

**REPORT ON THE FOLLOW-UP TO THE REGIONAL
IMPLEMENTATION STRATEGY OF THE MADRID
INTERNATIONAL PLAN OF ACTION ON AGEING
IN SPAIN
2021**

Instituto de Mayores y Servicios Sociales - IMSERSO
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Part I

1. Executive summary

Spain appreciates the opportunity to present this fourth progress report towards the fulfillment of the MIPAA / RIS commitments.

The IMSERSO, as a national focal point on ageing, has led the preparation of this report. Spain is a highly decentralized country, and social services are a competence of regional and local administrations. Besides social services, policies from all sectors may affect older people, which is why the different departments and ministries whose policies and actions have impact on the ageing process and older people were invited to contribute to this report.

In the preparation of this report, we have had the participation and contributions of different units of the IMSERSO; other departments and Ministries with ageing-related competences; and regional administrations, from both Autonomous Communities and local entities. They have provided information about data, policies, experiences, programs and projects.

Additionally, and following the participatory approach that United Nations recommends for the preparation of the National Reports, and that, the MIPAA/RIS also finds among its recommendations, we invited to participate the National Council of Older People, a collegiate body of an advisory nature, which includes the representative associations for older persons.

The report has been elaborated following the guidelines sent by UNECE to the Member States for the elaboration of the MIPAA/RIS National Reports. In the Spanish National Report 2021, we highlight some of the main achievements in fulfilling the commitments of RIS.

1. Implementation of policies for the fully enjoyment of human rights related to social policies: pensions, housing, health, support to situations of dependency, leisure, life-long learning, etc.
2. Different measures to facilitate the permanence of older people in the labour market, eliminate all types of age-related and gender-related discrimination, prevent long-term unemployment, and promote a longer working life of people after 65 years.
3. Fostering active ageing and social participation, with programmes of life-long learning, social tourism, healthy ageing, and age-friendly communities, among others.
4. Developing a profound change of the long-term care system, which includes resources, facilities, practices, availability, processes, quality of care, workforce, community services and information systems.
5. Protect and support older people during Covid-19 pandemic with a very narrow collaboration between Central and Regional Administrations.

Ageing policies are a priority in Spain but there are still challenges derived from having one of the longest life expectancies and an aging society.

Some of the challenges that Spain has ahead are the reform of the long-term care model, job improvement and social recognition of caregivers, the fight against all types of age discrimination, maximizing the participation of older people in all areas of society and ensuring that people can pursue their life project regardless of their age are. To address them, Spain has a wide strategic approach.

In 2021, Spain presented a new National Sustainable Development Strategy in the UN High Level Political Forum to accomplish the objectives of the 2030 Agenda. In that strategy, ageing is a mainstreamed dimension.

In January 2021 a Dependency Shock Plan 2021-2023 was approved by the national and regional government, to increasing the financing of the System for Autonomy and Care for Dependency in 623 millions € for 2021 and establishing the commitment of the same increase for 2022 and 2023.

The Spanish Recovery, Transformation and Resilience Plan is a national project defining the roadmap for the modernisation of the Spanish economy, for the recovery of economic growth and job creation, for a robust, inclusive and resilient economic rebuilding after the Covid-19 crisis, and to respond to the challenges of the coming decade. Its eighth lever policy is Emergency Plan for the care economy and reinforcement of inclusión policies, which includes in one of its components (#22) the improvement of the long-term care system.

With a longer-term perspective, the Spanish government published the report “Spain 2050” a national strategic development plan. Policy proposals are designed around nine challenges and one of them is *preparing our Welfare State for a longer living society*.

2. General information

1. Country Report of Spain 2021
2. The Institute for Older Persons and Social Services (IMSERSO) coordinated and elaborated this report.

IMSERSO is the Spanish focal point for ageing and the Institute responsible for ageing policies within the Spanish Administration.

3. Contact details of the National Focal Point of Ageing

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3. National ageing situation

In 2021, according to the National Institute of Statistics, the population in Spain has reached 47,344,649 inhabitants. Of them 50.99% are women and 49.01% are men. Comparative data shows an upward trend coming from 46,562,483 inhabitants in 2010, reaching an estimation of 48,746,399 inhabitants by 2030 and 49,377,094 by 2040.

Within this demographic context, the share of people aged 65 and over is increasing, being currently 19.7% of the total population. Almost 6% of them are 80 years or older.¹

Regarding life expectancy at birth in Spain, it went from 83.5 in 2019 to 82.4 in 2020, with a clear effect of the pandemic. Life expectancy is higher in women (86.2) than in men (80.6). There is a sex-related difference of more than 5 years in life expectancy at birth and of almost 4 years at 65 years.

Spain occupies third position in world life expectancy after Japan and Sweden facing some specific challenges as the great dispersion in geographical distribution. In this sense, there are some regions with a high share of older population and extended rural areas (Asturias, Castilla y León, Galicia) and other regions with younger population and higher concentration in bigger cities (Andalucía, Madrid, Catalonia). Some other regions with less population density have a high number of very small municipalities very dispersed in their territory (Aragón, Navarra). In rural and unpopulated areas, the provision of services for older people have more difficulties than in other more populated regions.

As far as ageing rate concerns, it was almost 126% (125.92%) in 2020. This rate is even higher among women rising to 147%. Another challenge is that more than 50% of people living alone in Spain (around 4.6 million people) are older than 65.

On the other hand, it must be underlined that the economic crisis derived from the measures needed to control the Covid-19 pandemic caused Spain's GDP fall by 10.2% in 2020, according INE (National Institute of Statistics).

It should also be noted that the importance of the tourism sector in the Spanish economy, (11% of GDP), has caused the effects of the lack of mobility during the pandemic to have a higher differential effect than in other European countries

The successful vaccination process and the rapid recovery of economic activity are already having important effects, with the forecast for GDP growth in Spain in 2021 of 6.2% and 6.3% in 2022, according to the European Commission².

In terms of policy and distribution of responsibilities in ministerial departments, we want to highlight the change established after the last general elections. Currently the IMSERSO is within the Ministry of Social Rights and 2030 Agenda, and therefore at the center of the social policy, opening many possibilities for mainstreaming ageing in the rest of national policies.

1

https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176951&menu=ultiDatos&idp=1254735572981

² https://ec.europa.eu/info/business-economy-euro/economic-performance-and-forecasts/economic-performance-country/spain/economic-forecast-spain_en

4. Method

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Besides the participatory approach, quantitative and qualitative data sources were consulted, among others, INE (National Institute for Statistics), European Commission, Eurostat, WHO, OECD and other databases of Ministries and Autonomous Communities. Relevant reports, studies and legal sources were also consulted in the process.

For a better comparability, the report was elaborated following the Guidelines for National Reports for the fourth appraisal cycle of the implementation of the MIPAA/RIS, adopted by the Bureau of the Standing Working Group on Ageing in September 2020.

Part II 20 Years of MIPAA/RIS

Main actions and progress in implementation of MIPAA/RIS and the 2017 Lisbon Ministerial Declaration

1. Recognizing the potential of older persons

1.1 *Actions to empower individuals to realize their potential for physical, mental and social well-being throughout their lives and to participate in and contribute to society according to their capacities, needs, and desires along the RIS commitments 1, 2, 8, 9, and 10 and the goals of the Lisbon Ministerial Declaration*

In Spain, the success of high life expectancy runs together with a low fertility rate, which leads to a trend of ageing population. This represents a social, economic, and health challenge, which has been addressed both by the Spanish Central Administration, by regional and local authorities, and by civil society organizations, placing the policies for older people and long-term care as a first level priority.

