



OIC STRATEGY ON THE ELDERLY

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Foreword

Social welfare policies in most countries around the world, especially in high-income countries, have a positive impact on life expectancy, resulting in larger elderly populations and declined death rates. However, living longer requires providing more human and material resources and developing tailored policies and strategies for older populations.

Elderly persons in the majority of countries at the OIC have their worth recognized, and are provided with proper shelter and living care and attention from their wider community, children and grandchildren. This is all the more so, given the cultural and religious traditional pattern of the broader Muslim community. On the one hand, this is a constituent element of any response to ageing issues, but on the other hand, the demographic situation in most of the OIC countries is relatively different from that in developed countries, due to high youth rates compared to a stable ageing trend.

Population studies, research and censuses indicate an accelerated increase in ageing rates, compared to youth rates, in the OIC countries since 2010. This is due, in part, to growing health consciousness, technological advances and developmental trends and, in part, to the acute-onset crises, such as wars, armed conflicts, migration and natural disasters, with their attendant social, health and economic impacts. To face these challenges and rapid changes unfolding on the international arena, the Council of Foreign Ministers at its 42nd session (Kuwait, 2015) called on the General Secretariat, subsidiary bodies and relevant specialized institutions of the OIC to design special policies for the elderly to have a greater part in and to become better integrated into social and economic development. These will serve as a roadmap to improve the health and social services available for this social category, and provide them with a decent living, as part of delivering the UN Sustainable Development Goals (SDGs) and in a spirit of joint Islamic action.

The Ministerial Conference on Social Development in the OIC Member States at its first session (Istanbul, 7-9 December 2019) approved the OIC Strategy on the Elderly, developed in close cooperation between the General Secretariat, the open-ended intergovernmental group of experts, along with OIC subsidiary organs and institutions concerned, particularly SESRIC. For its part, the Council of Foreign Ministers at its 46th session (Niamey, November 2020) welcomed the Strategy.

The strategy addresses issues vitally important to the advancement of the status of the elderly across the Member States. The strategy's focus is on improving old peoples' living conditions and building a supportive environment for them, while making continuous use of their wisdom and expertise, bringing them to engage actively in community development activities, and promoting best care practices for them.

I do set great store by this strategy to help strengthen joint Islamic action and bring together the efforts of all our Member States as well as the OIC subsidiary bodies and specialized institutions and partner institutions to protect the rights to which elderly persons are entitled and maintain for them the highest standards of welfare and social security.

Dr Yousef Al-Othaimen
Secretary General

I. INTRODUCTION

Over the recent years, ageing has resulted in the increase of the proportion of elderly and a decrease in the youth. While, high rates of ageing have been a common trend in developed countries for the past several decades, it has recently gained momentum in OIC countries; rapid ageing has significant social, economic and cultural impacts on countries that require immediate and well-formulated policy responses. An important strategy for OIC countries is to ensure the social and economic well-being of the elderly.

Across the OIC region, ageing was not considered a primary issue of concern due to the relatively young population, stagnant ageing rate and traditional and religious values that have made co-residence the key response to macro level ageing¹ which enabled OIC societies to absorb ageing. However, since the early 2000s, OIC Member States and their societies have been entering a new demographic and cultural phase. In the new phase, Member States should expect their population structure to become older and at a faster rate than before.

Since 2010, population ageing in OIC countries has accelerated, and by 2030, the share of the older population is estimated to reach 9.6% of the total population. According to projections, by 2050 in a significant number of OIC countries, the number of elderly people will supersede that of young people. Combined with the declining fertility rates in the OIC and the increase in life expectancy, ageing will significantly impact and be a basis of challenge for the economy, social relations, and cultural issues.

The increasing ageing trends in OIC will ultimately lead to an increased old age dependency ratio meaning that more people will require support and care for a longer period. The demographic shift in Member Countries will interact and intersect with equally significant and major cultural and economic transformations that will undermine filial care and families' ability to absorb ageing. This will lead to an increase in the role of Member States to provide support to the elderly in their societies, which ultimately requires a coherent, efficient and well-founded policy action to plan accordingly for the upcoming ageing forecasts in large number of OIC countries.

The rapid ageing forecast and the changing cultural and economic shifts in OIC countries call for a mutual strategy on ageing and a cooperative response to the newly moulding conditions, mandating them, in particular to take greater responsibility. This strategic report aims to provide actionable strategic goals that will reduce the initial shock of ageing on Member States and provide an outline that will serve as a basis of policy to absorb ageing. The next subsection provides general information of the strategy document.

A. Overview of Strategy Document

Given the common challenges related to ageing that will be faced by Member States, and the need to enhance cooperation to address these challenges, this strategic report is a step forward in creating a

¹ Macro level ageing refers to ageing of populations in an aggregate sense whereby the age-sex structure of a population, represented by an age pyramid, undergoes a change because of ageing. Population ageing is equally referred to as demographic ageing and is affected by changes in mortality, fertility and migration flows.

much needed conversation on ageing and the common future of OIC countries. The report aims to urge policy-makers to measure the demographic transitions in the coming years to map out the transitions social, health and economic consequences. This will provide critical information to be able to start planning and preparing for the future concerns today by slowly transforming health and social policies accordingly to absorb ageing without experiencing the initial shock. Furthermore, the document aims to provide a roadmap for policy-makers to share knowledge, information and experiences on how to improve the state of the elderly through intra-OIC cooperation.

To enable the realization of the mentioned objectives, the strategic document identified four thematic areas of cooperation through reviewing the immediate problems, existing policies and the possible implementation actions to resolve them. The four thematic areas identified are: (i) labour market and economic integration, (ii) health and well-being, (iii) enabling a supportive environment, and (iv) culture.

An earlier version of this strategic document was discussed during the workshop on “Improving the State of Elderly in OIC Member States” (24-25 April 2018, Jeddah, Kingdom of Saudi Arabia), which aimed to bring all relevant OIC institutions and experts from Member States to develop an effective OIC-wide approach on elderly related issues. This draft version of the strategic document reflects comments and suggestions provided during the workshop as much as possible. It is hoped that this draft version would be considered and adopted at a relevant OIC fora to be implemented by Member States with a view to addressing the current and emerging challenges related to ageing.

