

# RESEARCH AGENDA on AGEING for the 21<sup>ST</sup> CENTURY

A JOINT PROJECT OF THE  
UNITED NATIONS PROGRAMME ON AGEING  
AND THE INTERNATIONAL  
ASSOCIATION OF GERONTOLOGY

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## INTRODUCTION

The *Research Agenda on Ageing for the 21st Century* is designed to support the implementation of the *Madrid International Plan of Action on Ageing 2002*, adopted by the Second World Assembly on Ageing (8-12 April 2002, Madrid, Spain). The Research Agenda identifies priorities for policy-related research and data collection. Simultaneously, it encourages researchers to pursue studies in policy-related areas of ageing where the findings may have practical and realistic applications.

The *Research Agenda* has been developed by the United Nations Programme on Ageing together with the International Association of Gerontology with the support of the Novartis Foundation for Gerontology and the Government of the Federal Republic of Germany in a series of expert consultations, and subsequently endorsed by the Valencia Forum in April 2002.

The *Research Agenda* is addressed to legislatures, governments, academia, as well as non-governmental organizations and aid agencies dealing with issues of population and individual ageing. It is based on recognition of the diversity in societies at different levels of demographic as well as social and economic development.

The *Research Agenda* builds on an already substantial body of knowledge and expertise assembled in gerontology and related fields over many decades. However, that international body of knowledge may not be fully accessible or relevant in the social and economic circumstances of countries with substantially less resources for conducting research. In implementing the *Research Agenda*, there is a need to assess the 'state of the art' of existing knowledge, as it varies across countries and regions, and to identify priority gaps in information necessary for policy development. Thus, the *Research Agenda* identifies, in addition to key research priorities, the potential foci for implementation, support and funding of its major elements.

The *Research Agenda*, therefore, represents a unique initiative in the area of ageing and development, intended to contribute to the elaboration and implementation of public policies on ageing and influence the direction and priorities for scientific gerontology in the decades to come.

## STRUCTURE

The *Research Agenda* consists of four sections: The Major Priorities; Critical Research Arenas; Key Methodological Issues; and Implementation. The major priorities and the critical research arenas described link to the Priority Directions of the *Madrid International Plan of Action on Ageing 2002* (see Table 1).

TABLE 1 MADRID INTERNATIONAL PLAN OF ACTION ON AGEING 2002	RESEARCH AGENDA ON AGEING		KEY METHODOLOGICAL ISSUES	IMPLEMENTATION
	Major Research Priorities <sup>1</sup>	CRITICAL RESEARCH ARENAS		
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 into Older Age. Priority 3. Changing Family Structures, Intergenerational Transfer Systems and Emergent Patterns of Family and Institutional Dynamics.	1. Social Participation and Integration. 2. Economic Security. 3. Macro-Societal Change and Development.		
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 Disease. Priority 6. Quality of Life and Ageing in Diverse Cultural, Socio-economic and Environmental Situations.	4. Healthy Ageing. 5. Biomedical. 6. Physical and Mental Functioning. 7. Quality of Life.		
Priority Direction III: Ensuring enabling and supportive environments	Priority 3. Changing Family Structures, Intergenerational Transfer Systems and Emergent Patterns of Family and Institutional Dynamics. Priority 6. Quality of Life and Ageing in Diverse Cultural, Socio-economic and Environmental Situations.	8. Care Systems. 9. Changing Structures and Functions of Families, Kin and Community.		
Implementation and follow-up		10. Policy Process and Evaluation.		

<sup>1</sup> Research Priorities 3 and 6 are listed twice, as they correspond to two different priority directions of the *Madrid International Plan of Action on Ageing 2002*.

## **SECTION 1: THE MAJOR PRIORITIES**

The major priorities for research exploration specify the most challenging and at the same time most promising priorities for policy related research on ageing to promote the implementation of the *Madrid International Plan of Action on Ageing 2002*. The following list aims at assisting policy and research planners in directing limited resources to the areas of greatest needs and potentially most fruitful avenues.

