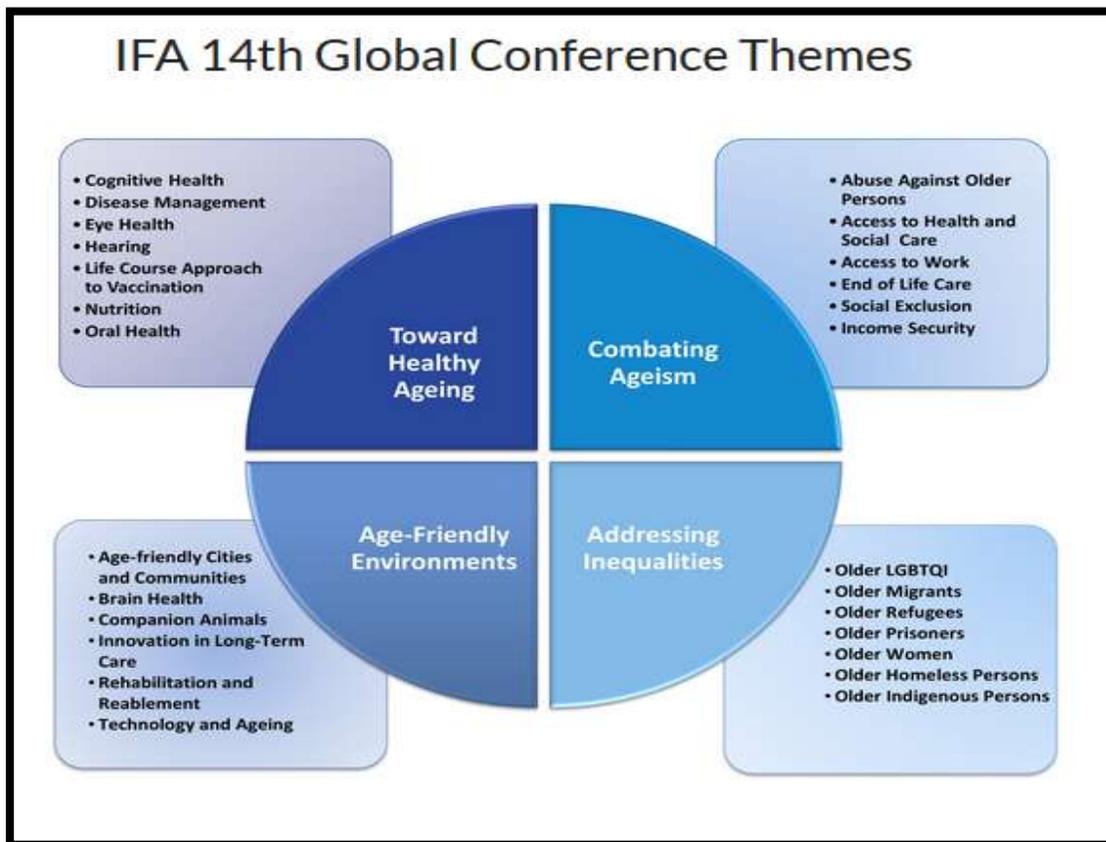


The 14th Global Conference on Ageing of the *The International Federation on Ageing* (IFA) was held in Toronto, August 8-10, 2018 with an Addressing Inequalities Summit on Tuesday August 7th sponsored in part by the Government of Canada. Over 1200 participants from some 75 countries gathered to consider the following 4 main themes, each with sub-themes:



There were 6 Keynote Addresses, 6 Plenary Panels, and over 130 Concurrent Sessions to choose from over the 3 days, together with a broad spectrum of table displays, booths, and poster presentations. The full program is available at <https://www.ifa2018.com/wp-content/uploads/2018/08/Master-Program-for-Publication-Aug2.pdf>. Further information about the IFA is available at their site, <http://www.ifa-fiv.org/>. Briefly,

“The International Federation on Ageing is an international non-governmental organization ... has general consultative status at the United Nations and its agencies, and is in formal relations with the World Health Organization. The IFA has been involved in drafting key initiatives..., actively advocating for older people...and maintaining a strong voice in the dialogue on how to best protect the rights of older people globally. The IFA is a registered charity in Canada, with an international and democratically elected Board of Directors.... Its vision is “A world where the health, rights, and choices of older people are protected and respected” and its goal “To be the global point of connection for experts working to influence age-related policy.”

