'Building back better' for older persons after COVID-19

Prepared for HelpAge International, Asia Pacific Regional Office

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23 March 2021

What is 'building back better'?

'Building back better' as a concept has its roots in the reconstruction of physical infrastructure following a natural disaster (such as an earthquake). In particular, this has been developed in Japan and is a key part of the disaster resilience strategy there[1]. There has been much discussion, recently, of 'Building Back Better' [BBB] in response to the global COVID-19 pandemic. However, rather than the rebuilding of physical infrastructure *per se*, this effort has emphasised the 'rebuilding' of social and economic institutions - even systems. At the national level, this could be diversifying an economy away from heavy reliance on one particular sector which may have been disproportionately hit by the pandemic - for example tourism in Fiji[2]. At a more macro-level, international agencies present the pandemic as a catalyst to fundamentally rethink, and rebuild, paradigms and social systems. A recent UNICEF report, entitled 'Reimagining our Future: Building Back Better from COVID-19', argued that 'solutions to reduce the impact of COVID-19 can at the same time create a foundation for a greener, more sustainable future for children'[3]. Even the reinvention of capitalism itself appears to be on the agenda[4]. In a sense, of course, this is nothing new. At numerous times throughout history, 'crises' of one sort or another have been (explicitly or implicitly) used as a catalyst to drive major social, economic or political change. Obvious examples include the New Deal in the USA and the Beveridge Plan in the UK; both of which looked to respond to not only short-term concerns about poverty, health and the economy, but also sought to push society onto a new pathway in a joined-up, holistic manner.

Disproportionate impact of the pandemic on older persons

'Building Back Better' for older persons after the COVID-19 pandemic has, inevitably, also become part of the global agenda. The headlines (and studies)

around the world have emphasised the mortality burden upon older persons[5]. Perhaps more beneath the surface, though, 'the COVID-19 pandemic has exacerbated pre-existing inequalities, ageism, discrimination, abuse and violence and has disrupted income security'[6]. In the immediate term, it is inevitable that priority is given to shielding older persons (wherever possible) from the further implications of these pre-existing challenges through the protection of health services and systems; access to social protection and basic services; protecting jobs and vulnerable workers in the informal economy and through the development of social cohesion and community resilience[6].

Beyond 'Building Back Better'?

In the post-pandemic world, how do we 'build back better' to more appropriately address these pre-existing challenges for all older persons? Or, in fact, is that even enough? At a 2021 United Nations Department of Economic and Social Affairs (UNDESA) Expert Group meeting, it was argued that 'Building Back Better' implied something of a 'return to the old ways' and that this, in itself, was not enough. Rather, it was argued that we should aspire to 'Build Forward Better'. According to UNDESA, 'Building Forward Together' should

> '...harness the opportunities provided by demographic ageing, by changing the prevailing narrative on old age whereby older persons are considered a burden to society, towards one that recognize their contributions, realize their right to participation, and identify areas where older persons could further support recovery efforts if given the appropriate conditions'[7]

The extent to which this distinction between 'back' and 'forward' is fundamental or semantic is unclear. Arguably, however, this distinction is less important than the aspiration to simply build a better society, economy and system for older persons after the pandemic. In this report, then, we explore some of the potentialities for 'Building Back/Forward Better' without distinction between the two sub-concepts. To do so, we will explore three general themes - what issues did the experience of Pandemic COVID-19 shed a spotlight on, with regards to older persons? The second theme is to explore what actions or interventions occurred which may be considered 'green shoots' for change in the future?. To a degree, the statement above from UNDESA on 'Building Forward Better' is primarily concerned with the development of inclusion of older persons. While this is a critically important part of the puzzle, we must also explore concrete examples of changes in needs and responses in the fields of healthcare, technology, income protection, and so on. Finally, we conclude with some reflections on what future directions these 'green shoots' might take, and who might be responsible for nurturing them.

What issues did COVID-19 shed light on?

