PART

1

THE WORLD AND ITS AGING POPULATION

CHAPTER

1

WORLD POLICIES ON AGING AND THE UNITED NATIONS

ALEXANDRE SIDORENKO

For those who have been following the international vocabulary on aging during the past decade or two, its transformation is obvious—from negative and pessimistic to positive and forward-looking. Of course, this does not mean that reaching a secure, healthy, and dignified old age has become a universal blessing and ubiquitous achievement. This is definitely not the case in many countries of sub-Saharan Africa, where life expectancy may not exceed thirty-three years (as in Swaziland), or in the countries of the former Soviet Union, where for millions of middle-age people the progression into old age coincided with the hardship of societal transformation. And throughout the world, too often older persons are left on their own to adjust to changes associated with individual aging—at the workplace, at home, and in a rapidly changing society.

Nonetheless, in the United Nations policy documents on aging, the words *aging* and *problem* rarely are placed together. *Aging* is referred to as an issue, an area, and most emphatically as a challenge and opportunity (United Nations, 2002b). This is not just political correctness, but a reflection of new thinking and emerging new policy

responses to individual and population aging in the twenty-first century (Kinsella and Phillips, 2005). The Second World Assembly on Ageing, which took place in Madrid, Spain, in April 2002, elaborated these responses. This chapter outlines the major parameters of the new responses to the challenges and opportunities of aging as formulated in the Madrid International Plan of Action on Ageing and promoted through follow-up actions.

INTERNATIONAL CONSENSUS ON AGING 2002

The majority of decisions made by the United Nations are based on the consensus, or universal agreement, of all its member states. The voting procedure is also envisaged and has been exercised, but in the "social domain" of the UN it is rare. Reaching a consensus could be cumbersome and painful and thus requires a great deal of good political will to negotiate and compromise. One can argue that political compromises may dilute the ideas and obstruct actions. Despite these obstacles, consensus unites the international community on the basis of universally agreed values and goals. In aging, the most recent and most significant international consensus document is the Madrid International Plan of Action on Ageing.

To develop the Madrid Plan of Action, the forum for the political process of consensus-building was the Preparatory Committee for the Second World Assembly on Ageing, which had two regular sessions in 2001. The committee focused on negotiations on the content of the future plan of action on aging. This process was completed during the Second World Assembly in Madrid from April 8 to April 12, 2002, by its Main Committee, which finalized the texts of the Madrid Plan of Action and the Political Declaration.

The entire negotiation process was supported by the work of the Technical Committee: fifteen individual experts and several observers representing various organizations of the UN system and international nongovernmental organizations. The governments of Germany, Spain, and Austria provided financial support to all three meetings of the Preparatory Committee, which were hosted by the governments of Germany (June 2000), the Dominican Republic (Santo Domingo, October 2000), and Austria (Vienna, April 2001).

The most important role of the Technical Committee was its contribution to the formulation of proposals regarding the content of the new plan of action. These proposals helped the UN Secretariat to prepare the draft plan of action for subsequent intergovernmental negotiations at the meetings of the Preparatory Committee and the Second World Assembly.

Two major outcomes of the Madrid Assembly include the Political Declaration and the Madrid International Plan of Action on Ageing. The most important content of the Political Declaration is the commitment of governments to address the challenges and opportunities of aging in the twenty-first century. The United Nations member states that gathered at the Madrid Assembly committed themselves to eliminate all

forms of discrimination, including age discrimination; to effectively incorporate aging within social and economic strategies, policies, and action; to protect and assist older persons in situations of armed conflict and foreign occupation; and to provide older persons with universal and equal access to health care and services. Governments also expressed their commitment to act at national and international levels on three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

Priority Direction I for action strives to integrate global aging within the larger context of development. The overall goal is to ensure that older persons are full participants in the development process and also its beneficiaries.

Priority Direction II emphasizes that the health of the population is vital to development and that for the individual, good health is the most important asset and human right. To reach old age in good health requires the combined efforts of government, civil society, and the individual.

Priority Direction III aims to ensure enabling and supportive environments. It promotes positive perceptions of aging and positive, realistic images of older persons to influence public values relating to social, cultural, and economic exchange between generations. The Madrid Plan of Action also calls for greater access to both the physical environment and services and resources, including care and social protection.