There were many prominent political and medical personnel highlighted, and thus important political and medical issues were considered. There were also many outstanding examples of innovative programs of care. With so much to choose from, anyone’s experience, including mine, was limited. I found it good to be informed about the macro issues, like city planning for Age-Friendly Cities and technological innovations and medical advances, etc. The most gripping presentations for me, though, were the innovative programs, like those in Denmark: Denmark opens its first village for dementia sufferers (<http://cphpost.dk/news/denmark-opens-its->

[first-village-for-dementia-sufferers.html](#)), An Innovative Approach To Dementia Care (<http://dagmarsminde.dk/en/>), Cycling Without Age (<http://cyclingwithoutage.org/>).

The general ethos of all presentations I know of endorsed holistic care: social, psychological-mental, medical-physical, housing, environmental, religious, ethical, cultural, spiritual, identity, gender, etc. In general, these aspects are being pursued by advocates and experts of the highest calibre. In that regard there is much encouragement.

My own presentation, however, highlighted the neglect of spirituality and religion (S/R) within the policies and practices considered. A key document for International Policy, the **Madrid International Plan of Action on Ageing (2002; MIPAA)**, affirms “full respect for the various *religious* and ethical values and cultural backgrounds of people” (§ 115) and “Effective care for older persons needs to integrate physical, mental, social, *spiritual* and environmental factors” (§ 69). However, when I look at the key policies and practices since, including this 2018 Conference, the attention and implementation is minimal. Can you find anything explicit about religion or spirituality in the graphic above? It was not absent from all the presentations, but it was minimal and perhaps marginalized as well by most (but not all).

This is shocking when we look at the demographics and the benefits of S/R. For instance, 50% of the population in each of 90 of the 114 countries surveyed, say religion has daily importance; 84% of the population in each of 57 of the 114 countries surveyed, say religion has daily importance; 98+% of the population in the top ten countries surveyed, say religion has daily importance. Regarding the benefits, it is not difficult these days to find documented research to affirm the following benefits of S/R: more resilience and hope; improved social and familial relationships; greater ability to cope with life stresses; a greater sense of community (less isolation); better physical health and greater longevity; better mental health and greater social support; a sense of purpose in life; a greater ability to cope with illness, disability, death; a greater ability to challenge such dominant (ageist?) cultural values as individualism, autonomy, mobility, and physical attractiveness; and documented specific health benefits for Congestive Heart Failure, Major Depressive Disorder or Chronic Medical Illness, and Recovery from Substance Abusers, among others.

One very prominent keynote speaker, the Director of the Department of Ageing and Life Course for the World Health Organization, who was also honoured with the Closing Remarks, is a man who has done much for the state of global ageing. He declared that the Madrid Plan of Action is dead and ought to be buried. He received applause for that remark. I’d suppose that he would recommend in its place the WHO’s own “World report on ageing and health” with its “Global Strategy and Action Plan on Ageing and Health.” And yet the latter documents are no more appreciative of S/R (perhaps even less) than any of the other key international documents & books on global ageing policy surveyed. We all have much to do, and we each have unique roles.

In general, the practitioners were more appreciative of the importance of the integration of the “spirituality of our humanity” than policy makers and the higher level officials, at least publically. In one prominent exchange the director of an international organization told me he was very open to “religion” but was cautious regarding insensitive forms of fundamentalism.

The attention to marginalized older people, as listed in the “Addressing Inequalities” quadrant above, was especially heartening to me. There is so much challenge and opportunity that tugs at my heart.

As a chaplain, I was especially attentive to the sessions highlighting ‘Spiritual Care’; there were not many. The presentation from Australia introduced me both to a rich resource (<https://htn.edu.au/spiritual-care-series/>) which I may pilot locally but also to a network of chaplains in BC.

For another blog report on *Towards a Decade of Healthy Ageing – From Evidence to Action: International Federation on Ageing, 14th Global Conference, 7th to 10th August 2018*, from a local GTA organization, see

<http://janesgtacafe.ca/from-evidence-to-action-international-federation-of-ageing-14th-global-conference-7th-to-10th-august-2018/> . You will find an excellent approach to engaging “fully with the social and emotional needs of the person and their relationships and connections, where possible, to the wider community”, though, I might add, with no mention of the religious or spiritual dimensions.