Ageism and 'dependency'

It is commonly agreed that the experience of COVID-19 increased ageism[8]. This has operated through various forms and mechanisms[9], including negative and hostile ageism[10]. It has been argued that intergenerational tensions have been heightened[11]. Meanwhile, it has also been argued that an alternative type of ageism has developed, where the prevailing narrative 'has strengthened the homogeneous view of older adults as vulnerable'[12]. This has been termed 'caremongering' or 'compassionate ageism'[13]. As remarked by Sarah Harper, Clore Professor of Gerontology at the University of Oxford, in the recent HelpAge International webinar, there is the real risk that this (perceived) vulnerability of older persons becomes 'translated into institutional ageism'. Indeed, it has been argued that the reliance on chronological age as a 'boundary' to old age - and, hence, *vulnerability* - in terms of determining particular policy interactions (e.g. staying home, accessing vaccination) has served to reinforce that sense of vulnerability linked to age[14]. Furthermore, non-targeted measures based solely on age ignore the diverse needs of older persons[14]. Whether hostile or 'compassionate', these ageist narratives represent a hugely oversimplified and inaccurate view of universal vulnerability; remove agency from older persons; and ignore economic and social contributions over the life-course.

'Digital Divide' and 'Digital Inequalities'

Various issues of the 'digital divide' have been exposed during the COVID-19 pandemic. The new 'work/study from home' paradigm has clearly been in sharp focus in terms of the capacity of networks to allow such remote work to be performed[15]. Around the world, 'digital barriers' have slowed access to healthcare systems[16] and accurate information. As Mary Ann Tsao, Chairwoman and founding director of the Tsao Foundation, remarked in the HelpAge International webinar, this 'digital divide' manifested itself both in terms of accessing real-time information about health and the possible responses open to older persons, but also further fostered isolation through an inability among many to communicate via the 'new normal' of virtual systems'.

It has been argued, however, that simply 'accessing the internet' is only one, narrow, dimension of the digital divide. Di Maggio and colleagues[17] have coined the term 'digital inequalities' to describe a multidimensional digital divide, subdividing it into usage, skills, social support, and self-perception. This, in turn, can be applied to the experience of many older persons during the COVID-19 pandemic[18] who may well be in an intersectional position[19]. Digital literacy has also been exposed as a key need to both accessing and evaluating information [20], especially among many older persons[21].

Health and income

Most obviously, the pandemic put the attention on health and the strength of health systems. Specifically, the WHO argued that 'People in the second half of their lives are bearing the brunt of the COVID-19 pandemic, which is exposing the flaws and shortcomings of various systems, including health, long-term care and support, social protection, finance, and information-sharing'[22]. Perhaps the most striking example of this is the inadequate strategies with regard to older persons in some countries, with the prevalence of extremely high infection rates amongst older persons and in long-term institutional care settings[23]. An often overlooked aspect of health is mental wellbeing. Studies in both Asia Pacific[24–26] and beyond[27] have demonstrated the deleterious impact of COVID-19 on psychosocial outcomes, such as loneliness, depression, and social isolation.

As is often the case, insecurities in health often match with insecurities in income; and poverty can operate at the intersection of both. This was no different in the case of the experiences of many older persons under COVID-19[28, 29]. National Transfer Accounts and other data identify the extent to which older persons in Asia Pacific disproportionately rely on both their own income, as well as income support from families[30]. As a garment worker in Ho Chi Minh City remarked in 2020, 'My income for the last 3 months was just enough for me to live, so no remittances to my elderly parents in my hometown'[31]. A fall in income relating to ill-health and/or broader economic travails for both older persons themselves, or their families, either in the short-term or longer-term in the event of protracted economic malaise could result in a severe and prolonged change in both personal and household wellbeing[32]. These, in turn, may be exacerbated by increased reliance on older persons in (unpaid) family care[33], high levels of informality in the labour market, and potential stalls in the ability of governments to roll out social protection systems. Finally, it has been suggested that 'older people and informal workers are most at risk of losing their jobs due to their comparatively low education and skills, as well as difficulty in adapting to technology and the pace of change in society'[34].

In this sense, though, the argument is again framed in a somewhat negative manner: COVID-19 has exposed the weaknesses of extant systems, and their failure in supporting older persons, hence the need to 'Build Back/Forward Better'. What happened? And what 'worked'? And what could be taken forward as a positive lesson?

'What worked?' - social/income protection; community support; sound health policies

A recent UNDESA report calls the COVID-19 experience 'a defining moment for an informed, inclusive, and targeted response' for older persons. It calls for

'stronger protection of access to social services, including social protection' as well as the ensuring of 'equal access to healthcare'[35]. The implicit sense here, then, is that we know 'what works' in terms of mitigating the impact of COVID-19, as well as developing longer term resilience. To what extent, though, did we see 'green shoots' of development across the region?