Overall, this strategy aims to stimulate cooperation among member states in addressing the common ageing issues and challenges that will become critical in the years to come. There is a need for a strategy to address the multiple and complex challenges that ageing will cause in a significant number of OIC countries. To mitigate and limit the problems of rapid ageing on OIC countries, this strategic document will outline concrete actions and goals on how to incorporate the elderly in the labour market and generally on how to improve the situation of the elderly. This strategy ultimately aims to increase awareness on the ageing issue to be faced by multiple OIC countries and calls for cooperation and collaboration to limit its negative effects.

B. Overarching Principles

Before proceeding to present the main thematic areas of cooperation, this strategic document asserts that there are crosscutting issues and key aspects related to each thematic area that should be considered as the overarching principles to be followed for each strategic goal in its implementation. To avoid repetition and to be able to present a methodological approach on the issue of ageing, this strategic document suggests the below all-embracing principles which apply to all the thematic areas in section III.

1. Keep diversity in mind: While the label elderly is commonly used for the population 65 years and over, this group is quite heterogenous and the experience of aging varies among different segments that constitute the elderly group. Gender, rural versus urban settings, income settings, differing physical and mental abilities, ability and inability to work and volunteering, residing with family or at institutions and many other factors determine the needs and problems of the elderly. *This diversity requires the member states to map out existing segments, in particular collecting accurate information on the age distribution of elderly given the vast differences between the very old (80 years and above) and the old (65 to 80).*

2. Adopt the socio-cultural model: Neither health nor ageing are merely medical concepts. On the contrary, health and ageing are defined by the cultural and societal norms about body, personhood, and community. *This requires the member states to adopt the 'the socio-cultural model' that places ageing in the dynamic interplay of social structures.*
3. Engage all sectors of society: To address the problems posed by ageing population not only a multi-disciplinary but also a multi-sectoral approach is needed. Engaging private sector, civil society, faith-based associations, and elderly themselves will not only assist policy makers to better understanding the problems on the ground but also come up with innovative, fast-track, and cost efficient fast-track, and cost-efficient solutions. *This requires Member states to develop mechanisms and opportunities to collaborate policymakers with different sectors and to enable these sectors to collaborate with one another.*
4. Adopt a gender lens: The social and economic consequences of micro and macro ageing impact women the most. As young female adults, women are the main segment of population that takes care of the elderly and ageing parents. However, women are also the main caregivers for children. Working women are being increasingly burdened by this double demand. On the other hand, elderly women are at a higher risk to be exposed to poverty, violence, and abuse. *This requires member states to adopt a gender-lens in developing health and social services for ageing.*
5. Pay specific attention to displacement and migration: Many OIC member states are struck by immigration, either through their population exiting or through entrance of new populations. Migration patterns are typically age-selective and both in the context of the hosting county and country of origin, results in additional burden on the State in the areas of health, housing and social security. This requires member states to take displacement and immigration into account in developing health and ageing policies and services.
6. Understand the broader demographic and economic context: Finally, the growth of the elderly in OIC member states takes place in a context that is when compared to other country groups has the highest growth of the young population and of those of working age, whose needs still largely remain to be unmet. *This requires member states to develop smart-policies that can recognize the interplay between both trends and address issues of both segments in a way that can benefit both.*

II. REVIEW OF ISSUES AND CHALLENGES OF THE ELDERLY IN OIC

OIC countries have already and will in the near future strongly feel the impacts of ageing on their socio-economic systems, social relations and cultural elements. An increase in the number of elderly people, relative to other age groups, poses a number of challenges on family relationships, health services, and economic and social security systems. Older persons in OIC countries face a number of issues and challenges ranging from increased old-age dependency to exclusion from the labour market or lack of literacy and skills to pursue other options. This section provides a brief account of the issues and challenges faced by the elderly in OIC countries to facilitate the design of the strategic goals and actions in the next section.

A. Social and Economic Issues and Challenges

In many developing countries including OIC, a large number of elderly people are excluded from access to well-paid jobs. In addition to exclusion from decent paying job opportunities, the elderly people face ageist stereotypes and high levels of unemployment continue to characterize the situation of the elderly. In OIC member countries, the statutory retirement age is most commonly 60 years-old; however, only less than half of retired individuals receive an adequate old age pension. For these people, private savings and intra-family support are not sufficient to guarantee income security until the end of their lives. Therefore, public social security pensions remain as a key element of support for the ageing population, which could result in heavier burdens on government spending. However, it is critical to recognise that the pension and retirement programs in OIC countries are neither adequate nor comprehensive enough to meet the growing necessities of elderly people.

The low level of literacy and education attainment of elderly people in OIC countries significantly hinder their ability to participate in the workforce; their ability to contribute to the development efforts of their societies in terms of economic development, experience or social/communal participation. Many of the OIC countries consider the growing size of the older persons as a minor problem. This causes a lack of attention paid to the social issues faced by the elderly that ultimately leads to a limited number of social institutions aimed for the betterment of the conditions of the elderly. Educational opportunities or other social spaces for the elderly to acquire skills is minimal in OIC countries.

Creating inclusive, cohesive societies for all, especially for those who remain to be more vulnerable—namely, women, children, elderly, and youth— is a necessary condition for social and economic sustainable development. To create a society where the elderly is integrated and included, one of the most fundamental steps is to promote an ‘enabling environment’. An environment is enabling when circumstances do not prevent but improve the capabilities and well-being of the elderly. Environmental circumstances include both physical circumstances, such as the built environment, and social circumstances, such as integration and solidarity, and these different components mutually reinforce one another. In regards to physical circumstances, housing and the surrounding built environment—including transportation and design of public spaces and buildings—are particularly important for the elderly for these circumstances determine whether one has access to such basic requirements of well-being as security, access to water, shelter and mobility. The social context and environmental circumstances also play an equally fundamental role in determining whether one is able to remain active and connected to society as well as maintain his/her emotional well-being.

Overall, the elderly people face several issues and challenges in the area of socio-economics. Elderly persons are excluded from employment opportunities and face ageist stereotypes, old age pensions are not adequate and there is limited social spaces for the elderly to develop old/new skills.

