United Nations International Day of Older Persons 2024

A Conference of the NGO Committee on Ageing, UN Vienna

"Marginalisation of Older Persons in Society – A Significant Health Risk"

Vienna, 30 September 2024

IMPRESSUM

Publication of the proceedings of a conference celebrating the United Nations "International Day of Older Persons 2024". A conference organised by the NGO Committee on Ageing, UN Vienna on 30 September 2024 at the United Nations, Vienna.

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Table of Contents

1.	About the NGO Committee on Ageing at the United Nations Vienna	4
2.	Announcing the conference celebrating the United Nations "International Day of Older Persons 2024"	5
3.	Introduction by Dirk Jarré, Chair of the NGO Committee on Ageing, UN Vienn	a 6
4.	RAINER MÜNZ Ageing – The Demographic Dimension and its Implications on Global Societi	8 es
5.	ANGELA PAPARUSSO Population Ageing: Trends and Policy Implications	21
6.	YAEL ZILBERSHLAG. The Medical Perspective of Marginalisation of Older Adults - The Examof Israel	25 ple
7.	NICOLE ZÜNDORF-HINTE Marginalised Older Persons in Society – Political Challenges and Measures in Germany	46
8.	STEFANIE EICHHORN Ageing in Dignity - Improving the Social and Health Situation of Older People in Serbia	54 e
9.	MYRNA TANG-YAO Presentation of Initiatives in the Philippines	71
10.	. Short Biographies of the speakers	74
11.	Organisations which supported the conference	76



NGO Committee on Ageing, UN Vienna Member of the Conference of NGOs in Consultative Relationship with the United Nations



1. About the NGO Committee on Ageing at the United Nations Vienna

The Committee on Ageing was constituted in 1981 as a Substantive Committee, as part of the Conference of NGOs in Consultative Relationship with the United Nations (CoNGO). The members of the Committee are international Non-Governmental Organisations (iNGOs) interested in multifaceted issues related to ageing and older persons. The Committee collaborates with similar NGO committees at the UN in New York and Geneva

Topics discussed by the Committee in monthly meetings at the UN in the 'Decade of Healthy Ageing' (2020-2030) include Human Rights issues, intergenerational perspectives, the impact of digitalization, lifelong learning, as well as cultural aspects of ageing. In order to bring these topics into the open, the NGO Committee on Ageing holds regular side events at the annual sessions of the UN "Commission on Narcotic Drugs" and the UN "Commission on Crime Prevention and Criminal Justice". A special topical conference is organised to celebrate the UN's "International Day of Older Persons (IDOP)" on October 1st every year.

If you are interested in further information concerning the Committee, please consult our website:

www.ngoageingvie.org

2. Announcing the conference celebrating the United Nations "International Day of Older Persons 2024"

Conference to celebrate the "International Day of Older Persons" of the United Nations, organised by the NGO Committee on Ageing,
UN Vienna
Monday, 30 September 2024 at the United Nations, Vienna

Marginalisation Of Older Persons In Society – A Significant Health Risk

"Leave no one behind!" is a key principle of the United Nations' "Agenda 2030 for Sustainable Development", as proclaimed under Goal No. 3: "to ensure healthy lives and promoting well-being for all ages". A particular group threatened by the risk of not having full chances to live a healthy life and enjoy well-being are older persons who are marginalized or excluded by society. The IDOP 2024 conference addresses specific forms of marginalization of older persons and its possible influences on their health.

Federal Ministry Republic of Austria Social Affairs, Health, Care and Consumer Protection







3. Introduction by Dirk Jarré, Chair of the NGO Committee on Ageing, UN Vienna



DIRK JARRÉ, CHAIR OF THE NGO COMMITTEE ON AGEING, UN VIENNA

On September 30, 2024, the NGO Committee on Ageing, UN Vienna, held a conference to celebrate the annual "International Day of Older Persons" of the United Nations at the premises of the United Nations in Vienna. It was entitled:

"Marginalisation of Older Persons in Society – A Significant Health Risk"

The NGO Committee on Ageing was very proud to have international academics, experts and practitioners on board at this event who gave deep insight and new data on the social realities of older and marginalised persons living with specific health risks. This event was very well attended and supported by numerous international non-governmental organisations affiliated with the United Nations.

Ageing in the 21st century looked at from the demographic perspective, social and personal challenges for the older generation as well as changes in the welfare systems were Rainer Münz' main focus in his opening speech. Rainer Münz, one of Europe's leading experts on demography and international migration, emphasized the importance of recognising and addressing the ongoing epidemiological changes in chronic and degenerative diseases during the process of ageing, as this has a huge impact on the health and well-being of older persons and on the financing of healthcare systems. He pointed out two fundamental issues in our ageing society: the decreasing number of children born per family and the increasing life expectancy. He highlighted that the total

percentage of older persons over 65 is approximately 10% worldwide. In low-er-middle- and low-income countries, the proportion of the elderly is much smaller than in upper-middle- and high-income countries and their social security based on savings or pension insurance is either small or even inexistent.

Angela Paparusso outlined that health systems and measures promoting well-being vary enormously around the world. She pointed out that older persons play a crucial role in facilitating the work-life balance of younger people by providing practical and emotional support to ease the burden on families and promote family cohesion in every society. In her presentation, she emphasized that it is not only the material dimension alone which guarantees a person's quality of life and well-being, but also his/her social status or personal life achievements as well as public provisions for social welfare.

Yael Zilbershlag provided an overview of the various effects of marginalisation on older persons who may suffer from chronic health diseases and often have difficult access to health care leading to inequalities in the treatment of marginalised persons. Particularly important is a holistic approach with its potential to bring together medically related issues with the social, economic, and psychological conditions of marginalised older persons.

Political challenges and policies in relation to marginalised groups were emphasized by Nicole Zündorf-Hinte from the German Ministry for Family Affairs, Senior Citizens, Women and Youth. She underlined that the main responsibilities in the area of social protection are in the competence of the local level in the 16 federated States. Interestingly, she mentioned that most older persons in Germany (96% of all aged 65+) are still living independently in their own homes. The German Federal Government is addressing the "epidemy" of loneliness and social isolation with more than 180 projects focusing on the specific needs of older persons.

Finally, practical examples illustrated possibilities to address the needs of older persons: one in Serbia and another one in the Philippines. In most parts of the world, a great number of older persons live under precarious conditions with insufficient food, medical, psychologial and emotional support. Stefanie Eichhorn from the Diakonie ACT Austria and Myrna Tang-Yao from the Business and Professional Women Association (BPW) in the Philippines described their respective efforts in bringing older persons into a position where they can realise a more active and satisfactory ageing by own initiatives. This shows the importance of the role that Non-Governmental Organisations (NGOs) can play in providing effective solutions to those in need.

4. Ageing – The Demographic Dimension and its Implications on Global Societies

RAINER MÜNZ, AUSTRIA

Special guest of honour of the conference, an expert in demography and international migration, currently teaching at the Central European University and at the Diplomatic Academy in Vienna, provided the following input:

He started by pointing out that ageing is a global phenomenon, but that it has very different implications depending on the region, the area or the group. He emphasized that ageing has **three different dimensions**, which are loosely connected.

The first dimension is related to biology and this process starts at the very beginning of life. For the first twenty years, we are talking about maturing. The term "ageing" is usually reserved for a later stage of life.

The biological dimension of ageing has to do with the DNA and with the ability of our DNA to reduplicate itself without errors. At the end of the DNA there are Telomeres and their shrinking can be used as a "biomarker" of biological ageing.

The ageing process is, however, also related to life cycles and lifestyles. A search on the Internet for "lifestyle and ageing" will immediately provide advice on what to do and what not to do. Some advice is: physical exercise, eat less meat or no meat at all, choose a healthy diet, avoid

processed foods, fatty foods, and things like that. Also, usually there is clear advice not to smoke as well as to drink "less" (alcohol). Opinions are even less consistent on sugar and cholesterol. But ultimately, this isn't just physiological or dietary advice, it's also a social one, as health campaigns tend to focus more on preventing smoking than on preventing drinking. From a fiscal point of view, the public coffers profit both from taxes on tobacco and on alcoholic beverages.