Income and social protection measures were rolled out in many countries across the region. Some were one-off, emergency packages - especially targeted at those in poverty. In Pakistan, a one-time emergency cash transfer was made to 12 million older persons in poverty under the *Ehsaas* program[36]. In other settings, more comprehensive, rolling changes in income protection were made. In Vietnam, for example, a combination of both universal cash transfers and zero interest loans, as well as more targeted interventions (e.g. electricity cost reduction) benefited tens of millions of older persons[31]. Elsewhere, existing social protection programs were expanded to further support citizens. In Thailand, for example, the existing social protection measures were supplemented[37], and this program was widely praised in terms of providing further resilience for older persons. Finally, changes in the *provision and implementation* of public services were vital too. In Pakistan, for example, the government provided 1.5 million retired citizens with pensions in their homes through post offices, ensuring older people did not need to leave their homes in order to collect their pensions[36].

Across the regions, governments worked extensively to roll out public health and infection control measures, as well as developing systems to help older persons (and their families) to cope with recovery from infection. In Thailand, for example, universal healthcare played a significant role; but this is linked to much more comprehensive, integrated health policies including the system of outbreak management at the central level[38] and coordination with the medical manufacturing and innovation sector[39]. These health services in Thailand continue to develop and adapt in response to the challenges which the pandemic posed (e.g. the 'Pattani Model'[40]).

Although not directly related to the pandemic, in 2020 the United Nations (UN) declared 2021-2030 the *Decade of Healthy Ageing* [22, 41]. The goals of the program are to:

- change how we think, feel and act towards age and ageing;
- develop communities in ways that foster the abilities of older people;
- deliver person-centred, integrated care and primary health services that are responsive to older people; and
- provide older people access to long-term care when they need it[22].

If this integrated approach could build on the momentum of the growing awareness of the disproportionate impact of COVID-19 on older persons, then

greater strides could potentially be made in terms of health and wellbeing across the life course[42].

At the moment, of course, it is too soon to specify which of these policies 'worked the best' as we are still in the grips of the pandemic, and the economic aftershocks are still to be felt. It is, however, possible to reflect on some of these changes, and to think about what the implications might be for the future. The standard arguments within the social protection literature of universality versus targeting will, inevitably, re-emerge. Likewise, given that informal workers are largely left out of these enhanced social protection provisions, how can they be brought into the protection systems[43]? Perhaps most pressingly, can it be the case that governments who were able to 'find money' for one-off 'emergency provisions' or major investments in health, be able to build on this and develop sustainable systems in the longer term?

We may have seen 'what works' - or, at least, some version of it - and, to a degree, it probably should not come as a major surprise. Social and economic support systems and universal comprehensive health policies have been shown to support people in their social, economic, and physical wellbeing! The argument for enhancing (inclusive) social protection and health systems; bolstering community resilience and heightened support for older persons has, arguably, largely been settled (at least among international agencies). However, it may well be the case that this uptick in government intervention may result in a change in the perceptions of what governments can do, and what they *should* be doing.

Building, developing, and consolidating *sustainable* systems of 'what works'

But, how would consolidating, let alone, expanding, these enlarged or nascent social protection systems be sustainable in the face of the inevitable ongoing economic impact of the pandemic, alongside long-term trends of rising poverty and inequality? How is it possible to 'spend, spend, spend' when there just isn't the money in the coffers to do it? The recent Thai stimulus packages will inevitably come into conflict with sluggish economic growth hit by declines in tourism, weaker domestic consumption and interrupted supply chains[44]. On the other hand, the counter-argument could be made that many Asian governments have only put in relatively little effort into tax collection, therefore suggesting that the 'fiscal space' for such interventions could be made. Countries which have significantly fewer resources than others in our region have, indeed, been able to develop social pension systems. If there are underlying problems with governance, social and institutional infrastructure, however, is it even possible to develop and enhance such systems? This requires revisiting deep, fundamental challenges, such as developing social protection policies which rely on financial

transfers in societies where informality is the norm. Furthermore, it may require a reorientation of priorities away from economic growth towards the development of wellbeing and the redistribution of wealth. Asia, of course, has one of the lowest investment levels of GDP into social protection of any world region. If not the pandemic, perhaps the growing levels of inequality (and the perceived negative impacts of this) may be another spur to action.