B. Health and Well-Being

Elderly people in good health can enjoy a greater sense of well-being and participate more actively in the economic, social, cultural and political life of a society. Increasing life expectancy in OIC countries and growing size of elderly population bring new challenges for individuals, families and society largely. Given the rapid change in traditional roles of family members (e.g. parental care and childcare), an increasing number of elderly people need to solely rely on social protection programmes and available public health services to continue the remainder of their life. In some OIC countries, health systems and social security programs have already started to be challenged while trying to meet the growing demand for quality and comprehensive health care services for elderly people.

An immediate concern for the health and well-being of the elderly is the lack of an integrated health care system. There is the challenge of establishing mechanisms for long-term care that requires private and primary care and specialized and palliative care in hospitals and nursing homes. Other forms of in-house care are also a vital part of the needs of the elderly because as the population ages other form of care will acquire even greater importance. The home-care system and the integrated private-primary care should not be viewed as mutually exclusive. Instead, it should be organized in a way to complement each other. Other challenges include dealing with depression, loneliness and anxiety of the elderly. There needs to be institutional and support networks that assist the elderly who are dealing with such issues. Overall, there needs to be affordable, quality and integrated approaches to the health and well-being of the elderly in OIC countries. As ageing in OIC member states increases, the health and well-being of the elderly will become even more important for a healthy and well-functioning society.

C. Culture

The issue of ageing and elderly cannot be thoroughly comprehended within the limits of medical or health factors; culture also plays a role in who is considered old, how people make sense of and responds to ageing and old-age, and how societies, from families to policy makers, view and treat their elderly. Through the development of cultural and religious policy responses, eliminating negative stereotypes against the elderly and the ageing can be achieved. Moreover, replacing such negative stereotypes with a more positive and realistic perception of ageing and old age is necessary. Promoting positive attitudes can also be considered as a part of the efforts to fight against and eliminate violence, neglect, and abuse of elderly and to complement necessary legal instruments and frameworks. Moreover, cultural attitudes towards ageing determine to a large extent the nature of caregiving.

Across OIC countries, the key response to elderly care has been informal care provided by family members. However, upcoming and intensifying demographic and economic challenges as well as changing family values threaten the community orientation of families. Cultural attitudes also influence intergenerational relations; modern society tends to create generational segregation in public spaces and activities. However, intergenerational support and solidarity can benefit both the elderly and the young at both the broader level of society and at the level of co-residing families. Within this context, OIC countries need to deal with the cultural norms of excluding and prejudging the elderly to create an environment where they can be accommodated and welcomed.

III. AREAS OF COOPERATION

Based on the major issues and challenges discussed above, this section groups the key challenges faced by elderly people living in OIC countries under four cooperation areas for strategic action: (i) labour market and economic integration, (ii) health and well-being, (iii) enabling a supportive environment, and (iv) culture. These areas have been identified through analysing relevant qualitative and quantitative indicators on elderly in OIC countries, assessing international datasets, and reviewing national, regional as well as international plans on elderly. Following the discussion on the key challenges under each area of cooperation, a set of strategic goals are listed for the consideration of policy-makers. Specific strategic goals have been proposed in order to provide a concrete roadmap for the successful implementation of each recommendation.

A. Labour Market and Economic Integration

As the share of elderly people in OIC countries tends to go up in the light of demographic projections, the increase seen in the old-age dependency ratio of several OIC countries has already started to put a pressure on their social security systems. Therefore, the active participation of elderly people into the labour market and their integration into economic life have become more important than ever. In that regard, OIC countries need to make some reforms and take policy-actions from labour market regulations to social security contributions to address challenges faced by elderly people in the work life with a view to enabling them to reach better standards of living as well as maximizing their contribution to the development of their societies.

OIC countries are specifically advised to consider the following six strategic goals (SGs):

- **SG 1.1:** Develop and adopt alternative working systems
- **SG 1.2:** Encourage economic integration of elderly people
- **SG 1.3:** Enhance skills development of elderly people according to labour market needs
- **SG 1.4:** Promote effective coordination among key stakeholders and enhance intra-OIC cooperation
- **SG 1.5:** Improve the scope and delivery of social security services
- **SG 1.6:** Cope with discrimination at work

STRATEGIC GOAL 1.1: Develop and adopt alternative working systems

Labour market prospects and opportunities are important factors for elderly people to be incorporated into the labour force. This will not only provide a productive element into the lives of the elderly but also ease the burden on the state to provide for the elderly, as they would be able to provide for themselves. However, alternative working arrangements are needed to accommodate for the special conditions of the elderly. Alternative arrangements need to be regulated and promoted in society to ensure that they are implemented and enforced. Therefore, it is critical that arrangements for alternative working systems for the elderly are developed and implemented.

Actions

1.1.1 Consider devising alternative working systems including teleworking and flexible working systems in the labour market with a view to easing transition from home to work

1.1.2 Make required legislative changes to encourage elderly and/or retired people to remain active in the labour market such as through flexible work arrangements including consultative, temporary or part-time positions

1.1.3 Make necessary reforms to eliminate unnecessary steps and high-level of bureaucracy in hiring retired elderly people

1.1.4 Develop new frameworks and regulations to benefit from the experience of elderly people as consultants and advisors in both the public and private sector

1.1.5 Consider developing alternative working systems with a view to optimizing work-life balance that would allow elderly workers to fulfil their family responsibilities as well as meet their healthcare needs

STRATEGIC GOAL 1.2: Encourage economic integration of elderly people

OIC countries need to encourage elderly people to partake in the economic productivity. Various forms of incentives and awareness campaigns aimed at attracting the elderly population into the labour force would create a positive and smooth ageing strategy. Encouraging the elderly population to integrate into the economic system will provide a socially healthier and economically less dependent elderly population. With the growing ageing in OIC countries and the decreasing trend of kin-support systems, encouraging the elderly to participate in the labour force will provide a foundation of self-sufficiency for the elderly population.