The objective is the empowerment of older people for the development of their vital projects according to their own criteria and desires, maintaining the highest quality of life possible until the end of their lives.

Promoting personal autonomy

One of the most important advances in this direction and towards the MIPAA/RIS objectives has been the approval and implementation of the Law 39/2006 on the *Promotion of personal autonomy and care for dependent people* (LAPAD)³.

The Law established the “System for Autonomy and Care for Dependency” (SAAD) which defines the right to receive support for those who have recognized a *dependency degree* (levels I to III), as determined in the Law. The system (SAAD) and its information system (SISAAD) are integrated into the social services system.

The system provides care services, like tele-assistance, homecare, day/night centers and residential care; and benefits, like cash benefit for informal carers and cash benefit linked to the purchase of services.

By August 31, 2021, the SAAD had provided services or benefits to 1.174.151 dependent people. Almost a 72% of them were 65 or older and 53.71% were 80 years or older⁴.

Active and healthy ageing

In the last 20 years, the implementation of the MIPAA/RIS experienced a notable progress in relation to health care. Different actions are in place to promote active and healthy aging:

- **Program of active ageing** of the IMSERSO, which organizes and partially finances tourism and thermalism activities for older people, with an average of 765.705 and 121.192 persons travelling each year, respectively.

³ <https://www.boe.es/buscar/pdf/2006/BOE-A-2006-21990-consolidado.pdf>

⁴ <https://www.imsero.es/interpresent4/groups/imsero/documents/binario/estsisaad20210831.pdf>.

- **Improvement of health care attention** (Quality Plan of the National Health System that includes several Health Strategies)⁵
- **Health Promotion and Prevention Strategy** in the National Health System (NHS, 2014)⁶. One of its objectives is to empower the population over 50 years to improve their health: maintaining functional capacity and preventing frailty, promoting healthy lifestyles and healthy environments and fostering community participation.
- **Strategy for addressing Chronicity** in the National Health System (NHS), 2012⁷.
- Guarantee **access to medicines and health products** (Law of Guarantees and Rational Use of Medicines and Health Products (2006) reformed in 2013)⁸, ensuring that nobody is left behind without health care or medicines for economical reasons.
- Actions for **population empowerment**, such as. The Citizen Network of Trainers in Patient Safety, the Network of Health Schools for Citizens⁹, and the Website *Healthy lifestyles*¹⁰.
- Promotion of the **Spanish Network of Healthy Cities** and the implementation at the local level of the Health Promotion and Prevention Strategy, through an agreement between the Ministry of Health and the Spanish Federation of Municipalities and Provinces (FEMP) in May 2021¹¹
- **Prevention of gender violence**: Common Protocol for health care in cases of gender violence 2007¹² and 2012¹³.
- Improvement of the **coordination** among different levels of the public administration (White Book of Coordination in Social and Health Matters (IMSERSO 2011)¹⁴.
- Different actions at regional and local level to promote **older people participation**.
- Design and development of regional strategies for healthy and active ageing.

Promoting age-friendly societies

Age-friendly communities are essential to maintain and promote older people participation, social inclusion and access to any social area, facility or environment. The IMSERSO as affiliated organization to the WHO Program for Age-Friendly Cities and Communities promotes and

⁵ <https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/home.htm>

⁶ <https://www.mscbs.gob.es/ca/profesionales/saludPublica/prevPromocion/Estrategia/estrategiaPromocionPreencion.htm>

⁷ https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/ESTRATEGIA_ABORDAJE_CRONICIDAD.pdf

⁸ <https://www.boe.es/buscar/act.php?id=BOE-A-2015-8343&tn=2>

⁹ <https://www.redescuelasalud.es/>

¹⁰ <https://estilosdevidasaludable.sanidad.gob.es/home.htm>

¹¹ https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-8997

¹² <https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/equidad/protocoloComun.pdf>

¹³

<https://violenciagenero.igualdad.gob.es/profesionalesInvestigacion/sanitario/docs/PSanitarioVG2012.pdf>

¹⁴ <https://www.imserso.es/InterPresent2/groups/imserso/documents/binario/asociosanitaria2011.pdf>

coordinates the Spanish Network for Age-Friendly Cities and Communities, which has 212 Spanish cities involved in the program already developing their plans and activities.

Spain is also promoting age-friendly environments in Latin America through different actions:

- IMSERSO is developing jointly with the Spanish Cooperation for Development Agency (AECID) a training program: "Age-friendly Cities and Communities: Local implementation". It is designed for political and technical representatives involved in ageing-related departments in private or public local institutions in Latin America, and it is linked as well to the IberoAmerican intergubernamental Network for technical cooperation (RIICOTEC).

The first training program was held in Guatemala in 2016, 3 more editions were celebrated in 2017, 2018, 2019. An online version of this training was held in 2020. In 2021, two online programs were made, being one of them in collaboration with the Ibero-American Organisation for Social Security (OISS in Spanish acronym).

- Also with the objective to foster age-friendly cities in Latin America, IMSERSO signed in 2021 a collaboration protocol with SENAMA and SENADIS from Chile to improve policies for older people, people with disabilities and/or dependence and their families, within the framework of friendly cities.

Fostering participation in decision making

The Ministry of Social Rights and 2030 Agenda, by means of the IMSERSO, promotes the participation of older people in the decision-making process. With that purpose, the State Council for Older People is a collegiate body composed by the most representative associations and entities of the older people in our country (15 representatives of national-level entities, and 10 of the autonomous communities), and representatives of public administrations at the national, regional and local level.

Its functions include formulating proposals on strategic lines and political priorities that concern older people, and establishing cooperation systems between public entities and social organizations. It is also an advisory body for the Territorial Council of Social Services and the System for Autonomy and Care for Dependency (CISAAD).

Regional governments have also established similar councils to foster participation in decision-making processes, establishing consultative bodies with representatives of older people and their organizations at the regional level.

Additionally, at the regional and local level, a large number of specific activities are developed to promote participation and social involvement such as congresses, activities related to culture, etc.

Supporting civic society organizations

The government encourages the participation of civil society organizations and volunteers to promote ageing-related projects, financing grants for these organizations to strengthen their structures, to carry out activities and projects, to support associations formed by older people, and entities that have an intergenerational approach to accomplish their objectives.

At regional level, there are also numerous lines of work to support civil society organizations, to promote volunteering, and to address intergenerational relations and solidarity¹⁵.

1.2. Spain's participation in the relevant global/UN- wide campaigns:

1.2.1 Participation in the Global Campaign to Combat Ageism led by the World Health Organization (WHO)

The Spanish government is very committed to fighting against ageism. The IMSERSO as coordinator of the Spanish Network of Age-friendly Cities and Communities is very active in this fight, through its training and dissemination actions.

In particular, the blog of the network¹⁶ publishes and disseminates regularly ageism-related posts. Some of the recently published titles are:

- *Why is the gender perspective important in "Age-friendly Cities and Communities"?*¹⁷
- *The image of the older people in the media: The use of language against ageism*¹⁸.
- *The Network of Cities and Communities Friendly with Older People joins the World Day of Awareness of Abuse and Maltreatment in Old Age*¹⁹.
- *A world for all ages: join the global campaign against ageism*²⁰.
- *It is better if you do not call me old*²¹.

