

State of the world's older people 2002



HelpAge
International

Leading global action on ageing

HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

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Preface

A long life should be everybody's right, but for older people in developing countries today, longevity can be a double-edged sword. I remember a group of older people in northern Thailand telling me they had never expected old age to be so stressful and difficult. For those who are poor, ageing often means new burdens and worries about making ends meet. 'I have to beg to get money to eat,' an Indonesian woman said at a consultation. 'I don't like it but I have no choice.'

Ageing is a major structural issue for the 21st century. The figures alone are startling. In developing countries the proportion of older people is predicted to rise from 8 to 19 per cent by 2050, with the proportion of children falling from 33 to 22 per cent. In Asia and Latin America the numbers of older people will rise fastest.

Older people, especially older women who live longer, are also among the poorest in the developing world. Poverty eradication strategies cannot work unless they include older people. *State of the world's older people 2002* is an urgent call to understand how population ageing is affecting the developing world and to recognise that older people have the same right to fulfil their basic needs as other age groups.

The report takes as its starting point the views and experiences of older people themselves, drawing on consultations organised by HelpAge International in Africa, Asia, Latin America, the Caribbean and eastern and central Europe.

In 1999, the International Year of Older Persons, HelpAge International published *The Ageing and Development Report: poverty, independence and the world's older people*. *State of the world's older people 2002* identifies changes since that time, and emphasises how much still needs to be done to push ageing issues up the international agenda.

At the Second World Assembly on Ageing in Madrid in April 2002 governments will sign up to the new International Plan of Action on Ageing 2002. But agreeing the plan is only the beginning of a process. The key issue is how the plan is implemented and monitored.

The challenge is to mainstream ageing issues into development processes and related international commitments. So far, ageing is marginal in development debates. The International Development Targets and the UN's Millennium Development Goals largely ignore the question of how increasing numbers of older people can escape chronic poverty and be included in planning for the future of communities and nations.

The report identifies three essential pillars for policy and action on ageing: equal rights for older citizens; a fair share of national and international resources; and inclusion in decision-making and in civil society.

Mary Ann Tsao

Chair of the Board of HelpAge International

Section 1: Global ageing



Older people in an ageing world – the evidence

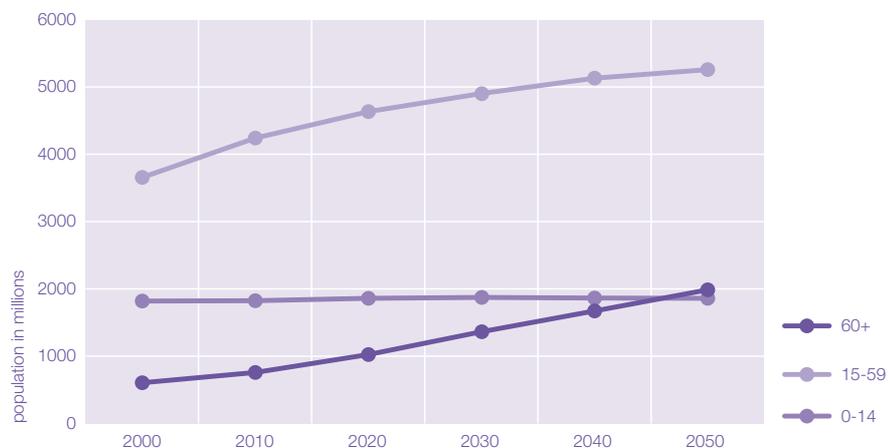
We live in an era of unprecedented, rapid and inexorable global ageing. Never before have so many people lived for so long. Growing old, once the sole prerogative of the ‘developed’ countries, is now a shared benefit of development worldwide. Ageing has become one of the defining global issues that will shape the future of the world’s societies.

Greater life expectancy is celebrated as the outcome of sustained advances in medicine, and, in the developed world at least, of improved health and sanitation in conditions of rising affluence. Population ageing is one of the great triumphs of development, meaning that ‘for the first time in human history the majority of people can expect to survive into old age’¹.

State of the world’s older people 2002 documents the reality of life for the majority of older women and men in the developing world and countries in transition – eastern and central Europe. While increased life expectancy should be counted as a major success, the fact is that most older people live on or below the poverty line and face a future of deprivation. Both the needs of older people and their contributions to society deserve a much higher place on the policy agenda. We need to see a changed mindset that welcomes the participation of older people in decision making and takes a fresh view of the relationship between the generations.

State of the world’s older people 2002 looks at the main concerns of older people around the world. It examines the impact that social and economic development policies, at national, regional and international level, have had – and could have – on older people struggling to overcome poverty and exclusion.

1.1 People over 60 will outnumber people under 14 by 2050²



¹ Gro Harlem Brundtland, foreword to *The Ageing and Development Report: Poverty, Independence and the World’s Older People* (London: HelpAge International/Earthscan, 1999) ix.

² All data is taken from the UN Population Division, Department of Economic and Social Affairs, www.un.org/esa/population/unpop.htm or from the International Database of the US Bureau of the Census on <http://www.census.gov/ipc> except where noted.

The United Nations (UN) aims 'to ensure that people everywhere are able to age with security and dignity, and to continue to participate in their societies as citizens with full rights'.³ However, the reality for too many older people throughout the world is that their lives are constrained by poverty and social exclusion. Institutional policies in all countries regularly discriminate against people on the grounds of age, while popular opinion carries ingrained prejudices against older people and accepts the routine denial of their basic rights.

Internationally, ageing has been on the UN's agenda since the International Plan of Action on Ageing was adopted by UN member states in Vienna 1982. However, the implications of ageing are all but invisible in international policy. Around two-thirds of the world's older people live in developing countries but, unlike the states in the Organisation for Economic Cooperation and Development (OECD), the developing countries are becoming old before they become rich. UN development summits on issues as relevant to ageing as social development, poverty, women and population reveal an almost total neglect of older people, who – if they are included at all – appear only as a special group needing welfare support⁴.

Older people, like any other group in society, do have special needs but they also have special skills and unique experience. Policy makers need to recognise both that older people are vulnerable and that they are a valuable resource.

Global ageing impacts on policy in two ways. First, good policies can easily be undermined if they fail to take account of the radical demographic shifts that are now underway. The changing shape of populations creates new opportunities and challenges. Appropriate policy recognises the valuable human resource represented by increased numbers of older people, supports their role in enhancing the quality of our societies and protects their right to live in decency to the end of their lives.

Secondly, there are powerful economic, social and ethical grounds for a fundamental shift in policy and opinion on older people in ageing societies. The world cannot afford to ignore the contribution to economic and social development made by hundreds of millions of older people. More importantly, as a matter of equity and citizenship, the needs of older people have to be addressed in the context of human rights. The neglect of older people's most basic rights – to food, shelter, healthcare, and a voice – must end.

The price of neglecting older individuals and the challenges of ageing populations is increasing poverty – not only for those who are now old, but also for younger generations. Older people's deprivation in an ageing world cuts at the heart of global commitments to eradicate absolute poverty and undermines efforts to achieve sustained economic and social development. An opportunity for all of us to manage our own future will be lost unless determined action is taken now.

Listening to the voices of older people

Much of what follows in this report is based on older people's perspectives of the major forces for change affecting their lives. *State of the world's older people 2002* takes as its starting point the views of older people who took part in consultations organised by HelpAge International throughout the developing world and in eastern and central Europe. The consultations involved both those older people who are organised and articulate, and those who are most disadvantaged, frail and very old.



HelpAge International

³ Commission for Social Development 'International Strategy for Action on Ageing'. Draft text 10 November 2001 (New York: United Nations, 2001).

⁴ HelpAge International, *Ageing and Development* newsletter 5 (2000).

‘The good life is when I can find food’.

The messages are clear and consistent:

- *Older people speak of their poverty and material disadvantage. For many this has been lifelong, though for some it is a new experience of old age.*
- *They speak of their exclusion from society, both as a cause and an outcome of their poverty.*
- *They recognise the reduced capacity and increasing vulnerability to crises that are consequences of their growing old.*
- *They testify to the contributions older people make to their families and communities, which are rarely noticed or acknowledged by society.*
- *They feel that, having played their part in society, they are now discarded.*

Listening to the voices of these older women and men, who come from a wide variety of individual circumstances and community backgrounds, it is hard to escape the conclusion that increasing poverty and exclusion in old age is a common experience. It cuts across cultures and is increased by the structural inequalities that persist in many societies.

Ageing – a revolution in global life expectations

A person born in 1950 could expect to live for 46 years

- Half of the world's population were aged over 24 years
- 34 per cent of the world's population were children and 8 per cent of the population were over 60
- There were 14 million people in the world over 80 – 0.5 per cent of the global population.

A person born in 2000 can expect to live for 65 years

- Half of the world's population were aged over 27 years
- 30 per cent of the world's population were children and 10 per cent of the population were over 60
- 61 million people were over 80, an additional 8 million were over 90 and 180,000 were centenarians
- 56 out of every 100 people over 65 were women and 64 out of every 100 octogenarians were women.

A person born in 2050 will expect to live for 76 years

- Half of the world's population will be aged over 36 years
- 21 per cent of the world's population will be children and 21 per cent of the population will be over 60
- 314 million people will be over 80, 61 million will be over 90 and 3.2 million will be centenarians
- 55 out of every 100 people over 65 will be women and 61 out of every 100 octogenarians will be women.

Dimensions of ageing

Poverty and material deprivation

Material poverty has profound and long-term impacts on older people. The capacity of people to meet their basic needs is increasingly compromised by age. Many older people lack the most basic requirements – food, water and shelter – and are profoundly poor by various definitions of poverty (see box on page 5).

The severity of poverty in old age is illustrated by the ways in which older people describe their deprivation. For example, in Bosnia-Herzegovina older people reported that ‘food is our most pressing need’⁵; in Indonesia an older woman said that ‘the good life is when I can find food’⁶.

⁵ HelpAge International, ‘Older people’s consultation, Bosnia-Herzegovina’ (London: 2001).

⁶ HelpAge International, ‘Older people’s consultation, Indonesia’ (London: 2001).

Adequate, safe and secure shelter is also beyond the reach of many older people, particularly for the increasing numbers living alone. During a consultation in Kenya it was noted that ‘it is easy to identify the house of an older person since it is often dilapidated and of poor quality’⁷. Even where services were once offered, the breakdown of public systems leaves older people exposed. In Moldova, for example, older people living in a rural area reported that the state-run water supply system had fallen into disrepair, and that they were physically unable to use the wells which now provided water locally⁸.

The measure of older people's poverty

The definitions given in the UN Development Programme's (UNDP) report *Overcoming Human Poverty*⁹ provide a measure of older people's poverty. In the category of ‘income poverty’, extreme or absolute poverty is a lack of income to satisfy basic needs, often defined on the basis of minimum calorie requirements. HelpAge International's research on older people's nutrition in Africa has consistently found the calorie intake of many older people to be less than their daily minimum needs.

Overall (or relative) poverty is defined as a lack of income needed to satisfy essential non-food needs, including clothing, energy and shelter. Older people throughout the developing world identify a lack of cash income to provide for these basic needs as their key problem.

Human poverty is measured by constraints on quality of life such as illiteracy, malnutrition, shortened lifespan and illness from preventable diseases, as well as lack of access to goods, services and infrastructure such as energy, sanitation, education, and drinking water. Older people often experience physical remoteness from services, and are disproportionately likely to be illiterate and to face chronic illness.

Social isolation and the accompanying sense of powerlessness form part of the experience of poverty for older people, making old age itself a form of social exclusion.

‘It is easy to identify the house of an older person since it is often dilapidated and of poor quality’.

Material deprivation has to be addressed on a number of fronts. First, governments must recognise that most people work until very old age or until they die. Maintaining independence as long as possible is crucial both to older people and to society. Credit and income support need to be available and made appropriate for older people. Policy making should include not only understanding and knowledge of the numbers and circumstances of older people, but also their views.



Nikolai Ignatiev/Network

⁷ HelpAge International, ‘Older people's consultation, Kenya’ (London: 2001).

⁸ HelpAge International, ‘Older people's consultation, Moldova’ (London: 2001).

⁹ *Overcoming Human Poverty: UNDP Poverty Report 2000* (New York: 2000).



Bill Robinson/HelpAge International

Very few people in developing countries are eligible for social assistance or pensions. Where assistance is available there are often real barriers preventing people from claiming their entitlements. Older women the world over are less likely to qualify for state support than older men, as they mostly work outside the formal sector. Women are less likely to have assets, including education and literacy, and they often face chronic health problems. Older people, especially women, frequently lack the knowledge and documentation to qualify for state subsidies and for essential services where these exist.

Exclusion

Material poverty not only denies older people basic necessities ranging from medicines to food; it also prevents the effective participation of older people in society at all levels, including economic, social and political life. Social exclusion distances older people from the mainstream of their society, making them less likely to participate in decision-making and planning in their communities. They are less likely to be considered in the allocation of resources and more likely to lose the self-esteem and dignity that go with having a recognised role.

The social exclusion of older people also has consequences for younger generations. These include the loss of valuable knowledge, experience and skills from the community, particularly about the environment, culture and coping strategies in times of crisis, and also the loss of role models for sustaining families and livelihoods.

It is often argued that older people suffer less from social exclusion because they have an assured and respected place in supportive families and communities. But this has always depended on factors such as gender and material circumstances rather than age. Indeed, older people in countries such as Kenya point out that ‘you can live with your family but are still isolated’¹⁰.

¹⁰ HelpAge International, Kenya consultation, op. cit.

Poverty that prevents people from buying small daily items can make older people feel isolated and excluded from events which are shaping their wider society. ‘We don’t have money to buy even a single newspaper,’ said an older man in Bosnia-Herzegovina¹¹.

Political processes seem to be remote and uncaring. Older people in a consultation in Ethiopia felt that the government lacked either resources or commitment to enforce existing policies to assist them¹². This view was echoed in Bosnia-Herzegovina, where older people believed that their contribution to building the country was forgotten, now that they needed state assistance. ‘Our property has been stolen by the government... these [institutions] were constructed under socialism, and now they have been taken away’¹³. Particularly in eastern and central Europe, there is a sense of isolation from political influence in the years since the fall of communism. ‘It is as if there is a wall between government and society,’ explained one participant in a consultation in Moldova¹⁴.

Many older people also express a sense of injustice: that they have made sacrifices during their lives for the good of their countries, only to find that they are now at the bottom of the heap.

Older people’s feelings of isolation are reflected in a sense of insecurity, exposure and lack of protection, especially among older women. This is evident in the often-voiced fears of violence and abuse. In Kenya, for example, it was noted that the police often treated violence as an internal, family matter¹⁵. There is substantial evidence that in many societies older women and men, particularly those who are isolated and unsupported, are at serious risk of violence and abuse.

Health and wellbeing

The ageing process exposes individuals to increasing risk of illness and disability. But in poor countries lifetime exposure to health problems means that many people enter old age already in chronic ill-health. People can be ‘old’ in their forties or fifties. This is particularly so for women who, after years of hard physical labour, poor nutrition and many pregnancies, are on the threshold of old age by the end of their reproductive years¹⁶.

For older people in the developing world, personal health consistently ranks alongside material security as a priority concern. Physical health is for many poor people their single most important asset, bound up with the ability to work, to function independently and to maintain a reasonable standard of living. Illness in old age is therefore an ever-present threat. Many older people live in fear of illness. During a consultation in Russia, an older man said: ‘We cannot afford to be ill’¹⁷.

Despite its importance to older people, healthcare is inaccessible to many. Hospitals tend to be concentrated in urban centres, far from the rural areas where the majority of older people in developing countries still live. Even those who live in cities and towns can often only reach health facilities by using public transport, which is expensive and not adapted for easy access. Older people’s consultations in a number of countries identified the remoteness of hospitals as a major barrier.

Treatment is often unaffordable for older people, even where it is nominally free of charge. Where fee exemption policies exist – as they do in, for example, Ghana and Thailand – most older people do not benefit because of a lack of information, shortage of supplies and poor management. The negative attitude of health staff towards the treatment of older people is also a powerful factor dissuading many from seeking treatment.

Older people are excluded from HIV/AIDS education campaigns, ignoring the fact that they may be carers of people with HIV/AIDS or sexually active themselves and so at risk of infection. AIDS awareness work tends to be youth-orientated, using language that is not relevant to older persons.



Neil Cooper/HelpAge International

¹¹ HelpAge International, Bosnia-Herzegovina consultation, op. cit.

¹² HelpAge International, ‘Older people’s consultation, Ethiopia’ (London: 2001).

¹³ HelpAge International, Bosnia-Herzegovina consultation, op. cit.

¹⁴ HelpAge International, Moldova consultation, op. cit.

¹⁵ HelpAge International, Kenya consultation op. cit.

¹⁶ A Kalache and K Sen, ‘Ageing in Developing Countries’ in *Principles and Practice of Geriatric Medicine* ed. M S J Pathy (Chichester: John Wiley & Sons, 1998).

¹⁷ HelpAge International, ‘Older people’s consultation, Russia’ (London: 2001).



Karen Peachey/HelpAge International

The challenges to health systems are twofold¹⁸. The first is to postpone the onset of disease as long as possible, and the second, to provide adequate services if and when people develop fatal or disabling illnesses. The World Health Organization (WHO) estimates that, by 2020, chronic diseases, along with mental health disorders and injuries, will make up 70 per cent of the healthcare needs in developing and newly industrialised countries. Older people form a significant part of this caseload. If unchecked, chronic diseases might pose a serious threat to the future solvency of healthcare and social protection systems. The challenges for developing countries are particularly formidable because of the speed of population ageing and the prevalence of absolute poverty and infectious diseases.