The elaboration of the Madrid Plan of Action was informed by the major United Nations conferences, summits, and special sessions of the General Assembly. The decisions of these international gatherings and their follow-up processes helped to formulate the *central themes*, or foundations, of the Madrid Plan of Action. These themes include the issues of human rights and fundamental freedoms; empowerment and participation; individual development, self-fulfillment, and well-being throughout life; gender equality; intergenerational interdependence, solidarity, and reciprocity; health care, support, and social protection; partnership among government, civil society, the private sector, and older persons; scientific research, expertise, and technology; and the situation of aging indigenous peoples.

CENTRAL CONCEPT OF THE MADRID PLAN OF ACTION: ORIGIN AND EVOLUTION

The *central concept* of the Madrid Plan is the concept of a *society for all ages*. This concept was formulated during the preparations for the 1999 International Year of Older Persons and later became the year's theme. The concept of a society for all ages emerged from the concept of *a society for all*, laid out in the Copenhagen Declaration and Programme of Action, which was developed at the World Summit for Social Development in 1995 (United Nations, 1995). In the Programme of Action of the World Summit, a society for all was described as an inclusive society, "in which every individual, each with rights and responsibilities, has an active role to play."

The Report of the Secretary General, "Conceptual Framework for the Preparation and Observance of the International Year of Older Persons in 1999" stated that a society for all ages "would . . . enable the generations to invest in one another and share in the fruits of that investment, guided by the twin principles of reciprocity and equity" (United Nations, 1999).

Four facets were suggested to explore the society for all ages and, consequently, to develop a strategy to achieve such a society. These are *situation of older persons, lifelong individual development, multigenerational relationships, and development and aging of populations*.

The situation of older persons, the first facet of the Conceptual Framework, emphasizes a "traditional" approach of policy action on aging. This approach incorporates "policies designed to enhance the lives [of older persons] as individuals and to allow them to enjoy in mind and in body, fully and freely, their advancing years in peace, health and security" (United Nations, 1982, p. 9). The Vienna International Plan of Action on Ageing—adopted by the first World Assembly on Ageing in 1982 in Vienna, Austria—identified the following areas of primary concern to older persons: health and nutrition, protection of elderly consumers, housing and the environment, the family, social welfare, income security and employment, and education. The recommendations of the Vienna Plan of Action are viewed as specific measures for supporting the *independence, participation, care, self-fulfillment*, and *dignity* of older persons as outlined in the United Nations Principles for Older Persons (United Nations, 1991).

The second facet of the Conceptual Framework, lifelong individual development, was a relatively new priority within the UN program on aging. It was based on the idea that the interplay of individual behavior and various policies affecting people at different ages will shape the situation of persons in older age. To respond to various needs at different stages of individual development, policy should provide an enabling and supportive environment fostering lifelong education, skills-upgrading, healthy lifestyles, and provision of care when it is required.

Multigenerational relations are the third facet of the Conceptual Framework. The debate during the International Year of Older Persons explored how the relations of interdependence could be maintained in family and society as the proportions of older and younger people change. The implications of aging for family include primarily caregiving, and for society, provision of social services and income security.

The fourth facet, aging and development, focused on harmonization (reconciliation) of population aging with continuing socioeconomic development. This requires multisectoral adjustments, including employment, income security, social welfare, health care, education, and also investment, consumption, and savings patterns. One of the principal directions for such an adjustment is ensuring that older persons have opportunities to participate and contribute and also to receive care when needed.

When first put forth in the late 1990s, the concept of a society for all ages appeared as an innovative approach to aging—and to some as a controversial deviation from

earlier commitments to care and support for older people. The controversy was based on a presumption that efforts to achieve a society for all ages could lead to abandoning the policies that address specific and often difficult situations of older persons, shifting already limited resources to other social groups, such as children and youth. In the course of debate during the International Year, the UN Programme on Ageing emphasized that although the concept of a society for all ages took a broad and long-term approach to individual and population aging, improving the situation of older persons would remain a paramount task for future action on aging.

The strategies for a society for all ages could embrace aging issues instead of singling them out and thus isolating and marginalizing older persons. This approach was later incorporated into the implementation strategy for the Madrid Plan of Action, which promoted a two-faceted action: advancing the aging-specific programs while simultaneously mainstreaming aging into national and international development strategies (United Nations, 2003).