Awareness and the fight against ageism or discrimination for reasons of age is present also in the development and implementation of the *roadmap for addressing frailty*, within the framework of the Health Promotion and Prevention Strategy in the NHS. It promotes a shared vision of ageing, centered on the guidelines of the World Health Organization, with a national awareness campaign against ageism. To raise awareness among citizens also some infographics were designed and disseminated²².

¹⁵ Some examples can be found at: Integral Strategic Plan of Andalucía; Integral Framework Plan of Extremadura; Volunteering Board of Madrid; Decree 48/2019, and Housing Plan of the Principality of Asturias; Community action to promote intergenerational and intercultural relations in Cataluña; Strategy for the older people care in the Community of Madrid 2017-20.

¹⁶ <https://blogciudades.imserso.es/>

¹⁷ <https://blogciudades.imserso.es/por-que-es-importante-la-perspectiva-de-genero-en-las-ciudades-y-comunidades-amigables-con-las-personas-mayores/>

¹⁸ <https://blogciudades.imserso.es/la-imagen-de-las-personas-mayores-en-los-medios-de-comunicacion-el-uso-del-lenguaje-frente-al-edadismo/>

¹⁹ <https://blogciudades.imserso.es/la-red-de-ciudades-y-comunidades-amigables-con-las-personas-mayores-se-suma-al-dia-mundial-de-toma-de-conciencia-del-abuso-y-maltrato-en-la-vejez/>

²⁰ <https://blogciudades.imserso.es/un-mundo-para-todas-las-edades-unete-a-la-campana-mundial-contra-el-edadismo/>

²¹ <https://blogciudades.imserso.es/mejor-no-me-llames-viejo/>

²² https://www.msrebs.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/EnvejecimientoSaludable_Fragilidad/BuenTrato_Edadismo.htm

1.2.2 Participation in the United Nations Open-ended Working Group on Ageing (OEWG-A) for strengthening the protection of the human rights of older persons.

Spain has been part of the United Nations Open-ended Working Group on Ageing since its creation in 2010. The IMSERSO is the Spanish focal point for ageing in the group.

Spain has actively contributed to the different reports of the OEWG-A: a) providing the required inputs with the Spanish information related to the rights analyzed in each session or report, namely: education, training, health, social protection, access to justice; and b) responding to the debates and reports with the needed feedback as required.

Additionally, representatives of the IMSERSO and/or diplomatic staff of the Permanent Mission of Spain to the United Nations, have systematically participated in the open thematic discussions held during the OEWG-A sessions in the United Nations Headquarters in New York.

In Spain, human rights of older people are solidly protected by the Spanish Constitution, which in its Article 14 establishes that Spaniards are equal before the law and may not in any way be discriminated against on account of birth, race, sex, religion, opinion or any other personal or social condition or circumstance. Article 50 states the right of older persons to social protection through adequate pensions, health and social services. Other social rights are guaranteed for all Spaniards and therefore, also for older people. In its third Section. Title I of the Spanish Constitution addresses some basic specific rights such as social security (article 41), health (article 43), housing (article 47) and other social and economic rights.

Besides national policies, regional policies and actions displayed by Autonomous Communities (regions) and local entities ensure protection of the human rights of older people in Spain.

1.3. Most important policy achievement during the last 20 years to contribute to empowering individuals to realize their potential for physical, mental and social well-being throughout their lives and to participate in and contribute to society

The promotion of autonomy and the reduction and prevention of dependency has undoubtedly been one of the greatest achievements of this period. It provided care and benefits to dependents and their families, and the system is an example of collaboration between the different levels of the administration.

Currently, Spain is in a moment of profound change in the model of the care system. The pandemic has raised certain challenges in the system that had to be addressed. It has accelerated the debate needed to decide and reach a consensus about the future of the care system, so that it contributes to supporting the vital projects of the older people and persons with disabilities who need care, and facilitate their empowerment and autonomy.

The pandemic has revealed some significant challenges in the system, and as a whole evaluation is already planned for a profound reform of the system, some actions have already been deployed. For the immediate improvement of this system, the Shock Plan to Promote the System for Autonomy and Care for Dependency was initiated during the pandemic. This is structured around three fundamental axes:

- Improve the benefits and services for people in a situation of dependency benefit.

- Improve and simplify the management of the System, streamlining administrative procedures and adopting other measures aimed at increasing the coverage of the system.
- Increase significantly the funding of the SAAD, to ensure that all these objectives are feasible.

This transition must guarantee the rights of older people and the protection of a dignified life and self-determination to pursue and accomplish their life project, regardless of their disabilities or their place of residence (home or residential center). The promotion of active life, autonomy and the inclusion and integration of people, the person-centered care model and accessibility to goods and services must be present in the de-institutionalization process. The transition must be supported and accompanied by research, innovation and the dissemination of knowledge in the field of care.

This transition will be based on a strategy for deinstitutionalization, in line with the broad international social, scientific and political consensus, to strengthen and diversify care and support services based in the communities.

In this new model, the proximity offered by the local environments is essential, so the involvement and work of local administrations will be necessary, establishing alliances with community agents and stakeholders that facilitate the provision of necessary support services. In this framework, effective co-governance between Local Administrations, Autonomous Communities and the Government will be a key for the real implementations of the policy.

The work to promoting autonomy is also reflected in the national prevention and health promotion strategy, on which work will continue, as well as in the necessary socio-health coordination and primary care that adequately responds to the needs of the older people.

Specific attention will be paid as well to loneliness, which not only produces psychological effects but also has important health consequences and diminishes the probability of further social interactions. To address this problem, Spain is currently working on the design of a strategy against unwanted loneliness

2. Encouraging longer working life and ability to work

2.1 Measures to recognize the potential embedded in the employment of older workers and developing labour market strategies to promote maximum participation opportunities for workers of all ages along the RIS commitments 3, 4, 5, 6, 8 and 10 and the goals of the Lisbon Declaration

In the last years, many reforms have been carried out in Spain to promote the maintenance of employment in the older people, limit possible inequalities due to age or gender (or any other factors), promote active employment policies, encourage the hiring of older people and facilitate their re-entry into the job market, facilitate active retirement and promote lifelong learning.

Main legal changes

During the last years, the changes included in the Royal Decree-Law 5/2013 approved by the Spanish government with measures to promote the employment continuity of older workers and promote active ageing have been implemented²³.

Another important change was the approval of the relief contract and partial retirement (RDL 2/2015)²⁴, which regulates the Social Security of workers hired part-time, as well as partial retirement. Its purpose is to introduce flexibility in retirement, so that the access criterion of age is complemented by the criteria of gradualness and progressivity, avoiding an abrupt break between active life and retirement, with the social benefits of all kinds that such a measure produces.

Employment and training policies, seeking in particular to overcome the digital gap in the workplace, which affects the group of older people.

To promote the extension of working life for older workers and reduce unemployment, it is possible under certain criteria to make compatible the unemployment benefits for people over 52 years- with employment income, and these are also compatible with incentives for employers to hire them (45/2002,43/2006)²⁵.