There is a third and more fundamental constraint. Health spending in many developing countries is a tiny fraction of what is needed to meet these challenges. Per capita spending on healthcare in many countries of sub-Saharan Africa, for example, is under US\$10 a year, and that is skewed towards urban areas. Debt servicing sucks the public purse dry in many countries.

Gender

Women and men experience ageing in different ways, and face different problems and relative disadvantages in old age.

Women generally live longer than men and are therefore more likely to be widowed. Widows often lose their property, including their home, due to patriarchal inheritance laws. They also tend to experience reduced social status on losing a husband.

Older women, while they generally carry a greater burden of providing care for sick and very old family members, are also valued for that role. Older women are more likely to be economically dependent on their families than men, having had less access to income-generating opportunities and assets, and lower wages. However, older women also tend to adapt more easily to change and are able to respond creatively to new opportunities; they are also more likely to belong to social groupings that provide some degree of support.

Older men, on the other hand, may find themselves rejected by family and community once they are unable to earn an income, as they are seen as ‘unproductive’ and their caregiving or other support roles may not be recognised. The importance attached to the traditional male role of economic provider is such that great loss of status and respect may be associated with retirement from productive work due to ageing or poor health.

It is important for policy makers to be aware of the trends and tendencies in gender aspects of ageing to ensure that programmes respond to the different needs of older men and women. The exceptions and contradictions to these trends, however, offer valuable insights to policy makers trying to identify emerging challenges and opportunities. For example, research in Ethiopia showed that despite traditional gender roles, elderly men left to care for orphans whose parents had died of AIDS had overcome cultural barriers to doing ‘women’s work’ and were highly valued within their communities¹⁹.

Conflict and crisis

Older people are more likely than younger people to have experienced emergencies and crises, such as displacement due to conflict or natural disaster. As a result, they are likely to have strategies for coping with disaster and a clear idea of their most urgent needs.

Older people are consequently well placed to take leadership roles in emergencies, encourage conflict resolution and community justice, and foster problem solving. They often play valuable roles as carers and resource managers, while the knowledge they hold – of traditional survival systems, appropriate technologies, and alternative medicines – can be central to the development of community coping strategies during and after crises. Their sense of history can help preserve communities’ cultural and social identity, even in situations such as refugee camps, where communal and family ties are broken.

¹⁸ This paragraph is a paraphrase of Alex Kalache’s evidence to the Preparatory Committee for the Second World Assembly on Ageing, given on 26 February 2001.

¹⁹ M Gurmessa, *Social Effects of AIDS on the Elderly*, Addis Ababa; unpublished research report.

However, in practice, the experience of older people in emergency situations is largely one of neglect, both of their needs and of their potential. Older people are especially vulnerable when family and social support is disrupted or destroyed in a crisis such as a flood, famine or war. They require help to meet needs such as food, shelter and income in a situation where people are competing for relief resources.

The capacity of the community to take on the care of its vulnerable members is seriously compromised by the lack of food, medical, material and human resources associated with emergencies. Many older people find themselves looking after young dependants whose parents are missing. Others live alone or as vulnerable couples, relying on hard-pressed neighbours and relief services. The very limited opportunities that the fittest find to supplement their incomes are rarely open to the more vulnerable.

In the chaos associated with the early stages of emergencies, older people are physically less able than most other adults to struggle for food and other resources. They cannot travel long distances to where resources may be more readily available. They find it difficult to endure even relatively short periods without shelter and amenities.

Isolation is possibly the most important factor in creating vulnerability. Older people find that the problems they face are compounded by the destruction of their families and communities.

Older people are seen as a low priority by most humanitarian agencies, and very few organisations develop programmes that consider their specific needs. Furthermore, the design of many emergency interventions discriminates against older people – for example, by overlooking their reduced mobility and particular nutritional needs – thereby increasing their vulnerability.



Reducing the vulnerability of older people is not primarily about creating special services for them. It is about ensuring that they have equal access to vital services. Service providers need to be more aware of the particular problems and obstacles older people face. This means including older people in the planning and delivery of services and supporting their capacity to live independent lives once the emergency has passed.

There is an almost universal lack of consultation with older people in emergencies, which results in both the violation of their rights and the loss of their leadership and expertise to the community. There is a clear gap in understanding of older people's needs and strengths between humanitarian agencies and older people themselves. Older people are deeply concerned with re-establishing their coping mechanisms and their independence, while relief agencies tend to consider only their immediate welfare – if they consider them at all²⁰.

Policies for older people in an ageing world



Neil Cooper/HelpAge International

Resource-poor countries need to make best use of the contributions of all their citizens in support of efforts to reduce poverty and ensure development for all of their people. Since they form the fastest growing population group, the role of older people should be a prime focus. Yet the growing global concern about population growth does not address the means to encourage greater returns from older age groups.

Most analysis on ageing is concerned with investment in essential welfare, rather than in examining and supporting the contribution that older people can make to their own wellbeing and that of other generations. For example, in many poor countries the AIDS pandemic is dramatically changing relations between generations. Policy makers cannot afford to ignore the huge contribution older people are currently making as caregivers and providers.

For the sake of present and future generations, there needs to be greater understanding and acknowledgment of the significant contribution to economic and social development made by older people.

Dominant trends in policy on ageing

Public policy on ageing in developing and transition countries has tended to emphasise the welfare requirements of older populations, and review expenditure and policy formulation on that basis.

²⁰ HelpAge International/UNHCR/ECHO, *Older people in disasters and humanitarian crises: Guidelines for best practice* (London: 1999).

The World Bank's work on ageing, for example, initially emphasised pension schemes for formal sector workers, while the majority of older people in poor countries live and work outside the formal sector. But attention to ageing triggered by the drafting of the International Plan of Action on Ageing 2002 has provided the opportunity for some debate. This has led the World Bank to acknowledge that it 'has had limited, but important involvement in ageing issues with its client countries... this reflects the fact that most of the Bank's poorer clients have relatively young populations, so that the current lending programme is focused mainly on the needs of the younger age groups. At the same time age composition is changing rapidly in those countries and there is need to plan ahead for the ageing of their populations'²¹.

Such reflections are welcome, although there is some way to go before the World Bank's formula for investment in people living in poverty – 'promoting opportunity', 'facilitating empowerment' and 'enhancing security' – is applied to the Bank's own approach to the needs and capacities of older age groups.

The significance of the Second World Assembly on Ageing

The draft International Plan of Action on Ageing 2002 contains a number of important themes that have been reflected in the responses to the HelpAge International consultations with older people across the world. They include:

- the concept of 'secure ageing' – that is, ensuring all older people's basic rights are met
- the eradication of old age poverty
- the presence and participation of older people in policy processes that affect them as citizens
- the removal of age-based barriers to economic and political participation
- recognition of gender issues
- the need for intergenerational responses to poverty and social development
- the urgency of health and material provision in old age
- the need for more research and data gathering on dimensions of old age in developing countries.

The range of actions proposed may appear daunting and ambitious. But such ambition reflects the neglect that population ageing has faced until relatively recently. The wellbeing of older people is clearly linked to that of their families and the wider community. Sound policy needs to recognise that ageing populations have the same potential for investment as other age groups.

Lack of data

The absence of age-disaggregated data to report on, measure and analyse the extent and nature of poverty and wellbeing at different stages of the life course is a severe obstacle to tackling old age poverty and its consequences. Older people are invisible in much basic data – from censuses to participatory rural appraisals. Much more emphasis in public policy needs to be given to data analysis from an age perspective, together with support for older age groups to enter the policy debate so that they can shape solutions as well as identify problems.

PARIS21, a project initiated by the OECD, offers a major opportunity to improve age-related data. Its work includes building capacity in the South to improve the collection of data on, for example, the incidence of poverty. It is important that such poverty data includes those who are habitually left uncounted, including older people. An initiative specifically targeted at the collection of age-related statistical data is the World Health Organization's Minimum Data Set Project. This project, with an initial focus on sub-Saharan Africa, aims to work collaboratively with governments, international agencies and NGOs to build up a range of basic data on ageing.

Older people
are invisible in
much basic data.

²¹ World Bank, *The World Bank Activities and Position on Aging*, Washington DC. (June 2001).



J Matthews/HelpAge International

One of the difficulties in increasing the data on older people is that much of it requires intra-household analysis, while most surveys take the household as the basic unit.

A starting point for age-sensitive policy making would be to integrate older people's definitions of themselves and their situation into policy documents. HelpAge International has been developing participatory research methods, which lend themselves to gathering qualitative and perceptual information that can inform planning and policy making.

Opportunities for an intergenerational approach

Policy responses to ageing do not tend to be linked to the situation of other groups, such as younger women or children. There is both a reluctance to target older age groups as a new 'sector' and a lack of experience and vision in including older populations in mainstream policy development. The International Development Targets and the Millennium Development Goals, for example, are overwhelmingly weighted to the needs of younger women and children.

The policy responses to the commitment to halve severe poverty by 2015 are not easily applied to 700 million older people struggling to contribute to the reduction of household poverty. Nor do they recognise that generations live together and support each other; the poverty of older relatives will impact on the poverty of the younger ones, and vice versa. The detachment of ageing issues from development debates means that policy initiatives, which not only assist older people but also have wider benefits across generations, have been ignored by the development mainstream.

Rights, resources, inclusion – policy and action

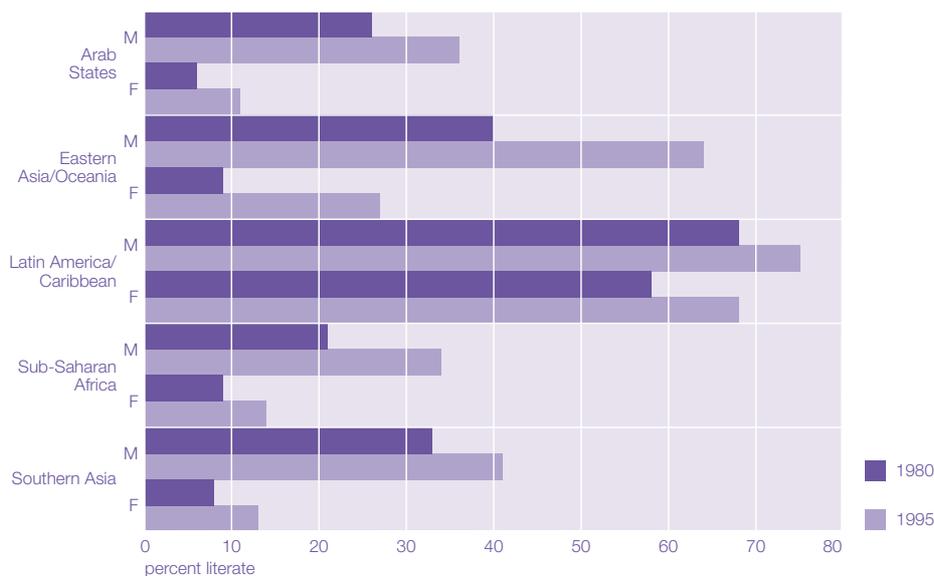
Rights: a matter of citizenship and meeting basic needs

Old age poverty is too often presented as a matter of special pleading rather than basic human rights. In economics, poverty among older people is accepted as a norm; in health, routine discrimination against older people is tolerated; while in personal security, violence against older people is perceived as no one's business.

Policy change on ageing has to be based on equal rights for older citizens. In practice older people are not treated equally before the law – national and international legislation to protect people from violence is often not applied in cases of violence against older people. Older people are often unable to defend their rights to property because they lack written proof of age. Older people report that they view old age with anxiety and fear, not only because of worsening poverty, but due to increasing dependence on others and consequent vulnerability to physical, sexual and psychological abuse.

Older people are often unable to defend their rights to property because they lack written proof of age.

1.2 Estimated literacy rates for population aged 60 and over, by sex, in five developing regions: 1980 and 1995²²



Welfare services frequently discriminate against older people. Where health and social services are offered they often exclude older people, whether formally – for example, by setting age limits – or informally – for example, through negative staff attitudes. This is also true of many development programmes. Most poor people work into very old age and therefore have the same requirements as other groups for employment, credit, development assistance, education and training schemes. Yet credit is often denied on grounds of age and there is an upper age limit on most loan schemes.

Poverty, social exclusion and discriminatory attitudes towards old age violate the human rights of older people. The UN Principles for Older Persons, for instance, do not have the status of legally enforceable rights.

²² United Nations Educational Scientific and Cultural Organization. 1995.

Investing in older people makes development work better.

Policy recommendations:

- *Policy makers, development agencies, communities and older people need to confront practice and attitudes that effectively exclude people on grounds of age from healthcare, education and other basic services.*
- *The UN Principles for Older Persons should be incorporated into international human rights law.*
- *Free healthcare should be provided for the over 50s.*
- *Governments should work towards comprehensive strategies to stop violence against older people, encompassing a supportive legal framework, and public education and training for professional staff in the public sector to equip them to detect and act on abuse.*
- *The Office of the High Commissioner for Human Rights should appoint a special rapporteur on older people.*

Resources: equity and sound economics

When resources are limited and governments face difficult choices regarding their allocation, why channel them to older populations? Is it not better to direct resources into anti-poverty activities generally, from which older people will benefit along with other age groups? The evidence shows that the key resources required by older age groups in the developing world are material support in the form of cash or in-kind income, and healthcare. These resources are, of course, also a requirement of other age groups, so what is the argument in favour of older people?

There is, in the first place, an equity argument. The social exclusion experienced by many older people living in poverty, and documented in this report, is a denial of the rights that everybody, including those in later life, should expect to enjoy. Governments need to address the discriminatory age barriers that deny older people the access to services and support, which should be theirs by right.

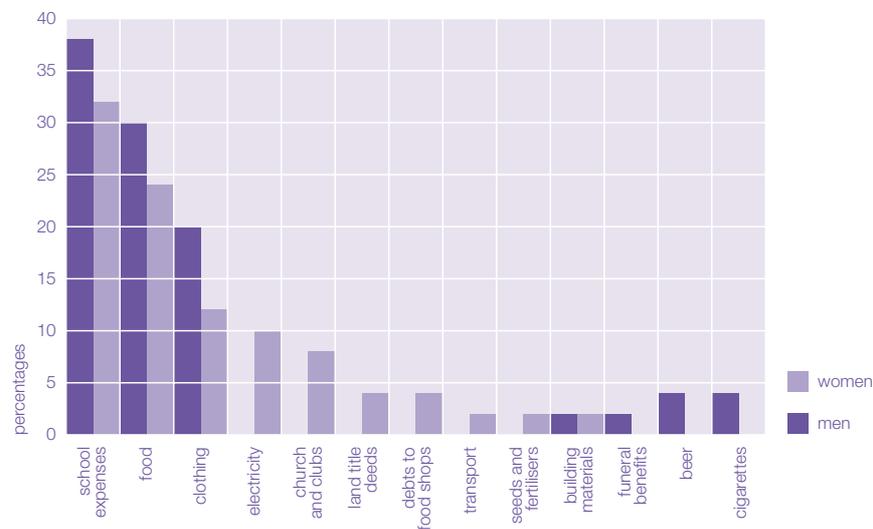


The second argument is about efficacy. Investing in older people makes development work better. Older people, despite the exclusion they face, provide a vast pool of social capital. They are knowledge-bearers – older women play key roles in knowledge transfer and practical support in child-bearing and rearing. Most traditional birth attendants, for instance, are older women. Older people play important roles in household economies, providing child-minding support to their children, which frees them to work outside the family home. There is also growing evidence of the extension of this caring role to long-term surrogate parenting; looking after grandchildren whose own parents have migrated to seek work, or who have died of HIV/AIDS.

Investing in older people's capacity also extends the period over which people can be independent and contribute to society. In Mozambique, older people report that lack of income, combined with poor housing and shortage of food means that they cannot manage their own problems. This has been compounded by discrimination against older people in access to credit, training, seeds and tools and other income-generating resources²³.

Even small amounts of regular cash income have real poverty-reducing impacts for the poorest older people and their households. A study in South Africa showed that older people's pensions were supporting their families' basic needs, including food, clothing and school fees for the children²⁴. However, very few people in developing countries are eligible for social assistance or pensions. Often such social protection is limited to former government employees or workers in the formal sector, excluding most of the very poor and most women.

1.3 Older people's expenditure in South Africa



Debates about social security for older people in low-income countries have mainly focused on private contributory pension schemes that would in theory be available to workers outside the formal sector. There is a widespread assumption that universal, non-contributory pension schemes are just not affordable for poorer countries. But evidence from low-income countries with universal pension systems suggests that they are feasible and that their multiplier effects are beneficial²⁵. In Botswana and Namibia for example, the annual transfer to pensioners amounts to 0.4 per cent and 0.7 per cent of GDP respectively²⁶. "The budgetary costs of universal pension provision are not high... universality is fiscally feasible for LDCs if it is pitched below 1 per cent of GDP"²⁷. And such schemes do reach out to disadvantaged groups such as unpaid carers, women and workers in the informal sector.

²³ HelpAge International, 'Capacity and Connection: a study of ageing in Mozambique'. Unpublished report (Maputo: 2001).