'Green shoots' of institutional change and the policymaking process

At a conceptual level, we have seen some examples of 'green shoots' of positive institutional change across the region: working across line ministries; forward planning for resilience; rapid development of pharmaceutical solutions; 'listening to science'. How might some of these be made the 'new normal' after we withdraw from the current 'all hands on deck' scenario? And how can these general responses be applied to tackling the challenges faced by older persons?

It has often been suggested that the institutional structures of government may not be helpful when placed with dealing with holistic issues relating to ageing, and older persons, which may crossover ministries of health, labour, education, social welfare and so on. This challenge can be at both the strategic level; but also at the implementation level. During the past year, however, we have seen some 'green shoots' of working across government which may give some hope that it is at least possible. Consider, for example, the 'All-of- government response' to the pandemic in Vietnam[45] which not only saw cooperation and collaboration across line ministries, but also coordination between central and provincial government agencies in terms of strategic development and implementation. Similarly, with limited resources, Cambodia was able to keep infection rates low through a combination of central policy development coupled with the empowerment of local authorities for implementation and preparedness [46]. In Timor-Leste, a country which has largely avoided the most severe immediate impact of the pandemic, a resilience plan based around public health surveillance and transportation capacity have been implemented in anticipation of future challenges occurring when economic activity resumes and countries reopen their borders[47]. Of course, these may well be characterised as 'typical emergency responses'. The question, though, is whether or not the experience of such cross-institutional responses can be built upon, and lead to a more permanent change in the culture of policy design and implementation. There are, however, some positive changes which are apparent. In Indonesia, as Pungky Sumadi, Indonesia's Deputy Minister for Population and Employment at the Ministry of National Development Planning (BAPPENAS) remarked in the HelpAge International webinar, the next five-year plan will explicitly deal with population ageing; and, crucially, has been given an evidence-base by the development of a number of studies across the country exploring how older persons have coped

with the pandemic situation from an economic, social support and health system.

'Green shoots' in health policy, systems and attitudes

Earlier, we considered some of the negative ways by which COVID-19 impacted upon health for older persons. But are there any more positive aspects?

The speed at which pharmaceutical innovations have been developed with 'all hands on deck' inevitably leads to the thought of what could be possible when the collective genius of the world is focussed intensively on one or more areas of healthcare innovation? Renewed attention has been placed on the 'softer' science of health and social care implementation. The importance of an integrated approach to social work and social care has been highlighted[43]. Also, perhaps, the disastrous handling of infection cases among older persons in long term care settings (especially in Europe and North America) may have disrupted some ideas concerning institutional care+. The pandemic also changed various types of attitudes and generated new awareness, including towards isolation, mental health, technology, healthcare and ageing, which may open opportunities or risks in unpredictable ways.

We might also consider the role of the family and community in 'fostering the abilities of older people' (in the WHO parlance) and, more especially, as an actor in health and income protection[49]. In many settings in Asia Pacific and beyond [50], community mobilisation has been a critical modality in terms of both general infection control[51], but also providing 'basic needs, psycho-social assistance and support plans if they fall ill', mutual support with older persons both offering and receiving support[52]. Organisations such as the Vietnam Association for the Elderly donated both cash and in-kind support to provinces and cities across the country, for example[31]. In the Republic of Korea, meanwhile, the National Volunteer Federation of Korea launched the *Love Milk Delivery Project*, which aimed to check whether delivered milk was taken in by older persons, thus checking for possible underlying problems occurring 'behind the front door'[53]. 'Community health workers and social and community-based organizations, such as older people's associations, often led by older persons themselves' have played an instrumental role in shaping positive experiences of older persons across the region[52]. For example, over the past months older people's associations in Shaanxi Province, in the People's Republic of China, have been involved in enforcing community quarantine measures and providing cleaning supplies and personal protective equipment to older persons; while in Vietnam and Cambodia they have been delivering public health messages, especially to those living alone, or who are illiterate[52]. In the HelpAge webinar, Pungky Sumadi of BAPPENAS remarked that there was a 'thickness in social capital' in South-East Asia which enabled community interaction with older persons ranging

from casual interactions where information was spread, through to physical support in household chores. In addition, resources were shared among the community, and with older persons in particular. These developments can, in turn, be linked to earlier policy interventions. For example, the Indonesian Government initiated the Community Development Programs in 1998 (in response to the Asian financial Crisis), and developed community groups in tens of thousands of villages across the country. The goal now is to move from the core activities of these groups (developing infrastructure, providing basic health systems) through to basic care for older persons. Given that communities have shown 'creativity and resilience and offer hope to older persons and societies in general during these unprecedented times'[54], it is natural to suggest that further allocation of resources to communities and community groups will enable such groups to 'build on their capacities, networks and skills [which, in turn] strengthen responses at the community level for those who are ill but not in need of hospital care'[52].