### **Priority 1 Relationships of Population Ageing and Socio-economic Development.**

The interrelationship of rapid population ageing and socio-economic development remains ill understood and is often overlooked in national development planning. For developing countries, in particular, this relationship will become increasingly critical. More research is needed to identify the contributions made by older persons to social, cultural, spiritual and economic 'capital' of all nations. The productive contribution of older persons to society should be better measured and monitored along with clearer definition of the complex reciprocal social and economic exchanges that occur in all societies.

### **Priority 2 Current Practices and Options for Maintaining Material Security into Older Age.**

This research priority is highly relevant in the developed world where serious questions have emerged about the long-term sustainability of many national income security systems. It is also critical in the developing countries many of which have only the most rudimentary or even no systems in place or planned for the immediate future. Dynamics of labour force participation, household patterns of savings and expenditure, public sector schemes and other elements of wealth accumulation, savings, pensions and choices made need intensive and wide ranging investigation. Other aspects of monetary and non-monetary support and exchange are also important.

### **Priority 3 Changing Family Structures, Intergenerational Transfer Systems and Emergent Patterns of Family and Institutional Dynamics.**

The changing nature of 'family' and traditional attitudes and behaviours between generations is widely claimed to be changing in most regions of the world. Studies are needed that can track these changes and identify the economic and social impacts on individuals, communities and society. In these investigations the role of older persons themselves in contributing to family and community life needs greater clarification.

### **Priority 4 Determinants of Healthy Ageing.**

Health is a central issue associated with increase in longevity and population ageing. The maintenance of health status and functioning with age is a critical factor impacting upon many other aspects of the lives of older persons, their families and communities. The complex interrelations of individual behaviours, general social, economic, cultural and environmental conditions and the efficacy of preventive, curative and rehabilitative modes of intervention need to be better understood. More research is needed into basic aspects of measuring and monitoring physical and mental functioning and age associated disabilities and potential for preventing these.

### **Priority 5 Basic Biological Mechanisms and Age Associated Diseases.**

The opportunities presented by recent developments in the understanding of basic biological genetic, molecular and cellular aspects of life processes present astounding potential for unravelling the complex relationships between the fundamental mechanisms of ageing and the emergence of age associated disease. The prospects are greatly increased for the identification of efficacious pharmacological and other interventions that may prevent, ameliorate or reverse a range of chronic diseases that are linked to ageing. Continued and significantly increased investment in research in the basic aspects of ageing and disease should be vigorously promoted.

### **Priority 6 Quality of Life and Ageing in Diverse Cultural, Socio-economic and Environmental Situations.**

Ideas of what constitutes 'well-being' and 'good quality of life' vis-a-vis ageing clearly vary according to the social, cultural, economic and traditional context in which it is examined. There is a need for better understanding of the fundamental variations in ageing and life experience and the determinants of quality of life in old age. Much could be learned from well-framed and sensitively undertaken comparative research in settings of various social and economic development and cultural diversity.

## SECTION 2: CRITICAL RESEARCH ARENAS

This section identifies specific arenas (directions) for research exploration and lists specific topics for studies of ageing.

### 2.1. Social Participation and Integration

*Older people are at risk of being excluded directly or indirectly, from community and social life. This theme focuses on the extent of meaningful participation and integration of older people in all spheres of life and the factors that facilitate their integration in society.*

**Specific topics include:**

- 2.1.1 Intergenerational relationships.
- 2.1.2 Ageism in different societies.
- 2.1.3 Images of ageing. Convergence between older and younger people's views of ageing and older people.
- 2.1.4 Demographic factors (e.g., rapid urbanization and migration, affecting participation and integration).
- 2.1.5 Gender, ethnic, racial and other differences.
- 2.1.6 Psychosocial determinants of participation and integration.
- 2.1.7 Strategies to promote integration.
- 2.1.8 Measures to empower/enable older persons' participation in and contribution to society.
- 2.1.9 Active ageing: concept; determinants; repercussions at different levels (individual, family, etc.); measuring.
- 2.1.10 Social, economic and other forms of contributions of older people.
- 2.1.11 Political participation of older people.
- 2.1.12 Isolation in rural areas, and measures to promote participation.
- 2.1.13 Violation of human rights and age-discrimination factors (e.g., socio-economic, structural, attitudinal) which influence social participation and integration in different societies.
- 2.1.14 Elder abuse, neglect, violence and exploitation.
- 2.1.15 Displacement of older persons in emergency situations, such as man-made and natural disasters. Supportive social networks for older displaced persons.