²⁴ T Mohatlé and R de Graft Agyarko, *The Contribution of Older People to Development: The South Africa Study* (London: HelpAge International, 1999) 56ff.

²⁵ M Gorman, 'Pensions for the poorest', *Ageing and Development* 10 (2001).

²⁶ L Willmore, 'Universal pensions in Low Income Countries'. Unpublished paper presented at a workshop organised by the Initiative for Policy Dialogue, Worcester College, Oxford, 4 September 2001.

²⁷ R Charlton and R McKinnon, *Pensions in Development* (Aldershot: Ashgate, 2001).

What is more, the social and economic effects of these pensions are significant. When older people receive income support, the evidence shows that they invest these resources in the family, including the costs of education and of supporting small businesses. Recent research in Namibia, for instance, showed that some 30 per cent of social assistance benefits to older people is spent on educating and caring for grandchildren²⁸.

There is a very strong case for international resources to be devoted to the world's older people. The first of the Millennium Development Goals is to halve the proportion of the world's population in extreme poverty. As this report shows, the severity of poverty for older people is extreme. Current and future generations of older people would benefit particularly from improved access to healthcare, sanitation and clean water. Currently, low income countries have just US\$21²⁹ a head to spend on health. Development assistance for health is also tiny.

Despite commitments made at the World Summit for Social Development to spend 20 per cent of aid on basic social services – basic health, nutrition, clean water and sanitation and basic education – very few donors achieve this. In the year 2000, just US\$900 million was spent on basic health, just 3 per cent of aid allocatable by sector³⁰.

The wellbeing of the world's older people is an international public good. Major increases in development assistance, targeted on poverty, would assist governments to improve the basic services which poor older people need.

Policy recommendations:

- *Policies to address ageing should be included as an integral part of national and international budget strategies. Financing of all sectors, from education to health and social development, needs to take adequate account of ageing populations.*
- *The UN Millennium Development Goals for global poverty reduction, as agreed in September 2000, cannot be achieved unless older people's poverty, their access to health, security and basic needs are addressed as a component of comprehensive and inclusive poverty reduction strategies and interventions.*
- *National and international policy should assert the citizenship rights of older people to a proportionate share of available resources as a matter of equity, and also support the development potential of older age groups in a systematic and targeted way.*
- *Resource-poor countries should be supported financially and technically to deliver a range of social protection mechanisms, including minimum income, as an integral part of their development policies.*
- *HelpAge International's Best Practice Guidelines³¹ should be implemented by all agencies involved in humanitarian interventions to ensure that older people have equitable access to food, shelter and medical care in emergencies.*

Inclusion and accountability

When older people are included in the design, delivery and monitoring of programmes there are obvious benefits to all generations in areas as diverse as health and legal training, income generation, and local and national advocacy. However, chronic poverty and lack of confidence hamper older people's participation. Accustomed to exclusion, older people are often hesitant or cynical about involvement.

Barriers to participation are sometimes enshrined in law and sometimes a matter of custom and unthinking practice. Formal barriers, such as age limits, may require legislative change, but perhaps more important is a change in the mindset which makes discrimination against older people acceptable. Older people's organisations need to be actively engaged in national planning processes, and those who are rarely heard – the oldest old, the poorest and women – need to be sought out. This will need affirmative action by governments and the systematic application of working principles by all agencies to ensure participatory approaches include older age groups.

²⁸ S D Devereux, *Social Pensions in Namibia and South Africa*. IDS Discussion Paper 379 (Brighton: IDS, University of Sussex, 2001).

²⁹ World Bank, *World Development Indicators 2001* (Washington DC: 2001) Table 2.15.

³⁰ Not all ODA can be allocated into sectors – in 2000, US\$28.5bn out of US\$44.9bn of bilateral ODA was allocatable by sector.

³¹ HelpAge International/UNHCR/ECHO, *Older people in disasters and humanitarian crises: Guidelines for best practice* op. cit.



J. Matthews/HelpAge International

A change is needed in the mindset which makes discrimination against older people acceptable.

Consultations with older people and their organisations have shown how much importance they attach to being involved in civil society monitoring of action on ageing at national and international level.

In November 2001, a UN civil society consultation in advance of the Second World Assembly on Ageing made a welcome commitment to ‘strengthen our engagement with all the civil society processes designed to support government and international institutions in the delivery of commitments they are making. In return we ask that civil society and government recognise and support the efforts of older women and men to organise and participate in processes which will have an impact on their current and future situation and wellbeing’³².

Policy recommendations:

- *The participation of older women and men in social development processes at national and international level that affect their wellbeing should be guaranteed.*
- *Older people should be supported as a key social resource and enabled to participate and contribute actively to solutions of their own and the wider communities’ problems.*
- *Affirmative support is required for older people’s organisations that are seeking inclusion in policy processes; indicators for participatory policy making processes should include consultation with older age groups.*
- *Older people should be included in dialogue on how to deliver social protection.*
- *Relief responses should recognise and support both the vulnerabilities and contributions (actual and potential) of older people in emergency situations.*

³² UN Programme on Ageing, ‘Report of the Civil Society Consultation for the Second World Assembly on Ageing’ Chiang Mai, Thailand, 26-28 November 2001.

Equal treatment, equal rights

HelpAge International is setting out ten concrete actions to ensure that older people across the world benefit from the full range of internationally accepted human rights. A rights-based approach to development places a high value on networking and support to older people's organisations. The actions proposed draw on consultations with older people carried out in 2001 and are endorsed by HelpAge International's members and partners. A key aim is to ensure that the International Plan of Action on Ageing 2002 is effectively implemented and monitored.

Age discrimination is a core concern. All societies discriminate against people on grounds of age. Ageism and stereotyping influence attitudes, which in turn affect the way decisions are taken and resources are allocated at household, community and national level. HelpAge International's experience and that of the older women and men with whom it works is that older people are struggling to be seen, heard and understood.

Policies that deliberately or by default exclude people from active contributions to society because they are 50, 60 or 80 years old are not only in breach of human rights principles but are a waste of human and social resources.

Ten actions to end age discrimination

1. *Recognise the human rights of older people and the benefits of population ageing for human development.*
2. *Allocate older people their fair share of national and global resources.*
3. *Guarantee adequate social protection and minimum income in old age.*
4. *Provide accessible and free healthcare for older people.*
5. *Make credit, employment, training and education schemes available to people regardless of age.*
6. *Put an end to violence against older people.*
7. *Ensure policy makers listen to and act on the views of older people.*
8. *Include and consult older people in emergency aid and rehabilitation planning after disasters and humanitarian crises.*
9. *Establish international practice standards to govern public policy on ageing.*
10. *Support older people in their role as carers.*

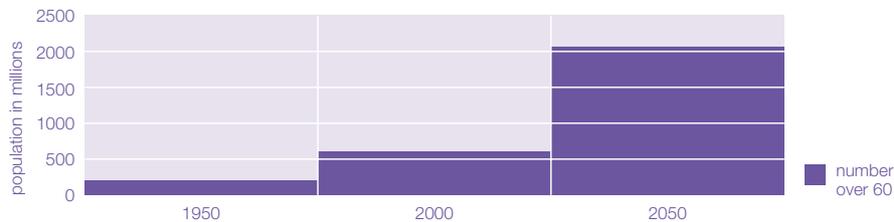


A Tarrant/HelpAge International

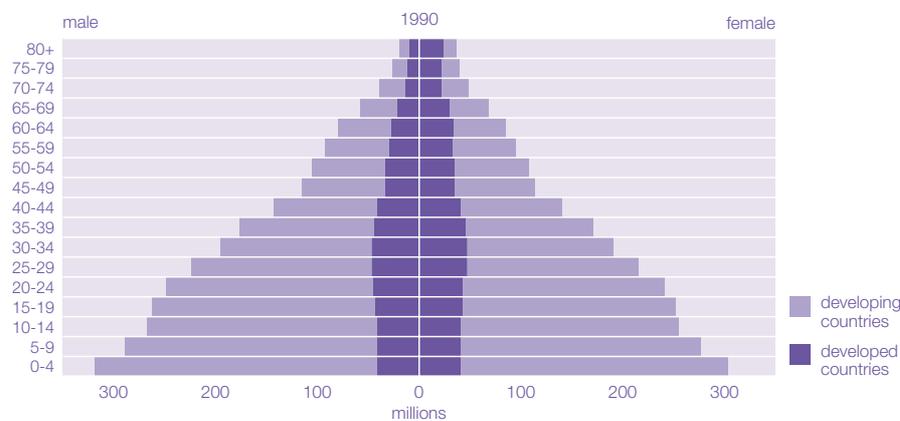
Ageing architect of our future – the data

- Ageing is a triumph of our times – a product of improved public health, sanitation and development. Yet many of the world's older people live in poverty.
- In the year 2000, around 270 million people over 60 lived in countries where the average income was less than US\$2 a day.
- At best, older people live on a third to a half of average incomes. Over a quarter of a billion older people are currently living on much less than a dollar a day.
- Even in the poorest countries, life expectancy is increasing and the number of older people is growing.
- By 2050, over a billion people over 60 – more than half of the world's older people – will live in what are now Low Income Countries where average income is less than \$2 a day.

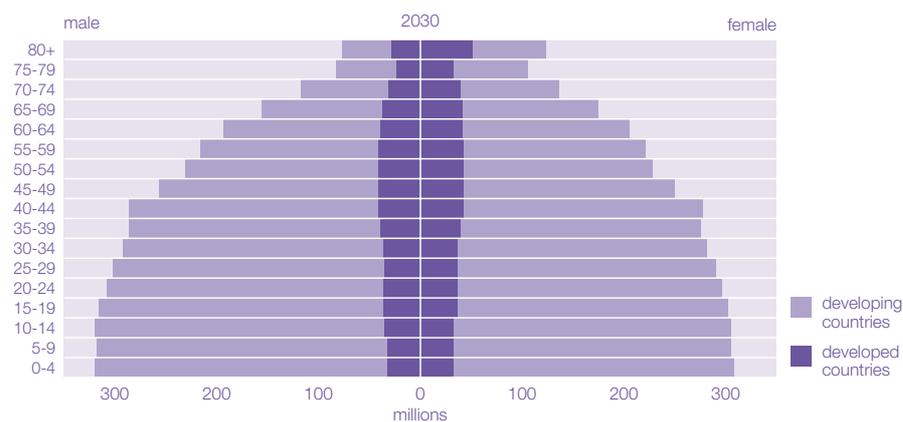
1.4 Number of people over 60 worldwide



1.5 Population by age and sex 1990



1.6 Population by age and sex 2030

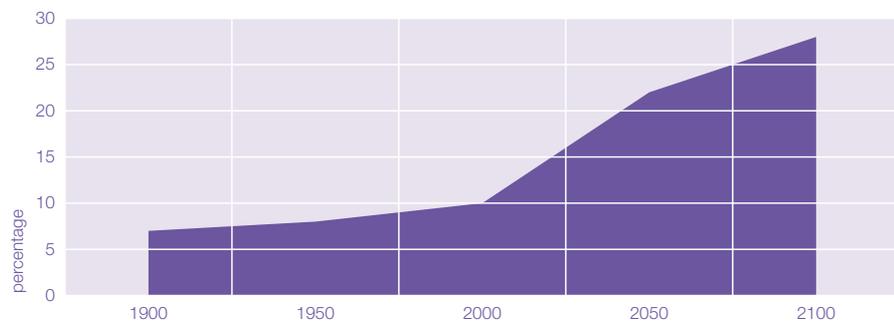


Never before have so many people lived for so long. In fifty years the number of people over 60 will have increased from 600 million today to over two billion.

- In 1950, about 200 million people in the world were over 60 years old. In the year 2000, that had tripled to 600 million. By 2050, two billion people will be over 60.
- The number of people over 60 worldwide will be ten times larger in 2050 than it was in 1950.
- In just 100 years, the world population has nearly quadrupled, but the number of older people has increased by ten times.

Within 50 years, one person in five will be over 60

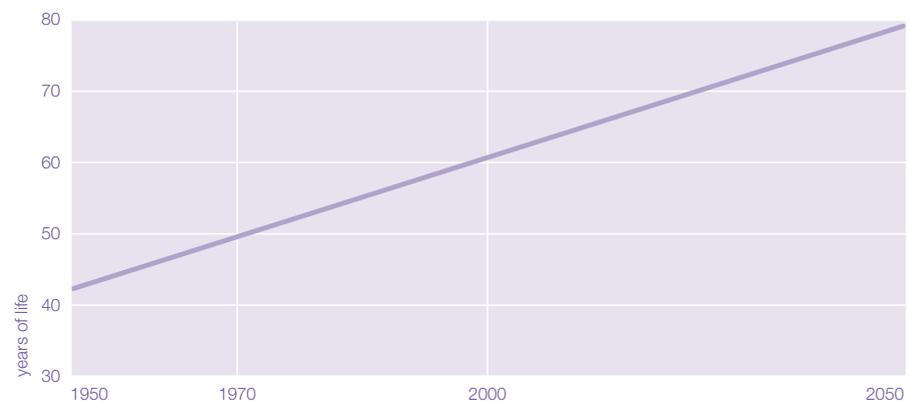
1.7 Percentage of the world's population over 60 1900-2100



- In 1950, eight out of every 100 people were over 60. By 2050, 22 out of every 100 will be over 60.
- The increasing share of older people in the world's population results from a combination of massively increased life expectancy and reduced fertility. Total fertility is expected to decline from 2.82 children per woman in 1995-2000 to 2.15 children per woman in 2045-2050. Life expectancy worldwide is expected to increase by 11 years from 65 in 1995-2000 to 76 in 2045-2050.

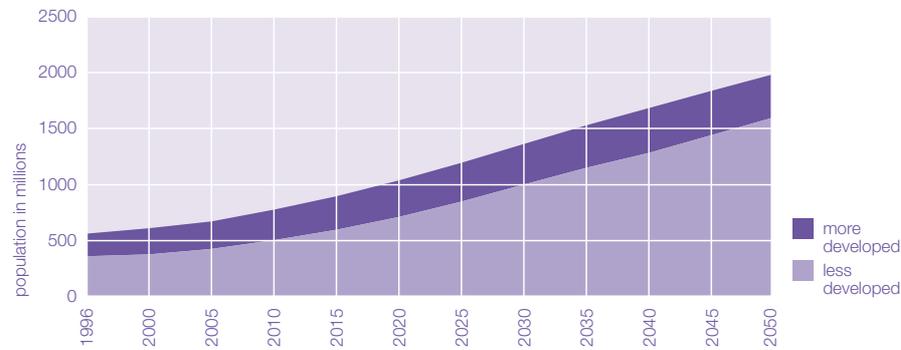
Life expectancy will increase by 30 years between 1950 and 2050

1.8 Global life expectancy from 1951-2050



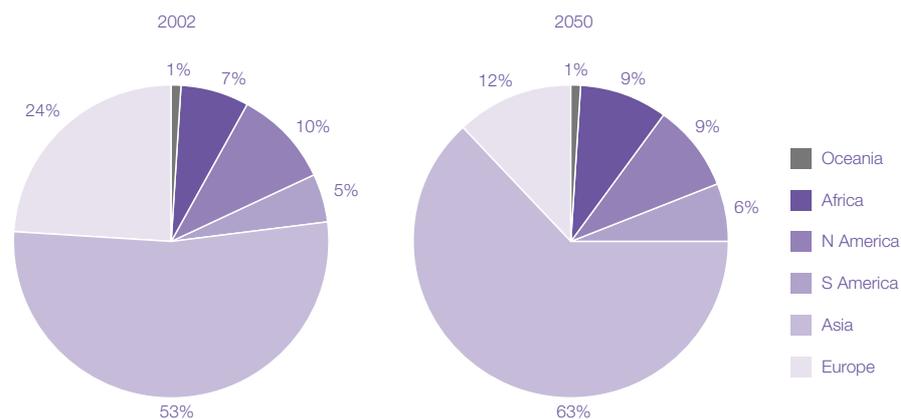
Most of the world's older people live in developing countries.

1.9 Number of people over 60 in more and less developed regions



- In the year 2000, there were 374 million people over 60 in developing countries (62 per cent of the world's older people).
- In just eight years, there will be 493 million older people in developing countries (65 per cent of the world's older people).
- In 2030, there will be over a billion older people in developing countries – three quarters of all the world's older people.
- In contrast, the number of older people in industrialised countries will increase from 218 million in 1996 to 362 million in 2030 – a 65 per cent increase over the period compared with a 200 per cent increase in developing countries.

1.10 Distribution of the world population over 60 2002-2050



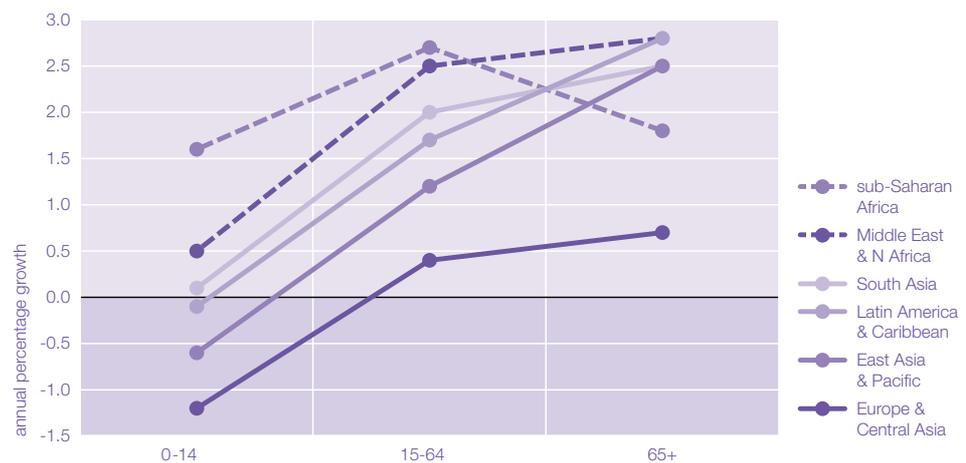
Ageing is no longer a feature of richer societies but of all continents and countries – a shared benefit of development.

