Rio Declaration

"Beyond Prevention and Treatment: Developing a Culture of Care in response to the Longevity Revolution"

Preamble

We, the professionals and organizations working with and for older persons convened at the International Longevity Forum (Rio de Janeiro Oct. 16-17 2013) co-organized by the International Longevity Centre–Brazil (ILC-BR) and the World Demographic Association (WDA) in association with the Centro de Estudo e Pesquisa do Envelhecimento (CEPE) and partners from academia, government, civil society organizations, the United Nations, and Bradesco Seguros, declare:

We celebrate longevity and population ageing which is arguably the greatest achievement of the 20th century. Globally, life expectancy at birth has increased by more than 30 years over the last century. These additional years must now be "translated into opportunities for the 21st century"[1] for individuals, families and societies Every second, two people in the world celebrate their 65th birthday[2]. Within a single century (1950-2050) the number of those aged 80 and above has increased 26 fold, from 14 million to 379 million.[3]

The speed and pace of population ageing not only relates to the number of individuals reaching old age. It also substantially depends on the number of children entering the population. Factors such as urbanization, migration, increasing gender equality in education and participation in paid work have all contributed to smaller family size. Total fertility rates are now below replacement level in 75 countries, and that number is expected to double to reach 139 countries by 2045-2050[4].

The rapid demographic transition is now followed by a compression of the epidemiological transition, with non-communicable diseases (NCDs) becoming the most prevalent cause of death globally despite the reality that the threat of infectious diseases has not yet disappeared in many developing countries.

More and more people throughout the world are reaching much older age. While most enjoy active lives, increasing numbers will require care for disabilities produced by diseases that cannot be cured. Chronic conditions are lengthy and require a continuum of care services throughout the life course. The global disease burden has now changed but health systems are still largely focused on cure and are not sufficiently orientated to provide care for all those who need it. However much is achieved in terms of prevention and treatment, accompanying the ***longevity revolution*** is an added imperative: to develop a ***culture of care*** that is sustainable, affordable, compassionate and universal.

We understand that the contexts in which care provision is needed are culturally diverse and undergoing rapid change. Smaller, more complex and geographically more dispersed family networks are becoming less able to provide care without additional reinforcement. There is a growing global crisis of "family insufficiency".

Declaration

We unanimously declare the following:

1. We signal the need for a fundamental shift in the paradigm and call for the laying of the foundation of a global "***culture of care***" that places the person- as both the receiver and provider of care- at its very heart and promotes intergenerational solidarity.

2. We reaffirm the United Nations Principles for Older Persons[5] and fully endorse their emphasis on independence, dignity, self-fulfillment,

participation and care. These principles should be embedded in all actions on care.

3. We urge governments, intergovernmental agencies, civil society, and the private sector to respect, protect and guarantee the human rights of older persons who may have a reduced capacity to effectively exercise these rights due to frailty, cognitive impairment, disability or isolation.

4. We endorse a human rights approach to care provision because it provides the best opportunity for delivery in a non-discriminatory and equality-promoting manner where services are not only available but accessible, appropriate, affordable, of good quality; and where there are adequate structural monitoring mechanisms to ensure accountability.

   We reiterate the 2002 Madrid International Plan of Action on Ageing [6] resolutions that highlight older people and development, commit to advance health and wellbeing into old age and foster supportive and enabling environments. We draw particular attention to paragraph 61 of the Madrid Plan:

"The growing need for care and treatment of an ageing population requires adequate policies. The absence of such policies can cause major cost increases. Policies that promote lifelong health, including health promotion and disease prevention, assistive technology, rehabilitative care when indicated, mental health services, promotion of healthy lifestyles and supportive environments, can reduce disability associated with old age and effect budgetary savings".

5. We highlight that:

   "the ultimate goal is a continuum of care for older persons ranging from health promotion and disease prevention to the provision of primary health care, acute care treatment, rehabilitation, community care for chronic health problems, physical and mental rehabilitation including older persons with disabilities and palliative care for those suffering painful or incurable illness or disease. Effective care for older persons needs to integrate physical, mental, social, spiritual and environmental factors.".