Crossovers in solutions - digital technology as a case study

It is important, of course, that these issues are not examined in isolation from each other. There are multiple interactions which must be explored, especially if we are to come to any kinds of solutions. To return to ageism, for example, it was widely seen that social media became a primary and critical vehicle for ageism to spread[10]. Combatting this requires a concerted effort by a wide array of stakeholders. However, older persons themselves must also play an active role in countering this narrative on social media. Elsewhere, it has been argued that the pandemic has highlighted gaps between decision makers and older people. Again, though, social media has been used to 'amplify' the concerns, fears and aspirations of many different (individual and group) stakeholders in society. Yet, if digital inequalities are not breached, such a direct response and interaction will inevitably be found lacking. Finally, while arguably a poor substitute for real-world personal interaction, digital technologies in communication (e.g. video calling) have been critical for many to maintain relationships through the pandemic. Again, such technology - and bridging the inequalities which prevent their access and use - could offset some aspects of loneliness as discussed before. 'Green shoots' for closing the digital divide may therefore have grown in response to these challenges - in China, for example, through using interactive TV (which is more eponymous and easier to access than mobile-based apps) for the delivery of some social work services[55]. In Jeju, Republic of Korea, meanwhile the provincial government planned to introduce a non-face-to-face care network service system that combined information and communication technology into the home to provide quality of care services[53].

In the HelpAge International webinar, it was remarked by Aiko Kikkawa Takenaka, an economist in ADB's Economic Research and Regional Cooperation

Department, that a wide array of technology opportunities could be released and developed to 'support and empower older persons' in terms maintaining productivity in their physical and cognitive abilities; facilitating lifelong learning and matching older persons to specific work; and, of course telemedicine and wearables. The fact that technology was 'fast-tracked' during the pandemic again represents a 'green shoot' of potential change. However, it was also remarked in the webinar that such technologies should be person-centered, and more specifically built with the true needs of older persons in mind. In particular, the principles of co-design with/by older persons will be critical to ensuring uptake and the full potential of use. As John Beard, Professor of ARC Centre of Excellence in Population Ageing Research (CEPAR), at the University of New South Wales remarked in the HelpAge International webinar, developers of a phone in Japan which was designed for older persons had actually designed it based upon a *stereotype* of older persons rather than being based around the real need. After redesign as a product which suited the real needs of a broader range of society, this product was then reinvented as the hugely popular *Raku Raku* phone.

Again, though, a virtuous cycle can be developed. As already mentioned, community support and development was instrumental for many in the pandemic experience. In the HelpAge International webinar, Sarah Harper, observed that there was a tremendous amount of work being performed by grass-roots organisations of older persons. However, improvements in digital engagement could support these groups to not only develop and support themselves; but also to further grow and shape intergenerational awareness of their activities.

How might these 'green shoots' be nurtured? And by whom?

Could it be that some of these 'green shoots' of change might be one pathway to bringing about some of the structural transformations in health, social and economic systems which will better support older persons (and enable them to support themselves)? If so, what might make some of these 'institutional changes' *stick* in the post-pandemic world? What will be the drivers when the perceived 'urgency' of the current set of circumstances abate? Will the pressure towards a paradigm/shift come from *within* policy making circles, based on a recognition of the potential power of 'joined-up government'? Or will it come from *without*, from a community whose expectation of what government could/should be doing has changed?

Answering these questions will require a full appraisal of both the relevant actors, and the 'pressures' which will be placed upon them. When we look back in history, we can see the various pressures which have motivated either top-down change (from technocrats, political visionaries) or bottom-up

developments from public movements. These may be from political crises, demographic changes, fiscal fears, public enlightenment and so on. Has the experience of the pandemic led to the changing nature of any of these underlying pressures? Or, indeed, in the relative importance of different actors?

