacific (Andrews and Sidorenko, 2004; Sidorenko, 2004). In 2007, an updated version of RAA-21 was issued (UN Programme on Ageing and IAGG, 2007).

The content and structure of RAA-21 were formulated to support the implementation of MIPAA, so the major priorities and critical research arenas of RAA-21 are linked to the priority directions of the Madrid Plan (see Table 1).

⁵ See <https://www.g2aging.org/> - accessed 9 September 2015.

⁶ <http://www.ialsa.org/>

Table 1 Links between the contents of the Madrid International Plan of Action on Ageing (MIPAA) and the UN Research Agenda on Ageing for the Twenty-First Century (RAA-21)

MIPAA	RAA-21			
	Major Research Priorities	Critical Research Areas	Key Methodological Issues	Implementation
Priority direction I: Older Persons and Development	Priority 1. Relationships of population ageing and socio-economic development Priority 2. Current practices and options for maintaining material security in old age Priority 3. Changing family structures, intergenerational transfer systems and emergent family and institutional dynamics	1. Social Participation and Integration 2. Economic Security 3. Macro-Societal Change and Development 4. Poverty 5. Social Security Systems		
Priority direction II: Advancing health and well-being into old age	Priority 4. Determinants of healthy ageing Priority 5. Basic biological mechanisms and age-associated diseases Priority 6. Quality of Life and Ageing in diverse cultural, socio-economic and environmental situations	6. Healthy Ageing 7. Biomedical 8. Physical & Mental Functioning 9. Quality of Life		
Priority direction III: Ensuring enabling and supportive environments	Priority 3. Changing family structures, intergenerational transfer systems and emergent family and institutional dynamics Priority 6. Quality of Life and Ageing in diverse cultural, socio-economic and environmental situations	10. Care Systems 11. Changing Structures & Functions of Families		
Implementation and follow-up		12. Policy Process & Evaluation		

RAA-21 is addressed to legislatures, governments, academia, as well as non-governmental organizations and aid agencies dealing with issues of population and individual ageing. Simultaneously, RAA-21 ‘encourages researchers to pursue studies in policy related areas of ageing where the findings may have practical and realistic applications’.

Another international research agenda on ageing was elaborated at the beginning of this century by the USA National Academies. The Academies convened a panel with the aim of providing ‘recommendations for an international research agenda and for the types of data needed to implement that agenda in the context of rapid demographic change’. The report of the panel, ‘Preparing for an Aging World’ (National Research Council, 2001), contains specific recommendations within five domains of research: work and retirement; savings and wealth; family

structure and intergenerational transfers; health and disability; and well-being. Furthermore, six overarching recommendations emphasized the importance of undertaking three types of policy-related, and relevant, research: multidisciplinary research; longitudinal research; and cross-national research, ‘organized as a cooperative venture’. The panel also recommended establishing mechanisms for facilitating the harmonization and standardization of data collected in different countries and encouraged them to ‘aggressively (!) pursue the consolidation of information from multiple sources to generate linked databases’. Finally, the panel insisted that the scientific community should have ‘widespread and unconstrained access’ to the research data.

The ‘cooperative venture’ in cross-national research advocated by the USA Academies’ report exists in various countries, for example, the Centers

for Disease Control and Prevention, Longitudinal Studies of Aging in the USA⁷; CLOSER in the UK⁸; Healthy Ageing across the Life Course, also in the UK⁹; and the Quebec Network for Research on Aging¹⁰. In 2008, the European Union (EU) countries established Joint Programming Initiatives (JPIs) in order ‘to pool national research efforts for making better use of Europe’s public R&D resources and tackle common European challenges more effectively in a few key areas’¹¹. Among ten currently established JPIs, one is specifically devoted to ageing: ‘More Years, Better Lives’¹²; another one of direct relevance to ageing is ‘Neurodegenerative Disease Research’¹³, which addresses the issues related to Alzheimer’s disease.

The JPIs envisage, among several other components and approaches, the development of Strategic Research Agendas (SRAs) to address major societal challenges. The SRA of the JPI ‘More Years, Better Lives’ was adopted in 2014; it defines priorities for research and policy-making in four domains of demographic impact on society: Quality of Life and Health, Economic and Social Production, Governance and Institutions, and Sustainability of Welfare in the European Union (Joint Programming Initiative ‘More Years, Better Lives’, 2014). Among other EU initiatives and projects on policy-related research on ageing were ERA-AGE - the European Research Area in Ageing¹⁴, which was started in 2004 and concluded in 2014; the Central European Knowledge Platform for an Ageing Society, which was operational in 2011-2013 (CE-Ageing Platform, 2013); and FUTUREAGE¹⁵. Before its completion in 2011, FUTUREAGE elaborated the Road Map for European Ageing Research - ‘the research agenda that will enable Europe to respond successfully to the unprecedented demographic challenges it faces’ (FUTUREAGE, 2011). MOPACT¹⁶, ‘Mobilising the potential of active ageing in Europe’, is a currently operational project of the European

Commission. MOPACT is dedicated to ‘concentrating the highest possible quality of scientific analyses into the development of innovative policies and approaches that can assist public authorities and other key actors, at all levels in Europe’.