Subsequently, the UN General Assembly decided that the concept of a society for all ages would serve as the context for the future plan of action on aging, which later became the Madrid Plan of Action. Eventually, the four facets of the Conceptual Framework evolved into the three priority directions of the Madrid Plan.

ACTION ON AGING IN THE TWENTY-FIRST CENTURY: PURPOSE, GOAL, AND CONTENT

The purpose of the Madrid Plan is to respond to the opportunities and challenges of population aging in the twenty-first century and to promote the development of a society for all ages. All three priority directions of the Madrid Plan are designed to guide policy aimed at reaching the *specific goal of successful adjustment to an aging world*. The success of this adjustment, states the plan, will be measured in terms of social development, improvement in quality of life for older persons, and sustainability of the various systems—formal and informal—that underpin well-being throughout the life course.

The Madrid Plan clearly focuses on developing countries not only because that is where the process of population aging will happen in the twenty-first century, but also—and more important—because these countries will have to respond to the implications of aging from a rather limited economic and social base compared to the developed world. The challenge is to develop policy approaches that keep aging from becoming an additional burden for developing countries and to transform it into an opportunity for development.

Unfortunately, older persons today are largely absent from the international developmental discourse, including in the most prominent document of the United Nations on development, the Millennium Declaration (United Nations, 2000), which fails to address aging among the eight Millennium Development Goals (MDGs)s. Meanwhile, issues related to aging and older persons are being pursued in the context of other

global processes, including the International Conference on Financing for Development, held in Monterrey, Mexico, and the World Summit on Sustainable Development, held in Johannesburg, South Africa. For example, the Monterrey Consensus of the International Conference on Financing for Development (United Nations, 2002c) addressed the role of pension schemes as a source of social protection as well as savings and resources for development. The Johannesburg summit outcome—the Johannesburg Plan of Implementation (United Nations, 2002a)—recognized the role of holders of traditional knowledge and practices, who are typically community elders, and called for their effective participation in decision and policy making.

Although these references to aging in Monterrey and Johannesburg were important, one can hardly deny that aging remains at the outskirts of global development efforts and that the developmental potential of older persons remains untapped. Essentially, most policymakers continue to think of aging primarily in humanitarian terms, with concern centered on pensions and caregiving, while ignoring its developmental potential. An inability to recognize and develop the potential of aging will certainly become both unaffordable and inexcusable tomorrow when it becomes a really dominant issue globally—particularly in developing countries.

The major challenge in adjusting to an aging world is to transform aging into a force for progress and development at both societal and individual levels. Such a possibility is real: population aging did not start all at once; in the more developed parts of the world, the phenomenon has been present for more than a century. That period witnessed unprecedented advancement of science, technology, and quality of life, including the increase in individual longevity. Significantly, individual longevity has been growing together with societal development. The reasonable assumption is that societal development and population aging are two *parallel* processes. The principal task is to ensure that they are *compatible* and *synergistic*.

Specific policy action should support the multilevel adjustment to an aging world. Two types of policy approaches are necessary: aging-specific and aging-mainstreaming.

The first policy approach, aging-specific, includes policies and programs designed to address the needs of older persons. Following the Vienna International Plan of Action on Ageing and the UN Principles for Older Persons, policies and programs should be formulated within several areas of primary concern to older persons (discussed previously) and ensure their independence, participation, care, self-fulfillment, and dignity.

Empowerment of older persons represents the principal content of aging-specific policies with both immediate and long-term action. Immediate action includes legislative measures to guarantee the basic human rights of older persons and prevent violence and abuse against them. Long-term action should focus on establishing or sustaining positive images of older persons in a society.

The essence of the second key approach to implementation of the Madrid Plan is inclusion, integration, or *mainstreaming* of aging and older persons into national development strategies. This type of policy is significant for both developed and

developing countries as it aims to mobilize older persons as additional resources for development and, simultaneously, to improve their well-being. Thus efforts to mainstream aging could ensure a win-win scenario for both older persons and society at large.

At the same time, mainstreaming should not create separate or new programs where implementation becomes hindered by lack of resources. This could be prevented through *focused* or *targeted* mainstreaming. Targeted mainstreaming could link aging to a *recognized* development priority instead of trying to squeeze it into *all* policies and programs. Complementing the traditional and often prevailing approach of focusing national efforts and international assistance on the specific, if not discrete, aging-related activities, targeted mainstreaming could promote an integrated strategy for addressing issues of aging in the development context, as called for in the Madrid Plan of Action.