1.11 Life expectancy by region 1960-2050



- In 1960, there was a thirty-year gap between life expectancy in Europe (the highest) and life expectancy in Africa (the lowest). The gap was even more extreme for women. An African woman could expect to live until she was 37. A European woman could expect to live until she was 71. In 2002, the gap is 23 years and by 2050, while life expectancy in Africa will still be the lowest in the world, it will have increased to 71 years compared with 83 in North America.

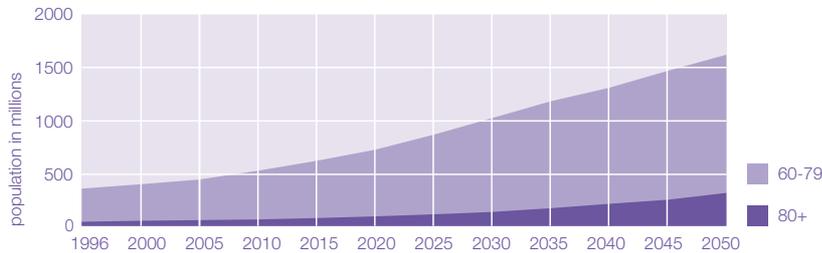
1.12 Average annual population growth rates for different age groups



- In every region except sub-Saharan Africa, the rate of population increase for the 65+ age group is higher than both the under 14 age group and the 15 to 64 age group.
- Even in sub-Saharan Africa, the number of older people is growing faster than the number of children.

The oldest old are the fastest growing age group.

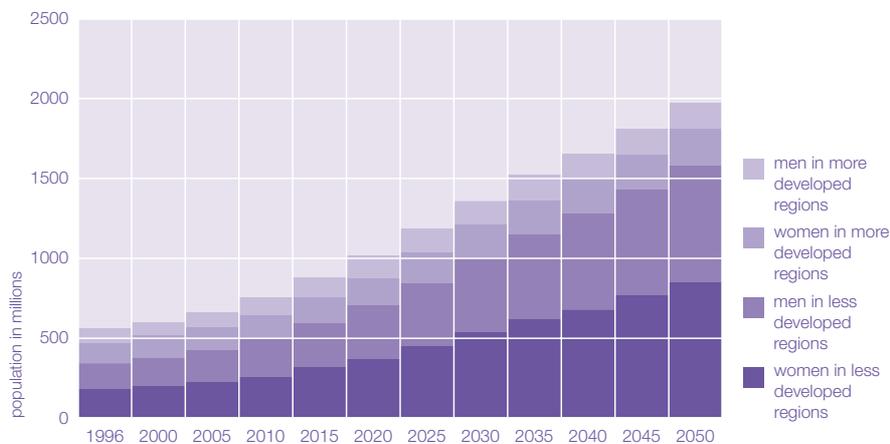
1.13 Population between 60 and 79 and 80+ in less developed regions



- In 2050, one person in twenty will be over 80 (more than 400 million people).
- In 2002, nearly half (48 per cent) of the world's people over 80 live in developing countries. By 2030, this will have increased to 60 per cent (120 million people) and by 2050, 72 per cent of octogenarians will be living in developing countries (300 million people).
- Between 2000 and 2050, the number of people aged over 100 will have increased by nearly twenty times from 180,000 people in 2000 to 3.2 million in 2050.

Older women outnumber older men.

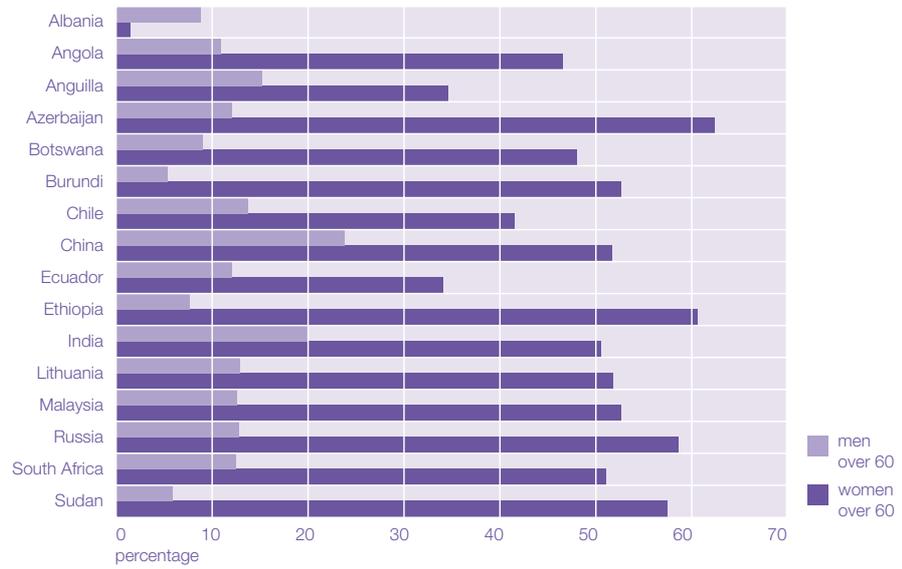
1.14 Distribution of men and women in the population of over 60s



- In 2000, there were 83 men for every 100 women over 60 worldwide.
- In developing countries the gap is less wide: there are 91 men for every 100 women over 60. However, by 2030, the gap will have increased so that there will be 86 men for every 100 women.

Older widows are among the poorest and most vulnerable groups in developing countries.

1.15 Percentage of men and women over 60 who are widowed, selected countries

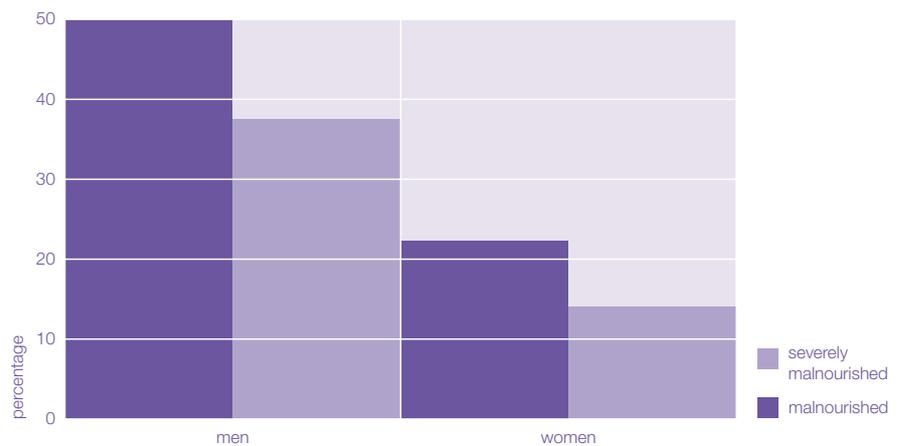


■ In many low income countries over half of the women over 60 are widowed.

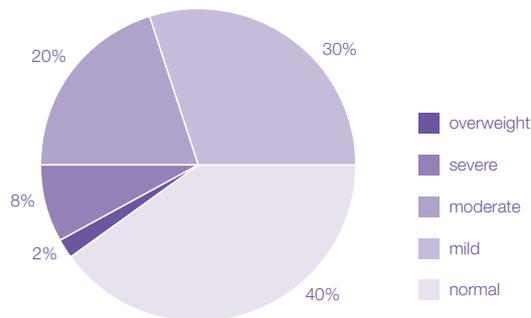
Nutrition

Older people’s access to basic social services is poorly monitored and reported on. Data from HelpAge International research demonstrates that many older people do not have access even to the most basic need of all – food.

1.16 Malnutrition among older people in rural Malawi



1.17 Prevalence of malnutrition among older people in Zimbabwe



Data from Ethiopia

- A survey in Central Ethiopia during 2000 found that 67 per cent of older people were malnourished, with one-third being severely malnourished³³.
- In Borena, an agro-pastoralist area of Ethiopia, 80 per cent of people over 55 were malnourished compared with 54 per cent for the population as a whole. Again, one third of older people were severely malnourished³⁴.
- In a period when malnutrition for children was reduced, the number of severely malnourished older people increased from 30 per cent to 47 per cent³⁵.

Older people's access to food

In Bangladesh³⁶

- When asked for specific recommendations of what would improve their quality of life, most older people indicated that if they only had enough to eat – rice with some onion – they would be more content.
- Insufficient food is exacerbated during times of seasonal hardship or when no agricultural work is available.

In Vietnam

- Most older people said that they did not get enough food all year round to maintain health and strength.

In Haiti

- Out of 138 older men interviewed, 113 (81.9 per cent) said that they often went hungry.
- Out of 261 older women, 197 (75.5 per cent) said that they sometimes went for days without food, usually for lack of cash.

³³ F Tesfaye, M Tessema, M Zerihun, M Amare, S Ahmed, *Assessment of the Nutritional Status of Elderly People in Zeway, Central Ethiopia* (Addis Ababa University, 2000).

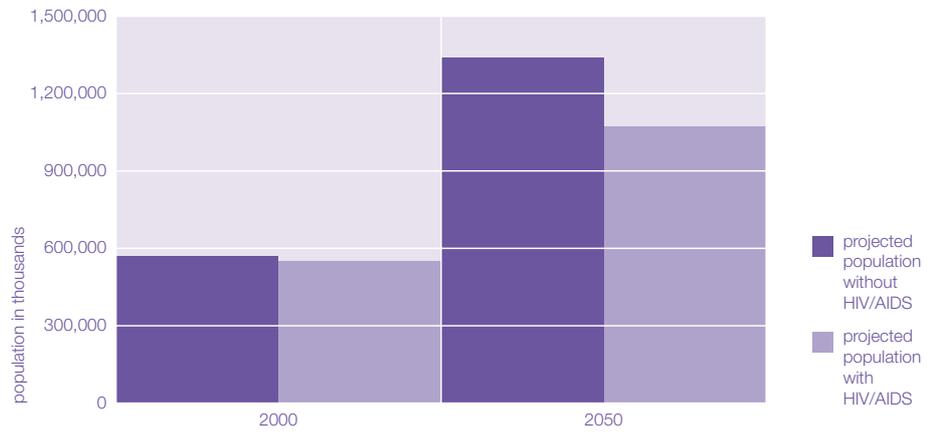
³⁴ HelpAge International, *Nutritional Assessment of Older People in Borena Zone* (Addis Ababa: April 2000).

³⁵ J Blackhurst, 'Findings of Nutritional Survey Borena Zone, Oromia Region, June 12-16 2000'. GOAL Ethiopia

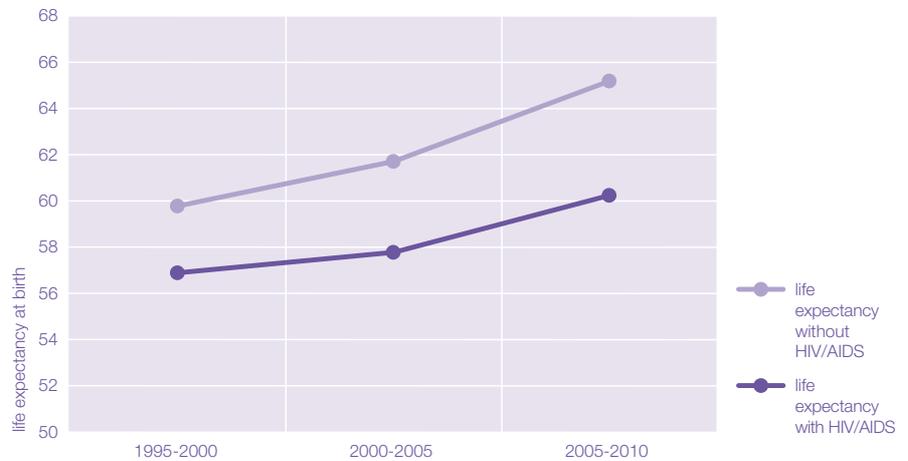
³⁶ HelpAge International, *Uncertainty rules our lives: The situation of older people in Bangladesh* (February 2000).

HIV/AIDS is transforming the age profile of those parts of the world which are suffering from high rates of infection and death.

1.18 The impact of HIV/AIDS on population projections for 35 affected countries in Africa



1.19 The impact of HIV/AIDS on life expectancy in the 45 worst affected countries



Older people are now primary carers for those sick with HIV/AIDS and for orphaned grandchildren³⁷.

- 8 million children orphaned by HIV/AIDS in sub-Saharan African are being cared for by older relatives.
- Two-thirds of adults with HIV-related illness in Thailand are nursed at home by parents.
- In Ethiopia, 68 per cent of those who died from HIV-related illness left orphans in the care of their older parents.
- In an area of 23 villages in Mozambique there were more than 1,000 orphans living with older people.

HIV/AIDS deepens the poverty of already poor, older people.

- School fees are a significant expenditure for older people caring for children, but their incomes are insufficient to meet the costs. In Tanzania, out of 146,000 children orphaned by AIDS, only 1,000, attend secondary school because their grandparents cannot afford the fees.
- Older people are the first line of support for sick adults and for orphaned children. Policy makers need to take proper account of the combined impact of ageing and HIV/AIDS on different population groups.
- Data is urgently needed on the impact of HIV/AIDS on older populations.

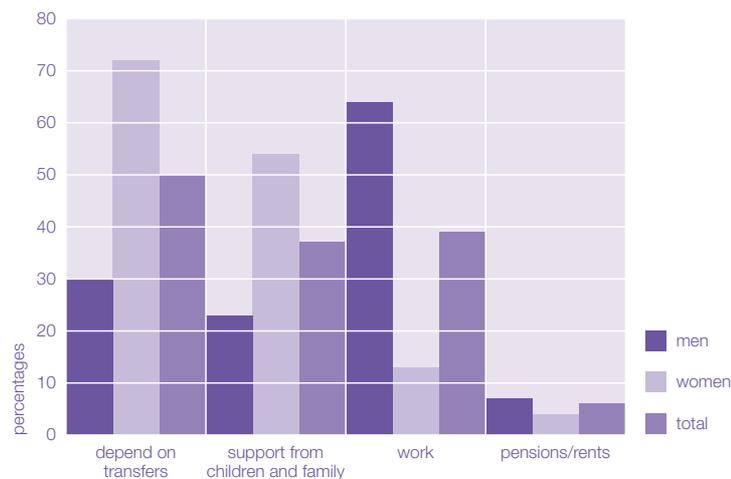
³⁷ Data on HIV/AIDS is taken from HelpAge International Briefing Paper, *HIV/AIDS and Ageing*, (2000). *Ageing and Development* 8 (2001). HelpAge International Tete, 'Summario de Crianças Orfao' (2001). HelpAge International, Birhan Research and Development Consultancy, 'Impact of HIV/AIDS and older people's knowledge, attitudes and practice in Ethiopia'. WHO/UNAIDS Epidemiological Fact Sheets, various countries.

Economic status

Older people rely on diverse sources of income.

- Older people rely on a combination of income sources – their own labour, support from family and community and, in a few instances, support from the state.
- Support from children and families typically includes both financial and material help, farm labour, house repairs and visiting.

1.20 Sources of income for Indians over 60 years³⁸



1.21 Sources of income in South Africa³⁹

Income for urban older people	Income for rural older women	Income for rural older men
Pension	Pension	Pension
Small scale trading	Old and new jumble sales	Household repairs
Part-time jobs in factories	Plastering of houses	Shoe making
Domestic labour	Selling plastic mats	Farm labouring
Use of artisan skills	Tea-picking/farming	
Petty street hawking	Selling food crops	
	Knitting/crochet/embroidery	
	Making and selling clay pots	

³⁸ Data on economic activity in India is from the World Bank Report 22034, *India, the Challenge of Old Age Income Security*. Finance and Private Sector Development, South Asia Region. April 2001.

³⁹ T Mohatlle and R de Graft Agyarko, *The Contributions of Older People to Development. The South African Study* op. cit.

Universal, non-contributory pensions provide safety nets for poor older people.

