



Position paper submitted to the High-Level Political Forum 2018

GOAL 11: BUILDING INCLUSIVE, SAFE, RESILIENT AND SUSTAINABLE CITIES FOR ALL AGES, INCLUDING OLDER PERSONS

Executive Summary

- In 2015, 58% of the world's people aged 60 and over resided in urban areas, up from 50% in 2000. Over half the ageing population, 289 million, lives in low- and middle-income countries, and is increasingly concentrated in urban areas. Older persons are the fastest growing population group globally, reaching 22% by 2050 (UNDESA 2017), and their numbers in cities are set to increase.
- Implementing 'Age Friendly Cities' is central to Sustainable Development Goal 11's aim to make cities and human settlements "inclusive, safe, resilient and sustainable". Older age can increase risk of vulnerability in urban areas (WHO 2016 Global Report on Urban Health). The 'Age Friendly Cities' approach optimises 'opportunities for health, participation and security in order to enhance quality of life as people age.' (WHO 2007 Age Friendly Cities Guide).
- Such an approach aligns with the New Urban Agenda, which calls for age, gender, and disability-sensitive strategies and to the pledge of governments to leave no one behind as they implement the 2030 Agenda for Sustainable Development.
- This pledge requires UN member states to take a rights-based, life course, approach to urban planning that solicits the active participation of all, including older persons.
- Challenges facing ageing populations in rapidly urbanizing environments include, but are not limited to, inadequate food and shelter, lack of access to water and sanitation, higher risk for infectious and chronic diseases, income insecurity, poverty, and social exclusion.
- Age-related physical and mental health issues, including impaired vision and vision loss, hearing, and other functional impairments, present unique challenges for older urban dwellers in housing design. These can inhibit their use of public transportation and public spaces, limit opportunities for social and economic contributions and are factors for social exclusion and isolation.
- Significant barriers to the realization of older urban-dwellers' rights to health, participation, and social inclusion include income insecurity, inadequate access

to age-appropriate health and care services, and greater gender inequality in older age. The impact of chronic diseases and air pollution on health and mortality in urban areas, disproportionately affects the very old and the very young.

- Inadequate age- and gender-disaggregated data is a significant challenge to the implementation of all the SDGs, including Goal 11. The recently created Titchfield Group on ageing-related statistics and age-disaggregated data must take account of different experiences of ageing in urban and rural environments.
- 'Inclusive Design' models, such as intergenerational innovations in living arrangements and the use of Universal Design in building, benefit all generations, respect the rights, and enhance the unique contributions of older persons.
- Appropriate urban development can address risk factors of ageing in cities and support the contributions of older persons to civic life by enhancing their participation and recognising their roles as voters, workers, taxpayers, citizens, and immigrants. Older persons who are actively involved in their communities play unique roles in maintaining the social cohesion of families and neighbourhoods. They are employees, caregivers, and volunteers, bearers of historical memory who transmit wisdom, traditions and culture to future generations. Older women especially provide vital (unpaid) care and support for spouses, children, grandchildren and other, often older, relatives, especially those with disabilities and dementia.
- City and municipal-level governments can play key roles in harnessing the energy of the collective action and potential of older urban populations to lead policy changes that support national governments' achievement of Goal 11 targets.
- Progress on Goal 11 is linked to progress on Goals 1, 3, 5, 6, 7, 8, 9, 10, 13, 16, and 17.

Overview

As older persons are the fastest growing age group globally, the number of older urban dwellers is set to increase. A life-course and age-sensitive perspective is necessary for sustainable built urban environments that can benefit all ages.

Two out of three older people live in cities, more than 500 million overall. Over half this number, 289 million, live in low- and middle-income countries. The oldest old are especially likely to reside in cities: the proportion of people aged 80 years and over residing in urban areas increased from 56% in 2000 to 63% in 2015. Africa, considered a relatively young and less urbanised region, is home to 57 million older city dwellers. There are more older people living in Latin American cities than the populations of Mexico City, Bogota and São Paulo combined. Asia is home to almost 250 million older urban residents.