The third element which influences biological ageing is the environment. One can have a healthy diet or lifestyle, but if one lives in a polluted area, at least statistically –it takes its toll. People are at a higher risk if they live in cities with low air quality, in areas contaminated by herbicides/pesticides or in the vicinity of certain industrial plants.

The second dimension of ageing is related to social definitions and limitations. Social age is closely related to the chronological age. The latter is something that we can all find as a defining element in our identity documents: our

date of birth. It tells us how old a person is in terms of years. Chronological ageing is linked to stages and transitions of social ageing. The first step is to go to kindergarten or school. At a certain age it is assumed that children are ready for school and attendance becomes compulsory. There is a minimum age before citizens to be able to vote. In Austria, the legal voting age is sixteen. But there is nothing in your biology that states that sixteen is the best age for this transition; better than, say, eighteen. Voting age is always a political decision. The same goes for joining the military. In a society where there is draft, like in Austria or Israel and in a number of other countries in the world, there is a certain age at which males and/or females must report for military or civil duty. Again, it is a political decision.

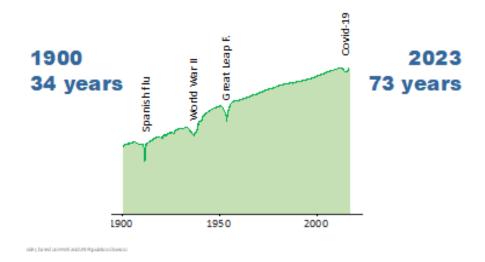
In most countries there is a minimum age for the purchase of alcohol and the consumption of alcohol in public. Another political decision is the minimum age for marriage, which varies widely. Even within countries such as the US. In the US you have states where you can get married at the age of fourteen and other states that push it to the age of eighteen or nineteen. Again, this is a political decision, and this decision is loosely linked to the biological ability to reproduce. Finally, the transition into retirement at a certain age is based on a political decision.

The third dimension of ageing is determined by the demographic weight of different age groups. Demographic ageing is the simplest of the three dimensions we looked at, because it means: the share of older people is increasing, and the share of younger people is decreasing. Very importantly, demographic ageing has nothing to do with the biological ageing of individuals.

Demographic ageing has two unrelated reasons: The first one is the declining fertility. If people have fewer children, the share of the older generation increases automatically.

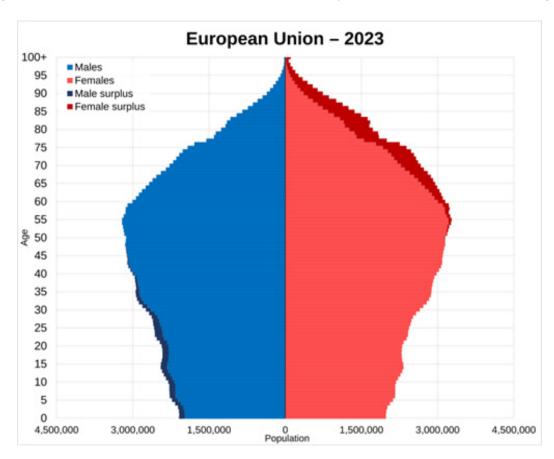
The other reason for demographic ageing is the rise in life expectancy. There are many reasons for this increase, but the main ones are: better food supply, food security and more widespread availability of clean water. Only at a later stage in life is there a certain correlation with the quality of health care systems. Life expectancy at birth has more than doubled over the past 120 years. That means it has been increasing by more than two months per year, on average.

Life expectancy at birth



Demographic ageing takes place in two different ways: In many parts of the world the number of younger people is decreasing. This is the result of lower fertility which reduces the "base" of the age pyramid. At the top of the age pyramid, there is a global increase in the number of older people, defined as people over the age of 65.

Today, they only represent 10% of the world's population. Globally, they still are a small but growing minority. Some seventy-five years ago, only 4% of the global population was over sixty-five. By the end of the 21st century the share of elderly people will be around 24%. In Japan and Western Europe this level has already been reached. The demographic



situation in Japan is what most parts of the world can expect in the future.

By 2050, a large part of the world will have an elderly population of at least 20%, reaching 40% in Canada, all of Europe and China. Some areas where this will not be the case are: Sub-Saharan Africa, India, Afghanistan, Central Asia, Indonesia and the Philippines. In 25 years, these countries will still have the youngest populations in the world: a result of much higher birth rates.

If one looks at the elderly in developing lower-middle- and low-income countries, one notices that they are demographically a small minority. And there is poverty among many of these people. It is, however, important to understand that this poverty is quite often not related to old age. The issue in lower-middleand low-income countries is poor people getting old, not old people becoming poor. Many of these people have been excluded from the cash economy for most of their lives. They have no chance to save and build financial reserves. For most people living in lower-middle- and low-income countries there is neither pension insurance nor other collective safety nets. Hence the life-long need to work. Elderly who cannot sustain themselves are dependent on their children or other relatives or on social solidarity within a smaller (usually kin-based) group. It's therefore important to understand that old age poverty is not linked to age but to increasing longevity in countries outside the rich world.

When one looks at the geographical distribution of people over sixty-five who are still working, one mainly finds them in lower-middle- and low-income countries. Most of their citizens cannot retire because they do not have the financial resources to stop working. In these countries, the emphasis should not primarily be on specific policies for the elderly. Instead, the focus should be on creating conditions and policies that promote the inclusion of people who live outside the cash economy and lack access to collective social protection schemes.

In upper-middle- and high-income countries, the share of older people is much higher. In this age group (60/65+) most people have some kind of savings or have access to national pension insurance systems. As a result, in rich countries, most older people can stop working and retirees receive pension payments. As a result, except for Latvia and a few Central European countries, old age poverty is relatively low in the EU. On average only 15% of the older people living in the European Union are at risk of poverty. In Europe, the ageing of the baby boomer generation presents a challenging transition. The number of people graduating from schools and universities is 35% lower than the number of baby boomers who are retiring or have already retired. This leads to a shortage of domestic labour and skills, as well as growing budget deficits in unfunded pay-as-you-go pension systems. From a demographic point of view the

"old age dependency ratio" is calculated as the number of persons would are over age sixty-five divided by the number of people in the age group twenty to sixty-four. From a fiscal point of view, it's not the demographic old-age dependency ratio that matters, but the relation between people in the age group twenty to sixty-who pay taxes and social security contributions compared to the number of pension beneficiaries.

Europe is the world region with the highest life expectancy and the lowest labour force participation of older people. Most people over 60 are not working. In the age group of sixty to sixty-four the average labour force participation rate in the EU stands at 46%. In the age group sixty-five to sixty-nine only 13% are still economically active, in the age group of seventy to seventy-four it's only 5%. This is in complete contrast to the situation in lower-middle- and low-income countries.

From a demographic as well as from a fiscal point of view the message to the Europeans seems to be clear: Retire later or stay in the workforce even if you already receive a pension, engage as a volunteer in certain areas that would improve the situation of (older) people and thus help the state to save expenses.

Keeping the age group 60+ in the workforce does not only depend on the readiness of older people to stay economically active. We also need labour market conditions that facilitate this choice. This requires a departure from early retirement and ultimately a rise in statutory pension age (ideally by automatically linking it to increases in life expectancy). Unfortunately – in most EU countries – such reforms are extremely unpopular.



What to do?