In Spain, people over 45 years are a priority group for active employment policies²⁶. This is based on the high long-term unemployment rate that affects these age groups. To reduce unemployment, promote maintaining work for these workers, as well as to prevent situations of lack of income, there is a specific plan. This is the Plan Reincorpora-T 2019-2021²⁷, a three-year plan to reduce long-term unemployment, which affects many workers over 45 years-old, fight against the gender gap in employment, and bring back employment of quality. The *Plan Reincorpora-t* comprises 63 measures, designed under a comprehensive and systemic perspective and are designed to be combined and adjusted according to the needs of each professional profile or sector and its difficulties for insertion.

Also in 2019, some specific economical incentives were approved for employers to hire long-term unemployed persons with an indefinite-term contract, being the economical amount slightly higher when the contractee is a woman (RDL 8/2019)²⁸. These incentives were also

²³ https://www.boe.es/diario_boe/txt.php?lang=es&id=BOE-A-2013-2874

²⁴ Regulated in sections 6 and 7 of art. 12 of the revised text of the Workers' Statute Law (ET), approved by Royal Legislative Decree 2/2015, of October 23; in art. 215 of the revised text of the General Law of Social Security, approved by Royal Legislative Decree 8/2015, of October 30, and in Royal Decree 1131/2002, of October 31,

²⁵ Law 45/2002, of December 12th on urgent steps to reform the unemployment protection system and improve the hire rate; and Law 43/2006, of 29 December.

²⁶ Article 30 of the Consolidated Text of the Law on Employment, approved by Royal Legislative Decree 3/2015, of 23 October.

²⁷ Approved by Agreement of the Council of Ministers of 5 April 2019 and published by Resolution of the Secretariat of State for Employment on 8 April 2019. <https://www.sepe.es/HomeSepe/Personas/encontrar-trabajo/plan-reincorpora-T.html>

²⁸ According to article 8 of this rule, employers who hire, with an indefinite-term contract, unemployed persons who were registered with the employment office for at least twelve months in the eighteen months prior to hiring, will be entitled, from the date of the contract, to a monthly discount of the company fees to the Social Security or, where applicable, its daily equivalent, per worker hired, of 108.33 Euro/month (1,300 Euro/year) for three years. When these contracts are signed with women, the discount will be 125 Euro/month (1,500 Euro/year) for three years. Royal Decree-Law 8/2019, of 8 March.

included in the Plan Reincorpora-t, as it was an action aimed for the same beneficiaries and objectives.

Guarantee equality and non-discrimination of older people

Our legal system is based on an explicit recognition of equality and non-discrimination, as solemnly declares the article 14 of the Constitution: "Spaniards are equal before the law and may not in any way be discriminated against on account of birth, race, sex, religion, opinion or any other personal or social condition or circumstance".

For this reason, labour legislation is based on the equality of all workers and is expressly reflected in specific provisions that prohibit discrimination.

Any assumption of age discrimination is contrary to the labour law. In addition, companies that proceed to a collective dismissal must make a specific contribution to the Public Treasury when certain conditions are met (art. 51.11 ET), in particular when layoffs affect workers with 50 or more years in companies with benefits²⁹.

By means of a collective agreement or consensus reached during the consultation period, at-post permanence priorities may be established in favor of workers older than a certain age in cases of collective layoffs or the application of geographical mobility measures (articles 40.7 and 51.5 of the Statute of the Workers).

Guarantee safety and health at work

In relation to safety and health at work for the older people and the measures to facilitate their return to the labour market, it must be emphasized the fundamental efforts of the Labour and Social Security Inspectorate in this area.

The article 25 of Law 31/1995 on Occupational Risk Prevention states that the employer will specifically guarantee the protection of workers who, due to their own personal characteristics or known biological status, including those who have a recognized physical disability situation, psychic or sensory, may be especially sensitive to the risks derived from work. Employer must consider these aspects in the risk assessments and adopt the necessary preventive and protective measures. Older workers are included in this special protection of workers, especially sensitive to certain risks. Consequently, the assignment of workers to jobs whose conditions are incompatible with their known personal characteristics is a very serious infraction.

The Technical Criterion 104/2021, on the performance of the Labour and Social Security Inspectorate in Psychosocial Risks, of April 13, 2021, is based on a Communication from the European Commission that states that risk assessments have to be carried out with diversity in mind, and therefore risk management measures should pay attention to the specific risks to which women, men, young workers, older workers, to highlight this circumstance among which should be valued when carrying out the pertinent risk assessment in a company.

Also recently, a new regulation has been approved in relation to **teleworking** to avoid the perpetuation of gender roles and promoting responsibility between women and men (RD 28/2020)³⁰. The objective is to provide sufficient, transversal and standard regulation to respond to the new forms of paid employment and the advantages they entail for companies and workers. It establishes the principles on its voluntary and reversible nature, the principle of equal treatment in professional conditions, remuneration, promotion and professional training,

²⁹ Law 27/2011, of August 1, and developed by Royal Decree 1484/2012, of October 29.

³⁰ Royal Decree-Law 28/2020, of September 22, of teleworking

exercise of collective rights, maximum work times and minimum rest times, flexible distribution of work time work, as well as the preventive aspects basically related to physical and mental fatigue, the use of data display screens and the risks of isolation.

Research activity and knowledge management for Safety and Health at work

The National Institute of Safety and Health (INSST) has developed different activities like research studies, training, and events related to that issue.

- “Guía para la gestión de la salud, del bienestar y de la adaptación del puesto de trabajo en trabajadores de mayor edad”, (Guidelines for the health, wellbeing and post adaptation management for older workers) in Spanish³¹

Several articles in its magazine (in Spanish):

- Nº 84. Artículo. Psicología y envejecimiento: estrategias de intervención, (Psychology and ageing: intervention strategies)³².
- Nº 88. Artículo. Discriminación laboral por razón de la edad. Intervención desde la Prevención de Riesgos Laborales, (Age labour discrimination. Intervention from Labour Risks Prevention)³³.
- INSST offers an on-line course linked to the already mentioned Guidelines with the cooperation of IBV (Valencia Institute of Biomechanics). This is a 20 hours on-line and self-evaluated course.

2.2 Measures to close the gender pay and pension gap as well to take into account the special situation of older women

Measures against gender discrimination

The gender gap in pensions is due to inequalities throughout working life, which directly affect inequalities for pensions; in particular, gaps in the activity, in rate employment, in part-time job, and in salary. Also there are still differences of co-responsibility in care between women and men. In Spain, mothers request more than 90% of childcare leaves and women request more than 80% of family care leaves. In the last years, many measures have been taken to reduce gender inequalities in social protection, pensions, and access to the labour market and salary conditions.