IMPLEMENTING THE MADRID DECISIONS: FIRST RESULTS

During the first five years following the adoption of the Madrid Plan of Action, the national implementation efforts focused on developing and strengthening capacity on aging (United Nations, 2006). The essential elements of national capacity include institutional infrastructure; human resources; mobilization of financial resources; research, data collection, and analysis; and policy process.

The viable *institutional infrastructure* envisages productive collaboration among all major national stakeholders, including government, organizations *of* and *for* older persons, academia, and the private sector. The scope and strength of national infrastructure depends on such factors as the level of recognition of aging—making it a priority—in the national public arena and is closely linked to the availability of financial and human resources.

Government offices on aging at the ministerial or similar level include the Department of Health and Ageing in Australia, the Division of Aging and Seniors in Canada; the National Committee on Ageing in China; the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth in Germany; and the Administration on Aging in the United States. When resources are insufficient and competing demands are many—often the case in many developing countries—the government office on aging could be a single person focal point in a ministry dealing with social issues.

Interesting examples of collaboration between national stakeholders can be found in various countries. In Austria, for example, an independent council of senior citizens has become an important participant in debates on national policy on aging. The Chilean National Service for Older Persons (SENAMA) includes an advisory committee composed of representatives of older persons' organizations, academia, and institutions working with older persons. In India, the watchdog agency National Council of Older Persons monitors policy on aging.

Human resource development envisions investing in the training of professionals and, simultaneously, providing opportunities for volunteering for and by older persons. Developing countries experience a critical shortage of health workers, including doctors, nurses, and lab technicians (World Health Organization, 2006), owing to insufficient training capacity and the "brain drain" of skilled health professionals from developing to developed countries. Many other countries, both developed and developing, lack enough trained professionals with sufficient knowledge of aging and specific needs of older persons.

Meanwhile, several countries are making efforts to compensate for this deficiency. For instance, the Uganda Reach the Aged Association and the African Regional Development Centre of HelpAge International, with the financial support of the United Nations Population Fund (UNFPA), conducted the training of policymakers and the local UNFPA staff in the area of population aging. In Chile, the government is planning to train health professionals to specialize in geriatrics and also to provide health training to leaders of clubs and community unions of older persons. The State Educational Geriatric Centre established in Ukraine in 2005 offers educational and training programs for medical and social workers, as well as volunteers, in the field of care for older persons.

Generational equity in public spending and clear allocation of *financial resources* are necessary to adequately tackle the often underserved needs of older persons, especially in developing countries and countries with economies in transition. Both developed and developing countries are concerned with inadequate resources for programs addressing the needs of older persons. However, the content and degree of financial resources available for programs on aging vary greatly: while in Europe and the United States, for instance, much attention is drawn to the costs of *maintaining and adjusting the existing* pension and health plans for older persons, in many developing countries the lack of financial resources is seen as the main stumbling block to *establishing* programs to support older persons.

The costs of social pension programs may not be as prohibitive as initially anticipated. According to HelpAge International, as of October 2006, seventy-two countries had a social pension; forty-six of these were low- or middle-income countries (Pension Watch, 2006). Moreover, of eighteen low- and middle-income countries that introduced social pensions, 67 percent deliver a social pension for less than 1 percent of GDP. It is also significant that the social pensions could be an effective tool for directing the aid to the poorest older persons and their families and reducing the number of people living in extreme poverty.

The quality and quantity of policy *research* on aging and availability of age-disaggregated data need improvement practically everywhere (United Nations, 2002). Predictably, the lack of "domestic" research on aging—both fundamental and applied studies—is particularly felt in developing countries. Yet despite their limited capacity for research and data collection, in developing countries there are signs of progress as well. In Thailand, for example, the Second National Long-Term Plan for Older Persons

(2002–2021) has included research strategies to support policy design, monitoring, and evaluation. In Argentina, the Programme of Ageing and Society of the Latin American Faculty of Social Sciences (FLASCO-Argentina) has begun studying the issue of the aging workforce, and the Group of Socio-Anthropology of Older Persons and Community Planning of Ageing at the University of Mar del Plata has developed extensive research on social support networks for older persons.