### 2.2. Economic Security

*Economic security is directly linked to well-being and health for people of all ages. Research is needed on behaviour, self-provision and programs to maximise economic security across the life span.*

**Specific topics include:**

- 2.2.1 Labour force participation of older persons and family members in economic development, and its psychosocial, health and policy determinants.
- 2.2.2 Patterns of resource availability, use and exchange by older persons.
- 2.2.3 Measurement of wealth, including accumulation and disposition, over the life course.
- 2.2.4 Patterns and complexities of intergenerational transfers.
- 2.2.5 Alternative strategies for providing formal economic security (e.g., pensions – private and state).
- 2.2.6 Informal economy and income security in old age.
- 2.2.7 Poverty and poverty-related issues in old age. Age-relevant poverty indicators.
- 2.2.8 Continuing education and re-training.
- 2.2.9 Preparation for retirement: individual, family, community and macro-societal level.

### 2.3. Macro-societal Change and Development

*Research is needed focusing on the reciprocal relationships between major forces of societal change and population and individual ageing. It should document, monitor and project the effects of these forces on older people as a group in society who may have fewer resources to enable them to adjust to change, and especially to recover from adverse change, such as major natural disasters and civil unrest.*

**Specific topics include:**

- 2.3.1 Future scenarios of development of ageing societies.
- 2.3.2 Globalization and ageing.
- 2.3.3 Reciprocity of ageing and development.
- 2.3.4 Implications of, and adjustment to, the changing age structure.
- 2.3.5 Population and individual ageing in international and national developmental policies and programmes.
- 2.3.6 Dynamics of wealth re/distribution across the life span and of younger and older people in rural and urban environments.

- 2.3.7 Impact of development phases and programmes on the economic and health status of older persons.
- 2.3.8 Needs of older persons arising from technological change and economic development.

## 2.4. **Healthy Ageing**

*Life expectancy is increasing throughout the world. A new challenge for research is to ensure that the years added to life are healthy, active and productive and that there is significant compression of disability in later years.*

### **Specific topics include:**

- 2.4.1 Defining and delimiting the scope of the concept.
- 2.4.2 Social, economic and environmental determinants of healthy ageing.
- 2.4.3 Variations in healthy life expectancy within and between countries.
- 2.4.4 Causes of premature death/shortening of longevity in developing countries and countries with economies in transition.
- 2.4.5 Measurement of adult survival and tracking the stages of epidemiological transition.
- 2.4.6 Healthy ageing considered as individual behaviour and choices, including self-care. Psychosocial determinants of healthy ageing.
- 2.4.7 Socio-economic status and other environmental determinants of health-related behaviours.
- 2.4.8 Interactions among genetic-biological markers, the environment and health behaviour.
- 2.4.9 Intervention strategies for health promotion, including optimal strategies for improved dissemination of information.
- 2.4.10 Nutritional status and interventions for its improvement.
- 2.4.11 Mental health and ageing.

## 2.5. **Biomedical**

*An improved understanding of the basic mechanisms of ageing and determinants of longevity and age associated diseases is fundamental to realizing the full potential of healthy ageing.*

### **Specific priorities include:**

- 2.5.1 Underlying mechanisms of ageing, ageing-related diseases, co-morbidity, secondary conditions and disability.
- 2.5.2 Identifying biomarkers of human ageing.
- 2.5.3 Interaction of biomedical, social and economic determinants and implications of life extension (e.g., studies of centenarians).
- 2.5.4 Trajectories of major diseases of ageing; their epidemiology and implications for population ageing in different settings.
- 2.5.5 Strategies for prevention and effective interventions for various disease conditions of older persons (particularly the oldest-old) in different locations and socio-economic conditions, occupations, etc.
- 2.5.6 International programme on evaluations of efficacy and safety of pharmacological interventions.
- 2.5.7 Inclusion of older people in trials of treatment or services from which they might benefit.