Older Europeans should

- retire later
- stay in the work force
- volunteer

Key Messages





Ageing – The demographic dimension and its implications

Rainer Münz CEU

Global phenomenon



With very different implications

Demographic ageing



2 unrelated reasons

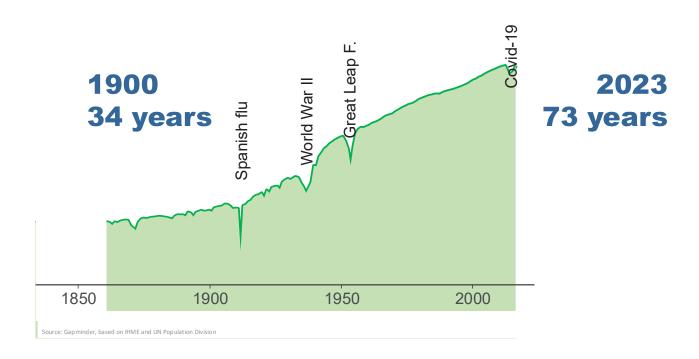
Decreasing number of children per family



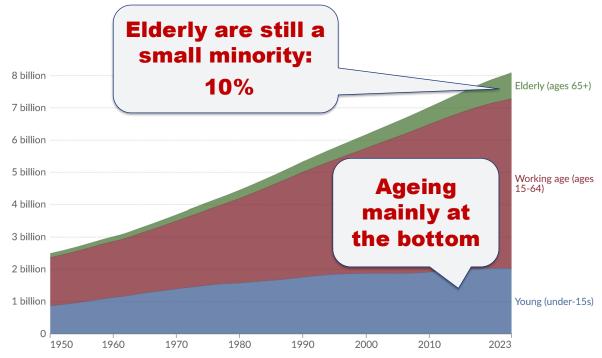
Increasing life expectancy



Life expectancy at birth



Number of elderly increasing Numer of children stagnating



In lower-middle and low income countries

Small share of elderly people

... but:

Little or no savings (many people living outside the cash economy)

Most people not covered by pension insurance

Life-long need to work

Elderly dependent on children and other relatives

Old age poverty mainly not linked to age but to increasing longevity

In upper-middle and high income countries

Higher share of elderly people

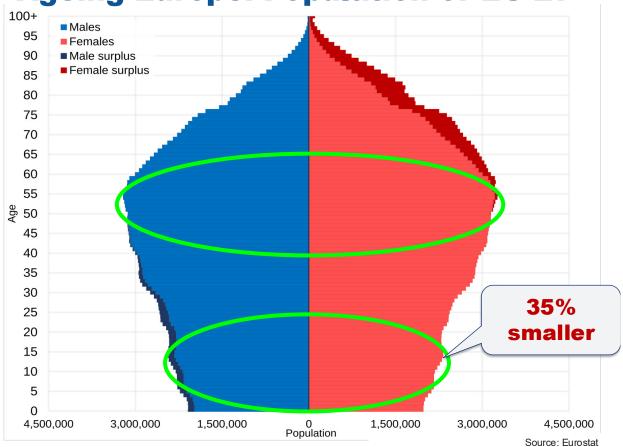
... but Life savings

Most people retiring

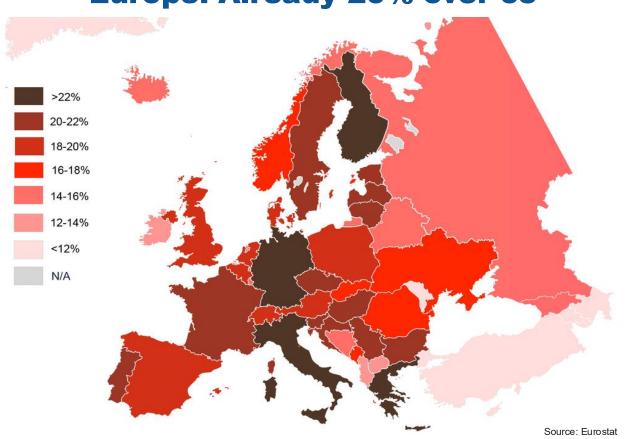
Most elderly residents receiving pensions

Old age poverty low in most EU countries

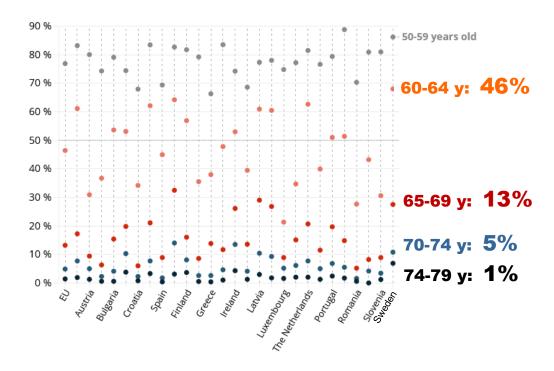
Ageing Europe: Population of EU 27



Europe: Already 20% over 65



Older Europeans: Mostly not working



Source: Eurostat



What to do? Older Europeans should

- retire later
- stay in the work force
- volunteer



Thank you!

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15

5. Population Ageing: Trends and Policy Implications

ANGELA PAPRUSSO, ITALY

Demographer, senior researcher of the Italian National Research Council at the Institute for Research on Population and Social Policies (CNR-IRPPS)

The aging process stems from the significant rise in life expectancy, which initially began with the sharp decline in infant mortality and later expanded to include all age groups (a "top-down" process). Concurrently, cultural shifts tied to the secularization of modern societies have caused substantial changes in personal choices concerning family formation and reproductive behaviors, ultimately leading to reduced fertility (a "bottom-up" process) (Livi Bacci, 2017). At the individual level, population aging indicates a favorable state where people experience a healthy and long life with a number of children close to their desired number. Collectively, it reflects improvements in quality of life due to better hygiene, adequate nutrition, medical advances, and greater physical and psychological well-being (Caselli, 2015).

When examining the median age, which divides a population into two equal halves, and life expectancy at birth – the average number of years a person is expected to live in a given country or region – we can observe a generalized trend of population aging across the globe. This process shows

a convergence, although it occurs at varying rates and timelines depending on the region or country.

As a consequence of the demographic transition, societies are witnessing a rise in the number of older individuals and in the percentage of the population that is elderly, alongside a decline in fertility rates. This is reflected in the total fertility rate (TFR) – the average number of children per woman – which has already fallen below 2 in Asia and Northern America, and significantly below 2 in Europe.

This change is evident in the age structure of populations, as the traditional "age pyramid" is slowly evolving into a rectangular shape. Countries such as Italy, Japan, France, the United States, and China have already undergone this transition, while others are just starting or are in the process of doing so. Nonetheless, the result will be consistent across all nations: as a natural consequence of demographic transition, populations will age.

It is important to note that the relationship between life expectancy at birth and income shows a clear positive cor-

relation, especially as countries transition from low to higher income levels. Initially, life expectancy rises sharply with increases in Gross Domestic Product (GDP), as greater material wealth typically improves access to healthcare, nutrition, and better living conditions. However, as income continues to grow beyond a certain point, the impact on life expectancy decreases, reflecting diminishing returns of material well-being on survival. For instance, despite African Americans being wealthier than the people of Kerala, India, their life expectancy is lower, highlighting that wealth alone does not guarantee better survival outcomes: factors such as gender, education, race, social class, and specific individual behaviors also come into play (Livi Bacci, 2017).

To this end, volunteer activities and civic participation are essential, as well as the involvement of self-sufficient and healthy elderly individuals in caring for other family members, such as grand-children. These contributions represent a crucial element in facilitating the balance between work and family life, providing practical and emotional support that can ease the burden on families and promote intergenerational well-being (Juni, 2024).

Future generations of elderly will differ significantly from today's, as each new cohort entering old age tends to be healthier. We will also have more single-person households, with varying capacities to handle physical limitations, reduced autonomy, financial difficul-

ties and exclusion from social relations, which are influenced by numerous factors. These include demographic aspects (age, gender, country of residence, immigrant status, and social status), personal life achievements (education, marital status, income, having children and social networks), and broader institutional factors (social welfare programs, country's GDP and income inequality. To account for the increase in life expectancy and improvements in health conditions, we can differentiate between the Third Age (Young-Old), characterized by disability-free life expectancy, and the Fourth Age (Old-Old), which is associated with the prevalence of chronic diseases and disabilities. Additionally, to provide a more realistic and comprehensive understanding of life expectancy, new indicators have been introduced, including Years of Good Life (YoGL), Healthy Life Years (HLY) at age 65, Quality-Adjusted Life Years (QALYs), and Well-Being-Adjusted Life Years (WELLBYs).

In this regard, "active ageing" is a central policy promoted by the European Union (EU). It encourages older adults who are healthy to live independently and remain engaged in paid employment. This approach aims to recognize and enhance the contributions of the elderly to society, emphasizing their continued value and participation (Foster & Walker, 2021). To this end, volunteer activities and civic participation are essential, as well as the involvement of self-sufficient and healthy elderly indi-

viduals in caring for other family members, such as grandchildren. These contributions represent a crucial element in facilitating the balance between work and family life, providing practical and emotional support that can ease the burden on families and promote intergenerational well-being (Juni, 2024).