Actions

1.2.1 Develop financial and non-financial incentive mechanisms and tax schemes to motivate elderly people to stay active in the labour market

1.2.2 Identify major challenges faced by elderly people that motivate them to be inactive in the labour market and prepare a roadmap to address such challenges faced by them

1.2.3 Identify among existing statistical indicators and develop new ones in order to measure and review the progress in dealing with factors that discourage elderly people to be active in labour market

1.2.4 Organise awareness-raising and promotion programmes for elderly to equip them about the importance of labour force participation and encourage them to stay economically active in older ages

1.2.5 Develop modalities for recognising and validating skills and competences acquired outside formal education

1.2.6 Consider introducing special employment quotas for elderly job seekers

STRATEGIC GOAL 1.3: Enhance skills development of elderly people according to labour market needs

Generally, many OIC countries suffer from skill mismatch, which translates into structural unemployment and lower economic growth and productivity. In order to contribute to the elimination of market inefficiencies and employ the elderly population in a productive manner, the skills of the elderly population can be developed to meet the needs of certain sectors of the economy. Different strategic actions as outlined below can serve to create an elderly population with enhanced skill-sets that could positively contribute to the public and private sectors.

Actions

- 1.3.1 Empower elderly people into economic activities through promoting life-long education and vocational training with a view to equipping them with necessary skills
- 1.3.2 Improve the employability of elderly people by adjusting workplace environments to the physical and mental capacities of these people, providing targeted training and education
- 1.3.3 Conduct diagnostic studies to assess the profile of the inactive elderly labour force and understand the needs for skills development according to labour market needs
- 1.3.4 Strengthen the capacity of the social partners to contribute to dynamic life-long learning programmes
- 1.3.5 Upscale investments into the technical and vocational education and training system (TVET) for inactive elderly people that are motivated for work
- 1.3.6 Improve the technical and vocational education and training system (TVET) and ensure that it caters to the needs of elderly people as well as employers
- 1.3.7 Ensure good quality data on the respective employment possibilities and related gains associated with different qualification levels for elderly people
- 1.3.8 Develop a Skill Recognition System (SRS) to identify and verify prior skills and experiences gained at work over years, which could facilitate the shift to new jobs easy and comfortable as well as enable the move from informal to formal economy
- 1.3.9 Improve dialogue with representatives of the private sector to provide elderly people on-the job training with a view to facilitating transfer of knowledge
- 1.3.10 Develop inclusive policies and mechanisms to ensure all interested elderly people can reach labour market services provided by relevant public institutions both in rural and urban areas such as through easing their accessibility to employment agencies
- 1.3.11 Design and implement targeted education programmes to improve skills of elderly people living especially in rural areas
- 1.3.12 Develop key performance indicators to better monitor inactivity rates among elderly population living in rural areas by taking local factors such as high unofficial employment rate in the agriculture sector into consideration
- 1.3.13 Develop mechanisms to monitor and assess the challenges faced by elderly people in obtaining necessary skills and qualifications needed for their employment
- 1.3.14 Improve data and monitoring capacities to regularly monitor the education and employment status of elderly people

STRATEGIC GOAL 1.4: Promote effective coordination among key stakeholders and enhance intra-OIC cooperation

To improve the labour market and economic integration of the elderly in OIC countries various actors in the private and public sector need to coordinate in an effective manner. Health care institutions, various ministries and the private sector stakeholders should work to create effective mechanisms that would contribute to the elderly integration into the economy. The different experiences, good practices

and knowledge of OIC countries can then be shared amongst each other to improve the policies, skills and institutional arrangements for the elderly across member states.

Actions

- 1.4.1 Enhance coordination among key stakeholders (e.g. Ministry of Social Affairs, Ministry of Labour, and Ministry of Health) to improve labour market prospects for elderly people
- 1.4.2 Promote and ensure a successful cooperation between national employment centres and health institutions to improve employability of elderly people by taking their healthcare needs into consideration
- 1.4.3 Raise awareness among employers about the potentials of elderly people at work in coordination with representatives of public and private sector
- 1.4.4 Review best-practices and policies implemented in OIC Member States in encouraging elderly people to be active in the labour market
- 1.4.5 Promote sharing and transferring country experiences regarding improving skills base of the elderly people among OIC Member States
- 1.4.6 Encourage the coordination mechanisms among key stakeholders in enhancing local skill solutions and customized employment services for elderly people
- 1.4.7 Ensure that labour market institutions develop and maintain a database and disseminate timely information on jobs, skills, learning and training opportunities for all age groups including elderly people
- 1.4.8 Monitor trends in indicators on elderly workforce to prepare better policy-responses in a timely manner

STRATEGIC GOAL 1.5: Improve the scope and delivery of social security services

Social security services need to go beyond providing for the elderly to a place where the elderly can be encouraged and supported in finding work opportunities. New regulations in social security services that privileges and awards elderly persons working could create new incentives for the elderly to enter the work force; consequently, decreasing the burden on the social security system while giving opportunities for the elderly to provide to themselves.

Actions

- 1.5.1 Develop or enhance comprehensive social security schemes and other social protection mechanisms for elderly people
- 1.5.2 Consider providing incentives in social security services to promote working at senior ages
- 1.5.3 Devise and implement both online and offline job search assistance programmes with a view to improving match between employer and employee, and reducing time and cost for job search and providing training for elderly people on these programmes
- 1.5.4 Promote community-based rehabilitation programmes to assist them in their inclusion and integration into work life

1.5.5 Take measures to address tax evasion and avoidance of social contributions, labour laws and regulations that lead to higher informality among elderly work force

1.5.6 Benefit from the potentials of unique instruments available in OIC countries such as Zakat, Sadaqah, Waqf and volunteerism to scale up scope and delivery of social security services

STRATEGIC GOAL 1.6: Cope with discrimination at work

Many elderly people fear going into the labour force due to ageist discrimination and unfair treatment. Ageist biases in the work atmosphere needed to be addressed to provide a safe and discrimination-free environment for the elderly to comfortably participate in. Private and public sector employers will need training to overcome the preordained prejudices and biases against the elderly. Rules and regulations of the labour market in OIC countries need to be organized in a manner that addresses age-based discrimination. Cultural and social awareness that promotes social norms that are free of ageist biases towards the elderly working will help decrease such issues.