Rapid urbanization has resulted in lack of adequate shelter, basic water and sanitation, nutritious food, pollution and higher morbidity and mortality rates from infectious and chronic diseases. These worrying characteristics particularly affect marginalised and excluded older persons. Rapid growth renders urban dwellers more vulnerable to natural disasters and the effects of climate change. Crime and traffic

injuries are more common in urban areas, as is exposure to air pollution and extreme temperatures. Although in comparison to rural areas, cities tend to have better access to public services (health, education, transport etc.), as well as employment and socio-cultural opportunities, urban dwellers' lifestyles tend to be less healthy than those of their rural counterparts.

Older urban residents experience complex forms of exclusion and marginalisation based on a range of intersecting inequalities that reinforce discrimination. Socially engrained ageism is compounded by gender bias and discrimination based on sexual orientation, gender identity, ethnicity, and socio-economic status. These identities and characteristics interact with spatial and physical determinants such as housing type, accessibility, and air pollution, which can marginalise older people, prevent equal access to public services and other urban resources and constitute violation of their human rights.

Remedies for these rights violations are found in people-centred and life-course approaches to urban development that prioritise principles of inclusion, accessibility, safety, resilience, transparency and sustainability. These principles apply to policy planning for all urban dwellers, irrespective of age, gender, race, religion, income level, disability, origin, or any other characteristics. Upholding them entails building and maintaining social and physical infrastructure that enhances social interaction, including across generations, and respecting and promoting the rights of all persons to live in dignity from the cradle to the grave.

Supporting older urban dwellers to live well and independently in the community, and to age in enabling environments, requires appropriate and affordable housing, accessible and safe public transport systems, information and communications technologies, lifelong education and employment opportunities, adequate access to affordable preventive, curative, rehabilitative, palliative and long-term care services, and social protection.

Delivering on SDG11 requires enhanced respect for, inclusion of, and the promotion of the rights and needs of all inhabitants over the life course. Adopting the Age-Friendly Cities model and principles of Universal Design will address the needs of all urban dwellers as they age through approaches which are bottom up rights based, participatory and transparent.

Alignment with the NUA and the need for age-disaggregated data

Goal 11's call to "make cities and human settlements inclusive, safe, resilient and sustainable," aligns with Habitat III's New Urban Agenda (NUA). The NUA recommends that governments collect age-disaggregated data, develop age-responsive budgeting, and integrate older persons into urban planning processes.

As such, the implementation of SDG 11 and the New Urban Agenda must align with SDG 10's targets relating to social inclusion, equal opportunity, enhanced representation, and anti-discrimination.

Inadequate age and gender-disaggregated data is a significant challenge to the implementation of all the SDGs, and a limiting factor for urban planners and developers. Besides local participation in planning more progress is needed in gender and age-sensitive data collection. It is not acceptable that data on women, for example, often has an age cap of 49, and that data is often not collected, analysed or reported across the life course.

The Stakeholder Group on Ageing strongly welcomes the establishment of the Titchfield Group on ageing-related statistics and age-disaggregated data. This

group is convening statistical experts from a range of countries to address the deficits in age related data over the next five years. Tasks include developing standardized tools and methods for producing such data and building capacity to collect data and communicate these new standards and methodologies. Such work must take account of different experiences of ageing in urban and rural environments.

A life-course approach to achieving Goal 11

Inclusive, safe, resilient and sustainable cities and human settlements provide more socio-economic and recreational opportunities for all urban dwellers, while protecting universal human rights. Such protective environments are more likely to produce positive outcomes for health and overall wellbeing over the life course. Programmes and policies developed through a life-course lens recognise the complex diverse experiences of older urban dwellers who suffer from the cumulative and intersecting forms of marginalisation and discrimination described above.

The life-course lens clarifies the relationship between Goal 11, the New Urban Agenda and older persons. Children who are born into and grow up in settlements that have safe sanitation and water, good access to public education, and adequate public health services, are less likely to suffer from communicable and non-communicable diseases as they grow into adulthood and older age. Better health provides access to more economic opportunities that allow older adults to continue to contribute creatively to sustainable development. Girls and women will benefit from positive cumulative and gender-oriented policies that support them through childhood, adolescence, family life, menopause and beyond.