1.22 Old age pension schemes in developing countries⁴⁰

Country	Covered population	Number of beneficiaries	Maximum pension in US\$ per month	Pension as a percentage of GDP per capita	Annual transfer to older people as a percentage of GDP
Mauritius (universal)	Citizens with 12 years residence and 10 years residence from the age of 65	112,000	\$55 rising to \$212 for those aged between 90 and 100 and \$236 for those over 100	17% for the basic pension	2%
Namibia (universal)	Citizens and permanent residents from the age of 60	82,000	\$26	16%	0.7%
Botswana (universal)	Citizens from age 65	71,000	\$24	9%	0.4%
South Africa (means tested)	Citizens from age 65 for men and 60 for women	1,800,000	\$80	32%	1.4%
Costa Rica (means tested)	Citizens from age 65	41,620	\$30 for a single person, \$39 for people with three dependants	9% for single 12% for 'with dependants'	0.1%
India (means tested)	Citizens from age 65	2,200,000	\$2	5%	0.01%

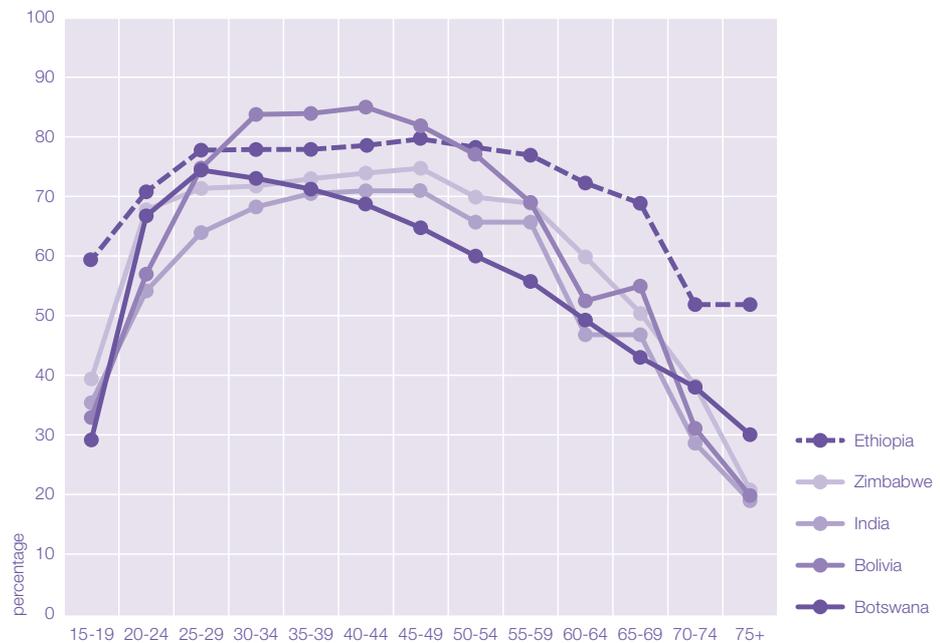
- **Universal non-contributory pensions can protect an entire population. Increasingly evidence is showing that such pensions are affordable.**
- **The revenue required to provide all residents of least developed countries older than age 65 with a pension equal to 30 per cent of GDP amounts to less than 1 per cent of those countries' GDP today and will increase to only 1.6-2.3 per cent of GDP in 50 years' time.**
- **The basic pension in South Africa is a reliable source of income which leads to household security, reaches rural areas effectively and is gender sensitive.**
- **In 2001 the World Bank announced that future work on pension reform would focus on 'old age income support for the life-time poor through public non-contributory schemes and community support.'**

⁴⁰ Table 2 is from Larry Willmore, 'Universal Pensions in Low Income Countries'. Paper prepared for presentation to the annual meeting of the Asociación Internacional de Organismos de Supervisión de Fondos de Pensiones, San José, Costa Rica, November 2001.

Economic activity

Older people are economically active in developing countries.

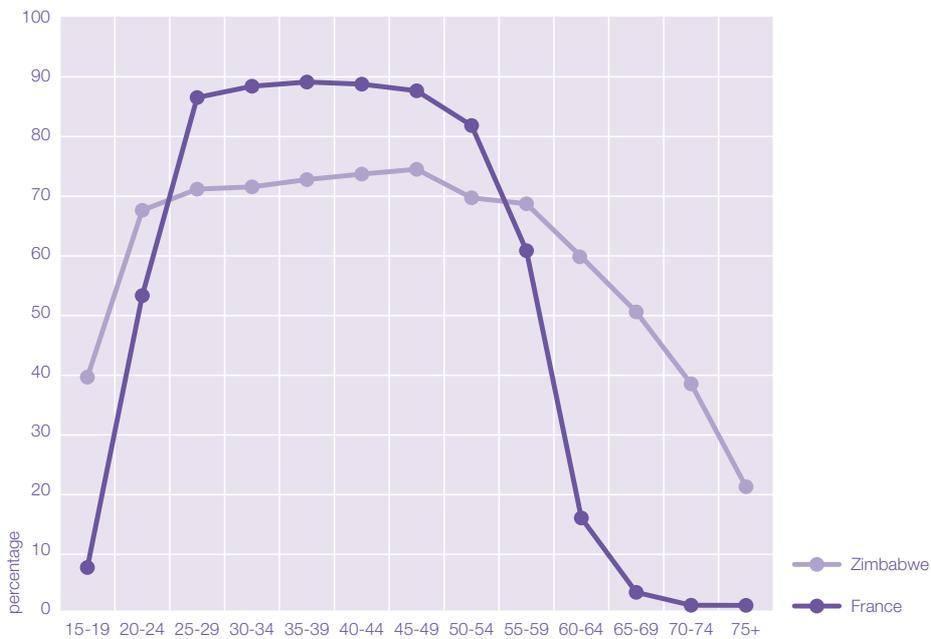
1.23 Percentage of each age range classed as economically active – selected countries in Asia, Africa and Latin America



- Although comprehensive data is not available, information from a wide range of countries suggests that older people work into very old age.
- At least half of the population is economically active in their sixties; around a third of people between 70 and 74 and a fifth or more of those aged over 75 are economically active.
- These percentages translate into very large numbers and significant economic impact.
- In India there are 20 million economically active men over 60 and nearly 6 million economically active women.
- By 2030, the older workforce in India will number 54 million men and 15 million women, and by 2050 it will be 90 million men and 24 million women.

Economic activity in older age is much more common in developing than developed countries.

1.24 Percentage of each age range classed as economically active in Zimbabwe and France



- In France, just 16 per cent of those aged between 60 and 64 are economically active and only 3.2 per cent of those over 65.
- In Zimbabwe, 60 per cent of those aged between 60 and 64, and 50 per cent of those aged over 65 are economically active.

1.25 Economically active men and women in India as a percentage of the total population

age	1991		2002		2030		2050	
	men	women	men	women	men	women	men	women
60-69	13.1	3.6	16.40	4.56	37.79	12.03	60.39	17.91
70-79	3.6	0.7	5.54	1.07	13.39	2.87	24.57	5.10
80+	1.1	0.2	1.08	0.19	3.01	0.61	6.75	1.64

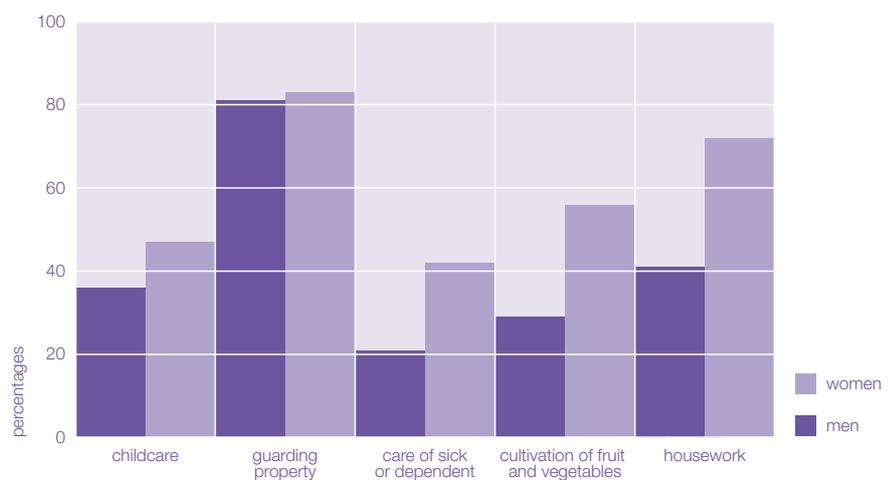
1.26 Older people’s activities in Mozambique⁴¹

Older men	Older women
Agricultural activities	Agricultural activities
■ growing maize, rice and vegetables	■ working on family farm
Casual labour	Casual labour
■ working on neighbouring farms for food or money	■ working on neighbouring farms for food or money
Income-generating activities	Income-generating activities
■ growing vegetables	■ brewing traditional beer for sale
■ sale of products	■ making handicrafts (pottery) to exchange for basic products
■ sale of domestic animals	■ washing other people’s clothes for food
■ handicrafts	■ cleaning streets for food
■ hunting	■ petty trade in cashew nuts and tobacco
■ fishing	
Handicrafts	Traditional medicine
■ making domestic utensils	■ traditional nursing
	■ traditional healing

Older people’s contribution to families and communities

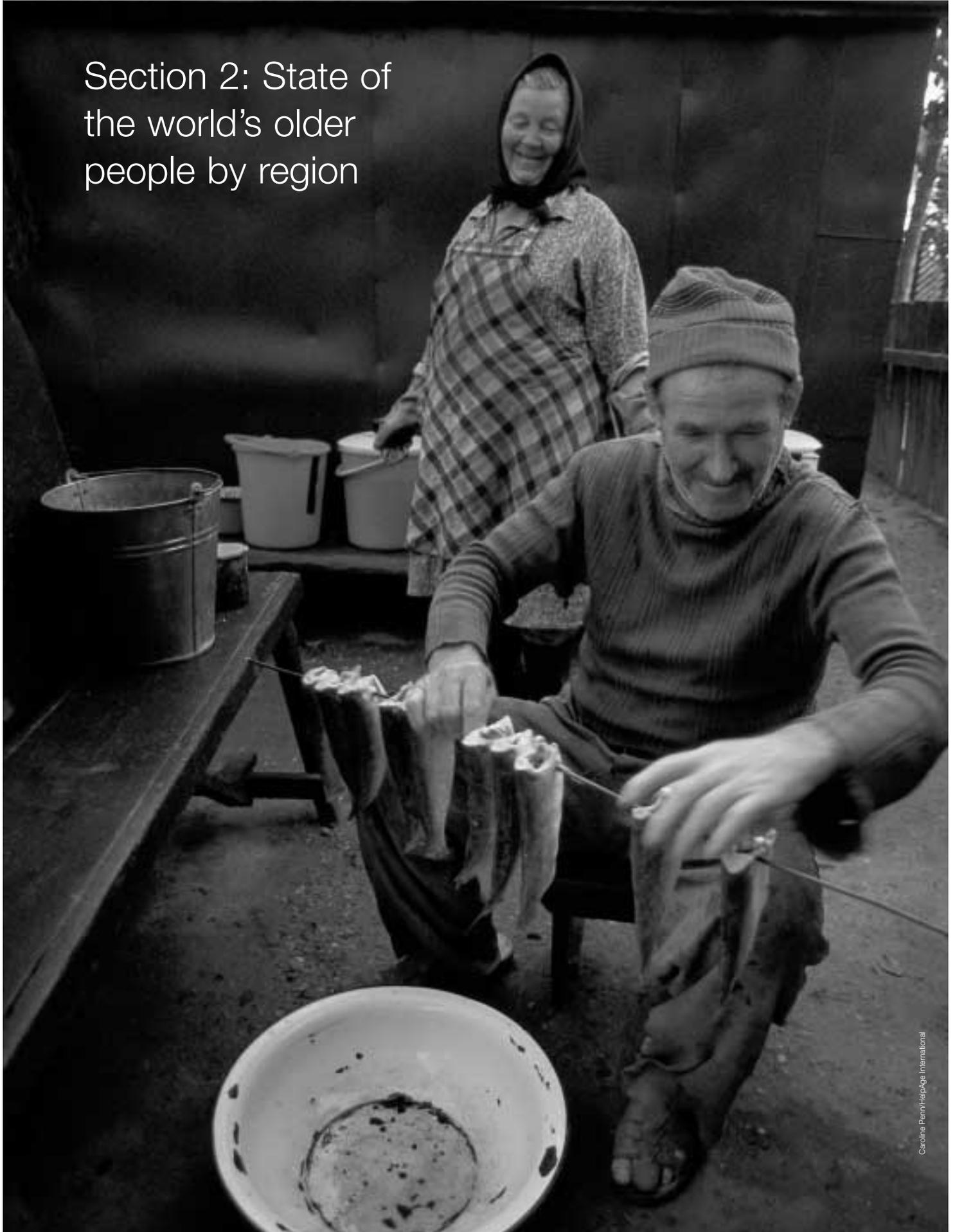
- Even the most vulnerable older people still play a very active role in families and communities. For example, in Mozambique 25 per cent are involved in childcare, 40 per cent in horticulture, 57 per cent in housework and almost 80 per cent in guarding property.
- Older people provide direct financial support through petty trading and contributions from pensions.

1.27 Older people’s contributions in Mozambique



⁴¹ HelpAge International, ‘Capacity and Connection: a study of ageing in Mozambique’. op. cit.

Section 2: State of
the world's older
people by region



Africa

Discrimination and a lack of policy and legislation on ageing, combined with the declining economic situation, HIV/AIDS and the rise in conflict and emergency situations mean that older people in Africa are denied access to basic rights and services, and live in poverty. Most have to continue to work to support their families into very old age if they are physically able.

Urbanisation and migration have led to the deterioration of the traditional family support system, resulting in the abuse and neglect of older people by family members. The absence of social security systems in many countries means that there are no cushions for older people when they are no longer able to support themselves. They are forced into destitution if they cannot rely on their families.

Loss of livelihoods

The economic and political situation in many African countries is straining the traditional family care structure. Wars, conflicts and disasters are causing displacement, leading to separation of families and a change in power structures. Economic hardships are making it difficult for some families to provide care and support to older people. Changing cultural values and the changing relationships between state and traditional leaders are said to be undermining traditional values, including respect for older people.

There are very few countries in Africa where older people are covered by social welfare legislation. Structural adjustment programmes force older people to pay for services that were previously free. A few countries, such as Mauritius, South Africa, Mali and Cameroon, have national policies on ageing but their coverage and implementation is variable. Mauritius, Botswana and Namibia have universal, albeit very low, pensions, while South Africa has a means-tested pension.

Governments argue that high unemployment and competing needs of the population justify the lack of policies on ageing. However, such attitudes ignore both the basic human rights of older people and the contribution they make to their families and society.

Social insecurity

Older people are among the poorest in every society. Most do not have access to a regular income and the majority do not benefit from any social security provision. They are also denied credit to help them invest for the future. Pensions, where they exist, mostly reach the small proportion of older people who have worked in the formal economy. They are insufficient to meet basic needs, are eroded by inflation and may be difficult to collect due to distance or bureaucracy. A Ministerial Committee on Abuse, Neglect and Ill-Treatment of Older Persons in South Africa reported that a law suspending pensions of people with properties valued at over R180,000 (about US\$15,600) resulted in people being forced to sell or gift their homes to their children



in order to re-apply for a pension. They then had to wait years before it was restored.

Across the continent, older people report delays – often of many years – in processing pension funds. In Kenya, older people reported that processing pensions could take up to ten years. They spend their limited resources travelling back and forth from rural areas to Nairobi only to be subjected to abuse by corrupt or inefficient government employees who tell them to come back again. If the pension ever does come through, high bank charges erode its value.

The negative and negligent approach to pensions fails to recognise the contribution older people make by using their meagre resources to support their families. For example, a blind older man from Clermont in KwaZulu-Natal, South Africa, lives with two of his seven children and 13 grandchildren. All rely on his monthly R500 pension (less than US\$45) for their food and upkeep. None of his children is employed. His expenses include school fees, food for all 15 dependants, clothing and materials to renovate their shack².

Food and nutrition

The income insecurity and lack of support and services for older people are reflected in high rates of malnutrition recorded in urban and rural settlements, as well as in emergency situations. In the Machakos district of Kenya, for example, 30 per cent of older people are malnourished, with prevalence substantially higher in rural areas compared to the urban community (36 per cent and 21 per cent respectively). Malnutrition among men is higher than among women – 20 per cent higher in rural areas and 10 per cent higher in urban areas³. In some parts of Africa, seasonal food shortages are common and affect everyone. In many cases, distribution of food within the household disadvantages older people – a situation made more acute during shortages. For example, in Senegal and Niger⁴ older people are not allowed to touch the centre of the communal dish, which is the protein source.

The most common risk factors that affect older people's nutritional status are poverty, responsibility for supporting grandchildren, living alone and disabilities (such as immobility, blindness and loss of teeth). Cultural factors also have an impact – older people often share their food with their grandchildren as a sign of affection⁵.

In emergency situations older people are particularly at risk. During food shortages they share their food with other family members. Even when they are included in relief programmes, they tend to give away their rations, particularly where the food is unfamiliar or needs a lot of time to cook. Normal coping mechanisms such as the collection of wild fruits or use of livestock are compromised.

Lack of nutrition policies and programmes for older people affect the nutrition of all older people⁶. Despite the evidence and the potential vulnerability of this age group, very few nutrition interventions target older people and the training of nutritionists in Africa generally does not include older people.

Malnutrition brings with it sickness and loss of independence. Some of the causes of malnutrition relate to physiological changes such as changes in metabolic rates, poor absorption of nutrients, dental problems, changes in taste and reduced mobility that make it harder for people to access and prepare food. In many cases, the impact of these changes can be minimised with small changes to dietary habits. 'We go to the health centres and the nurses treat us harshly. We are given medicine but at home we do not have food and there are certain diseases like malaria which get worse without food,' said an older woman in Mozambique.

In rural areas, older people produce food for themselves and their families, selling surpluses to meet other household needs. However, food production and marketing programmes may exclude older people, as discriminatory attitudes perceive older people to be a burden and do not acknowledge the valuable contributions that they make to household food production.