In countries of the former Soviet Union, in addition to the world-renowned Kiev Institute of Gerontology of Ukraine, new research centers have been established in the Russian Federation in Moscow, Samara, and St. Petersburg. However, in other countries of the former Soviet Union, particularly in the Central Asian region, research capacity on aging remains severely limited.

Advanced population aging has prompted significant progress in aging research in developed countries. In the European Union, the European Research Area in Aging (ERA-AGE), a four-year project funded by the European Commission, was established to promote the development of a European strategy for research on aging. In Australia, the Department of Health and Ageing of the Australian Government has funded various research and publications aimed at guiding future policy directions in the area of aging. The National Health and Medical Research Council (NHMRC) also provides funding to support medical research and training on health issues for people of all ages throughout Australia.

The United States has an advanced network of research entities on aging, including the government, academia, foundations, and nonprofit organizations. Among the most famous are the National Institute on Aging, the National Academy on an Aging Society, and the Gerontology Society of America. Every ten years, the White House Conference on Aging, last held in 2005, is convened to develop recommendations for the U.S. government on policy and research in the field of aging.

All of the components of national capacity just described should ideally act in synergy supporting the *policy process* aimed at implementing the Madrid Plan of Action. Leaving aside inter- and intraregional differences in priorities on aging, income security actions feature most prominently in national implementation efforts, along with the efforts to develop high-quality, affordable, and sustainable health and care services, particularly long-term care.

In developing countries, income support programs for older persons include a regular, noncontributory cash payment in the form of a social pension (mentioned earlier); cash payment programs targeting a small number of poor older persons, such as the cash assistance provided by the government in Indonesia; and government-sponsored savings plans, such as a pension-linked savings scheme in India.

Besides designing specific policies on aging, some developing countries and countries with economies in transition have also attempted to mainstream aging issues in national development plans, including poverty reduction strategies. For instance, Tanzania recently incorporated several issues pertaining to older persons in its National Strategy for Growth and Reduction of Poverty for the period 2005–2010, and several

countries with economies in transition, such as Azerbaijan and Bosnia and Herzegovina, have included older persons in their Poverty Reduction Strategy Papers.

In developed countries, public debate and, increasingly, policy actions have focused on reforming pension and health care and social care programs and adjusting to the decreasing labor force participation. It is encouraging that the introduced adjustments have so far avoided large-scale cutbacks in benefits or strong measures to postpone retirement. Instead, reforms in pension and health care programs have attempted to secure financial stability and ensure the continuing delivery of benefits without jeopardizing the welfare of future generations.

REVIEWING THE PROGRESS

The examples of national actions on aging presented in the preceding section offer a very preliminary snapshot of major trends in the implementation of the Madrid Plan of Action in the first five years since its adoption. It is expected that the first cycle (2007–2008) of the review and appraisal of the Madrid Plan will bring a much more comprehensive picture of implementation efforts.

The Madrid Plan of Action designated the Commission for Social Development to be responsible for follow-up and appraisal of the implementation process. In accordance with the decisions of the commission, review and appraisal will be undertaken every five years and include two dimensions: aging-specific policies and aging-mainstreaming efforts. Each review and appraisal cycle will focus on a theme based on the priority directions of the Madrid Plan, and the bottom-up participatory approach will be the major format of the review and appraisal exercise.

The bottom-up participatory approach has a dual function in the process of implementing the Madrid Plan of Action. The first function is "technical," as the participatory methodology will be used for an in-depth evaluation of national implementation efforts. Participatory evaluation of policy and programs is generally associated with qualitative methods of information gathering, including participatory listening and observation, visual tools such as maps and various diagrams, semistructured interviews, and focus group discussions.

The second function of the bottom-up participatory approach is promotional. Although the immediate purpose of the participatory approach is to ensure that older persons have an opportunity to express their views on the impact of national policy actions affecting their lives, the overall goal is to ensure that older persons are involved in all phases of policy actions on aging, including policy design, implementation, monitoring, and evaluation. Therefore, the participatory approach to review and appraisal of the Madrid Plan could become an *entry point* for engaging older persons in the entire process of the plan's implementation. This is in full agreement with the aim of the International Plan of Action *to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights*.