Life course oriented public health and education policies for all can offset the cumulative impact of structural disadvantages that otherwise manifest as (preventable) health challenges facing millions of older urban dwellers. These include the vision and hearing problems, depression, and mental health issues (including Alzheimer's and other dementias) that increase social exclusion and chronic loneliness of older persons, negatively influencing overall public health.

Policies that affirm and strengthen human development throughout the life course in cities support the capacity of older persons to contribute to Agenda 2030 overall. The vast majority of older persons work, pay taxes, consume goods and services (including care), and make intergenerational transfers of assets and other resources throughout their lives. Older women, in particular, provide the bulk of unpaid care for spouses, children, grandchildren, older family members and other relatives, especially those with disabilities. Many older persons vote and are actively involved in community and civic life, contributing to the social cohesion of families and communities, as bearers of historical memory, wisdom, traditions and culture for future generations.

Goal 11 Targets that specify older persons

Goal 11 Target 11.1 (housing) implicitly includes older persons in its use of the words "for all," and Targets 11.2 (public transport) and 11.7 (public spaces) explicitly mention older persons and persons with disabilities. In line with the Sendai framework Target 11.5 directs governments to significantly reduce disaster-related mortality by protecting the poor and people in vulnerable situations.¹

¹ This echoes the Sendai framework, whose seven targets and four priorities for action to prevent new and reduce existing disaster risks aims to 'Build an all-of-society approach to DRR to achieve risk-informed development' (Sendai 2016). The language of the Sendai Stakeholder Engagement Mechanism (SSEM) and the 'UNISDR Stakeholder Advisory Group' explicitly flags the participation of older persons. The principles of

Housing (11.1): Ensuring access to adequate, safe and affordable housing with basic services, and upgrading slums, will produce measurable public health and welfare benefits for older persons (para. 32 NUA). Older persons around the world report that poor housing and a lack of access to services reinforces discrimination, abuse, poverty and dependence. Poor people are more likely to live in dangerous environments (e.g. with toxic pollution, on steep slopes, and with little access to services) all of which are health risks and are particularly challenging for older people with decreasing intrinsic capacity (the composite of all physical and mental capacities an individual can draw on (WHO 2015)). Lack of appropriate and affordable housing is widespread in cities experiencing rapid growth and rental/real estate inflation. Alternative housing models can be developed on the basis of Universal Design principles that ensure that dwellings are both barrier free and respect the rights of all inhabitants.

Public Transportation (11.2): Expanding and investing in safe, accessible and affordable public transport networks, paying special attention to the needs of those in vulnerable situations, improves older persons' access to healthcare and other services, including continuing education, social pensions, and income generating opportunities. Safe public transportation decreases older persons fear of crime.² The NUA has emphasised the importance of reliable, affordable and safe transportation. (para. 113 NUA). Cities with access to free public transportation can show improved wellbeing and public health outcomes (Mackett 2014) and may reduce the risk of obesity among older persons (Webb et al. 2012).

Disasters (11.5): Target 11.5 requires governments to significantly reduce mortality and the negative impact of disasters for all, including water-related disasters, especially regarding a focus on protecting the poor and vulnerable, echoed by the Sendai framework whose targets are to 'build an all-of-society approach to DRR to achieve risk-informed development'. Older persons are particularly vulnerable to being left behind (sometimes literally) in natural disasters and conflict situations.

Public Spaces (11.7): Providing universal access to safe, inclusive and accessible, green and public spaces (SDG 11.7) supports health and wellbeing at all ages. Meanwhile, such an environment may compensate for declining functional capacity and increased isolation in older age. Green spaces can improve physical and mental wellbeing by promoting physical activity, reducing stress, and promoting social interaction.