'We have voices, we want to be heard and most importantly to be understood'¹.

¹ Unless otherwise stated, all quotes from older people in this chapter come from consultations held by HelpAge International in Africa during 2001.

² T Mohatlle and R de Graft Agyarko, *The Contribution of Older People to Development: The South Africa Study* op. cit. 53.

³ S Ochola, *Nutritional Vulnerability of the Elderly in Nairobi and Machakos Districts* (Nairobi: Kenyatta University/HelpAge International, May 2002)

⁴ HelpAge International, 'Atelier de formation des formateurs sur la nutrition pour l'Afrique francophone'. Workshop Report, March 2001.

⁵ HelpAge International, 'Nutritional Status of Older People in Borena', April 2001; HelpAge International, 'The Risk Factors and Nutritional Status of Older People in Turkana'. Draft report, 2001.

⁶ HelpAge Ghana, 'Nutritional Survey Report' Ghana, 2001; and Malawi Nutrition Workshop Report, November 2001.

In Changara District, Mozambique, in just 23 villages, there are more than 1,000 orphans living with older people.

Health

By far the biggest health problem faced by older people is the cost of, and access to healthcare. Barriers range from lack of knowledge about prevention and management of common diseases to denial of treatment. For many older people, health services are far from their homes and they do not have the money for transport. Subsidised healthcare does not benefit them if they are unable to get to a doctor or clinic. One older man in a consultation workshop in Sudan spoke about the problems of reaching health centres: 'If you have a health insurance card, you have to go to El Hara 4, a distance of 6km, then you are directed to Elingaz, 13km, and if you manage to reach there you will be told that eye diseases are not included in the insurance. Moreover, you need to collect medicine from other places.'

An older man in Kenya said: 'I have never been to a hospital in 14 years. It is too expensive. I get most of my medicines from the healer. His prices are lower and payment terms are negotiable.'

An older woman said: 'The problem is not with the nurses; they are told to charge everyone by the government. So the problem is with our government who has not considered us, not with the nurses.'

The view of many older people, however, is that the negative attitude of health personnel compounds their problems of trying to get healthcare. Having waited for lengthy periods at clinics to be seen, they will be told there is nothing to be done – many people are led to believe they have a disease called 'old age'.

Older women in Tete, Mozambique, say: 'The nurses give different reasons not to treat us. They say we are dirty, we have not combed our hair, we are old and cannot take drugs. If you are clean it is OK.'

HIV/AIDS

The impact of HIV/AIDS on older people in Africa is devastating, yet HIV-related policies and services continue to ignore the older age group.

Throughout sub-Saharan Africa older people, particularly older women, carry the burden of HIV/AIDS in the community. At the household level, they provide care and support for those who are sick and dying. Across the continent, many of those who are sick return to the family home when they can no longer cope. It is their older parents who become the main carers – providing physical, emotional and economic support. In many cases, older people exhaust their savings buying drugs or turning to traditional healers in search of a cure. Older people face the trauma of losing several of their children to the AIDS pandemic as many families suffer multiple losses and their household security is destroyed⁷.

With the death of adult sons and daughters, older people are left as the sole carers of their orphaned grandchildren. In Ethiopia, 68 per cent of adults who died from HIV-related illness left orphans in the care of their older parents. In such situations, the older persons take on total social and economic responsibility for their many grandchildren. As well as providing for the daily food, clothing and health needs of the children, they try to find money for school fees, books and uniforms. In many cases, their resources simply cannot stretch. In Kagera, Tanzania, a key reason why only 1,000 of 146,000 children orphaned by HIV/AIDS attend secondary school is because their grandparents cannot afford to send them⁸. In Changara District, Mozambique, in just 23 villages, there are more than 1,000 orphans living with older people⁹. The links between alleviating child poverty and supporting their primary carers, namely older people, are not being made.

Rosalina Odera, 85, is one of the many older women in Kenya whose life has been devastated by the loss of seven of her children and their spouses to HIV/AIDS. She is now the sole carer for her ten grandchildren. 'My grandchildren are too young and cannot even fend for themselves,' she explains. 'It is unfortunate, painful, and

⁷ World Health Organization, 'Impact of AIDS on older people in Africa: Zimbabwe Case Study'. Draft Report, September 2001, 1.

⁸ *Ageing and Development* 8 (2001) 6-7.

⁹ HelpAge International, 'Summario de Crianças Orfão' Sept-Oct 2001. Briefing paper prepared for mid-term evaluation (Tete, Mozambique).



Hein du Plessis/HelpAge International

devastating. Often we have gone without food and the house is falling on us,' she said, tears rolling down her cheeks¹⁰.

Older people are excluded from HIV/AIDS education campaigns, ignoring the fact that they are at risk of infection both through being sexually active and through caring for infected household members. AIDS awareness work tends to be youth orientated, using language that is not relevant to older persons. Not only does this put older people at risk but it also makes it hard for older people to give the right messages to the grandchildren in their care. Without the right information and equipment, older people risk infection during the caring process such as cleaning sores or assisting the sick to shave without the use of protective gloves.

Rates of HIV infection among older age groups are hidden. In many cases, older people remain undiagnosed on the assumption by health workers that they are not sexually active or otherwise at risk. Furthermore, in many cases, HIV/AIDS statistics are only compiled up to the age of 49.

Abuse and rights issues

Awareness of abuse, neglect and violation of the rights of older people has been slow to emerge throughout the world. Older people's rights are violated socially, politically, economically and psychologically. In Africa, it is often believed that traditional family structures and norms of respect mean that older people are well supported and protected. This is not the case.

Older people, particularly older women, are vulnerable to accusations of everything from witchcraft to preventing or causing too much rain – for this they are at risk of psychological and physical abuse. In Ghana, older women accused of being witches are sent away by the chief of the village to an isolated place called Tendang, where they live for the rest of their lives. In rural Tanzania, economic problems and land shortages have led to increasing instances of older women being accused of witchcraft as grounds for evicting them from their homes and even killing them for their property¹¹.

Rape and violence by family members towards older relatives has become alarmingly common in some places. Reports of sexual abuse have increased in some communities where the myth has apparently arisen that sex with older people can cure HIV/AIDS¹².

Whatever the nature of the abuse, legal systems fail to protect the rights of older people. Where general legislation does offer recourse, many older people find the judicial systems difficult to access.

¹⁰ *East African Standard*, Wednesday, September 20, 2000.

¹¹ HelpAge International *Older people in Magu – Tanzania: the killings and victimisation of older women*. A Research Report, (Dar es Salaam, Tanzania: 1999): 44-45.

¹² J Keikelame and M Ferreira in partnership with Ikamva Labantu Project. *Mpathekombi ya bantu abadala: elder abuse in black townships on the Cape Flats*. (University of Cape Town: 2000).

The impact of the violation of rights of older people has resulted in an overall reduction of their quality of life which is seen in growing levels of destitution, malnutrition, and poor physical and mental health, leading to frailty, low self-esteem, stress, frustration and sometimes suicide.

Home-grown solutions

Community organisations in Africa play a fundamental role in providing home-based care to vulnerable older people. They train community health workers and home visitors, who help older people sort out problems and resolve conflict within families.

A woman in Mozambique reported: 'When my son died, I was chased away for allegations of witchcraft by my daughter-in-law. Since then I have been living alone in the bush where I have constructed a thatch house. There is no path leading to my house. Sometimes when I am coming back from collecting firewood I cannot find the [way]. Loneliness is my other problem. I live alone with no one to talk to. The home visitor came to visit and brought me firewood. Later discussions led me to have a meeting with my daughter-in-law. We are now reunited. I have received flood relief construction materials and I am feeling more hopeful about the future'¹³.



Alison Geldart/HelpAge International

Conflict and emergencies

Many African countries are affected by the consequences of civil war, conflict and natural disasters. Older people's ability to cope in emergencies is hampered by the lack of understanding of their situation by humanitarian agencies. Older people are seen as a low priority by most humanitarian agencies and very few develop programmes that consider their specific needs. Furthermore, the design of many emergency interventions discriminates against older people, thereby increasing their vulnerability. Older people are usually a last consideration, targeted only when and if resources permit. For example, research in Benin showed that only younger women were allowed to collect the food ration for the family, and there was no outreach programme to inform older people of their entitlement¹⁴.

Food distribution centres are not considerate of older people's limited mobility, and food rations are often unsuitable for their digestive and dental conditions. Older Rwandese refugees in Tanzania said: 'The food we get is not enough. We digest the porridge quickly and then feel hungry until dinner'¹⁵.

Older people are left out of nutritional assessments by international development agencies. These assessments determine the scale and scope of further assistance. Therefore, exclusion at this stage means that older people, in spite of their loss of teeth and immobility problems, do not benefit from supplementary feeding programmes enjoyed by other vulnerable groups such as lactating and pregnant women.

A study addressing the needs of older and chronically ill people in a refugee camp in Goma, Congo, revealed that the majority of people admitted into the health centre had an underlying illness or were older persons with no family support and were showing no signs of nutritional recovery. The distance to health centres, lack of drugs, bereavement and loss of support from young children all increased their vulnerability.

The contribution of older people in maintaining some sense of community identity after displacement, in providing leadership and in managing scarce resources, goes unrecognised. Activities that involve refugees in camps routinely ignore the role of older people and, as a result, older people perceive themselves as a burden. One older man in a refugee camp in Tanzania said: 'I feel like a flat bicycle tyre.' He mentioned that older people in the camp also feel bored, as they are less active due to poor health and lack of land for cultivation, in addition to being left out of any programme.

¹³ S Massengo, Programme Officer for Rwanda, Mozambique and Tanzania, Unpublished trip report to Mozambique, HelpAge International, 2001.

¹⁴ HelpAge International, 'Atelier de formation des formateurs sur la nutrition pour l'Afrique francophone', op.cit.

¹⁵ S Ismail and M Manandhar, *Better Nutrition for Older People: Assessment and Action*, (London: HelpAge International/London School of Hygiene and Tropical Medicine, 1999) 43.

Post-emergency recovery programmes often focus on providing relief assistance to younger people, although older people face the same rehabilitation needs with fewer resources. An older person in Malawi said: ‘The impact of the flood is yet to remain until the next two harvesting seasons. Now in addition to problems of food, shelter and clothing, we have to repair our damaged houses. There are lots of mosquitoes and malaria is a problem. Health services are expensive’¹⁶.

Gender also affects access to support after an emergency. Older widows are often discriminated against in allocation of land in recovery programmes. They are allotted poor quality land, often at some distance from their homesteads. Unable to clear new land, they are forced to over-cultivate, resulting in poor harvests. Older widows in the Zambezia province of Mozambique complain that they are not treated in the same way as their male counterparts¹⁷.

African states to agree ageing policies

The joint policy development process being undertaken by HelpAge International and the African Union (formerly OAU) will result in a Policy Framework and Plan of Action on Ageing that will guide the member states in the formulation of national policies on ageing.

The process, which involves several stages of consultation in different forums, has contributed to increased interest and awareness about ageing. This has highlighted the need for African governments and civil society to work together.

The adoption of national policies on ageing will:

- **Ensure that governments begin to allocate resources for older people through the budgetary process, so that older people receive a fair share of national resources.**
- **Create an environment in which other stakeholders mainstream ageing in a way that older people will benefit.**
- **Increase awareness about ageing issues among younger population groups and improve attitudes about ageing and older people.**
- **Enable older people to demand their rights because of the backing they will have from the policies and legislation.**
- **Support older people’s role as net contributors to families and communities, and encourage society to value their contributions.**

Older people face the same rehabilitation needs with fewer resources.



Robert Mallette/HelpAge International

¹⁶ HelpAge International, ‘Trip Report to Malawi’, Report of a monitoring visit. September 2001.

¹⁷ M Owen, ‘Widowhood, Inheritance, Land Rights and Food Security in Zambezia’. Report prepared for British Development Division in Zimbabwe, 1996.



HelpAge International

Policy priorities

Policies on social security need to be broadened to encompass the formal, traditional, informal and semi-formal employment systems, to ensure that those living in poverty, at whatever age, are covered.

Older people should also be provided with access to credit and better interest rates.

Access to health services is a basic human right for all. Health services must be designed to take into account the physical and mental health needs of older people.

For older people to contribute positively to their family and continue to live independently, efforts need to be made to improve their food security. The nutrition recommendations in the International Plan of Action on Ageing 2002 provide a valuable guide.

Education campaigns and HIV/AIDS policies need to reflect the needs of older people as carers and as people at risk of HIV infection.

Emergency planning, management and distribution systems must ensure that older people have access to assistance, are represented on relevant decision-making bodies and are able to contribute their experience and skills.

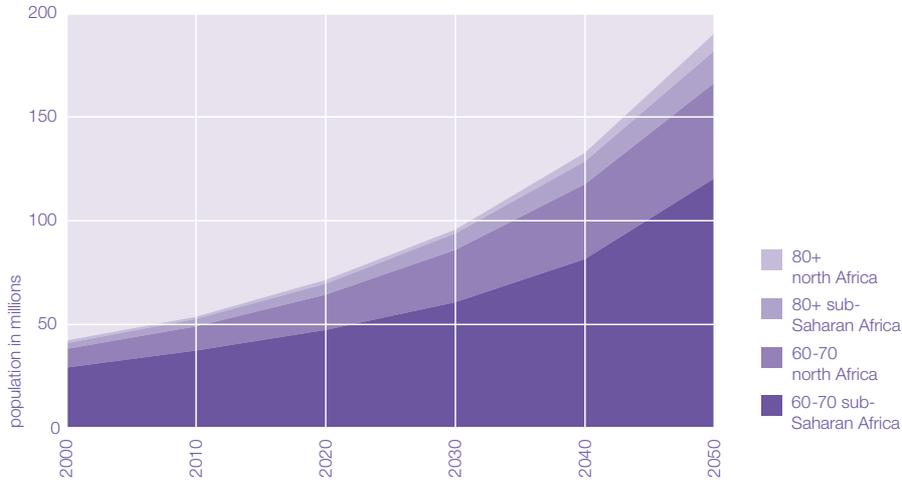
Training of professionals or family members caring for older people can do much to change attitudes. A trained home visitor in Mozambique said: 'I wish I'd had this knowledge before. I feel I owe older people an apology for the manner I sometimes treated and thought about them'¹⁸.

Data on ageing in Africa

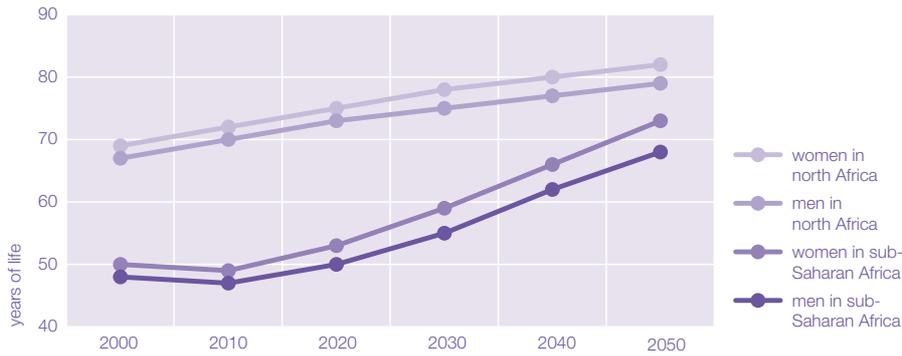
- *In 2002, there are about 40 million people over 60 years old in Africa – about 7 per cent of the world's older people.*
- *Of those, around 3 million are over 80.*
- *By 2050, there will be 102 million older people of whom 22 million will be over 80.*
- *Life expectancy in sub-Saharan Africa will decline in the first ten years of the 21st century but after that it will rise, to reach 71 years in 2050.*
- *The gap between global life expectancy and life expectancy in sub-Saharan Africa will reduce from 16 years today (2002) to 6 years in 2050.*
- *Sub-Saharan Africa's population has an average income of just US\$490 a year – just under US\$10 per person per week. In many countries in the region it is even lower.*
- *35 countries in Africa are very badly affected by the HIV/AIDS pandemic. The population of these countries is projected to be 84 million people fewer than it would have been without HIV/AIDS. The role of older people in bringing up orphans and caring for the sick is slowly being recognised.*
- *Life expectancy in Sub-Saharan Africa is lower than any other region, but will increase by 20 years over the next half century.*
- *There are 100 older women for every 86 older men in Africa now.*
- *During the next five years there will be 13 million extra deaths in Africa because of HIV/AIDS.*

¹⁸ N Chipfupa, 'Rebuilding a sense of community', *Ageways*, 58 (2001) 7.