Actions

1.6.1 Respect, promote and realize equality of work opportunity and treatment for elderly men and women without any discrimination

1.6.2 Combat discrimination, prejudice and hatred on the basis, age or any other grounds in labour market

1.6.3 Encourage employers to be more inclusive by hiring people with diverse backgrounds as long as they have basic skills to carry out their duties and develop mechanisms to discourage them on age-based discrimination in hiring processes

1.6.4 Strengthen the national capacity of labour inspection systems and dispute resolution mechanisms to monitor and implement the legislations related to non-discrimination at work based on age

1.6.5 Take all practicable measures to foster public understanding and acceptance of the principles of non-discrimination at work based on age

1.6.6 Cooperate with civil society organisations that are specialized on skills development of elderly people and employment issues

1.6.7 Review social security measures with a view to providing rights of elderly people in labour markets at international standards

1.6.8 Review existing rules and regulations in labour markets from a age-based discrimination perspective and devise effective policies to fight with age-based based discrimination at work

1.6.9 Provide training to employers to reduce age-based discrimination at work

1.6.10 Raise awareness in the society and among employers to overcome some challenges such as social norms, misbeliefs etc. that hinders employment of elderly people

B. Health and Well-Being

OIC countries need to scale up their health care and well-being services for elderly people in terms of both human capital as well as financial sources. As a relatively higher share of rural population characterizes several of the OIC countries, making health and well-being services more accessible for all elderly people, including the ones residing in rural areas is an important step to becoming more inclusive. Nevertheless, prevention of diseases and disabilities during old ages is the least costly intervention that can be taken. Therefore, a specific attention also needs to be paid to the prevention and early detection policies.

The following specific strategic goals (SGs) are identified for the improvement of health and well-being of elderly people in OIC countries:

- **SG 2.1:** Improve disease prevention
- **SG 2.2:** Invest into rehabilitation and long-term care services
- **SG 2.3:** Improve public mechanisms including social security systems
- **SG 2.4:** Ensure access to health services
- **SG 2.5:** Promote inter-sectoral and intra-OIC cooperation

STRATEGIC GOAL 2.1: Improve disease prevention

OIC countries need to take strategic actions to prevent or limit the exposure of the elderly people to various diseases that is hazardous to people in old age. On a large scale, elderly people that are exposed to the use of tobacco, alcohol and follow unhealthy diets the impacts are much greater and riskier. The elderly need to be educated on the impacts of their unhealthy decisions and awareness campaigns and incentives need to be provided to make healthier choices more convenient and affordable. Such strategic actions will decrease the burden on the healthcare systems and create a more vibrant, active and healthier elderly population.

Actions

2.1.1 Reduce the level of exposure of individuals and populations including elderly people to the common risk factors for non-communicable diseases - namely, use of tobacco and alcohol, unhealthy diet and physical inactivity

2.1.2 Strengthen the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster health preservation and lead them to have a healthier ageing process and provide education and training programmes to adults on healthy ageing

2.1.3 Design and implement policies with a view to reducing risk factors contributing to disabilities during old ages

2.1.4 Collaborate with stakeholders and families with a view to preventing dementia and other mental diseases as well as identifying them at their early stages

2.1.5 Invest in early detection systems for chronic diseases that has the potential of reducing long-term well-being of elderly people and improve the network of screening, diagnostic and treatment facilities for the most prevalent communicable and non-communicable diseases in terms of accessibility, affordability and quality

2.1.6 Consider developing mechanisms to move elderly people out of the crisis region or provide protected shelters during the outbreak of communicable diseases

2.1.7 Increase access to quality health care services of elderly people especially for early detection through organizing public awareness raising campaigns

STRATEGIC GOAL 2.2: Invest into rehabilitation and long-term care services

The elderly population in OIC countries are forecasted to rapidly increase in the coming years. Policies and strategic decisions need to reflect this changing demographic and take systematic approaches to the possible problems that will follow an ageing society. Institutional services for the care and rehabilitation of the elderly will need to be developed to absorb the issues that are inherent in an ageing society. Along with the institutional arrangement, religious and community-based care and rehabilitation will also promoting to provide alternative but complimentary support systems for the elderly.

Actions

2.2.1 Invest in elderly care houses to provide rehabilitation and long-term care services by health professionals for elderly people in a healthy environment

2.2.2 Review best-practices across the globe and OIC on elderly care houses to improve their effectiveness and strengthen capacities at the national level

2.2.3 Make rehabilitation and long-term care services affordable and inclusive in the social security systems with a view to minimizing out-of-pocket expenditures on such services and improving their accessibility and coverage

2.2.4 Consider implementing community-based rehabilitation programmes to better understand elderly people given their special needs and provide them necessary care services in this way

2.2.5 Improve delivery of quality health care and long-term care services for elderly people through an integrated network comprising of health care facilities, community health workers, NGOs and volunteers

2.2.6 Cooperate with community and religious leaders to train and equip generations on the importance of elderly care in Islam and organize public campaigns to raise awareness in the society in this respect

2.2.7 Promote community-based initiatives to deliver more assistive devices for elderly people those in need of such devices

STRATEGIC GOAL 2.3: Improve public mechanisms including social security systems

Along with investing into the rehabilitation and care services for the elderly, there is a requirement to further develop and incorporate the elderly in the social security mechanisms. Budgetary allocations for the health sector will need to be increased to provide quality yet up-to-date technological services to the elderly. Health workers will require training and increased working capacity to bare the ageing population in OIC countries. Other communal and Islamic values and instruments should be used as well

to provide a sense of security for the elderly. OIC countries should cooperate to share knowledge and experiences, and the instruments that have proved useful.

Actions

2.3.1 Strengthen national regulatory authority with adequate resources and staff to ensure quality, safety and efficacy, and widen its scope to cover all technologies for elderly health care and well-being including medicines, vaccines, medical devices and diagnostics

2.3.2 Establish and strengthen national bodies to facilitate training, recruitment and management of health workforce across the country in providing health, rehabilitation and long-term care services for elderly people

2.3.3 Develop mechanisms on the family practice approach for delivery of health care and long-term care services for elderly people

2.3.4 Set up a mechanism for social protection of poor elderly people by benefiting experiences of various OIC Member States and other countries in the world, and consider benefiting from Islamic instruments such as Zakat, Sadaqah and Waqf as sources of funds to support social protection of these people

2.3.5 Increase the budgetary allocations for health sector and ensure that certain portion of the allocations are being dedicated to be used for elderly care mechanisms

STRATEGIC GOAL 2.4: Ensure access to health services

Access to health care services, in terms of physical mobility and in term of monetary factors, is an area of cooperation for the OIC countries. The evolving needs of the elderly will need to be reformulated to attain health care access to all elderly who require it. Regulations guiding the physical environments of work places, hospitals and public buildings will have to consider the elderly in their planning and execution of plans. Elderly people who are not registered within a social security system will need mechanisms that still provide them with services. Elderly people in rural areas who are not aware or have not had the chance to register will also need to benefit from health care services.