The participatory approach should not be seen as a panacea aimed at replacing all other methods of monitoring, review, and appraisal. Rather, it attempts to supplement the "traditional" quantitative methods with a wider use of qualitative tools. The quantitative monitoring of social situations—such as through censuses, surveys, and civil registration—can play a very important role by revealing principal trends and helping to identify local and national priorities on aging for more targeted participatory inquiry.

To ensure the success of the bottom-up participatory process requires a catalyst and a facilitator. Government should be seen as the principal catalyst and end user of policy-relevant information, involving facilitators with sufficient experience in conducting participatory research. Such facilitators should be found among community workers or members of nongovernmental organizations active at the local level, as well as academia and research institutions.

The first global cycle of review and appraisal of the Madrid Plan of Action is anticipated to be a year-long process, starting in 2007 and finishing in 2008. The theme of this first review and appraisal is "Addressing the challenges and opportunities of ageing." The major activities and events of the review and appraisal will occur at the national and even local levels—at the site of real implementation action—and ascend through regional levels to the global stage.

Overall, it is expected that the future review and appraisal exercise will involve all major stakeholders, ensure broad participation of older persons, and promote the implementation of the Madrid Plan of Action.

ACKNOWLEDGMENTS

REFERENCES

Kinsella, K., and Phillips, D. R. "Global Aging: The Challenge of Success." *Population Bulletin*, March 2005, *60*(1), 3–42.

Pension Watch. HelpAge International, 2006. [http://www.helpage.org/Researchandpolicy/Socialprotection/PensionWatch]. Dec. 1, 2006.

United Nations. Vienna International Plan of Action on Ageing. New York: United Nations, 1982. [http://www.un.org/esa/socdev/ageing/ageing/ageipaa.htm]. Dec. 12, 2006.

United Nations. *United Nations Principles for Older Persons*. New York: United Nations, 1991. [http://www.un.org/esa/socdev/iyop/iyoppop.htm#Principles]. Dec. 12, 2006.

United Nations. *The Copenhagen Declaration and Programme of Action. World Summit for Social Development, 6–12 March 1995*. New York: United Nations, 1995. [http://www.un.org/esa/socdev/wssd/agreements/index.html]. Dec. 12, 2006.

United Nations. Report of the Secretary-General, "Conceptual Framework for the Preparation and Observance of the International Year of Older Persons in 1999" (A/50/114). New York: United Nations, 1999. [http://www.un.org/esa/socdev/iyop/iyopcf0.htm]. Dec. 12, 2006.

United Nations. *United Nations Millennium Declaration, United Nations, 2000*. New York: United Nations, 2000. [http://www.un.org/millennium/]. Dec. 12, 2006.

United Nations. Johannesburg Plan of Implementation. New York: United Nations, 2002. [http://www.un.org/esa/sustdev/documents/WSSD_POI_PD/English/POIToc.htm]. Dec. 12, 2006.

United Nations. *Madrid International Plan of Action on Ageing. Report of the Second World Assembly on Ageing. Madrid. 8–12 April 2002*. New York: United Nations, 2002. [http://daccessdds.un.org/doc/UNDOC/GEN/N02/397/51/PDF/N0239751.pdf?OpenElement]. Dec. 12, 2006.

United Nations. *Monterrey Consensus of the International Conference on Financing for Development*. New York: United Nations, 2002. [http://www.un.org/esa/ffd/]. Dec. 12, 2006.

United Nations. *Report of the Secretary-General "Follow-up to the Second World Assembly on Ageing"* (A/58/160). New York: United Nations, 2003.

United Nations. *Report of the Secretary-General "Follow-up to the Second World Assembly on Ageing"* (A/61/167). New York: United Nations, 2006. [http://daccessdds.un.org/doc/UNDOC/GEN/N06/436/37/PDF/N0643637.pdf?OpenElement]. Dec. 12, 2006.

United Nations and International Association of Gerontology and Geriatrics. *Research Agenda on Ageing for the Twenty-First Century*. United Nations and International Association of Gerontology and Geriatrics, 2002. [http://www.un.org/esa/socdev/ageing/ageing/ageraa.htm]. Dec. 5, 2006.

World Health Organization. *The World Health Report 2006: Working Together for Health*. Geneva: World Health Organization, 2006.