Emerging issues

Migration: Goal 11 implementation strategies must address the challenges and opportunities posed by increased domestic and transnational migration of persons of all ages. Older migrants often have an important role in supporting families and communities, while experiencing unique challenges. Without support they may be unable to access host country services and speak a new language. Disrupted social structures further contribute to isolation and poor health. Those who remain in their country of origin while younger generations migrate in search of work are often left behind with responsibilities to care for older relatives and for grandchildren. Older persons often express the importance of better economic opportunities for younger generations to allow them to remain at home.

'participation, data, funding capacity and coordination' adopted in the 2016 Humanitarian Inclusion Charter, promote explicit inclusion of older persons' concerns.

² Examples of how to apply universal design principles to public transportation can be found on the website maintained by the Centre for Inclusive Design and Environmental Access (<http://www.universaldesign.com/transportation/>).

Technology: Technological advances provide new challenges and opportunities for older urban dwellers. Technologies are needed which take functional limitations of vision, hearing, mobility and physical strength into account; these are 'age friendly'. Appropriate technology can help overcome many barriers faced by older urban dwellers, and can enable access to essential services.

Planning: Goal 11's call for age sensitive development of affordable housing, public transportation and green spaces will need to promote economic and social inclusion alongside inclusive physical infrastructure, and enhance the role of local and city-level governments with the participation of older residents amongst others in planning.

Recommendations

1. Use of the Age-Friendly Cities' methodology together with the principles of Universal Design;
2. Participation of older persons and persons with disabilities in urban planning initiatives and decision-making;
3. Prioritisation of and investment in safe, affordable and accessible housing and public transportation that enhances social interaction across generations, respecting and promoting the rights of older persons and persons with disabilities to live independently in the community and age in place;
4. Provision and maintenance of safe, secure, and welcoming built environments that are walkable and of mixed use;
5. Inclusion of older persons and persons with disabilities in all city level disaster resilience and response planning and support;
6. Provision of Universal Health Care services for older persons in cities to include health promotion, prevention, treatment, rehabilitation, and palliative and long-term care; (Goal 3.8)
7. Prioritisation of decent work and earning opportunities throughout the life course.
8. Development of capacity for collection, analysis and use of age and gender-disaggregated data; (Goal 17)
9. Delivery of innovative financing mechanisms that support micro financing and cooperative entrepreneurs without age-caps; (Goal 17)
10. Development of multi-stakeholder partnerships to ensure age- and disability-friendly cities.

References

Mackett R. (2014) "Free bus passes for pensioners are too successful to cut", The Conversation <http://theconversation.com/free-bus-passes-for-pensioners-are-too-successful-to-cut-31449>

NYAM (2014) Resilient communities empowering older adults, New York: New York Academy of Medicine, <http://www.nyam.org/publications/publication/resilient-communities-empowering-older-adults-in/>

SGA (2017) Position paper submitted to the High-Level Political Forum 2017: Eradicating Poverty and Promoting Prosperity for Older Persons. Stakeholder Group on Ageing.

UNDESA (2014) Urban and Rural Population by Age and Sex, 1980-2015 (version 3, August 2014), <http://www.un.org/en/development/desa/population/publications/dataset/urban/urbanAndRuralPopulationByAgeAndSex.shtml>

UNDESA (2017) World Population Prospects: The 2017 Revision, custom data acquired via website, New York: United Nations, Department of Economic and Social Affairs, Population Division

UN-HABITAT (2016) New Urban Agenda, Resolution adopted by the General Assembly on 23 December 2016, <http://habitat3.org/the-new-urban-agenda/>

Webb E., Netuveli G., Millet C. (2012) "Free bus passes, use of public transport and obesity among older people in England", J Epidemiol Community Health. 2012 Feb;66(2):176-80. doi: 10.1136/jech.2011.133165. Epub 2011 Sep 12

Whole Building Design Guide (WBDG): Beyond Accessibility To Universal Design (updated 30.10.2017)

WHO (2002) Active Ageing: A Policy Framework, Geneva: World Health Organization

WHO (2007) Global age-friendly cities – a guide, Geneva: World Health Organization

WHO (2016) Global Report on Urban Health – equitable, healthier cities for sustainable development, Geneva: World Health Organization

WHO (2017) Global strategy and plan of action on ageing and health, Geneva: World Health Organization