## 2.6. **Physical and mental functioning**

*Level of functioning is an important determinant of quality of life. Physical and mental functioning is the product of lifelong interactions between individuals and their social and physical environments.*

### **Specific topics include:**

- 2.6.1 Biomedical, social, psychological and economic determinants of disability throughout the life course.
- 2.6.2 Methodological research on defining and measuring disability at different ages.
- 2.6.3 Prevention of disability and maximizing of physical, mental and social functioning of older persons following inter-current illnesses.
- 2.6.4 Treatment and intervention strategies aimed at reducing and/or managing physical and mental disability through adjustments, at environmental and societal level.
- 2.6.5 Prevention and rehabilitation of disability in older persons and development of their capacities for optimal physical and psychological functioning.
- 2.6.6 Comparative studies of strategies in the prevention, management and rehabilitation of disability.

## 2.7. **Quality of Life**

*Years are being added to life and a major policy and research challenge is to add quality to those years. Researchers should ensure that the conceptualisation takes account of the views of older individuals.*

**Specific priorities include:**

- 2.7.1 Internationally harmonized measures of quality of life.
- 2.7.2 Determinants of quality of life at different life stages. Impact of life-course transitions on quality of life.
- 2.7.3 The factors that determine differences in quality of life in old age.
- 2.7.4 Cultural and other variations in the meaning of quality in later life.
- 2.7.5 Relationships between development and quality of life.
- 2.7.6 “Meaning of life” for older people.
- 2.7.7 Well-being, quality of life and health.
- 2.7.8 Disability and quality of life throughout the life course.

**2.8. Care Systems**

*Integration of informal and formal care systems is crucial to supporting older people whose level of functioning is compromised.*

**Specific topics include:**

- 2.8.1 Mapping of available care systems in different cultures and settings taking into account the demographic trends (e.g., rural/urban transition).
- 2.8.2 Development of care systems, including long-term care services, that are appropriate and economically and culturally sustainable.
- 2.8.3 Effective public-private mixes of care delivery systems in different settings.
- 2.8.4 Integration of health and social care systems.
- 2.8.5 Facilitating transitions between care settings (e.g., to/from hospital and home or community). Models of continuum of care.
- 2.8.6 Training needs and training strategies with regard to generating sufficient and adequate human resources at appropriate care levels.
- 2.8.7 Older persons as care givers: older women in caregiving and HIV/AIDS epidemics.

**2.9. Changing Structures and Functions of Families, Kin and Community**

*Family structures are changing, with inevitable consequences for older persons. These require research.*

**Specific topics include:**

- 2.9.1 Diverse family structures and functions and their evolution.
- 2.9.2 Changes in living arrangements, especially co-residence and independent living.
- 2.9.3 The nature and challenges of family care giving.
- 2.9.4 Structures and processes of adaptation and coping strategies of people without family resources.
- 2.9.5 Interventions to promote other informal bases of support.
- 2.9.6 Mechanisms of provision and receipt of support, including emotional, physical, economic and in kind.
- 2.9.7 Variation in family arrangements, living arrangements and multi-generational relations.

**2.10. Policy Process and Evaluation**

*Grounded approaches to monitoring and evaluating of international policy documents and processes are needed. Policies ultimately impact upon older people and should be informed by them. It is critical that research informs the process of policy development and suggests how infrastructure shortfalls can be met.*

**Specific topics include:**

- 2.10.1 Effective models for linking research, policy and practice, and their evaluation.
- 2.10.2 Levels of government expenditure directed towards older persons and factors influencing this.
- 2.10.3 Age-specific impacts of mainstream health and welfare programs.
- 2.10.4 Evaluation of results of expenditure, especially with respect to poverty and improving health and well-being of older persons.
- 2.10.5 Adequate baseline data on health status, well-being, and socio-economic situation of older people.
- 2.10.6 Qualitative and quantitative assessment of contribution of older persons to society.
- 2.10.7 Interaction of multidisciplinary national and international scientific communities.
- 2.10.8 Data to support policy development and implementation.
- 2.10.9 Indicators to monitor and evaluate policies and programmes on ageing.
- 2.10.10 Age-specific socio-economic indicators.
- 2.10.11 Documentation of examples of good practice in different settings (e.g., in involving older people in the policy process and in evaluating policy impact).