At the moment, as the pandemic is still very much 'on', it is certainly hard to give any definitive statement.

As far as governments are concerned, we have seen in the examples above how an 'all hands on deck' approach has brought about cross- line ministry and central-local collaboration, as well as new initiatives to push health and social protection policies. At the moment, however, there is little evidence that governments have any intention of making these kinds of administrative or spending changes permanent. It may be that the current state of affairs seen in some countries is just an outlier, and a return to the former status quo occurs.

Popular movements, perhaps arising from frustration and discontent, may insist on change; if nothing else, for greater safeguarding to prevent a similar re-occurrence of the economic and social effects of the pandemic. Such popular movements, in turn, may be harnessed by some of those in political power. As Stephen Kidd, Principal Social Policy Specialist at Development Pathway remarked in the HelpAge International webinar, spending money on the development of pensions may well be popular in democracies and could shape election outcomes. Yet, these popular movements may not take the form of huge demonstrations. The experience of COVID-19 has demonstrated the potential power of communities (and older persons within intergenerational communities) in shaping and driving local responses to international challenges. Increasing agency among such groups, and amplifying their voices, could be instrumental in efforts to 'Build Forward Better'.

The profit motivation of the private sector may also be an important agent for change. As discussed earlier, closing digital inequalities may be a multidimensional way for older persons to engage more proactively in the twenty-first century economy and to amplify their voices; to be engaged more in the policy formulation process; and to counter ageism. It may also be a means to interact with products and services which may improve their health and wellbeing. In terms of bridging 'digital inequalities', it has been argued that social workers may play a key role at the individual level[56]. However, it can be imagined that the commercial providers of such digital goods and services are the most natural advocates for bridging these digital inequalities, as they see a growing, but also wealthier population of older persons as a potential market. Such approaches are not, however, mutually exclusive. In China, for example, these two elements are combined in the so-called 'Internet plus social work services' model[55].

Finally, data and evidence may well be an important means by which such changes are facilitated. Governments need data to make evidence-based decisions; other stakeholders need data to argue the case for governments to make changes; and commercial organisations need data to show that a market is promising. As always, more data - especially collected longitudinally - would be a boon in terms of arguing for the kind of changes required to 'Build Forward Better' from an evidence-based perspective.

'Build Back Better', or 'Chart a New Course'?

At the start, we compared the notion of 'Building Back Better' to 'Building Forward Better'. The sentiment, here, is that in most places, the extant systems were not serving the needs of older persons especially well in the first place, so 'building them back' is hardly aspirational. Building 'forward', meanwhile, represents a different approach - of using the experience of the pandemic as a 'springboard' to developing new systems and institutions which, in turn, should deliver a better future for older persons.

Yet there are many contradictions. On the one hand, some of the proposed 'solutions' seem very 'modern' - overcoming digital inequalities or the committed development of the 'care economy' - while others are reliant on the simple development of existing systems such as social work provision, income protection, health care and so on. Some solutions are universalist - such as social pensions - while, at the same time, the reaction to the narrative of 'compassionate ageism', vulnerability and the link to chronological age emphasises the need to differentiate among the various, heterogeneous needs of older persons. Are we aspiring to 'build forward better' in terms of explicit institutions for older persons; or 'building forward better' for the whole of society, with older persons mainstreamed as part of that more general, life-course process? Are we dealing with anything new at all? Or has the COVID-19 pandemic simply amplified existing concerns and issues relating to ageism, inequality and the processes of policy making which will be forgotten? Is there even any real desire to 'build forward better', or has the pandemic experience been so exhausting, disorientating and demoralising that a 'return to normal' is actually aspirational?

In the end, it is a choice as to whether we use the experience of COVID-19 in a *negative* way to show what goes wrong without robust systems to support older persons; or, in a *positive* way to show what can be achieved when 'all hands are on deck', or even simply when the standard expectations of policymaking are set aside for a moment. Either way, it is clear that some momentum has been generated by the experience of the pandemic for a greater understanding of the multiple roles of older persons in society (for better and, perhaps, for worse). Under these circumstances, it is at least to be hoped that the narratives and

discourses which have developed may preserve some of their momentum, and be usefully channeled into positive social, economic, cultural and political changes in which the needs and aspirations of older persons are mainstreamed; and that older persons are at the very heart of the discussion about their own future.

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