A very promising approach to linking research and policy on ageing has been recently attempted by developing two composite indexes: the Active Ageing Index and the Global AgeWatch Index. The Active Ageing Index aims at helping policy makers in developing evidence-informed policies for active and healthy life (Zaidi, 2015), while the Global AgeWatch Index measures the quality of life of older people around the world (HelpAge International, 2015) and thus can be used as a tool for assessing the progress in corresponding policy measures.

4. National capacity for evidence informed policy on ageing

One cannot but appreciate the impressive advance in policy-related research on ageing in the EU member states and other economically advanced countries, particularly their efforts to link policy research and policy process. During the past decade, several developing countries have also become involved in various studies on ageing, including longitudinal studies (Gateway to Global Aging Data¹⁷; Sibai et al., 2014). However, the involvement of researchers and policy experts from academia, government and non-governmental organizations in developing countries has been sporadic owing to the underdevelopment of national capacity on ageing in these countries (United Nations, 2008; United Nations Population Fund (UNFPA) and HelpAge International, 2012).

In MIPAA, building national capacity on ageing, including research capacity, is recognized as one of the central prerequisites for successful policy action on ageing (United Nations, 2002). As a follow-up to the Second World Assembly on Ageing, the United Nations recognized research, data collection and analysis as one of the five essential elements for national capacity on ageing (United Nations, 2006). In their resolutions on ageing, the legislative bodies (e.g., the UN General Assembly) and consultative bodies (e.g., the Commission for Social Development) of the United

7 <http://www.cdc.gov/nchs/lsoa.htm>

8 <http://www.closer.ac.uk/>

9 <http://www.halcyon.ac.uk/>

10 <http://www.rqrv.com/en/>

11 See http://ec.europa.eu/research/era/joint-programming-initiatives_en.html - accessed 8 September 2015.

12 <http://www.jp-demographic.eu/>

13 <http://www.neurodegenerationresearch.eu/about/>

14 See <http://era-age.group.shef.ac.uk/> - accessed 8 September 2015.

15 See <http://futureage.group.shef.ac.uk/> - accessed 8 September 2015.

16 See <http://mopact.group.shef.ac.uk/> - accessed 9 September 2015.

17 See <https://www.g2aging.org/> - accessed 9 September 2015.

Nations have repeatedly called for strengthening national capacity on ageing including research, data collection and analysis (United Nations, 2013b, 2014).

One example of the United Nations promoting national research and data collection in the area of ageing was the publication by the World Health Organization in 2012 of the 'Knowledge Translation Framework for Ageing and Health' (World Health Organization, 2012). Several other entities of the United Nations system are engaged in assisting governments in developing and implementing information-based national policies on ageing (Sidorenko and Mikhailova, 2014). Acting in accordance with their mandates and within their areas of expertise, the following UN entities have been particularly active in ageing-related programmes and projects: the Food and Agriculture Organization of the United Nations (2014); the International Labour Organization¹⁸; the United Nations Population Fund¹⁹; and the World Bank²⁰.

Within the Department of Economic and Social Affairs (DESA) of the United Nations Secretariat there is the Focal Point on Ageing²¹, which is responsible for following up the Second World Assembly on Ageing. The UN Focal Point operates in cooperation with other divisions of DESA, particularly with the United Nations Population Division²² and the United Nations Statistics Division²³, as well as with other entities of the UN system. Among the latest initiatives of the UN Focal Point on Ageing aimed at facilitating an information-based approach to policy on ageing was the convening in July 2015 of an Expert Group Meeting on "Global ageing and the data revolution - the way forward in the post-2015 environment"²⁴.

International technical assistance in designing and implementing evidence-informed policy on ageing is provided by several intergovernmental organizations outside the UN system, such as the

European Centre for Social Welfare Policy and Research; the International Institute on Ageing, United Nations – Malta (INIA);²⁵ and the Organization for Economic Co-operation and Development²⁶.

International non-governmental organizations have also been engaged in supporting the development of evidence-informed policy and programmes on ageing, among them AARP²⁷ International; HelpAge International²⁸; IAGG²⁹; the International Federation on Ageing (IFA³⁰); and the International Longevity Centre (ILC) Global Alliance³¹. AARP has a Public Policy Institute, which 'promotes development of sound, creative policies to address our common need for economic security, health care, and quality of life'³². IAGG identifies building research capacity on ageing in all regions among three objectives of its Global Social Initiative on Ageing (IAGG, 2012, p.7)

The above listings of various international entities can be extended, yet the general observation is that the world of policy research on ageing in most world regions remains fragmented and insufficient; this conclusion is particularly pertinent to less developed regions (United Nations, 2008).