To eliminate the gender gap and fight against gender discrimination, the government approved on 2019 the Royal Decree-Law 6/2019, of March 1 on urgent measures to guarantee equal treatment and opportunities between women and men in employment and occupation³⁴. It introduced several changes in the previous legal framework³⁵ with a significant impact on work-life balance and equality. Three types of measures were included: a) General measures against

³¹<https://www.insst.es/documents/94886/599872/Gu%C3%ADa+para+la+gesti%C3%B3n+de+la+salud,+del+bienestar+y+la+adaptaci%C3%B3n+del+puesto.pdf/68839323-1e52-45a5-8a9c-03e7c519f530>)

³² [https://www.insst.es/documents/94886/181342/N%C3%BAmero+84+\(versi%C3%B3n+pdf\)](https://www.insst.es/documents/94886/181342/N%C3%BAmero+84+(versi%C3%B3n+pdf))

³³ [https://www.insst.es/documents/94886/175912/N%C3%BAmero+88+\(versi%C3%B3n+pdf\)](https://www.insst.es/documents/94886/175912/N%C3%BAmero+88+(versi%C3%B3n+pdf))

³⁴ <https://www.boe.es/buscar/act.php?id=BOE-A-2019-3244>

³⁵ This modified the revised text of the Law of the Statute of Workers, approved by Royal Legislative Decree 2/2015, of October 23,

discrimination based on gender; b) Measures to promote and improve the reconciliation of family and work life: and c) Measures to guarantee equal pay between women and men:

In addition, this Royal Decree-law reinstalls the payment with public money of the Social Security contributions of non-professional caregivers of dependent relatives. These are mostly women that may have to leave their job, interrupt their career and discontinue their contributions to the social security, with the consequent negative impact.

To ensure gender equality in all labour situations, some legal modifications were made in relation to equality plans in the workplace (RD 901/2020)³⁶. These determine the development of equality plans, they regulate the needed diagnosis to make effective the full equality in the workplace, detailing the aspects that must be addressed in the diagnosis of the plans, including registration and remuneration audit. Monitoring and evaluation measures are also normed, as well as the validity and revision of the plans. The Registry of equality plans and the obligation to register equality plans is also developed. Further work is under development in relation to the tools needed, as well as guidelines, manuals and other instruments for its full implementation.

To prompt incorporation to the labour market, the Women's Institute annually grants a subsidy to the Spanish Federation of Popular Universities to develop a program for women over 45 years of age. The general objective of the program is to improve the quality of life, and the incorporation to the labour market of women over 45 years of age, promoting their participation, learning, training towards employability and entrepreneurial initiatives, exchange of experiences and incorporation of ICT.

Another step towards equality was established in a specific regulation (RD 902/2020) to guarantee that equal work would have equal value and equal salary³⁷. It provided certainty and legal security, so only objective factors are considered, strictly and necessarily linked to the work performed. Other aspects included are the obligation to register the remuneration, the specific criteria for disaggregating the company's remuneration by sex; the professional classification systems contained in the collective agreements and their necessary link with the registry and remuneration transparency through a correct evaluation of the jobs, as well as the right of workers to access the content of the registry.

In relation to pension gap, there are some specific regulations. In 2018, two regulations were approved to achieve a substantial improvement in the widowhood benefits for women over 65 years for whom the pension is the main source of income (RD 900/2018, RD 1413/2018)³⁸. These measures seek to combat the gender gap in pensions, given that most widowed pensioners are women and these benefits are usually lower than retirement pensions where the majority of pensioners are men.

³⁶ Royal Decree 901/2020, of October 13, which regulates equity plans and their registration and modifies Royal Decree 713/2010, of May 28, on registration and deposit of collective agreements.

³⁷ Royal Decree 902/2020, of October 13, on equal pay between women and men, which aims to develop the regulations of the article 28 of the Workers' Statute on the concept of work of equal value.

³⁸ Royal Decree 900/2018, of 20 July, on the development of the thirtieth additional provision of Law 27/2011 of 1 August on updating, adequacy and modernisation of the social security system with regard to widows' pensions. Royal Decree 1413/2018, of 2 December, which develops the provisions of Law 6/2018 of 3 July on State General Budgets for the year 2018 on widow's pensions under the State Passive Classes Scheme.

In February 2021, additional measures were adopted to reduce the gender gap in the fields of social and economic security (RDL 3/2021)³⁹. Royal Decree-Law 3/2021, of 2 February, adopting measures to reduce the gender gap and other matters in the fields of social and economic security. This Royal Decree-Law acts against the gender gap manifested in pensions by amending Article 60 of the consolidated text of the General Social Security Act. Maternity has an important effect on the employment trajectory of women in their active stage and over this gender gap. The new regulation replaces the maternity supplement by a supplement aimed at the reduction of the gender gap in which the number of children is the objective criterion used to articulate the measure by virtue of their birth and care as the main cause of the gender gap in pensions. Thus, women who have had one or more children and who are beneficiaries of a contributory retirement, permanent disability or widowhood pension, will be entitled to a monthly supplement consisting of a fixed amount for each son or daughter. Consistent with this approach, the temporal scope of the new economic supplement is linked to the achievement of the goal of reducing the gender gap in contributory pensions to below 5 per cent.

2.3. Most important achievement during the last 20 years in recognizing the potential embedded in the employment of older workers and developing labour market strategies to promote maximum participation opportunities for workers of all ages

In order to promote the extension of working life, the Spanish Government approved Law 45/2002 on urgent measures to reform the unemployment protection system and improve the hiring rate. The Law 45/2002 allows, under certain criteria, to reconcile unemployment benefits for people over 52 years of age with work income, and these are also compatible with incentives for employers to hire them

This measure had very positive effects allowing older workers to stay longer in the labour market. In addition, the Social Security provisions implicit in Law 45/2002, have made possible a rate of workers in the 65-69 cohort of 6,5% of total labour market in 2019.

It is remarkable the achievement of developing labour strategies to promote maximum participation opportunities for older workers during all the stages of COVID 19 pandemic. On the hardest moments of the alarm state, many retired doctors and nurses were recruited to support our National Health System. Only in the first months during confinement, almost 17.000 health professionals, between 65 and 70 years, joined the permanent health staff, according to data provided by Spanish Ministry of Health. Spanish retired nurses have contributed also in the urgent vaccination process in the whole country.

³⁹ Royal Decree-Law 3/2021, of 2 February, adopting measures to reduce the gender gap and other matters in the fields of social security and economic.

3. Ensuring ageing with dignity

3.1. Measures to protect older persons' enjoyment of all human rights and dignity, promoting their autonomy, self-determination and participation in society, and making sure that no law, policy or programme leaves room for discrimination of any kind along RIS commitments 7, 8, 9 and 10 and the goals of the Lisbon Declaration

Different policies and programmes are in place to promote autonomy and self-determination of older people and to integrate a social and community approach in long-term care.

Starting from the global framework, we can highlight the SAAD, which involves all the administration levels and territories and sets the base and implementation for the long-term care system in Spain. The central government regulates the basic conditions that guarantee the equal exercise of this right across the country and is responsible for the information system of the SAAD (SISAAD). The Territorial Council of the SAAD (CISAAD), that brings together the Central government and the regions agreed on a framework for intergovernmental co-operation, the intensity of services, the terms and amounts of economic benefits, the criteria for co-payments by beneficiaries, and the scale for the recognition of dependency.

Currently, Spain is making a profound change in long term care model. A person-centered approach, dignity, quality requirements and a community-based support are among the main priorities, and many steps are being made in that direction. The CISAAD on its July meeting agreed on the bases for a new agreement and the roadmap to accomplish it.