Who bears the costs of population aging? In welfare societies, the state primarily funds these costs through intergenerational solidarity, such as pension systems. Additionally, private pension schemes, income from personal savings, and secondary income sources (for younger retirees) also contribute. However, as the number of elderly increases, so does the economic burden, influencing the sustainability of the labor market, healthcare system, formal and informal care, innovation capacity, and public debt pressure. For instance, in Europe, there is a significant imbalance in the percentage of GDP allocated to the elderly compared to families and children. This disparity varies between countries, depending on the degree of population aging and the specific policies in place.

Therefore, pension reforms should aim to raise the retirement age. Moreover, new savings and investment strategies should be developed. It is also essential to strengthen human capital and education, boost youth and female employment, and invest in labor productivity growth.

According to United Nations projections, a decline in the total population, particularly among the working-age group (ages 20-64), will make the role of immigrants in European societies increasingly vital. Between 2023 and 2035, the working-age population in Europe is expected to decrease by 25.1 million with migration (WM) and by 35.4 million without migration (ZM), the latter representing a hypothetical scenario in which Europe is entirely closed to immigration but maintains the same fertility and mortality rates as in the migration scenario. From 2023 to 2050, the working-age population is forecasted to decline by 66.6 million with migration and by 92.1 million without it.

It is widely recognized that immigration alone cannot reverse long-term demographic trends. The number of immigrants needed annually to offset the effects of population aging and low fertility is unrealistic and unsustainable from multiple perspectives (Bagavos, 2019). Therefore, it is essential to implement policies that promote increased fertility, such as supporting couples in balancing family and work responsibilities, as well as improving gender equity both at home and in the workplace, thus increasing female labor force participation (Wesolowski et al., 2020). Nonetheless, the demographic significance of immigration has been important in the past and will become even more so in the future (Gesano & Strozza, 2011). In fact, the foreign-born population has already helped mitigate overall population decline in many European countries that are destinations for immigrants (Bagavos, 2022).

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6. The Medical Perspective of Marginalisation of Older Adults - The Example of Israel

YAEL ZILBERSHLAG, ISRAEL

Gerontologist and occupational therapist. She is lecturer and researcher at Ono Academic College and the academic coordinator for geriatrics in several degree programs.

The "International Day of Older Persons" of the United Nations

Marginalization of Older Persons in Society-A Significant Health Risk

The Medical Perspective Dr. Yael Zilbershlag



Dr. Yael Zilbershlag

Gerontologist
Occupational Therapist
The Faculty of Health Professions



Israel

Topics of Discussion

Overview of Older adult Population in Israel

Marginalization of older adults-The Medical Perspective

What can be done?

Examples from the field in Israel

Older adults in Israel Demographic Overview

10 million people in Israel

- 1.2 million older Adults in Israel
- 12% of the population

42% are aged 75 and above

30% receive government subsidized long-term care nursing benefits



Marginalization of older adults

The Medical Perspective



Marginalization - The Medical Perspective Chronic Diseases

impacts the development and management of chronic conditions like heart disease, diabetes, and dementia

Factors Contributing to Chronic Disease



Reduced access to healthcare

Fewer years of formal education can affect the prevention and management of disease



Unhealthy lifestyles



Quality of care: Delayed diagnosis and treatment of health conditions



Discrimination which can lead to mistrust and delayed care



Marginalization - The Medical Perspective Mental Health Disorders

Increases the risk for poor mental health outcomes like depression and anxiety

Factors Contributing to Mental Health Challenges



Social isolation and loneliness

Discrimination and stigma can lead to chronic stress, low selfesteem, and depression



Limited access to mental health services

Physical health conditions can contribute to mental health problems



Marginalization - The Medical PerspectiveHealthcare access and Utilization

Effects the access and usage of healthcare services
This disparity may lead to poorer health outcomes, higher morbidity rates, and increased healthcare costs.

Barriers to Healthcare Access



Financial barriers like lack of health insurance coverage



Transportation issues



Language difficulties



Cultural misunderstandings



Marginalization - The Medical PerspectiveHealth Behaviors

Is often associated with unhealthy behaviors like smoking, poor diet, physical inactivity and excessive alcohol consumption

Factors Influencing Unhealthy Behaviors

1

Socioeconomic conditions: Poverty, unemployment, and fewer years of formal education 2

Environmental factors:
Exposure to
environmental toxins,
limited opportunities
for physical activity



Limited Access to information can prevent healthy behaviors.



Cultural factors: Cultural norms and traditions may promote unhealthy habits



Marginalization - The Medical Perspective Caregiver Burden

May increase caregiver burden and thus caregivers' health and well-being Studies have documented that caregivers of marginalized older adults experience higher levels of stress and burnout.

Factors Contributing to Caregiver Burden



Complex Care Needs (of the family member) can be physically and emotionally demanding for caregivers 2

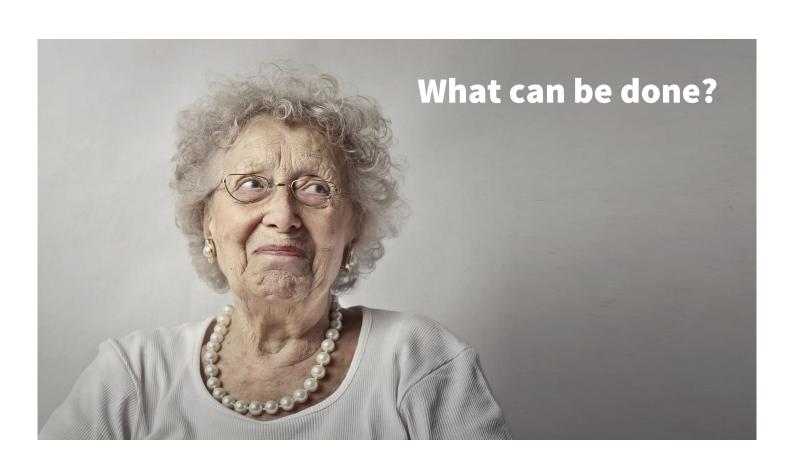
Financial strain

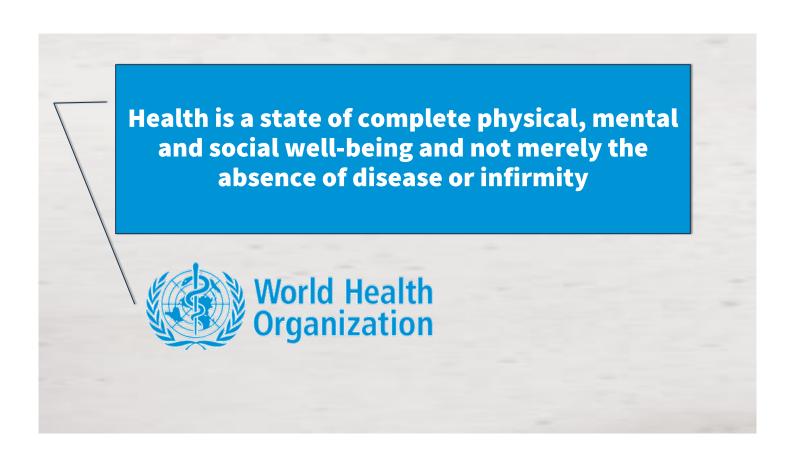
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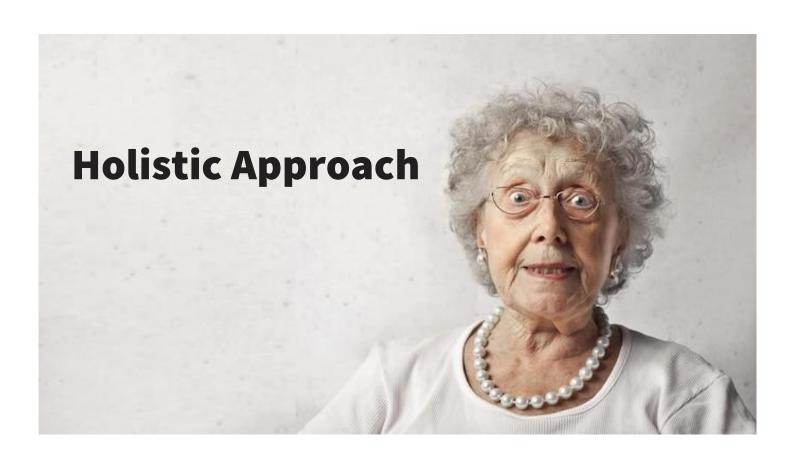
Lack of support services

4

Discrimination and stigma which can isolate them and increase their stress levels







Holistic approach

A holistic approach to addressing the health issues faced by marginalized older adults is crucial for effective care.