Actions

2.4.1 Ensure physical accessibility to a range of services based on needs of elderly people, ensuring continuity of elderly care, delivered with an integrated approach and delivery by a well-trained multidisciplinary team

2.4.2 Involve elderly people in needs assessment, priority setting, implementation, monitoring and evaluation of the public health care services to make health related interventions sustainable and impactful

2.4.3 Invest more on self- care capacity building through training with a view to reducing dependency of elderly people to others

2.4.4 Develop mechanisms for sustainable health financing for elderly people with a view to mitigating inequities in accessing health care during old ages

2.4.5 Develop national mechanisms and action plans for elderly people without any social security registration and income with a view to providing them public health care services and including them into such systems

2.4.6 Enhance inter-sectoral cooperation among stakeholders in order to make health care and long-term care services more affordable and accessible for elderly people

2.4.7 Support businesses to provide a comfortable working environment that is conducive to physical and mental health of elderly people at work

2.4.8 Improve the quality, accessibility and sustainability of health care services for elderly people

2.4.9 Review and upgrade the current status of the national health information systems and its key elements by taking the evolving needs of elderly people into consideration

2.4.10 Support local manufacturers of essential medical products as well as assistive devices for elderly people to make them more accessible

STRATEGIC GOAL 2.5: Promote inter-sectoral and intra-OIC cooperation

OIC countries will need to work collaboratively to facilitate policies and mechanisms that are the best practice by learning and sharing from individual countries experiences. Capacity building trainings from strong countries in specific areas will further ease the process and the implementation in other countries. Credentials across the OIC with mutual recognition will simplify cross-country specialized mobility of experts. Collaborations with international agencies that specialize in ageing will also benefit in the attainment of expertise, knowledge and financial contributions.

Actions

2.5.1 Encourage inter-sectoral cooperation at the national level for sustainable health development for elderly people through strengthening cooperation between health, education, labour, and social services

2.5.2 Promote intra-OIC cooperation on experience sharing and transfer of knowledge and technology in the domain of health care and well-being of elderly people, and develop a knowledge sharing platform to facilitate the transfer of knowledge and expertise in this context

2.5.3 Facilitate establishment of a network among training institutions, health services and professional associations for joint planning to address the needs and profiles of health professionals working in institutions providing elderly care

2.5.4 Organize capacity building, experience sharing and sensitizing activities to enhance intra-OIC cooperation in the domain of health care and well-being of elderly people

2.5.5 Follow up and actively participate into implementation of the OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA) with a view to improving health systems

2.5.6 Facilitate intra-OIC cooperation on knowledge exchange and coproduction of new technologies with a view to improving health and well-being of elderly people such as through developing joint capacity building programmes

2.5.7 Ensure mutual recognition of medical diplomas, healthcare providers' certificates and degrees across the member states especially specialized on elderly care

2.5.8 Collaborate with international agencies active on ageing and elderly people like WHO, UNICEF, UNFPA and World Bank to benefit from their expertise and financial contribution to build health infrastructure in member states for elderly people

2.5.9 Consider supporting public-private partnerships to improve the availability of elderly care, rehabilitation and health service providers

C. Enabling a Supportive Environment

A set of key actionable insights is identified that would enhance both physical and social environmental conditions that surround the elderly. They emphasize in particular reformulating environmental conditions to enable 'ageing in place' and facilitating elderly volunteerism as major factors that can create a positive environment for elderly people. Moreover, they highlight the need for a more thorough and scientifically based approach to ageing and the needs of elderly in order to better formulate policies that can ensure an enabling social and physical environment.

In summary, the following specific strategic goals (SGs) can serve to create a supportive environment for elderly people in OIC countries:

- **SG 3.1:** Develop policies to ensure an enabling environment for the elderly people
- **SG 3.2:** Improve mobility of elderly people across all spheres of life
- **SG 3.3:** Promote elderly volunteerism to improve elderly well-being and to facilitate their contribution to society
- **SG 3.4:** Improve scientifically based approaches to ageing to better address the needs of the elderly and prepare OIC Member States to future demographic changes

STRATEGIC GOAL 3.1: Develop policies to ensure an enabling environment for the elderly people

As the elderly population gradually rises in OIC countries, the surrounding environment becomes ever more important for the accommodation of the elderly. These include the physical and the social environment. With the cultural transformations and the growing number of people living with their atomic families, the elderly will need shelters to accommodate to this new trend. Increased care homes and alternative housing options suitable for the cultural context will need to be developed. At the same time, the social surrounding will also need to be accommodative to the growing number of elderly and their presence.

Actions

3.1.1 Review and update housing policies to ensure that they reflect and match the diverse needs of elderly people across different segments (such as, rural and urban, oldest old and young old, differing income level, gender) and based on preferences (such as, preference for independent living, assisted living or care homes)

3.1.2 Consider developing policies and mechanisms that can make "ageing in place" a prior response to address elderly needs

- 3.1.3 Ensure that families caring for older relatives are given priority in public housing schemes and that they are eligible for meaningful benefits such as subsidized housing or low cost interest
- 3.1.4 Provide older persons, their families and caregivers with timely and effective information and advice on the housing options available to them
- 3.1.5 Meet the need for shared and multigenerational co-residence through the design of housing and public space
- 3.1.6 Ensure there is equitable distribution of services for older people between urban and rural areas
- 3.1.7 Improve and spread elderly care homes
- 3.1.8 Establish flexible care options provided by elderly care homes such as part time care
- 3.1.9 Enact and implement legislation to protect the rights of older people living in elderly care homes (both public and private) regarding security and privacy.
- 3.1.10 Assist elderly care homes to improve daily activities they provide to residents to stimulate learning, joy, mental alertness and physical well-being
- 3.1.11 Assist elderly care homes to provide religious services, such as religious training or reading the Quran in Arabic, to the residents to meet religious needs, ensure spiritual comfort, and enable a sense of proper preparation for the after-life
- 3.1.12 Engage private sector, civil society and universities to develop new and innovative approaches to restructure elderly care homes for greater and more effective care

STRATEGIC GOAL 3.2: Improve mobility of elderly people across all spheres of life

Elderly people commonly tend to avoid mobility due to the hardships of sidewalks, public transportations and lack of structural adjustments that allow them to be mobile. The special needs of the elderly will need to be incorporated into city planning and transportation services. Buildings with special accessibility for the elderly will positively influence the health of the elderly population by enabling them to be more active and independent. This in the end will decrease health care costs and increase elderly well-being.