Many other measures from the central and from the regional and local governments contribute to protect older people's rights and their autonomy and self-determination. Some examples are:

- Development of the *Integral Plan for Alzheimer and Other Dementias* coordinated by the IMSERSO and elaborated with the participation of Autonomous Communities and Civil Society Organizations.
- The *Strategy for Addressing Chronicity* and the *Strategic Framework for Primary and Community Care* approved in 2012 and 2019, respectively, and currently in force, have specific actions to enhance the coordination of socio-health services, as well as promote the training of professionals to guarantee quality care for the older people.
- Research projects. The Health Institute Carlos III leads the project "Quality of life and ageing in Spain, Portugal and Sweden QASP" from 2019 to 2021 to research active and healthy ageing and the quality of life of older people in these three countries.
- Regional strategic Plans, for instance: Integral Strategic Plan of Andalucía; Integral Framework Plan of Extremadura; Housing Plan of the Principality of Asturias. Projects for social innovation (Álava) to provide inputs and evidences for the change of the care model, etc.
- Plans and protocols developed by several Autonomous Communities and municipalities against unwanted loneliness
- Specific actions and protocolos to detect and protect older people from abuse and to promote the care with dignity and quality (Cataluña, Madrid)
- Transformation of civic facilities in intergenerational spaces in which older and young people collaborate, financed by Autonomous Communities
- University Programmes for Seniors, also partially financed by Autonomous Communities

- Specific services for older people such as free legal advice service or general information phone service, which Autonomous Communities or local administrations put in place.

3.2. Most important achievement during the last 20 years to protecting older persons' enjoyment of all human rights and to raising quality standards for integrated social and long-term care and health services as well as adapting the status, training and working conditions of professional care workers.

As mentioned in previous paragraphs of this report, Spanish government, specifically with the entry into force of the Law 39/2006 on the Promotion of Personal Autonomy and Support for Dependent Persons configured a rank of services and benefits for the effective enjoyment of older people rights.

The implementation of the Law 39/2006 has meant the creation of different measures in order to improve the working conditions of professional and non-professional caretakers. Currently, a profound change of the SAAD system as well as the long-term care model is being undertaken. There are specific lines of action related to the workforce, their professional profiles, accreditation, working conditions, social recognition of their function, salaries, etc. to guarantee not only that the care is provided with the maximum quality, but also that caretakers develop their jobs in the best quality conditions.

In July 2021, the Territorial Council of Social Services and the System for Autonomy and Care for Dependency approved the bases and roadmap for the modification of the common accreditation criteria to guarantee the quality of the centers and services for autonomy and care⁴⁰. This agreement determined the start of the model change, establishing the requirements that the system should meet once completed.

⁴⁰<https://www.imserso.es/interpresent3/groups/imserso/documents/binario/acuerdorutaacreditact20210726.pdf>

Part III

Healthy and Active Ageing in a Sustainable World

1. Contribution of ageing-related policies to the implementation of the 2030 Agenda and its Sustainable Development Goals

Spain participation in the voluntary national report(s) (VNR) to the High-Level Political Forum (HLPF) on the implementation of the SDGs.

Spain was part of the 2018 voluntary national report (VNR) review of the High Level Political Forum (HLPF). In 2021 the Spanish VNR was presented jointly with a new National Sustainable Development Strategy in the HLPF. In this Strategy, which is structured in eight big country challenges, ageing is considered as a mainstreaming dimension.

Each challenge is linked to an accelerating policy⁴¹. Ageing is included specifically in Accelerating Policy #1: “Social transition: redistributing richness and guaranteeing rights”. In Accelerating Policy #3: “Free and equal lives for all”, related to gender equity, having one of its objectives eliminating the gender-related pension gap. In Accelerating Policy #6. “Reinforcing public services for a welfare state democratic and resilient”, and in Accelerating Policy#8 “Territorial and social cohesion. Rural environment with equal rights and opportunities.” Long term care challenge and ageing in rural areas are faced in depth in this chapter of the Strategy among other issues.

The 2021 VNR has a specific section related to COVID-19. The report includes older people among the more vulnerable groups during COVID 19 pandemic. They are also among the main beneficiaries of political measures against eviction due to COVID 19 reasons, interdiction of cutting electricity to extremely poor people, allocation of the budget of the Contingency Fund to pay carers or benefits to prevention measures in homes for older people and daily centers.

Links between ageing issues and the 2030

One of the main documents for the national policy planning regarding to 2030 Agenda is the Spanish Sustainable Development Strategy 2030.

Within the framework of drafting the Sustainable Development Strategy 2030, a public consultation was held with social organizations⁴² during the third term of 2020. One of the four big issues was care improvement proposals:

- a) Transformation of long-term care facilities for older people
- b) A new Law for life sustainability
- c) Regulation of care sector
- d) Improvement of labour conditions in the domestic environment.
- e) Co-responsibility of all public administrations to eliminate bureaucratic barriers, rising awareness among others.

⁴¹ <https://www.mdsocialesa2030.gob.es/agenda2030/documentos/informeprog21eds30r.pdf>

⁴² <https://www.mdsocialesa2030.gob.es/agenda2030/documentos/Informe-consultoria-foro-mmss.pdf>

Besides that, Spain has the *Recovery, Transformation and Resilience Plan* linked to the Next Generation EU Funds. Its eighth lever policy is an emergency plan for the care economy and reinforcement of inclusion policies. The pandemic has demonstrated the need to build a stronger care economy, encompassing services ranging from care for dependents or vulnerable individuals right through to caring for the older people. In this context, it is essential to work on a specific plan that will put people back at the heart of the economy. The Plan will attach value to the contribution each generation can make to society as a whole and make sure that no one is left behind. The Plan values care work and social work as well as their potential to create jobs all over Spain. Within this lever policy, the component #22 contains some measures directly linked to ageing and older people.

Most relevant SDGs, which could be nourished by current policy measures.

Some of the SDG and targets that are clearly been addressed by the current policy measures are:

Goal 1. End poverty in all its forms everywhere

Target 1.3. Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

Goal 3: Good health and wellbeing.

Target 3.4. By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Target 3.D: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Goal 4: Quality Education

Target 4.3. By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university.

Target 4.4. By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.

Target 4.6. By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy.

Target 4.7. By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.

Goal 5. Achieve gender equality and empower all women and girls

Target 5.4. Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Target 8.5. By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

Goal 10 Reduce inequalities within and among countries

Target 10.2. To empower and promote the social economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

Goal 11 Make cities and human settlements inclusive, safe, resilient and sustainable.

Target 11.2. By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons

Target 11.7. Provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Target 16.7. Ensure responsive, inclusive, participatory and representative decision-making at all levels

Most of the National Action Plans and Strategies mentioned in this report (Strategy against poverty, National Action Plan for Inclusion) and other measures put in place during pandemic time, as the extension of housing rental agreements were very effective to nourish SDG 1.

Regarding to SDG 8 the following measures can be included: actions to promote remaining on the employment, Reincorporate-Plan, and prioritization of unemployees above 45 years old to be hired, also mentioned before in this report.

Spain and all the policies are strongly committed to gender equity. The care professional sector as well as the non-professional caring is highly influenced by gender, being women most of the professional and family caretakers. Many measures mentioned in this report are oriented to reduce the gap and the discrimination in the work sector and personal implications as those related to social protection and pensions of the non-professional caretakers.

Cities and urban and rural environments are clearly another target of current policies, and in that direction many measures are being implemented More than 200 cities are already involved in the age-friendly cities and communities program and have implemented numerous measures both from the point of view of accessibility, transport, communication, environments and green spaces, etc.