## SECTION 3. KEY METHODOLOGICAL ISSUES

- 3.1** At present a number of methodological challenges undoubtedly pose significant limitations to effective implementation of any comprehensive global research agenda. While fundamental work (instrumentation) has been progressively undertaken in many settings, methodological refinements that cut across many of the research areas outlined above are still urgently required. This process needs to be ongoing and dynamic. There is a particular need for work in non-US/European areas especially in developing countries. Much of this work can be done in parallel with new instruments evolving as research gets underway.
- 3.2** Because of changes in knowledge and society there is a continuing need to adjust or change methods/instruments for assessment. Another key issue is the wide dissemination and increased accessibility of newer instruments and methods to researchers.
- 3.3** Improved definitions, particularly of quality of life, healthy ageing, and contributions to family and society, are required. Appropriate tools for measuring the multidimensionality of these concepts, cross-nationally and cross-culturally, are urgently needed. Both subjective and objective measures must be further developed, validated and harmonized.
- 3.4** **Other areas of methodological endeavour that need to be pursued are:**
- 3.4.1 *Cultural harmonization, including adaptation and development, of research methods and instruments.* The goal is to produce research instruments that yield findings that are comparable across and valid within settings.
  - 3.4.2 Recognizing that a range of research approaches is required, *multidimensional longitudinal study methods deserve special attention.* Particular emphasis on cohort and *multi-generational* dimensions is necessary.
  - 3.4.3 *Participatory appraisal research* in partnership with communities that includes design and implementation of interventions.
  - 3.4.4 *Methods for integrating bio-psycho-social research,* with sensitivity to ethical issues.
  - 3.4.5 *Multidimensional and multifaceted research* on ageing should be encouraged and supported, including profile research into the *interactions between variables.*
  - 3.4.6 *Measurement of all of the elements of contribution to family and society of older persons* needs to be further explored and categorized for use in field studies designed to demonstrate the productivity of older persons.
  - 3.4.7 *Interdisciplinary studies* of lifelong development and ageing.
  - 3.4.8 *Improvement of validity and robustness of methods of measuring disability* with a view to making valid comparisons across time and place and between social groups.
- 3.5** Whenever appropriate, research studies of older persons should include both men and women, and the full range of social, economic and cultural variation in the society. Data should be tabulated and analyzed by gender, age and social characteristics.
- 3.6** Comparative analysis is particularly important to reveal the effects of different socio-economic conditions and policies and institutional arrangements (extrinsic factors) on ageing processes and outcomes for older people and options for constructive change.
- 3.7** The consolidation/amalgamation of information from multiple sources and linkage of databases and re/analysis of existing collections are necessary. Such information should be made widely accessible to researchers.
- 3.8** It is important, generally, to promote the archiving of data and its widespread availability to researchers. The idea of establishing a global archive of studies on ageing should be explored.
- 3.9** Efforts should be made to ensure that the wider community appreciates the importance of research for policy development and implementation.
- 3.10** It is important to ensure that researchers and policy makers maintain high levels of ethical standards, including attention to new areas of biomedical research, and social responsibility in the interpretation and dissemination of findings. The rights and confidentiality of participants in research must be protected.