A holistic approach involves multiple interconnected factors that contribute to general well-being.

This approach recognizes that health is influenced by a complex interplay of physical, psychological, social, and environmental factors and requires a coordinated effort across multiple sectors of society.





Holistic Health Programs

Policy Advocacy



Continuity of Care



Caregiver Support

Economic Support



Community Engagement 👰 Social Participation



Integrated Care Model

Technology and

Telemedicine



Mental Health Support



Access to Comprehensive Healthcare (culturally sensitive and accessible)

Training for Healthcare Providers



Research





32





4 laws to ensure the well-being of older adults

State Health Insurance Law

Every permanent resident of the State of Israel receives health services through one of the health insurance funds

The Senior Citizens Law

Provides various rights and benefits to senior citizens: discount on public transportation, bank fees, entrance to websites, museums, cinemas and shows

The Nursing Law

The law provides state assistance for older adults who need help with daily functioning and wish to continue living in their home

Pension Insurance

Requires all employers to set aside pension funds for employees immediately upon hire.



The Index Map For Optimal Aging

In July 2021, the Government of Israel adopted the Resolution 127

----National indices for optimal aging----

Health

Meaning in life

Economic Resilience

----Predictive Indices For Optimal Aging----

Health Management Healthy Lifestyle

Active Lifestyle

Financial Preparedness

Digital Literacy

A horizontal predictive factor that affects all groups of indicators

Government offices Ministry of Health Ministry of Welfare and Social Affairs Ministry for Social Equality National insurance

Ministry of Health



Roles and Responsibilities

In health services

Encourages programs for early detection of risk factors and prevention of chronic morbidity

Community

Significant partner of **MUNI-100**, that aims to promote optimal aging in local authorities.

In hospitals

Strengthening and expanding programs to prevent further deterioration during hospitalization

Rehabilitation

Strengthening the rehabilitation system as well as creating a supportive and enabling operating environment for **caring family members**

Ministry of Health (2)



Roles and Responsibilities

Audit the quality of care for older adults in health services

Audit the quality of care for older adults in long long-term care hospitalization

Subsidizes long-term care hospitalization

National programs to address falls, dementia, palliative care

Ministry of Welfare and Social Affairs



From the "National indices for optimal aging"

Economic resilience



Meaning in life





Ministry of Welfare and Social Affairs (2)

350 thousand older adults receive services in Israel



homes



Social clubs



clubs for needy older adults



Day centers



Manpower standards in municipalities



Programs to alleviate loneliness



Supportive communities



Ministry for Social Equality





Digital training

Classes of Senior Citizens in schools

Employment center

Up 60+ center

Groups for caregiver family members

Senior Citizens in nature



Sports in the park

Organization of volunteers who are **Senior Citizens**





המשרד

לשוויון חברתי

National Insurance Institute



Aging in Place

*9696

Special department for senior citizens (managed by social workers)

Support groups for widows and widowers in all languages

Old age pension

Additional payment to all the adults with low income

Social visits for older adults who live alone, and those with significantly advanced age (90+)

Long-term care services at home

supervision and help with daily functions

Organization of volunteers who are senior citizens





Maccabi Healthcare Services



Family doctors:

Golden Age Visit (computerised Comprehensive geriatric assessments (CGA) tool

Geriatric units:

Compressive geriatric assessments (CGA) clinics; Home care unit; consulting for the nursing homes unit



Computerized index- Macabi frailty scale (Hospitalizations, number of (chronic diseases, falls, function and more)



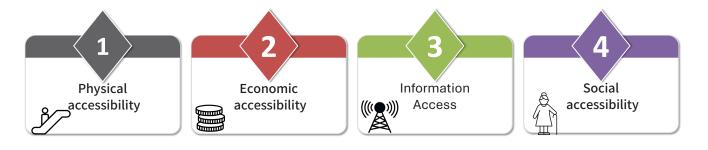
Dr. Zorian Radomislasky National Director of Geriatrics



Muni 100

MUNI100: promoting optimal aging

Preparation of local authorities for the challenge of hosting a population who may reach 100 years of life Based on learning from the 'Age Friendly Cities' model developed by the World Health Organization (WHO)



Muni 100

Tamra - An Arab Israeli town in the Northern Galilee



Amer: Senior citizens advisor for the municipality

Senior citizens in high school class تواصل الأجيال



Muni 100

A Day center for frail adults in a town in the Galilee with a diverse cultural and religious population





Muni 100

Tel Aviv - An 'older age' friendly city









Muni 100

Community Engagement – A kibbutz in the south (Kibbutz Be'eri)







Leave no one behind!

as proclaimed under Goal No. 3:
"To ensure healthy lives and promoting well-being for all ages"



More to do

Reach more older adults in the community

Addressing age discrimination

Continuity of care

Connection between the health system and the social system

And more...





7. Marginalised Older Persons in Society – Political Challenges and Measures in Germany

NICOLE ZÜNDORF-HINTE, GERMANY

Head of Division for International Policy on Ageing and Inclusion of the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ).

"International Day of Older Persons" of the United Nations 30th
Sep 2024, at the United Nations, Vienna

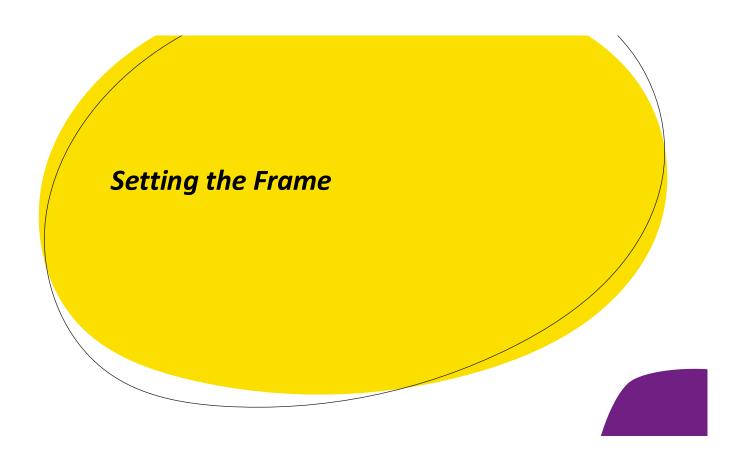
"Marginalization of Older Persons in Society – A Significant

Health Risk"

Political Challenges and Measures - Germany



Bundesministerium für Familie, Senioren, Frauen und Jugend



19.01.2025 • 3 • IDOP Vienna – Political measures

Living Situation of Older Persons in Germany

- 22% of the population in Germany is over 65 (in 2002 the quota was 17%)
- 96% of persons over 65 live independently in their own home
- 84% of persons over 85 live independently in their own home
 - In 2002 18% of persons over 85 lived in residential care facilities
 - In 2023 16 % of persons over 85 lived in residential care facilities

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Germany as a Federal Country roles and competences of the Federal Government

- Federal Government has competences in areas defined in the constitution (Basic Law)
- Most areas fall within the competence of the 16 Länder
- The Federal Government can support best practise for a limited period
- Most laws on Federal Level need the support of the Bundesrat, i.e. the Länder
- The 16 Länder execute Federal Law
- Many acts are delegated to cities and communities by the constitutions of the Länder

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19.01.2025 • 5 • Titel der Präsentation

Social Code V and IX

- Social Code V health insurance
 - Since 2015 obligation of the statutory health insurance to improve the health of older persons through preventative measures
 - National health targets are the guidelines
 - Healthy ageing is one of the targets
 - Statury health insurance supports cities and communities in developing enabling environments for healthy ageing
- Social Code IX inclusion of persons with disabilities
 - · Grants support for independent and self-determines living, e.g.
 - personal assistance
 - Mobility assistance etc.