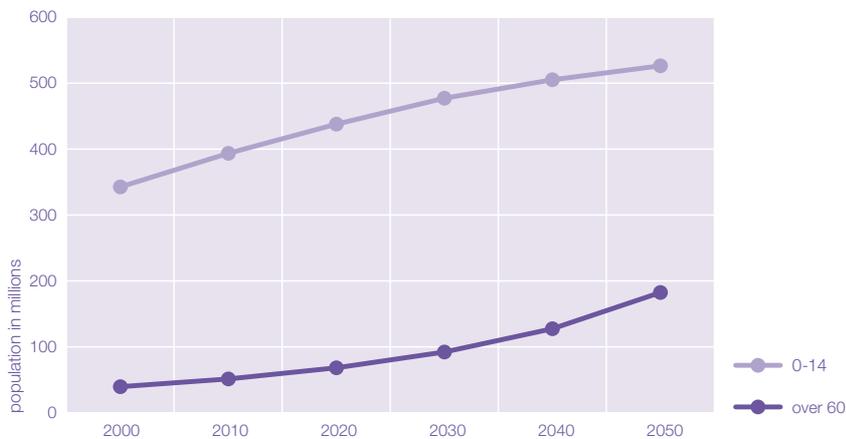
2.1 Growth in the numbers of older people in Africa from 2000-2050



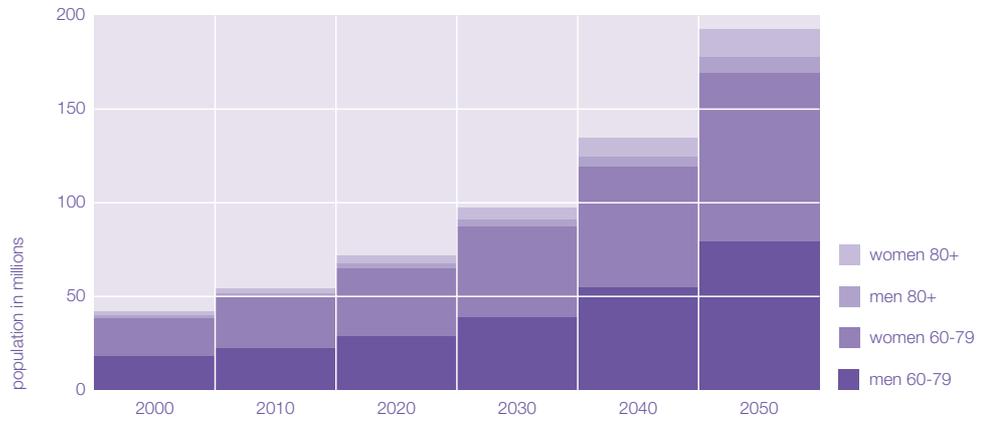
2.2 Average life expectancy in sub-Saharan Africa



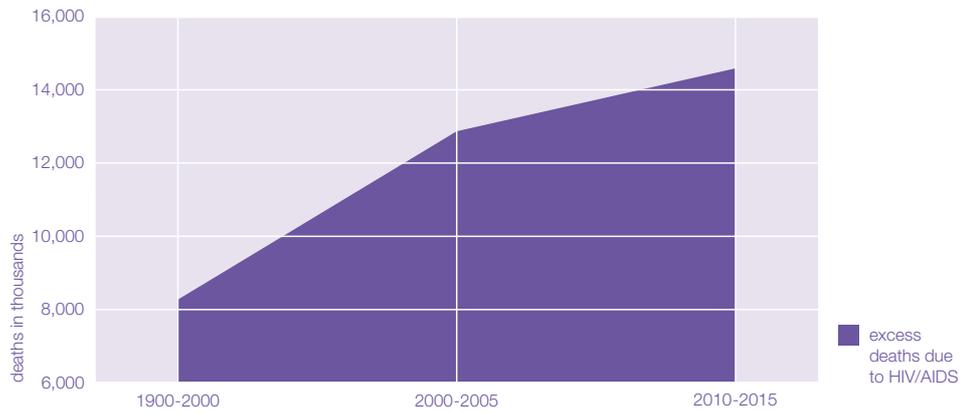
2.3 Africa will remain a 'young' continent in 2050



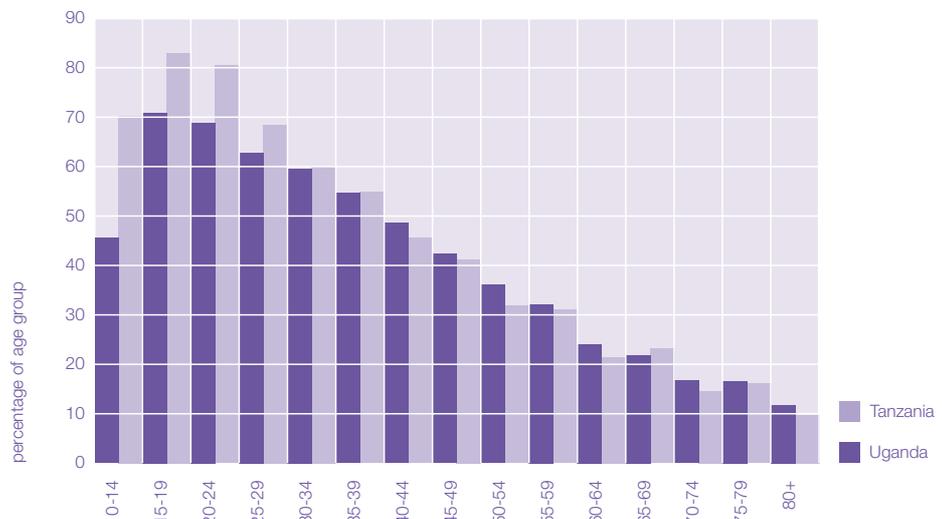
2.4 Numbers of older men and women in Africa 2000-2050



2.5 Excess deaths in Africa due to HIV/AIDS 2000-2015



2.6 Declining literacy accompanying older age – Uganda and Tanzania



Asia

The Asia/Pacific region, home to more than half of the world's approximately 600 million older people, is the most rapidly ageing region. By 2050, almost two-thirds of the world's projected two billion older people will live in Asia, where around one in four will be over 60.



Sarah Herzog/HelpAge International

‘When I was young I had more energy and worked hard to feed my family. Now I am old and suffer from rheumatic pains, it’s very difficult for me to walk or stand. But nobody takes care of me, including my children... I sold my rice field to buy medicines when I was sick and now I do not have money to get treatment’¹.

Three common concerns

Despite the social, political and cultural diversity in the Asia/Pacific region, the priority issues identified in consultations with older people throughout the region are remarkably consistent: poverty and lack of income-earning opportunities, lack of access to care and healthcare, and social, economic and political exclusion.

Poverty, poor health and exclusion are inherently linked. Poverty is a cause of exclusion, and ongoing exclusion from information, services, and opportunities increases vulnerability and therefore poverty. A lifetime of poverty results in poor health, and also greatly limits access to medicine and care, thus contributing to continuing poor health. Poor health in turn limits older people’s ability to earn money, thereby trapping them in a vicious cycle.

Women are more likely to begin and end life in poverty, have chronic health problems, and, due to gender discrimination, face exclusion and low status throughout their life. These problems increase with age and widowhood. Older women are also several times more likely than men to have lost their spouse: over half of older women in Asia are widows, compared to 13 per cent of older men².

Poverty and lack of income-earning opportunities

Older people are consistently and disproportionately among those living in greatest poverty, and for the current generation of older Asians, severe and persistent poverty is a major risk. For many older people, poverty sets the context for everything else. Poor older people lack savings and assets, do not receive pensions, and rarely have access to income-earning opportunities or social protection and other benefits. Lack of money means an inability to treat illness or to eat well, which in turn undermines capacity to work, and to contribute to and maintain status and dignity in families and communities. Lack of money also means extreme vulnerability to unexpected shocks, such as serious illness or natural disasters.

¹ Unless otherwise stated, all quotes from older people in this chapter come from consultations held by HelpAge International in the Asia region during 2001.

² *World's Women 2000. Trends and Statistics* (New York: United Nations, 2000).



Andrew Humpheys/HelpAge International

Income is so fundamental to older people's ability to maintain health and support themselves that many older people view access to credit for income-earning activities as a basic need³. Micro-credit or income-generating schemes that provide small loans or grants, along with training and group formation, are proven methods for helping those in greatest poverty to help themselves. However, very few schemes allow older people to join, let alone are designed with them in mind. Programmes exclude older people based on false beliefs that they are high credit risks, are unable to learn new skills, and do not need income support.

Even when there are no specific age limits, there are other barriers to older people's participation, such as lack of information, the ageist attitudes of project staff or potential employers, older people's need for skills training, and lack of confidence in themselves. Older people's lack of access to schemes intended to alleviate poverty is particularly critical where older people are supporting children or other dependants. It also deprives development schemes of the experience of older members of the community and further erodes the social standing of older persons.

An older Cambodian commented: 'Even if we decide to help ourselves, resources are the major problem, as my sons and daughters do not support me. I need money to buy seeds for starting small ventures that could support me and make me self-dependent. But the money lenders often charge prohibitive interest rates, up to 50 per cent per month, while the NGOs and credit institutions refuse to lend money even though I am able to work hard to yield good results.'

In Bangladesh an allowance (the *Boisko Bhata*) is given to the ten poorest and most vulnerable older people in a ward who are aged 57 and above, and whose annual income does not exceed 3,000 taka (US\$53). Each person receives 100 taka per month (US\$1.76). It has been estimated that about 50 per cent of rural older people are eligible but the scheme only covers around 12 per cent – largely because the government allocation is only enough for 12 per cent of those eligible. In addition, uptake is limited by delays, the need for some to travel long distances with no transport allowance, and inconvenient facilities (for example, no seating or toilet arrangements). Nevertheless, this is a welcome initiative by the government of one of the poorest countries in the region.

Sami's story

Merto Karyo (known as Sami), is an 80-year-old woman who lives alone in the city of Yogyakarta, Indonesia. Sami has one child who lives in another city, but Sami does not want to live with him as she believes that this would make life more difficult for him. Sami's husband used to take care of her but when he became ill, they had no income any more, and she had to borrow money to pay the doctor and buy medicines. When he died, Sami had to sell part of the house to pay their debts, and she now lives in a small room. When she was still able to work, she made cleaning mops from chicken feathers, but due to poor eyesight and poor health, she is unable to do this any more.

'A good life is when I can find food and be healthy. I have to beg on the street to get money. I don't like to beg, I feel ashamed but I have no choice. If I feel strong enough I will go out to the street from 11 to 3. When I'm tired I stay home.

'I use the money to buy *jamu* (a herbal health drink) so that I feel well again. The government should give us money so that we can buy food.'

³ *Uncertainty rules our lives – The situation of poor older people in Bangladesh* (HelpAge International 1999); *The situation of poor older people in Vietnam – A participatory research report* (HelpAge International 2001).

Inadequate access to care and healthcare

Older people living in poverty have little or no access to care and services to maintain their most precious asset – their health. Even when services are available, health and welfare professionals have little knowledge or understanding of older people's health issues and their ageist attitudes often prevent appropriate or quality care. Basic and refresher training courses for health (and social work) professionals should include modules on geriatric care and gerontology, given the increasing number of older people these professionals will care for.

In many countries with policies or measures that should, in theory, provide medical benefits to older people, access is denied by lack of information, physical isolation, limited mobility, lack of government resources to implement planned programmes, and the inability of older people to advocate for their rights. Some of these constraints are difficult to overcome, but a first step must be to ensure that older people have reliable information about what services and benefits they are entitled to, and how they can receive them in good time.

For disabled, seriously ill, frail or bedridden poor older people, the family is the primary source of care – due to lack of money as well as to tradition. However, poverty, changing family structures and migration, and lack of information and support for carers limit the ability of the family to provide adequate care. In most countries in the region there is a shortage of community-based or institutional services for older people needing long-term care and/or assistance with everyday activities. In poor, rural and isolated communities these services are simply non-existent. Poor older people without children or spouses are completely dependent on their communities. With rapidly growing numbers of very old people across the region who are most likely to require daily care, there is an urgent need to develop care support options.

‘The NGOs and credit institutions refuse to lend money even though I am able to work hard to yield good results’.



Event: Madison/HelpAge International

Social, economic and political exclusion

There are no older people-focused poverty targets, despite the fact that most Asians age in poverty. Poor older people are largely excluded from debates on gender, emergencies, food security, health, education, economic wellbeing, and shelter. Information on services or policies is seldom available to poor older people, who often have low literacy and education levels, and live in rural and isolated areas, or in impoverished urban communities.

Major programmes, such as primary health care, poverty alleviation, HIV/AIDS, and micro-credit schemes, rarely include older people as beneficiaries or participants. This means that in spite of the decreasing ability of poor families to provide essential care and support, and the increasing role of older people in contributing to family wellbeing, older people lack access to basic services and to opportunities for making changes in their lives. The impacts of exclusion are broad, affecting income, personal security, health, mental health, status and confidence. Older women experience even greater exclusion than older men due to social or cultural gender norms, a greater likelihood of disability and chronic health problems, and lower education levels. Social exclusion of older people is particularly unjust in light of the significant contributions that they make.

Exclusion from services, programmes and decisions is closely linked to negative social and personal attitudes that construe ageing as a state of diminished capacities, and older people as resistant to change and as burdens to families and society. This misperception is a result of a lack of information about poor older people, especially about their roles and contributions.

Mrs Kamol is a 79-year-old widow in Thailand, who lives with her HIV infected daughter and her two granddaughters. Mrs Kamol and her daughter are self-employed. They make pork snacks and pork oil to sell at the market. Although she owns her home and the small parcel of land it is built on, she still suffers from financial difficulties. She has taken a loan from the HelpAge International-supported older people's association in her village but is still financially unable to expand her business or get ahead. Her priority in life is to prevent her daughter and grandchildren from suffering hardship⁴.

The status of older people in families and society is often a result of their perceived contributions – especially of money and assets. Better-off older people and those with pensions and assets are more likely to maintain status, while decreasing respect and vulnerability are more dramatic for poor older people, especially women. Older people undervalue their own contributions and underestimate their potential.

Three emerging issues

HIV/AIDS: older people are a double resource, but experience a triple burden

While HIV/AIDS prevalence levels are generally lower in Asia than in Africa, several countries in the region have seen serious epidemics, in particular Thailand, India and Myanmar. Several other countries – for example, China, Indonesia and Vietnam – are experiencing explosive epidemics.

Older people are a double resource. They are the primary carers for younger adults infected by HIV. They are also increasingly the primary carers for children whose parents have died of AIDS. Research in Thailand found that two-thirds of adults who died of AIDS lived with or near a parent in the last stage of their illness. A study in northern Thailand revealed that grandparents were the main carers of children who had lost one or both parents to AIDS, caring on average for more than four grandchildren each.

The care that older people provide imposes a triple burden on them: as well as caring for sick adult children and for their grandchildren, they also have to care for themselves. At a time of increasing ill health and fragility, older carers are deprived of the support they would normally expect in their old age from their adult children. HIV/AIDS reverses the normal caring relationship.

In northern Thailand, parents aged over 60 years identified a wide range of problems, including physical exhaustion, excessive workloads, financial hardships, emotional upheaval, lack of knowledge and resources for dealing with adult children with HIV/AIDS, increasing conflicts with grandchildren, social stigma, discrimination and rejection. The burden of caring for family members is borne disproportionately by older women.



Karen Peachey/HelpAge International

⁴ Case study from a project in northern Thailand on economic and social support to older people in caring for people with HIV/AIDS, implemented by HelpAge International's partner, the Mother Child Concern Foundation (2000).

Older people are at risk of HIV infection, as many remain sexually active. Nearly 5 per cent of HIV/AIDS cases in Thailand are found among those aged above 60, although the figure may be higher since symptoms of HIV in older people may be confused with other conditions.

Emergencies: older people have special needs – and special expertise

In Asia, like Africa, there has been an increase in both the number of disasters and the number of disaster-related deaths since 1994. Disasters exacerbate and intensify the effects of poverty and ill health, considered by older people to be their greatest threats. Older people are particularly vulnerable in emergencies – they tend to be more susceptible to the interacting effects of sickness and hunger, and they cannot escape from danger as quickly as younger people. Their vulnerability is often overlooked. They are, at best, a low priority for most agencies working in emergencies. There is little awareness of their needs or their potential contributions. Older people have asked to be seen, heard and understood, to have equal access to essential support services and to have their potential and contributions recognised, valued and supported.

The HelpAge International network has responded to several major disasters in the region: floods in Bangladesh and Vietnam (1998 and 2000), the cyclone in Orissa, India (1999), and the earthquake in Gujarat, India (2001). Emergency distributions of food and household items and the reconstruction of houses have been undertaken with local organisations. Work with older people in these programmes demonstrates not only that they are particularly vulnerable in emergencies; they also contribute – in mostly unacknowledged ways – to disaster preparedness and to disaster relief and rehabilitation work:

- *Older people provide emotional and sometimes physical support to younger people who have experienced loss or injury. Their knowledge of how previous generations coped with disasters is a valuable resource.*
- *In Gujarat, older people helped identify the most urgent needs of people in their communities, and assisted in targeting relief assistance to the most vulnerable. They also helped design a more earthquake-resistant village dwelling.*
- *In Orissa, older people helped design a house that is more resistant to wind storms than the traditional structure.*

Declining family support and strains on state services

The increasing proportion of older people is or will be accompanied by a decline in the proportion of the population who are of working age: the result of falling fertility rates. In 1999, there were around 11 people aged 15-64 to every person aged 65 or older; by 2050, it is expected there will only be four 15-64 year olds to each older person. This reduction in the number of working people available to support older families is happening alongside the shift in state provision of social services. At the same time, migration, both within and between countries, is occurring on a large scale. Adults who leave rural areas in search of work often leave behind older people to care for young children; in addition, the remaining older people are deprived of the support they would normally expect from their adult children.

‘If I stop working I have nothing to eat,’ said a 57-year-old woman from Ninh Thuan, Vietnam. ‘I make an effort every day to work to support my two grandsons; both of them are studying at school. My fear is that I cannot work any more when I reach the age of 60.’