2. Lessons learnt from managing the consequences and impacts for older persons in emergency situations: the COVID-19 pandemic

The pandemic caused by COVID-19 led to the adoption of multiple urgent measures in the care of the older people in general and those who live in residences in particular, since the declaration of the state of alarm that occurred in Spain on March 14, 2020 (Royal Decree 463/2020). As part of the state of alarm, a series of initial protection measures were adopted for the older people, users of residential centers and for the workers of these centers.

To urgently support the actions of the autonomous communities, the Council of Ministers (March 24, 2020) approved an Extraordinary Social Fund endowed with 300 million euros to finance the basic benefits of the social services of the autonomous communities, provincial councils, or local corporations, whose sole purpose was to deal with extraordinary situations derived from COVID-19. This Extraordinary Social Fund was aimed at financing projects and labour contracts necessary for the development of benefits such as: Strengthen home services; Increase and reinforce the operation of telecare devices; Transfer rehabilitation services to the home when necessary; Strengthen care devices for the homeless; Acquire personal protective equipment and products for prevention; and reinforce the staff for social service centers or residential centers.

Permanent collaboration among administrations

During the pandemic, Spain has ensured quality care with a perspective of equity for the older population. Residential Centers were considered priority centers for the attention of the older people, specific criteria were established for the management of outbreaks and a specific and mandatory notification system was created for residential centers, having to inform the Ministry of Health twice a week of the epidemiological situation of their centers about variables such as the number of infected, hospitalized, deceased, etc.

A good example of territorial collaboration and between the different administrations was the provision of the facilities of the Institute for the Older People and Social Services (IMSERSO) in favor of the National Health System and the social services system. This practice has given excellent results and has proven to be very useful for the general interest, and has been implemented in territories such as Asturias, Castilla y León, Madrid, La Rioja or Melilla. Just as an example, the IMSERSO center in Asturias has treated 911 COVID patients between March 2020 and March 2021, with an average age of 82 years.

Another example of co-governance of the crisis, the Delegate Commission of the Territorial Council agreed (June 25, 2020) the creation of a working group whose objective was to carry out the studies and work necessary to advance in the creation and regulation of a new model of residential care that responds effectively to the current and future needs of the user groups, based on the diagnosis of the current situation.

Reinforcing evidence and data available for decision making

The same Commission agreed to create a working group called *Residences and COVID-19*, with the objectives of compiling and carrying out a comparative analysis of the contents of the Contingency Plans of long-term care centers and obtaining evidence and lessons learned on the best practices and strategies against COVID-19. This resulted in the report COVID-19 and Residences, which is accessible on the IMSERSO website⁴³.

This report analyzed the available evidence and the contributing factors in the long-term care centers, especially during the first phase of the pandemic (March-May 2020). Based on the evidences and the strategies put into operation after June 2020, which resulted in much better data on infections and deaths even with worse contextual circumstances in terms of cumulative incidence.

Having quality data is always essential to be able to make policies adjusted to reality, but during the pandemic, it has proven crucial to be able to monitor and adapt decisions promptly. For this

⁴³ https://www.mscbs.gob.es/ssi/imserso/docs/GTCOVID_19_RESIDENCIAS.pdf

reason, a weekly statistic is prepared on the status of long-term care facilities and COVID-19. These statistics are coordinated for submission to the ECDC through the joint work of CCAES, the National Epidemiology Center and IMSERSO⁴⁴. All the updated national data can be consulted in the page of the Center for Coordination of Health Alerts and Emergencies (CCAES) of the Ministry of Health⁴⁵.

Reinforcing long-term care staff

Additionally, due to the extremely high need for health professionals, the hiring of staff in long-term care centers and other social services was more flexible on an exceptional and temporary basis, modifying the common accreditation criteria to guarantee the quality of the centers and services of the System for the Autonomy and Attention to Dependency. This agreement was also endorsed by the Territorial Council, and it finally declined in February 2021.

Providing guidelines for professionals

Many actions were developed to support professionals and guide actions⁴⁶. A specific guide for the Prevention and control of COVID-19 in long-term care centers was published. Another guide was elaborated on ethical aspects in decision-making in the COVID19 pandemic in which it was explicitly recommended not to fall into age discrimination. In addition, specific documents were elaborated to provide guidelines to Primary Attention.

Given the difficulties of guaranteeing face-to-face care in the approach and prevention of health conditions, a document of *Recommendations for Addressing Frailty* in a crisis generated by COVID-19 was elaborated, to facilitate the early detection of frailty as well as addressing it in the older people during the pandemic, adapting the previous recommendations.

In addition, the *Equity in Health and COVID-19* report was published. Analysis and proposals to address epidemiological vulnerability linked to social inequalities, which involves an analysis of the impact of social inequalities on epidemiological vulnerability and proposes recommendations to address it in the context of the COVID-19 pandemic, aimed at both decision-makers and professionals involved in responding to COVID-19.

The document *Recommendations for nursing homes for the older people and social health centers for COVID-19* was developed, as well as the document on Adaptation of measures in nursing homes and other residential social service centers within the framework of vaccination.

Prioritizing vaccination

In December 2020 the first vaccines arrived in Spain and the first population group that received the vaccine because it was prioritized in the vaccination strategy was residents and health and social health personnel who work in long-term care facilities for older people and for large dependents. At this moment, in Spain 97.4% of the people 60 years or older are fully vaccinated and the totality of people above 80 years. Additionally, 377.046 persons living in long-term care facilities or highly vulnerable persons have received already a third dosis of the vaccine⁴⁷.

⁴⁴ https://www.imserso.es/imserso_01/mas_informacion/serv_soc/sem_cr/index.htm

⁴⁵ <https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/situacionActual.ht>

⁴⁶ <https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos.htm>

⁴⁷ https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Informe_GIV_comunicacion_20211015.pdf

Data on the impact of COVID-19 on older people in Spain

In the first period until May 11, 2020, 231,765 cases were reported, with a median age of 60 years (59 in women and 62 in men). There were 118,733 confirmed persons aged 60 or over (51.6% of the total), 55.2% were men⁴⁸.

With a diagnosis date after May 10, 2020 and until January 13, 2021, 1,942,671 cases were identified, 52.5% were women and the median age of the cases was 41 years, lower than in the previous period. In this period, the highest proportion of cases occurred in the age group 15 to 59 years (66% of the total). 417,154 cases (21.5% of the total) and 22,069 deaths (94.4% of the total deaths) were diagnosed in people over 60 years of age.

When analyzing the severity indicators, it is observed that from the beginning of the pandemic the percentage of hospitalization increases with age in both periods, being above 30% in those over 70 and 80 years old. In confirmed cases, mortality is mainly concentrated in those over 60 years of age in both periods (95.3% and 94.4%), with fatality being around 8% in those over 70 years of age and 20% in those over the age of 70. 80 since the start of the pandemic.

In the first period until May 10, 2020, the majority of the hospitalized cases and deaths were concentrated in older people, with those aged 60 and over representing 68.6% of hospitalizations, 65.5% of ICU admissions and 95.3% of deaths.

From May 10, 2020 to January 13, 2021, the percentage of hospitalizations and deaths from COVID-19 also increased with age, reaching 28% and 12.3% in those over 79 years of age, respectively. Those over 80 years of age present the highest percentage of hospitalized patients in relation to the rest of the age groups, in the second period, but not in the first. If only the cases of the last months of 2020 and the first half of January 2021 are taken into account, the fatality in those over 80 years of age is somewhat lower, about 15%, but there is still an important difference with the rest of the groups of age in which neither the lethality nor the ICU admissions reach 2% of the infected cases.