bmfsfj.de

Social Code XI and XII

- Social Code XI long term care insurance
 - Principle: outpatient care has prevalance over residential care, established 1994
 - Result: outpatient care services exist all over Germany
 - Older persons live longer at home
- Social Code XII aid for living
 - · Financial support for those in old age, who are in need irrespective of where they live
 - Covers also costs for residential care insures everybody can afford care

bmfsfj.de

Policies on Loneliness and Social Isolation Federal Government's Strategy to Counter Loneliness

Strategy to Counter Loneliness I

- In Germany, several million people of all age groups feel lonely.
- Since 6/2022: Development of the Federal Government's first Strategy to Counter Loneliness
- Since 6/2023: Broad consultation process completed interministerial consultation started
- December 2023: Adoption by the Federal Government

bmfsfj.de

19.01.2025 • 9 • Strategie der Bundesregierung gegen Einsamkeit

Strategy of the Federal Government to counter loneliness – all age groups are targeted

1. Raising awareness

core actions: 1.1. a campaign

1.2. Week of action "together against loneliness"

2. Enhancing knowledge

Core actions: 2.1. loneliness barometer

2.2. participative research

3. Strenghtening practitioners

Core actions:
3.1. enhancing programs and measures

3.2. fostering formats of exchange, knowledge and networking of actors

4. Acting cross sectorally

Core actions: 4.1. checking the possiblitiy of a country wide "coalition against loneliness"

4.2. setting up of an interministerial working group (IMA)

Further actions
4.3 BMFSFJ is looking into establishing a continuous exchange between the federal ministries and their counterparts on Länder level

5. Supporting people – improving services

Core actions:
5.1. model projects and
evaluation

5.2. supporting nation wide counselling services that are free of charge, diverse, digital, phone lines and nation wide, regional and local

What else?



 Currently more than 180 projects against loneliness targeting older people

For all age groups:

- Loneliness barometer (monitoring tool)
- Public awareness-raising campaign
- Loneliness Network Germany

bmfsfj.de

National Dementia strategy

National Dementia Strategy – setting the frame 2020 - 2026

- In 2024 1.8 million persons with dementia live in Germany
- The risk rises with longeivity
 - In 2050 it could be 2,8 million
- So far, there is no cure for dementia
 - we need to find a place for persons with dementia and their families
- Dementia is a silent illness
 - People with dementia withdraw from society and activites they loved, they disappear
- We need a society, which includes persons with dementia, which sees them and includes them

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19.01.2025 • 13 • Strategie der Bundesregierung gegen Einsamkeit

National Dementia Strategy – fields of Action https://www.bmfsfj.de/resource/blob/159762/5a16ea542c67ed29aa458b8c30a5ad82/200701-nationale-demenzstrategie-data.pdf 2. Support 3. Continoulsy 4. Support 5. Strong persons with improve the excellent partners dementia and health care and research in the **5.1 Federal Ministry** their families field care structures for Family Affairs, for persons with Senior Citizens, dementia Women and Youth 5.2 Federal Ministry 5.3 German Alzheimer society Are in the lead many other partners from all levels of society total 600)

bmfsfj.de

National Dementia Strategy – Examples

Local alliances for dementia

- Gardens for persons with dementia
- Virtual memory journeys
- Hikes and guided museum tours for persons with dementia

Choir project

- 21 local initiatives by the Federation for choir and orchestra (BMCO e.V.)
- Music keeps people involved
- Music considerably improves the quality of life of persons with dementia
- https://www.musik-unddemenz.de/

Countering the stigma of dementia

- Many people are highly insecure or how to approach persons with dementia
- We aim to lower this threshold

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Thank you very much for your attention!

Kontakt

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314@bmfsfj.bund.de

Nicole Zündorf-Hinte



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8. Ageing in Dignity - Improving the Social and Health Situation of Older People in Serbia

STEFANIE EICHHORN, AUSTRIA

She is a political scientist and has worked in programme management at the UN Office on Drugs and Crime in different countries. She is now project coordinator at Diakonie ACT Austria.

Ageing in dignity

Improving the social and health situation of older people in Serbia.

Vienna, 30. September 2024

Presenter:

Stefanie Eichhorn, Project Coordinator



Development Cooperation and Humanitarian Aid of the Diaconia in Austria

LEGAL ENTITY



Diakonie 🔛 Diaconia Katastrophenhilfe desaster relief

Yearly expenses (million EUR):

2022: 3.97 (total) / 2.82 (projects) 2023: 3.88 (total) / 3.1 (projects)

> million USS: 2022: 4.43 / 3.15 2023: 4.33 / 3.46

Yearly expenses (million EUR): 2022: 4.38 (total) / 3.45 (projects) 2023: 5.12 (total) / 3.99 (projects)

million US\$:

HUMANITARIAN AID

2022: 4.89 / 3.85 2023: 5.72 / 4.46



STRATEGIC GOALS / priority areas of work

2

Food sovereignty and climate justice

Promote global lifestyles and economies designed to enable the livelihoods of all people whiles respecting the limits of the natural environment.

Social inclusion - "Leave No One Behind"

Promote equal participation of all people in society. Overcome obstacles that people affected by social exclusion - such as minorities, people with disabilities, or old people - face in exercising their rights.

Gender equality

Promote the opportunity of all people regardless of their sex, gender identity, or sexual orientation to exercise their rights equally. The equality of all people is a prerequisite for social justice, peace, and sustainable development.

30.09.2024 Ageing in dignity Serbia



Brot für die Welt

OUR APPROACH

- Human rights promotion & empowerment: empowering disadvantaged social groups to exercise their rights, participate in society and access supporting networks.
- <u>Meeting basic needs</u>: promoting equal access to sufficient and appropriate food, health, and protection from violence. We advocate for equal access to basic services of disadvantaged population groups.
- <u>Partnership & participation</u>: working directly with local partner organizations and with self-advocacy organizations.
- <u>Networking & learning</u>: promoting networking, learning and regional exchange among partners as well as in Austria.

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4



SERBIA – Situation

Basic indicators

SERBIA – basic data	
Population million	6.7
GDP, billion US\$	75.5
GDP per capita, US\$	11,270.8
HDI rank (out of 193)	65
Life expectancy at birth, years	72.7
Average age	43.9

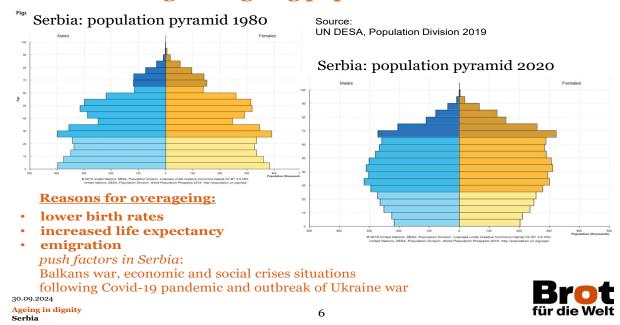
Sources:

World Bank/Serbian National Statistics Office/UNDP, 2023/2024

According to UNFPA population dashboard (2024):
Population 7.1 million / life expectancy: 77 (fem.: 80 / m: 74)



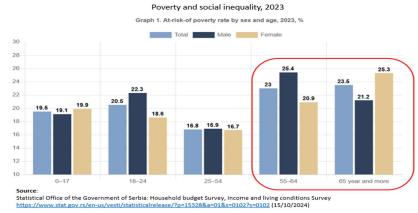
SERBIA - Situation diminishing and ageing population



SERBIA – Situation

poverty and social exclusion at higher age

- Older people in Serbia are among the population groups most at risk of poverty and social exclusion.
- 25.3 % of people aged 65 and over are at risk of poverty.



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7

SERBIA – Situation

poverty and social exclusion at higher age

- The risk of poverty and social exclusion is more pronounced <u>among</u> women and <u>in rural areas</u>
- Farmers' pensions are particularly low. In practice, 90% of farmers receive only the minimum pension.
- Average Serbian pension (2024): EUR 390 (US\$ 430)*
- Average pension farmers (2024): EUR 170 (US\$ 190)*
- However, a share of old people receive pensions below this level.
 We have beneficiaries with less than EUR 100 or no pension.