Actions

- 3.2.1 Develop regulations to make public buildings more accessible for elderly people
- 3.2.2 Invest in transport systems with a view to increase mobility of elderly people in their daily life
- 3.2.3 Increase awareness on mobility needs of elderly people and train society to show respect to their special needs on accessibility and mobility
- 3.2.4 Make services provided for mobility of elderly people affordable and provide compensation through social security services with a view to increasing access of elderly people to transportation and mobility services
- 3.2.5 Provide sustainable mobility and transport services for elderly people to encourage them to be active in life and improve their well-being

3.2.6 Provide training programmes for service providers in transportation and mobility services about special needs of elderly people

STRATEGIC GOAL 3.3: Promote elderly volunteerism to improve elderly well-being and to facilitate their contribution to society

As people grow older and become less active in society they feel less valued and usually started to become immobile and frustrated. OIC countries through volunteerism can integrate the elderly people into a productive force and positively influence their self-esteem along with societies. Elderly people have many different ways in which they can contribute to society through volunteerism.

Actions

3.3.1 Start a national movement to promote elderly volunteerism to enable elders who are willing and capable of continuing to be active and productive members of society and their communities

3.3.2 Promote a wider understanding of elderly volunteerism through public recognition of the social, cultural, economic and political contribution elders make to families, community, and society

3.3.3 Facilitate the participation of older persons in volunteerism that may have little or no access to the benefits of engaging in volunteering

3.3.4 Identify tools and methods to encourage elderly peer-to-peer support to enable more experienced senior volunteers to guide new elderly volunteer recruits

STRATEGIC GOAL 3.4: Improve scientifically based approaches to ageing to better address the needs of the elderly and prepare OIC Member States to future demographic changes

Ageing is a natural phenomenon that every person will experience, however, with mechanisms for early detection of illnesses and the promotion of a healthy society, the negative impact of ageing can be reduced. This requires initiatives to establish networks of professionals and the use of latest technology to detect, treat and diagnose illnesses with the aim of prevention. The academic and scientific community across the OIC need to be utilized in cooperative manner to come up with recommendations on prevention, early detection and treatment.

Actions

3.4.1 Mainstream a geriatric and gerontological approach to health development policies in order to meet the future demand for quality long-term care services

3.4.2 Provide facilities including medical, psychiatric and rehabilitative services for early diagnosis and treatment of illness to eliminate problems that could lead to long-term debilitating conditions in old age

3.4.3 Encourage and facilitate academic institutions and health professionals to prepare policy makers to be responsive to the future demographic changes and problems associated with an aging population.

3.4.4 Raise awareness among health professionals on the distinction between geriatrics and gerontology to ensure that health professionals know about both the diseases and conditions and

how to effectively communicate with older persons, how to be supportive, and respond to their complex array of concerns and problems.

3.4.5 Establish a network of geriatric and gerontology experts and professionals across OIC Member States

D. Culture

The strategic goals in the area of elderly focus on how to increase the capacity of both caregiving families and elderly care institutions, both public and private. In particular, special support mechanisms need to be considered for female caregivers (both the sandwich generation² and elderly women) given their exposure to greater risk and pressure. In this context, strategic goals on how to combat negative stereotypes and violence directed at elderly, strengthen and promote caregivers of all kind, and promote and facilitate intergenerational support and mutually beneficial relations would help to improve the state of elderly in OIC countries.

Against this background, the following specific strategic goals (SGs) can be used to address the challenges faced at the cultural front for elderly people in OIC countries:

- **SG 4.1:** Fight against ageism in society at large and promoting positive images of ageing and the elderly³
- **SG 4.2:** Strengthen solidarity through equity and reciprocity between generations
- **SG 4.3:** Eliminate Violence against and Abuse and neglect of elderly
- **SG 4.4:** Support and Strengthen caregiving families and institutions

STRATEGIC GOAL 4.1: Fight against ageism in society at large and promoting positive images of ageing and the elderly

Ageing can sometimes and is often seen in society in negative light. Research in OIC countries can pinpoint perceptions of society through researches to identify the areas that need greater awareness raising and promotion to decrease the negativity towards the elderly. Wide societal campaigns about ageism will be useful in not only decreasing biases towards the elderly but also promoting and raising awareness about other ageing to other generations as well.

Actions

4.1.1 Raise awareness about ageism, what it means, and its negative consequences on society through mobilizing media, public opinion makers, and universities

4.1.2 Promote and inform the society at large about Islam's positive attitudes towards elderly and specific injunctions regarding how elderly should be treated through mobilizing religious leaders, mosques, and faith-based organizations

² The sandwich generation is a generation of people who care for and support their aging parents while at the same time supporting and caring for their own children.

³ Ageism is the stereotyping of and discrimination against individuals or groups based on their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.

4.1.3 Conduct research on how ageing is perceived in OIC societies

STRATEGIC GOAL 4.2: Strengthen solidarity through equity and reciprocity between generations

To strengthen solidarity and cohesiveness amongst society, different generations and varying age groups can work in a reciprocal manner to contribute to the positive norm building in society. Local and national government capacities can be improved, and different platforms for multi-generational interaction may be employed to increase solidarity. Greater solidarity and mutual respect and communication will function to decrease the negative impact and biases aimed at the elderly while allowing different generations of individuals to learn and communicate with each other.