In the last period, the appearance of new variants and the introduction of the vaccine establish a changing scenario. The pandemic requires constant monitoring. In the last epidemic period (5th wave, from June 20, 2021) the cases have decreased notably and so has the median of age. Still, the number of hospitalizations and deceases increases with age, reaching a 25.5% and 7% respectively in the groups from 80 to 80 years, and 31.8% and 12.6% in people older that 89 years. Percentage of people in ICU also increases with age from 20 years and above.

⁴⁸ Updated information can be found in <https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/Paginas/InformesCOVID-19.aspx>

3. Activities in preparation and implementation of the WHO Decade of Healthy Ageing 2020-2030

3.1. Spanish actions for the implementation of the WHO Decade of Healthy Ageing 2020 – 2030

Spain has not developed a national plan for the implementation of the Decade of Healthy Aging, but its areas of action are integrated and in line with the different strategies and plans developed by the Government

Action area 1 is integrated into the development of our plans and strategies, applying a life course perspective to all of them. Spain is also working in specific actions campaigns to combat ageism in the society.

In relation to area of action 2, many actions have been mentioned in this report in relation to cities and communities to promote participation and inclusion. Another clear object which many measures also mentioned in this report is active and healthy ageing, and prevention of frailty and disability, with specific strategies developed for that purpose.

The Strategy for Addressing Chronicity in the SNS addresses issues from areas 3 and 4, which are also included in other national strategies led by other Ministries, as for instance, the demographic challenge related to rural depopulation, which is also addressed by the Ministry with that specific competence⁴⁹.

Besides, a diversity of actions are being carried out to promote the Decade of Healthy Ageing in Spain, disseminating information and initiatives related to the Decade, inserting specific content in our training programs, etc.

Finally, Spain commitment with the Decade of Healthy Aging (2021-2030) led by the WHO, will contribute to

- Overcome the existing ageism that generates situations of discrimination and isolation for reasons of age that in turn has a negative effect on the well-being and health of people. Awareness campaigns in society are necessary to help changing our thinking, feeling and acting with regard to age and ageing. Likewise, activities in the educational field and intergenerational activities must be a fundamental piece in that fight.
- Generate and build physical and social environments that promote and not limit the capacities of the older people. Physical and social environments that facilitate the participation of the older people in different areas of life (social, economic, cultural and leisure, politics, etc.) and offer spaces for empowerment and participation of older people.
- Promote people-centered care, which will be the basis of the deinstitutionalization strategy mentioned above.
- Provide access to long-term care to older people who need it, taking into account the well-being of the person and their autonomy in making their own decisions about all the aspects that concern them and their lives.

⁴⁹ Ministry for Ecological Transition and Demographic Challenge. The Minister is also Vicepresident of the Government <https://www.miteco.gob.es/es/>.

Spain values the activity of evaluation and monitoring as key instruments to ensure compliance with the objectives of public policies.

We are committed to the 2030 Decade of Healthy Aging and aligned with its proposals. For this reason, Spain would be willing to report on the implementation of the WHO Decade of Healthy Aging within the framework of the MIPAA / RIS reports.

Conclusions and priorities for the future

Spain has one of the highest life expectancy in the world, behind Japan and Switzerland with 83.5 years, reaching 86.2 years in the case of Spanish women⁵⁰. At the beginning of the 20th century, the Spanish population had a life expectancy at birth of just 35 years. This spectacular increase in longevity has been accompanied by a notable increase of life expectancy in good health. This data is a notorious achievement derived from improvements in nutrition and hygiene, the adoption of healthier lifestyles and the development of a comprehensive and modern welfare state that has allowed biomedical progress to be transferred to the society.

This change in our society brings great social and economic opportunities but it also entails a big challenge for the sustainability of the welfare system, and even more as we need to increase availability and quality for long-term care beneficiaries and their families and also for the workers.

In 2002, Spain hosted in Madrid the Second World Assembly on Ageing in which the Madrid International Plan of Action on Ageing was approved. Five years after the Berlin Declaration where the Regional Implementation Strategy was established, Spain hosted the Ministerial Conference on Ageing in November 2007 in the city of León. Ageing affects all the policies, and in this review, facing the 20th anniversary of the MIPAA/RIS, Spain reports actions in all the sectors and levels of governments: social services; long-term care; community services and support; health, disease and frailty prevention; job market and economic measures; social protection and pensions; long-life learning; active ageing, leisure, tourism and thermalism; environment, cities and communities; and many other actions aimed to eliminate any kind of gender-related discrimination and to mainstream gender and ageing in all policies. All the actors are involved in this policies and measures: central government, regional governments, local entities, universities, private companies and civil society organizations are greatly engaged to the improvement of any action related to ageing and older people.

In terms of specific structures, we can highlight the importance of IMSERSO, as the main coordination institution in the Government for ageing-related policies, as well as for promoting autonomy for people in dependency situation. Along with the IMSERSO, as the social services competences are transferred to the Autonomous Communities, the work is done in permanent coordination with territorial governments.

Currently, we observe a clear international momentum to support ageing-related policies. In Spain, this momentum is very strong and ageing and long-term care are on the first line of the political agenda. Recently, the Government published the report “Spain 2050” a long-term national strategic development plan⁵¹. This document makes policy proposals for the coming

⁵⁰ <https://databank.worldbank.org/source/health-nutrition-and-population-statistics>

⁵¹ <https://www.espana2050.com/>

years around nine national challenges, and one of them addresses directly the population ageing: *to prepare our welfare state for a longer-living society*.

Since 2006, the Law for the Promotion of Personal Autonomy and Care for Dependent Persons established a series of benefits and services for people who require long-term care. At this time, Spain is developing a change in the long-term care system.

The Spanish *Recovery, Transformation and Resilience Plan* is a national project defining the roadmap for the modernisation of the Spanish economy, for the recovery of economic growth and job creation, for a robust, inclusive and resilient economic rebuilding after the Covid-19 crisis, and to respond to the challenges of the coming decade. Its eighth lever policy is an emergency plan for the care economy and reinforcement of inclusion policies. Within this policy, the component 22nd contains measures directly linked to ageing and older people.

This is a work already in progress. On January 15, 2021, the CISAAD unanimously approved a Dependency Shock Plan 2021-23 that involves an increase in the financing of the system of 623 million euros for 2021 and the commitment of similar amounts for the next 2 years. It entails also the commitment to reduce the waiting list and waiting times; ensure adequate working conditions for people who work in the SAAD; and increase quality in services and benefits. The Plan also incorporates a full evaluation of the long-term care system (SAAD) that will provide evidences and recommendations for the change in the care model that is already being performed in Spain.

Spain is moving towards a whole-of-government model where ageing policies are not only linked to pensions, health and long-term care. Instead, age and ageing will be considered in all the policies. This is a model based in rights, where the older persons decide about their lives, can participate and access the social environment and economic activity; and they are not withdrawn from some rights because they are older, they live in long-term care facilities or because they need care. This is also a model based on evidence, policy decisions must be based on data to make sure not only that the diagnosis of the situation is accurate but also that the most efficient and effective measures are put in place. This is a model also based on social innovation, capable of identifying the best experiences in the country to improve the long-term care system for the older people, with the aim of increasing their quality of life and well-being, as well as their autonomy and self-determination and the free exercise of all their rights.