30.09.2024

Ageing in dignity
Serbia

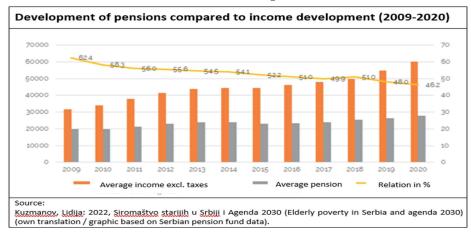
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SERBIA – Situation

poverty and social exclusion at higher age

· Pension levels have fallen in comparison to income.



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9

^{**} Data source: The Pension and Disability Fund of the Republic of Serbia, 2024

SERBIA – Situation

Social welfare system

The Serbian Law on Social Welfare was adopted in 2011 aiming

- (1) To improve the protection of the poorest, ensuring minimum subsistence level and a more efficient system of benefits; and
- (1) To develop a network of well functioning quality community services.

According to a 2022 Worldbank study on social protection in Serbia,

- "the challenges posed by aging, low productivity and inequality of opportunities (…) require systemic social protection reforms (…);
- Serbia operates a comprehensive social protection system; however, policy priorities and inefficiencies in program execution reduce efficiency and effectiveness."

(Source: "Serbia. Social Protection Situational Analysis", World Bank 2022)

World Bank 2022) **Br**

30.09.2024

Ageing in dignity
Serbia

10

SERBIA – Situation

Social welfare system

- "Social assistance programs do not sufficiently reach the poor.
- (T)he support provided does not adequately cover beneficiaries' essential needs. (...)
- Within poverty-targeted programs, overly strict eligibility criteria and case management challenges (...) reduce coverage.
- (...) the provision of social services (...) varies across the country, with many Local Self-Governments (LSGs) not providing key services.
- Case management and referral procedures are underdeveloped and there is not sufficient coordination across social assistance and social services to ensure client-oriented, tailored services or efficient resource management."

(Source: ibid.)

Brot für die Welt

SERBIA - The situation we face

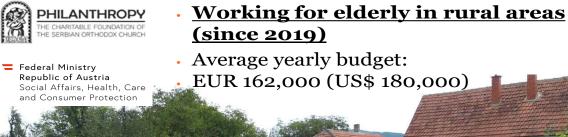
- Many old people in Serbia are at risk of poverty and social exclusion, with older women in rural areas being more affected.
- The poor and most vulnerable are still insufficiently covered by social assistance programmes.
- Especially in rural areas there is hardly any government support for older people and social or medical services are often difficult to access.

30.09.2024

Ageing in dignity
Serbia

12







https://www.covekoljublje.org/







https://nshc.org.rs/ Ageing in dignity Serbia

30.09.2024

14





Key areas of our project work

- Adressing immediate needs 1)
 - access to health and social services
 - psycho-social support
 - material aid for the poorest (food)
- Action against loneliness and for active ageing 2)
- Social gatherings
- Creativity and learning opportunities
- Volunteering
- Capacity building 3)
- Training and exchange opportunities for local partners

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15

Present Philantropy project

"SAVE - Social Protection and Poverty Reduction for Vulnerable Adults in the Context of Multiple Crises" (Sep. 2024- Aug. 2026)

Objective

Reducing poverty among older people through access to quality social and health services

Poverty is understood as a multi-dimensional problem that must be considered from multiple perspectives, incl. material and non-material circumstances.

Accordingly, <u>different fields of action to reduce or</u> <u>avoid poverty</u> are required. This may include food aid or housing as well as access to health and social services or learning opportunities etc.

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16

Project SAVE: target group and project areas

Target groups:

670 vulnerable older people in rural areas in Serbia in **Ruma**, **Kragujevac** and **Kraljevo** and **17 surrounding villages**.

Implementing organization:

PHILANTROPY

The Charitable Foundation of the Serbian Orthodox Church

Budget (2 years):

EUR 387,000 (US\$ 432,000) 70% Government of Austria/ 30% BfdW own funds

Brot

SERBIA – Brot für die Welt partnership projects supporting older people





3 regional centres Krčedin 17 villages Драгобраћа Ruma (regional coordination) Belgrade, Philantropy headquarters Oplanići Šljivovac Oponje Grbice Žiča Lužnice Mironić Buđanovci Čukojevac Kragujevac (regional coordination and shelter) Klenak Godačica Kraljevo (regional coordination) Hrtkovci Selište Kutlovo Vitkovac Pajazitovo 30.09.2024 Ageing in dignity Serbia für die Welt 19

18

Claiming rights and seeking help

Information guides to the local social welfare system and leaflets







30.09.2024 Ageing in dignity Serbia

20



Help at home

... for frail people and those with limited mobility once per week.

beneficiaries: 75







... and in shelter for people in particularly difficult situations in Kragujevac



(no picture available)



Material aid for the poorest:

- food items to support a more healthy diet
- hygiene articles
- beneficiaries: 600



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22



Medical check-ups in villages or at home

Beneficiaries: total 670 (70 at home or in shelter)



65

Psychological support and moderated peer group discussions (2021-2023)



2024-2026: psychological counselling by phone or face-to-face

beneficiaries: 50

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24



Socializing: gathering – creativity – learning - fun

... organized by volunteers. ... in 15 villages

beneficiaries in rural areas: 450





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25



Learning how to use computers, smart phones, internet and basic IT applications

... with teachers in classroom settings in town ...



27

Capacity building – locally and inter-country exchange



Visiting mobile home care in rural Austria (South –Burgenland, 2019)





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Planned 2024-26:

- Training on Dementia at the Neoumanist Day Care Centre in Straseni, Moldova
- Local training for social service providers in Serbia



28

Our main challenges

- 1. Funding limitations
- **2. Short funding periods** (only 18 months 2 years)
- 3. Lack of qualified local personnel

 There are not enough trained people/ they often prefer to work abroad.
- 4. Physical infrastructure in rural areas.



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29

Voices from Serbia

Savka (81):

"I feel as if the Club beneficiaries are all members of my family... It is difficult to explain how much it means to me at this age to hang out with all of them. Most of the volunteers are much younger than me, but they have accepted me so nicely, and I accepted them as my family."

Savka lives alone in a village half an hour's bus ride away from Novi Sad. Every Thursday she travels to come to the Paperclip Club and enjoy the company of volunteers.

Mira V. (75) volunteer, village of Vrba, Kraljevo:

"The best moments are when we meet. We feel useful, we are creative and proud of our handicrafts and of preserving our tradition. We have learned (...), but what we like most is the socializing."

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30



Voices from Serbia

Slavica R., home care assistant in rural communities:

"Most of our clients have several chronic illnesses. I know most of them because I was born here. I am familiar with their life stories and health problems, the biggest of which is loneliness. The biggest problem in my job is the difficulty of reaching some areas and the lack of bus routes, so sometimes I have to walk for up to 2.5 hours a day. Access to health services, food and medication is also more difficult in rural areas".



MANY THANKS TO OUR DONORS

With funding from

Federal Ministry Republic of Austria Social Affairs, Health, Care and Consumer Protection



... AND THANK YOU FOR YOUR INTEREST IN OUR WORK!



https://www.brot-fuer-die-welt.at

32

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9. Presentation of Initiatives in the Philippines

MYRNA TANG-YAO, PHILIPPINES

Commissioner for Business and Industry sector under the Philippine Commission on Women and President of Business and Professional Women (BWP) Philippines.

In the Philippines, the welfare of senior citizens remains of critical concern in contemporary society, despite efforts to improve their conditions through legislative measures, such as the Expanded Senior Citizens Act of 2010, which provides privileges and benefits. Economic hardships often render many elderly individuals financially vulnerable, lacking adequate coverage of their daily needs. Social isolation exacerbates these challenges, as a significant number of seniors experience loneliness and neglect due to evolving family dynamics and urban migration trends. Furthermore, health care accessibility presents an important issue, with numerous elderly citizens struggling to access affordable and comprehensive medical services. Addressing these multifaceted challenges necessitates a concerted effort from governmental and non-governmental actors to enhance social protections, foster inclusive community engagement, and ensure equitable healthcare access nationwide.