## SECTION 4. IMPLEMENTATION OF THE RESEARCH AGENDA

- 4.1 Implementation of the *Research Agenda* is linked to implementation of the *Madrid International Plan of Action on Ageing 2002*. By its nature and designation, the *Research Agenda* can be considered, among its other functions, as a supportive tool for promoting, monitoring and updating the International Plan. At the same time, the *Research Agenda* itself continues to be developed, reviewed and revised as new knowledge and understanding emerge with time. In the end, the *Research Agenda* must be a 'process' not simply a 'product.'
- 4.2 If the *Research Agenda* is to achieve its stated goal, it will have to be taken up by the UN Member States as an essential tool to support the implementation of the *Madrid International Plan of Action on Ageing 2002* at all levels: local, national and international. The following recommendations are proposed to sustain the implementation and further development of the *Research Agenda*:
- 4.2.1 The United Nations programme on ageing and the International Association of Gerontology (IAG) should continue their joint efforts within the project of development of the *Research Agenda*.
  - 4.2.2 The *Research Agenda* project should remain open for broad participation of all interested parties, including UN Member States, research institutions, UN system bodies and organizations, the NGO community, and the private sector.
  - 4.2.3 The UN Secretariat and IAG should lead all interested parties to contemplate a mechanism for a global commitment to research in the key priority areas identified in this agenda and to its implementation at all levels: global, regional, national and local, with a particular emphasis on developing and sustaining a network of research centres in developing countries and economies in transition.
  - 4.2.4 Immediate measures have to be undertaken to raise awareness of and support for the *Research Agenda* among all interested parties.
  - 4.2.5 Resources must be established and allocated to ensure the creation of a focus for facilitation of a globally coordinated effort to implement the agreed *Research Agenda* as a major outcome of the Second World Assembly on Ageing.
  - 4.2.6 Organizations such as International Labour Organization (ILO), UN Educational, Scientific and Cultural Organization (UNESCO), UN Population Fund (UNFPA), World Health Organization (WHO), the UN Regional Commissions, Development Banks, etc. should be invited to review their policies and priorities in ageing-related research in the context of the globally oriented *Research Agenda* with a view to effectively contributing to world advancement of knowledge and understanding in the field of ageing.
  - 4.2.7 Research infrastructure has to be strengthened and capacity improved in developing countries by drawing on the strengths of relevant international scientific research bodies, such as the International Association of Gerontology. A particular focus for this activity is in the 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.
  - 4.2.8 Funding should be secured and in-kind support provided by way of expertise and training, particularly for international collaboration and exchange that will foster the transfer and adaptation of research in developed countries to developing countries and that will seed local initiatives in developing countries. Among the international agencies that are well placed to take on these roles are UN Agencies such as WHO and UNFPA, as well as leading international non-governmental organizations such as HelpAge International, and major private foundations. While the *Research Agenda* will reinforce the commitment of some of these foundations that already have a designated focus on ageing, it should serve as a powerful stimulus to other more broadly based foundations to identify research on ageing as a priority for the 21st century.
- 4.3 In the longer term, the *Research Agenda* should continue as an ongoing project with periodic review, to be linked to the review process of the *Madrid International Plan of Action on Ageing 2002*. The results of the review and evaluation of the *Research Agenda* should be made available to all interested parties and inform the on-going process of re-formulation, taking account of progress and emerging issues over time.

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**THE UNITED NATIONS PROGRAMME ON AGEING** is the United Nations Secretariat entrusted with responsibility to develop and promote the implementation of international policy on ageing. The *Madrid International Plan of Action on Ageing*, which was adopted by the Second World Assembly on Ageing in 2002, identified the UN Programme on Ageing as the United Nations focal point for the implementation of the Madrid Plan, including designing guidelines for policy development and implementation; advocating means to mainstream ageing into development agendas; engaging in dialogue with civil society and the private sector; and information exchange. For further information E-mail: [social@un.org](mailto:social@un.org)  
Web: <http://www.un.org/esa/socdev/ageing/>



**THE INTERNATIONAL ASSOCIATION OF GERONTOLOGY (IAG)** has member organizations in over 60 countries with a combined membership of over 46,000. Objectives are to promote research on individual and population aging, foster training of highly qualified personnel, and promote members interests in international affairs. The IAG organizes a World Congress every four years, auspices other events, collaborates regularly with the United Nations Programme on Ageing, World Health Organizations' Ageing and Life Course Programme, UNDP and other international agencies, has a newsletter and website. For further information contact: IAG Secretariat c/o Gerontology Research Centre, Simon Fraser University, #2800-515 West Hastings St., Vancouver, BC Canada, V6B 5K3,  
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