6. We urge all governments to implement their commitments in the Madrid International Plan of Action on Ageing and to establish national and regional targets and goals within the UN Post 2015 Development Framework[7] so that cultivating a ***culture of care*** across the life course becomes a priority for international development.

7. We acknowledge that the ***longevity revolution*** impacts every stage of the life course. It produces a retroactive effect which changes the definition and characteristics of each age group. Extended longevity means that "life is becoming more like a marathon than a sprint"[8] and we must all adjust accordingly.

8. We emphasize the importance of the gender dimension of care and stress the need to mainstream a gender perspective in all care policies and practices. There needs to be a complete reappraisal of gendered social roles across the life course. Within the context of the ***longevity revolution***, men in particular must redefine their contribution to care provision and all health and labour policies need to be accordingly reconfigured.

9. We call attention to the fact that in most countries women live longer, more often alone and with more disabilities and frailty. Most caregivers are also women; often unrecognized, unsupported and untrained. Their care needs require very special attention.

10. We underline the imperative to identify and uproot all beliefs, attitudes and behaviours, both individual and systemic, that lead to abuse and neglect in every care setting. Everyone has a responsibility to develop a consciousness about elder abuse; both in its insidious and its most graphic forms.

11. We contend that the WHO Active Ageing Policy Framework [9] provides a valuable approach to address the rights and needs of older persons. Its four

pillars -- health, lifelong learning, participation and protection – are a useful reference to ensure accessible, appropriate and quality care in all types of settings.

12. We acknowledge the value of the WHO-directed work on age-friendly communities and cities[10] for its contribution to a ***culture of care***. Quality care and support in an appropriate environment is a fundamental human right of every human being.[11]

13. We stress the importance of highlighting the rights and specific care needs of older persons in the planning and response to natural and conflict-related emergencies that disrupt or destroy habitats.

14. We emphasize that a ***culture of care*** must accommodate a chronic care perspective which transcends merely the provision of medication. We highlight five key elements leading to a better system of care: communication, continuity, coordination, comprehensiveness, and community linkages[12].

15. We recognize that dementia and frailty are complex care challenges of growing magnitude. We endorse the Cape Town Declaration on a Global Response on Dementia proclaimed by the International Longevity Centre Global Alliance[13].

16. In consideration of the risks and consequences of many disabling conditions in later life, we highlight the unprecedented increase in preventable blindness and deafness; critical health issues which often require early diagnosis and access to affordable treatment and rehabilitation.

17. We draw attention to those conditions that are increasingly more common as individuals reach very old age and which can have a significant impact on their quality of life. Some, such as incontinence, are stigmatized and may

severely affect socialization while others, such as foot-care, may be detrimental to mobility, equally reducing the capacity to maintain social relationships.

18. We additionally note that there is a need to promote healthy skin over the entire life course to mitigate damaging environmental exposures and to reduce complications resulting from skin lesions such as bed sores and ulcers. We also recognize the particular importance of skin care and hydration in older age and the valuable contribution in falls prevention of treating painful skin conditions

19. We emphasize that the culture of care must extend to the very end of the life course, through the promotion of palliative care which is understood as the complete relief and prevention of physical, psycho-social and spiritual suffering as long as the person is alive.

Call to Action

- We commit ourselves to promote the development of a holistic ***culture of care*** - firmly rooted in respect for the individual and the highest possible values and principles - in all appropriate national and international forums. We further call upon all governments, policy makers, professionals, civil society, older persons and their organizations, the private sector and the media to invest in, to support, and to undertake the following actions:

Rights of older persons

- Create mechanisms to consult with older people about their care needs in order to develop and strengthen family/friend and professional care;

- Fully include older people at every level in decision-making regarding their care.