Actions

4.2.1 Raise through public education an awareness on elderly contribution to family and communities and promote examples of elderly men and women who have significantly contributed to society, development, or community from different sectors (private sector, civil activism, politics, religion, etc.) to fight against negative stereotypes that view elderly to be fragile, incompetent, inactive, frail, out of touch, burdensome or dependent

4.2.2 Train and sensitize policy-makers on ageism and stereotyping to enable them to recognize ageist and prejudicial attitudes in existing elderly related policies and institutional practices and to develop new policies and practices that do not perpetuate ageist belief and measures

4.2.3 Develop public platforms and spaces to facilitate intergenerational communication, connection, activities, and mutual support and fight against generational segregation or exclusion

4.2.4 Improve the capacity of local governments, such as municipalities, in developing and monitoring public spaces and platforms for multi-general interaction

4.2.5 Promote and strengthen solidarity among generations and mutual support as a key element for social development

4.2.6 Develop creative opportunities for inter-generational interaction, for instance by co-locating eldercare and childcare facilities, or arranging elderly visits to day cares, orphanages, and schools

4.2.7 Consider the need to address the specific situation of the elderly who co-reside with their extended family and hence interact with multiple-generations (children and grand-children) on a daily basis either caring for them or being cared by them

STRATEGIC GOAL 4.3: Eliminate Violence against and Abuse and neglect of elderly

Violence and neglect against the elderly, whether it be at the home, work or in a public area, is a common occurrence. To eradicate and reduce violence and neglect against the elderly different measures must be adopted by OIC countries. Role models in society along with community and religious leaders must advocate for eradication of violence against the elderly. Islamic values and teaching on the respect and care for the elderly must be disseminated amongst the public. Professionals and others working with the elderly should have proper training and awareness of the special attention that the

elderly might require. Policies and regulations should aim to eliminate all forms of neglect and abuse of the elderly.

Actions

- 4.3.1 Eliminate all forms of neglect, abuse and violence of older persons. Neglect, abuse and violence against older person's take many forms — physical, psychological, emotional, financial — and occurs in every social, economic, ethnic and geographic sphere
- 4.3.2 Improve studies on the frequency of elder abuse particularly in elderly-care, for which as of now there is only little data
- 4.3.3 Mobilize communities to work together to prevent abuse, consumer fraud and crimes against older persons
- 4.3.4 Carry out nation-wide campaigns in collaboration with religious leaders against elderly abuse and neglect and raise awareness
- 4.3.5 Train professionals to be able to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home and in community and institutional settings.
- 4.3.6 Sensitize professionals and educate the general public, using media and other public awareness-raising tools, on the subject of elder abuse and its various characteristics and causes
- 4.3.7 Develop policies specific to elderly women and those who are care dependent given these two groups of elderly face greater risk of physical and psychological abuse
- 4.3.8 End abuse and neglect in senior-care homes, both public and private

STRATEGIC GOAL 4.4: Support and Strengthen caregiving families and institutions

Aside from the state-led initiatives, caregiving families and institutions also need to be strengthened. Families need to be educated about family-oriented values and the need to benefit from Islamic values and teaching with a view to promote caregiving for the elderly. The importance of caregiving to the elderly needs to be widely recognized amongst society and opportunities for volunteer caregiving should be implemented.

Actions

- 4.4.1 In the face of rapid changes in family structures, demography, and cultural values, support the institution family and its core values and capacity regarding elderly care by mobilizing financial, legislative, and cultural means
- 4.4.2 Support families and young couples in their adherence to family-oriented values and the institutions of marriage
- 4.4.3 Implement policies and programs that strengthen families that are inclusive of older people.

- 4.4.4 Support caregivers through training, information, psychological, economic, social and legislative mechanisms;
- 4.4.5 Enhance the caregiving abilities of families through the provision of long-term support and services
- 4.4.6 Address the increasing burden adult women shoulder in the elderly care. The situation is especially dire for the 'sandwich generation' that this generation requires policy prioritization
- 4.4.7 Involve older people in all stages of the design, development, implementation, monitoring and evaluation of programs
- 4.4.8 Learn from traditional values and norms to inform legislation about family values and the care of older persons. Identify, support and strengthen traditional support systems to enhance the ability of families and communities to care for older family members
- 4.4.9 Design and implement services to meet the specific needs of urban older people, recognizing that family networks tend to be weaker in urban centres
- 4.4.10 Tailor caregiving support systems to the unique needs of the elderly who shoulder care giving of other elderly such as spouses or family members
- 4.4.11 Identify how to assist older women in caregiving and address their specific social, economic and psychological needs
- 4.4.12 Take steps to ensure the provision of assistance to older persons in cases where informal support is unavailable, has been lost, or is not desired
- 4.4.13 Create programs in cooperation with gerontologists and geriatrics to train home health care providers, particularly focusing on meeting the special needs of those who care for elderly with cognitive disabilities, and acute diseases
- 4.4.14 Benefit from Islamic values and teachings with a view to promoting and encouraging people and families on the importance of caregiving for elderly

IV. THE WAY FORWARD

As the senior citizens of societies, elderly people have made great contributions to the development of their countries throughout their life span. As the official statistics reveal, the number of senior citizens or elderly people living in OIC Member States has been on the rise over the last decades. The growing number of elderly people and increased life expectancy in OIC Member States, however, put a pressure on policy-makers on how to best address these emerging trends and continue to provide good quality services for the growing number of elderly people that they can sustain their life in comfort. In order to ensure best living standards and improve their well-being, OIC Member States need to take actions and implement a set of policies both at the national and intra-OIC cooperation levels.

This requires OIC Member States to make a commitment and take significant steps in elderly policy-making and implementation. Such commitment should involve utilization of concerted action frameworks including experience sharing and transfer of knowledge that would lead to development of constructive cooperation among the relevant fields of capacity building, education, rehabilitation and elderly care services. Moreover, national elderly strategies need to be aligned to contemporary needs and developments to enhance their strategic capabilities and capacities both for the short- and long-terms.

Elderly people have great potential to help achieve sustainable development in OIC Member States given their stock of knowledge, experience and skillset. By neglecting such a significant segment of a society and without addressing challenges faced by them, it is not likely that OIC Member States will achieve sustainable development. It is therefore essential to design strategies and take policy actions to improve the state of elderly people.

On the other hand, improving the state of elderly in OIC Member States require establishment of effective coordination mechanisms among stakeholders at the national level. It is also imperative to develop such coordination mechanisms at the intra-OIC level with the participation of relevant OIC institutions as well as OIC Member States under the coordination of the OIC General Secretariat for the betterment of elderly people. The concerted efforts need to be formulated in a way to implement policy-actions on elderly in a timely and coordinated manner. The coordination mechanism should be coupled with a reporting system in order to collect up-to-date information about planned and completed activities/policies undertaken by OIC Member States as well as relevant OIC institutions.