UN RAA-21 recommended developing and sustaining a network of research centres in developing countries and countries with economies in transition. Such centres could promote and facilitate an 'exchange of information on research methods, data archives, case studies and other areas between established research bodies in developed countries and emerging bodies in developing countries' (UN Programme on Ageing and IAGG, 2007, p.12). At present the number of established collaborative networks is limited, with most of them located in and focused on the EU countries. An attempt to extend European regional cooperation on policy research on ageing beyond the EU was undertaken in 2012 at the United Nations Economic Commission for Europe

¹⁸ See <http://www.ilo.org/global/about-the-ilo/lang-en/index.htm> - accessed 9 September 2015.

¹⁹ See <http://www.unfpa.org/ageing> - accessed 9 September 2015.

²⁰ See <http://www.worldbank.org/en/topic> - accessed 9 September 2015.

²¹ See <http://undesadspd.org/Ageing.aspx> - accessed 9 September 2015.

²² See <http://www.un.org/en/development/desa/population/index.shtml> - accessed 9 September 2015.

²³ See <http://unstats.un.org/unsd/default.htm> - accessed 9 September 2015.

²⁴ See <http://undesadspd.org/Ageing/MeetingsandWorkshops/EGMGlobalageingandthedatarevolution.aspx> - accessed 9 September 2015.

²⁵ The European Centre for Social Welfare Policy and Research <http://www.euro.centre.org/> and INIA <https://www.facebook.com/iniamalta> are among the intergovernmental organizations affiliated with the UN.

²⁶ See <http://www.oecd.org/about/> - accessed 8 September 2015.

²⁷ Formerly the American Association of Retired Persons

²⁸ See <http://www.helpage.org/policy/> - accessed 9 September 2015.

²⁹ See http://www.iagg.info/sub01_01_Missions.php - accessed 9 September 2015.

³⁰ <http://www.ifa-fiv.org/>

³¹ <http://www.ilc-alliance.org/>

³² See <http://www.aarp.org/ppi/> - accessed 9 September 2015.

(UNECE) Ministerial Conference on Ageing in Vienna, Austria³³. The Research Forum, which was held during the Ministerial Conference, proposed forming the online Research Application and Dissemination Platform on Ageing with the aim of serving as ‘a bridge between the Western, Central and Eastern European countries and the countries of the former Soviet Union for sharing the experience in evidence-based policy action on ageing and facilitating the exchange of ideas and experts between various countries for developing national capacity in the area of ageing’ (UNECE, 2012). The proposed platform remains on paper, and the desirable ‘reciprocity in drawing lessons across the countries of the UNECE region’ (*ibid.*) continues to be sporadic.

The gap in regional cooperation in research on ageing is often being filled by institutions from economically advanced countries. The Oxford Institute of Population Ageing³⁴ has programmes centering on research within four specific geographic regions: AFRAN - African Research on Ageing Network; APPRA - Asia-Pacific Research Network on Ageing; EAST-Eastern-European Ageing Societies in Transition; and LARNA - Latin American Research Network on Ageing. Furthermore, several international organizations of professionals in the area of ageing and related areas are engaging research institutions and individual researchers in international studies of ageing (Sidorenko and Mikhailova, 2014).

Regional centres for policy research on ageing also exist outside the EU, for example, the Center for Studies on Aging³⁵ in Beirut, Lebanon, which is operating in the Arab world. Yet, the collaborative arrangements in place in less developed regions are a rare find. Such collaborative arrangements would not necessarily be prohibitively expensive, as their structure and process could be placed in the virtual online space. Meanwhile something groundbreaking has to happen in the world of international ageing - something that would prompt efforts to initiate and, most importantly, sustain various projects of international collaboration. Perhaps establishing a global agency on ageing, possibly under the UN auspices, could instigate and facilitate such groundbreaking changes. While the idea of establishing a global agency on ageing is not new (Sidorenko, 2007), its feasibility

awaits exploration and debate. Such agency would play a crucial role in advancing the ageing dimension of the Global Post-2015 Sustainable Development Goals (United Nations, 2015), including by mobilizing the research knowledge for policy action.

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³³ See http://www.unece.org/pau/ageing/ministerial_conference_2012.html#/ - accessed 9 September 2015.

³⁴ See <http://www.ageing.ox.ac.uk/research/regions> - accessed 9 September 2015

³⁵ <http://www.csa.org.lb/en/index.asp>

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