Care services

- Promote self-care and support patients to self-manage their conditions;
- Provide respite care for patients, families and other caregivers;
- Establish and support self-help groups and other community-based services to support informal caregivers[14];
- Provide well-designed mental care services that range from prevention and early intervention to treatment service provision and the management of mental health problems;
- Provide “low tech, high touch” end-of-life care focused on comfort and caring presence until the last breath.

Planning and delivery of care

- Use evidence to support decision-making to develop comprehensive care strategies;
- Develop evidence-based treatment plans and support care providers to implement them in a range of settings;
- Facilitate research into different care models and systems;
- Implement guidelines and protocols to support the decision-making of health professionals;
- Create care delivery mechanisms that assign clear roles and responsibilities to all those involved in the care of an individual;
- Establish standards of care with mechanisms to efficiently monitor and evaluate care in all settings, including in the home;
- Develop clinical information systems that are timely, accessible and ethically sound.

Education and training

- Strengthen appropriate geriatric and gerontological training of health professionals in all care settings, starting with Primary Health Care.
- Provide information and ongoing training on the care needs of older persons to informal caregivers;
- Improve health literacy across the life-course, including the capacity of care providers to communicate effectively with older persons;
- Increase media representation and debate to raise public consciousness of the need to develop a ***culture of care*** at all levels;
- Educate older persons and the general public, including informal caregivers, about the specific and diverse needs and rights of older persons;
- Inform the public on age-related diseases, including mental health issues.

Environments for a Culture of Care

- Build genuinely age-friendly environments that foster both high-quality informal and formal care;
- Provide, and inform about, housing options that are affordable and foster independence, self-fulfillment, participation, dignity and high-quality care;
- Eliminate physical, social and economic barriers to high-quality care.
- Establish adequate income security systems that enable people in need of care to make appropriate choices.

We ask all people to reflect upon the dynamic realities achieved by the ***longevity revolution*** and invite them to participate in an exciting journey toward the evolution of a truly global ***culture of care.***

[1]Kalache, A, 2013. The Longevity Revolution: Creating a Society for all Ages. Adelaide: Government of South Australia.
[2] HelpAge International and UNFPA, 2012. Ageing in the Twenty-First Century: A Celebration and a Challenge. London and New York, p. 12.
[3] United Nations Department of Economic and Social Affairs, 2013. World Population Ageing, 1950-2050. http://www.un.org/esa/population/publications/worldageing19502050/pdf/90chapteriv.pdf
[4] United Nations Population Division, 2013, World Population Prospects: The 2012 Revision, p. 11ff.
[55] United Nations General Assembly, 1991. Principles for Older Persons. http://www.un.org/documents/ga/res/46/a46r091.htm
[6] United Nations, 2003. Madrid International Plan of Action on Ageing. http://undesadspd.org/Ageing/Resources/MadridInternationalPlanofActiononAgeing.aspx
[7] United Nations Economic and Social Council, Millenium Development Goals and post 2015 development goals. http://www.un.org/en/ecosoc/about/mdg.shtml
[8] Kalache, op. Cit., p. 15.
[9] WHO, 2002. Active Ageing: A Policy Framework. Geneva: WHO.
[10]WHO, 2007. Age Friendly Cities: A Global Guide. Geneva: WHO.
[11] International Covenant on Economic, Social and Cultural Rights, 1976, art. 12; Committee on Economic, Social and Cultural Rights, General Comment No 14, paras 1 and 12.
[12] WHO, 2001, Innovative Care for Chronic Conditions, Meeting Report. Geneva: WHO.
[13]International Longevity Centre Global Alliance, 2010. Cape Town Declaration on a Global Response to Dementia. Call to action. http://www.ilc-alliance.org/index.php/search/result/9576f33655f80acad57196f95cc123d0/
[14] The term “informal caregiver “ refers to caregivers who provide care in the context of a personal relationship with the care recipient, and are usually family members, friends or neighbours. In contrast, “formal caregivers” provide care in the context of an occupation that is usually paid, but that may be voluntary. Contrary to its connotation, “informal” care is not casual, economically insignificant or unworthy of policy attention