Studies indicate that older Filipinos face considerable health risks, primarily from chronic diseases like hypertension, arthritis, diabetes, and cataracts, often

undiagnosed due to limited health-care access. Additionally, poor oral health and nutritional deficiencies are prevalent, characterized by a high incidence of tooth loss and underweight conditions. Functional disabilities, such as difficulties with daily activities and limitations to independent living, are widespread among seniors, significantly impacting their overall quality of life. Many seniors also struggle with inadequate healthcare access due to financial constraints, hindering their chances to obtain essential medical attention and medications.

Despite health insurance coverage provided by PhilHealth, senior citizens frequently face substantial out-of-pocket expenses, particularly for outpatient care and hospitalization. Gender disparities exist, with females more likely to report functional difficulties while often perceiving their health more positively than males. Information on and utilization of government health programs remain limited, despite the offer of free vaccinations and medical services.

As the Philippines evolves towards an ageing society, many senior citizens suffering from debilitating illnesses or

physical conditions heavily rely on family care due to limited institutional care facilities. Approximately 8% of seniors require daily care because of chronical health conditions, predominantly provided within the family setting by female relatives — often spouses or daughters — assuming primary caregiving roles. In addition, there is a notable lack of formal training among caregivers; only 5% report having received any form of formal caregiving education. This problem exists also in dementia care, where a significant majority of caregivers lack proper training. The burden of providing long-term care (LTC) at home frequently leads to economic repercussions, as evidenced by 42% of caregivers who reported quitting work to fulfill caregiving responsibilities, significantly impacting household situations.

These challenges require concerted efforts to improve healthcare access, raise awareness of available support programs, and enhance healthcare services tailored to the diverse needs of senior citizens across different regions of the Philippines. Initiatives should also focus on enhancing support for family caregivers through training programs and expanding access to institutional care options as the population continues to age. The changing patterns of Filipino families also pose significant challenges for senior citizens, contributing to their plight in contemporary society. In today's modern era, there is a growing gap between the older and younger generations, which hinders effective

communication and mutual understanding within families. Often, families fail to communicate effectively with the elderly, leading to misunderstandings and strained relationships. Bridging this intergenerational gap is crucial as it not only fosters stronger familial bonds but also can improve the living conditions of senior citizens. Understanding and accommodating the different schedules and mindsets of older adults and the younger generation is essential for improving their quality of life. This lack of synchronization in lifestyles often results in neglect or isolation of the elderly, exacerbating their chances to obtain support and care. Addressing these issues requires promoting better communication practices within families and fostering mutual understanding across generations, thereby alleviating the plight of senior citizens who are integral members of the Filipino society.

Support groups and non-government organizations play a crucial role in addressing the challenges faced by senior citizens in the Philippines, such as loneliness, boredom, and generational gaps. These organizations provide vital social connections and activities that help alleviate the isolation many elderly individuals experience. By engaging seniors in meaningful interactions and listening to their stories and desires, these groups bridge the gap between generations and foster a sense of belonging and purpose. For instance, local Zumba groups organized at barangay lev-

els not only encourage physical activity but also create opportunities for elderly individuals to socialize and enjoy companionship with their peers. Such initiatives not only combat boredom but also promote a healthier lifestyle among senior citizens. These efforts are essential in improving the overall well-being of seniors by keeping them mentally stimulated, physically active, and socially engaged, thereby enhancing their quality of life amidst the challenges they face in their later years. In fact, one of our club affiliates in Business and Professional Women (BPW), the "Dipolog" initiative has projects that really help senior citizens, for example by the following actions.

- 1. Cakes presented at older persons' birthdays.
- 2. Free hospitalization which means they don't have to pay anymore.
- 3. Free check-ups.
- 4. Free medicine.
- 5. They also have a project for blind.
- 6. In a project for blind senior citizens aged 60 to 65 are trained how to achieve an income despite their handicapped situation. The local government unit also gives their elderly 1,500 PHP to help them with their needs like medicine and other essentials.

Also, a project was launched which provided free cataract operation for senior citizens from August 8 to August 13. These projects have made seniors feel loved and well-cared-for. Our affiliate club in "Tawi-Tawi" supports senior citizens through social pensions and cash incentives, aiding them in purchasing necessities and managing living expenses. Additionally, they offer training programs and activities designed to combat boredom and provide a sense of fulfillment. One such initiative includes classic gatherings, which allow seniors to enjoy simple, enjoyable get-togethers with their peers.

In conclusion, while our club affiliates have made admirable successes in supporting senior citizens through various projects, much work remains to be done, particularly in remote areas of the Philippines. These regions face unique hardships that our initiatives must address. As members of the NGO community, we have a crucial role to play in improving living conditions and ensuring that our senior citizens have simple, enjoyable, and effective solutions to their needs. Thus, we can make a meaningful difference in their lives.

10. Short Biographies of the speakers



Rainer Münz is an expert in demography and international migration. During his career he has been working as an academic, in the private sector and as government adviser. He currently teaches at the Central European University (Department of Public Policy) and at the Diplomatic Academy in Vienna. Between 2015 and 2019 he was Adviser on Migration and Demography to European Commission President J.C. Juncker.



Angela Paparusso, demographer, is Senior Researcher of the National Research Council at the Institute for Research on Population and Social Policies (CNR-IRPPS). Main scientific interests are focused on immigration and integration processes, policies and subjective well-being.



Yael Zilbershlag, gerontologist and occupational therapist. Lecturer and researcher at Ono Academic College and the academic coordinator for geriatrics in the undergraduate degree program for occupational therapy and academic coordinator for rehabilitation in the masters degree program. Has conducted numerous nationwide studies on a wide range of topics including fall prevention, functional cognition judgement in the older adult population and alike issues. Worked for 20 years as director of the occupational therapy services in the geriatric center at Maccabi Health Services. Leads the Israeli Lifestyle Program for older adults. In addition, she lectures on various topics for professionals and general public.



Nicole Zündorf-Hinte is working for the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) for thirty years and is since May 2020 Head of Division for International Policy on Ageing and Inclusion. She was a political advisor for the "Protection of Women from Violence", a coordinator for international measures against gender-based violence and human trafficking, and represented Germany as a negotiator for the Palermo Protocol, the Council of Europe Convention on Action against Trafficking in Human Beings and the Istanbul Convention at EU, Council of Europe and UN levels.



Stefanie Eichhorn studied political science at the Free University in Berlin. For 19 years, she worked as a programme manager at the UN Office on Drugs and Crime, both at UNODC headquarters in Vienna and in Lima, Mexico City and Nairobi. Since 2019, she works as project coordinator at Diakonie ACT Austria focussing on social projects in the Balkans.



Myrna Tang-Yao, Commissioner for Economy and Industry in the Philippine Commission for Women, President of the Business and Professional Women (BPW) of the Philippines, former Chairperson of the Philippine Commission for Women, and founding Chairperson of the Philippine Federation of Local Councils of Women (PFLCW) is a multi-awarded great leader, inspired with her dedication and contributions in serving the women nationwide, focusing on "Micro, Small and Medium Enterprises (MSME)".

11. Organisations which supported the conference







Conférence des ONG syant des Relations Consultative avec les Nations Unies

The Conference of NGOs in Consultative Relationship with the United Nations (CoNGO)



European Federation of Older Persons (EURAG)



International Federation of Business and Professional Women (IFBPW)



Women's Federation for World Peace (WFWP)



International Federation on Ageing (IFA)



Soroptimist International (SI)



Society for the Advancement of Global Understanding (VfV)



Women's International Zionist Organisation (WIZO)



Graduate Women International (GWI)



European Federation of Older Students in Universities (EFOS)



Associazione Donne e Scienza



International Inner Wheel (IIW)



International Council of Jewish Women



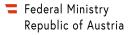
International Council of Women Conseil International Des Femme (ICW-CIF)



International Association of Gerontology and Geriatrics (IAGG)



Unity of Pensioners of Slovakia, MO JDS Bratislava IV





Germany



Servas International



Zonta International

Conference to celebrate the "International Day of Older Persons 2024" of the United Nations Organised by the NGO Committee on Ageing, UN Vienna Monday, 30 September 2024 at the United Nations, Vienna