The prospect of ever-reducing support is closely tied to the impacts on older people of HIV/AIDS and emergencies. The HIV/AIDS pandemic is depriving older people of family support and older people who survive disasters and conflicts, being less mobile, are at greater risk of being cut off from their families.

‘Before the older people’s organisation started, there was nothing for older people – no one cared. If any grandmother got sick, she got sick alone at her house. Now older people visit each other, and there is development. I am happy’.

‘I was living alone, my wife had died, I thought my life was useless. I volunteered for the training for community gerontologist for two reasons – for self-awareness and for service to my co-older persons. So, who says an older person is disabled and weak? For me, life has just started’.

Policy priorities

The Asia/Pacific region governments adopted the Macau Plan of Action on Ageing for Asia and the Pacific, endorsed by the UN Economic Commission for Asia and the Pacific, in 1999, the International Year of Older Persons⁵. The plan addresses seven major areas: the social position of older persons; older persons and the family; health and nutrition; housing, transport and the built environment; older persons and the market; income security and employment; social services and the community.

The comprehensiveness of the Macau Plan commitments means that they must be prioritised, a process in which the active participation of older people is indispensable.

The various strains on both family and community support systems, and on state services, mean that each must complement the other. There are some models for integrating the needs and strengths of older people into planning, implementing and supporting services at community level. Key to their success is that they respond to priority needs expressed by older people, they recognise older people as best placed to provide and coordinate services and they mobilise and supplement resources at a local level.

The scale and rapidity of the demographic changes confronting countries in the region mean that no single body can meet the challenges they present. Partnerships are required, involving civil society groups, the private sector, religious organisations, UN bodies, international financial institutions and donors. The pace of ageing in the region is expected to accelerate after 2010. Countries in the region therefore have a small and shrinking opportunity to implement their commitments. A benchmark of their effectiveness is the extent to which the poorest and most marginalised people will enjoy a healthy, active and dignified old age.

Micro-credit

In Bangladesh, the Resource Integration Centre has channelled micro-credit to older people from emergency flood rehabilitation funds and from mainstream government micro-credit sources, after experience with HelpAge International-funded pilot projects. Poor older loan recipients have proved very reliable in terms of repayments. Some have started small businesses, others have passed on the loan to a family member to do so, but all remain personally accountable. The older people have all reported that their status in the family has risen because of their contribution and that the care their families give them has improved.

The Vietnam Women's Union (VWU) has embarked on micro-credit schemes with older women after many years of working with younger age groups. They find that the older women follow the group's regulations strictly, do not take risks and have fewer problems in repaying. They are also keen to join savings groups. Based on this success, VWU now targets older women in many of its development projects.

⁵ Macau Plan of Action on Ageing for Asia and the Pacific (New York: United Nations, 2000).

Healthcare

In 1996 the NGO Coalition of Services of the Elderly (COSE) set up outpatient and mobile clinics, and implemented a health promotion programme in 21 slum communities in Metro Manila in the Philippines. It trained older people as 'community gerontologists' (CGs), who provide health education, secondary prevention of chronic illnesses, and referrals. They are unpaid, although they receive an allowance when assisting at the clinic, and are entitled to free medicines under the programme. The initiative came from the older people and has ensured they can meet their own needs for accessible, affordable and appropriate healthcare.

Pooling resources

Older people's organisations in Cambodia, the Philippines and Bangladesh enable older people to discuss their problems and develop projects. For example, groups in Cambodia have a project whereby members pool their very modest spare resources to ensure that vulnerable older members receive basic treatment or drugs when they fall ill. In Thailand a percentage of profits from group income generation goes to the most vulnerable older people in the community. Groups in several countries have established 'insurance' funds to pay for proper funeral ceremonies, so members can die with dignity and their families are not burdened.

Data on ageing in Asia

- There are currently almost 300 million people between 60 and 80 living in Asia, and 30 million people over 80.
- In 2015, the numbers of people aged between 60 and 80 will more than triple to one billion and there will be over 200 million octogenarians.
- Just over half of the world's older people are currently in Asia but by 2050, Asia will be home to almost two-thirds of the world's older people.
- Life expectancy in Asia for men is 65 and for women is 68. But in 50 years, men will be living at least ten years longer and women can expect to live to over 80. This translates into very large numbers. By 2050 Asia's current population of 319 million people over 60 will have grown to more than 1.2 billion, of whom around 700 million will be women.
- The number of children in Asia will decline marginally over the next fifty years. By 2040, older people will start to outnumber children and, by 2050, there will be 25 per cent more older people than children in Asia.

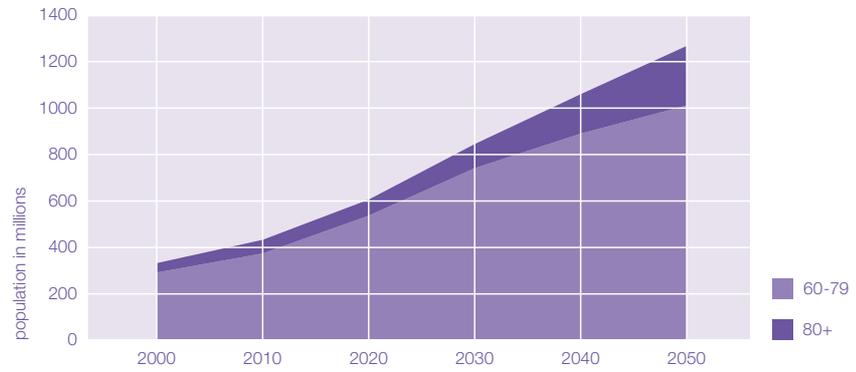
China dominates global ageing in Asia

- China has 130 million people over 60 – a fifth of the global population of older people.
- In 2050, nearly half a billion older people will live in China.
- Life expectancy, already four years higher than the average for Asia, is expected to grow steadily from 70 years in 2020 to reach 79 by 2050. Fertility will remain stable with 1.8 children being born per woman – well below the world average of 2.8.

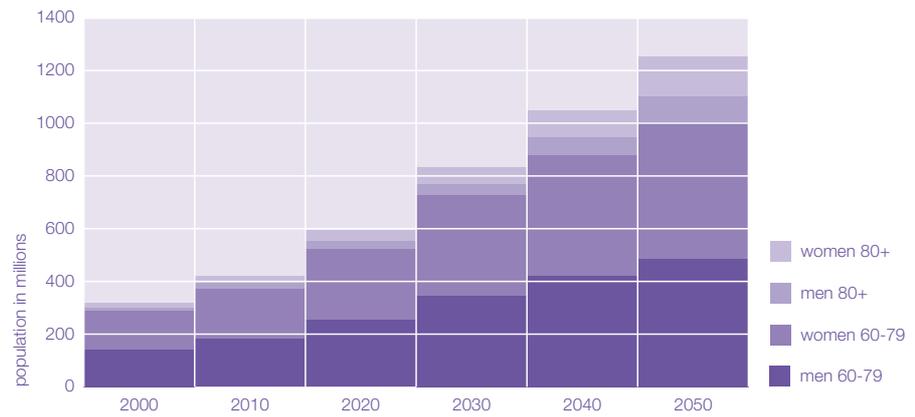


Brent Madison/HelpAge International

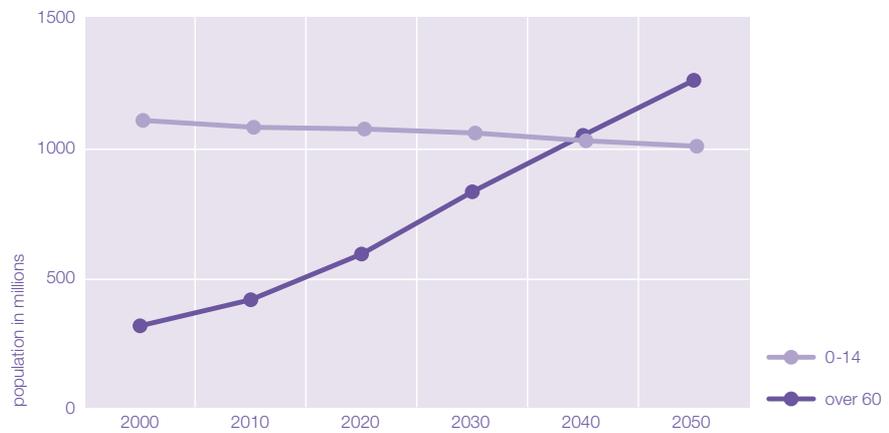
2.7 Growth in the numbers of older people in Asia 2000-2050



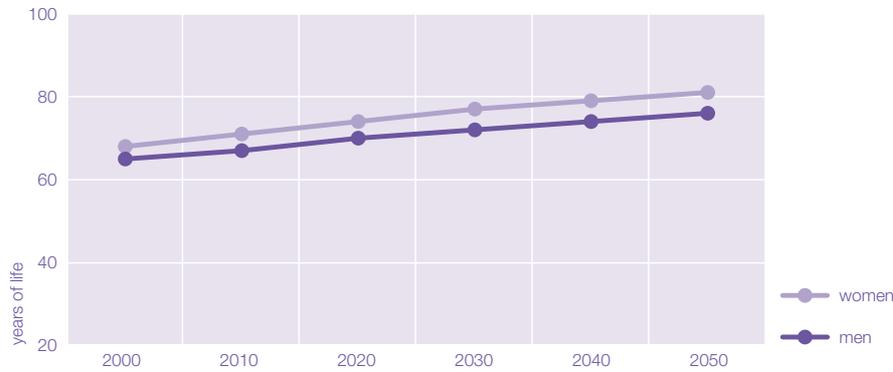
2.8 Growth in the numbers of older men and older women in Asia 2000-2050



2.9 Older people in Asia will outnumber children by about 2040

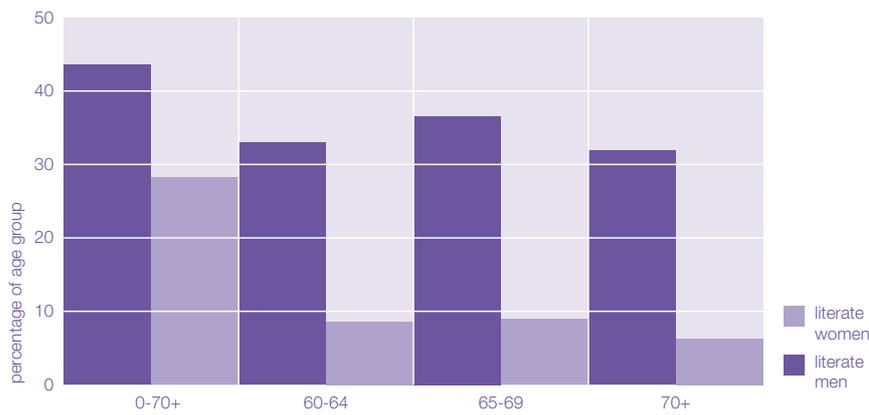


2.10 Life expectancy in Asia



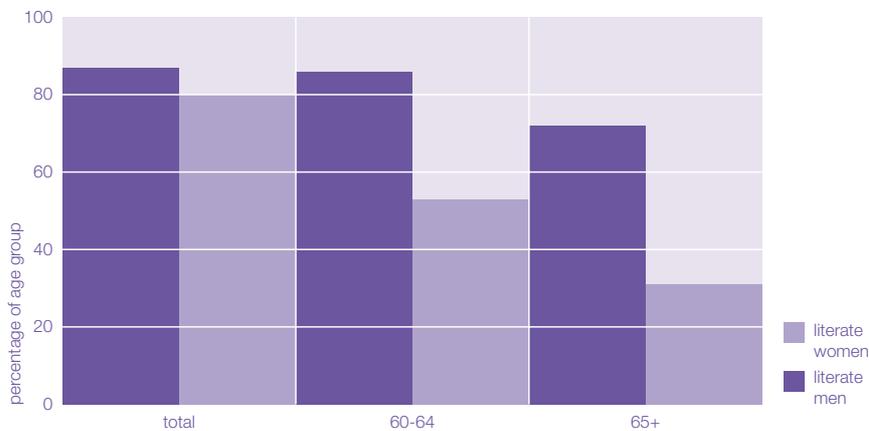
- In less than 30 years for men, and 50 years for women, average life expectancy in Asia will be 75 plus.

2.11 Literacy and older age groups in Bangladesh



- Less than 40 per cent of older men and 10 per cent of older women in Bangladesh are literate.

2.12 Literacy and older age groups in Vietnam



- Literacy in Vietnam is lower in older age groups. People over 65 are much less likely to be literate than people five years younger.

‘Ten years ago we lived well and looked forward to a bright future. There was a health system, free education, and good services. Now, we have to pay for everything and our pensions are too low. We did not expect the current situation, we did not plan for it’¹.

¹ Unless otherwise stated, all quotes from older people in this chapter come from consultations held by HelpAge International in eastern and central Europe during 2001.

Eastern and central Europe

Older people in post-conflict and transitional societies around the world have found themselves isolated, displaced, unable to meet their basic needs and without access to entitlements such as pensions and welfare services. In many countries, older people cite poverty and lack of access to healthcare as their two most pressing concerns.



The rate and scale of change in eastern and central Europe is without precedent. State support has disintegrated and intergenerational solidarity, once fostered (perhaps artificially) by the state, is declining, with fewer contacts between older and younger people.

Older people in the region have seen the disintegration of systems that they helped to build, and that they expected to provide for them in old age. They have seen their children migrate; they have seen their opportunities to support themselves independently fall away as unemployment and inflation have taken their toll. In urban areas, they live in fear of assault and theft; in rural areas they lack the seeds, equipment and strength to survive through agriculture.

As in most societies, older people’s contributions to society are under-recognised in eastern and central Europe. This adds to older people’s sense of being forgotten by society, and of rejection of the real achievements in the post-war era. Many younger people have negative stereotypes of the passivity of older people, which do not accord with their actual experience of parents or grandparents as workers, caregivers and providers.

An older man in the Czech Republic reflected broad concern about attitudes: ‘A problem is that younger generations are increasingly violent and hostile to older people.’

Older people in fact have to be active to survive and most are keen to do so. As an older person in Moldova said: ‘People need to be active in old age, and they need a role, something to do. Older people would like to work and not just sit around and do nothing. They would like to contribute and continue to be active in society.’

At the same time, those who cannot or do not want to work in their old age feel cheated of the stable future they feel they earned through a generation of hard work. This is particularly painful for older people who were displaced during the Second World War, forcibly removed under Stalin and, since the break up of the Soviet Union, feel under

pressure to return to their birthplace. Many have no financial support. As one older man put it: 'People who worked all of their lives in Croatia or Serbia but who live now in Bosnia receive nothing. Their work is not recognised because there are no agreements between governments.'

Collapse of state support

Eastern and central Europe is home to 383.5 million people, 147 million living in Russia alone. People over 60 years of age make up an average of 19 per cent of the populations of eastern Europe and the former Soviet Union (excluding the republics of the Caucasus and central Asia) and their number is rising. Mortality and morbidity rates are, however, increasing, particularly among men². Despite the huge differences in the history of the former Soviet Union, the Balkan countries and central Europe, all have gone through the shock of a rapid and unprecedented collapse of social and political systems. The disintegration, and only partial reform, of social protection and health systems in many countries has led to increased insecurity, with universal pension schemes often not covering basic needs. Older people are being forced to re-invent ways of coping without the state and the social support that existed under communism.



Howard Sayer/HelpAge International

Disillusionment

For most older people, planning for retirement was based on the assumption that a small but adequate pension would be complemented by continuing access to free healthcare and housing. These expectations from the state were reasonable, the more so since no one predicted the dramatic collapse of social systems in the late 1980s and early 1990s. There is no country in the region where older people's income security has not declined, and in most countries, it has dropped significantly³.

Bronius, a 72-year-old man in Lithuania, said: 'Earlier, I had saved a lot of money. But when the government changed in 1991, from 17,000 roubles, I got only 170 litas (less than a third of its previous value). The government says it will return the rest to me, but I am sure I will die waiting!'

Older people welcome some aspects of the social and political changes. Older people in Romania said: 'We now have permission to say our ideas anywhere, anytime.' However, the most common feeling is one of disillusionment and insecurity. According to a Czech older woman 'Inflation is a big problem. We don't know about the future, how much prices will rise, what will happen tomorrow.'

Older people feel that they are entitled to a 'bright future', which they themselves played a part in constructing. For all its faults, the former system provided a measure of guaranteed social solidarity. A lifetime of coping with and engaging the shortcomings of the centrally planned system has meant that older people generally are very resilient in their private life, but it could not prepare them for the scale of upheaval they now endure. 'We rely on our *dachas* [small country homes],' a group of older people from Togliatti, Russia, confirmed. In addition, those who lived through the Second World War and the immediate post-war period, which includes anyone over 70, often suffered extreme privation.

An older person from Latvia said, 'I live below a minimum income level and have no savings, even though I have worked for over 40 years.'

Disillusionment is connected to a general feeling of powerlessness and bewilderment at this loss and deprivation. In some countries some older people feel that their current situation is worse than their experience of the Second World War, as their whole position within society is called into question and their legitimate expectation of security in old age is now in ruins. Some of the victims of the mass deportations 50 years ago feel disillusioned that ten years after the fall of the former regimes they see

² Ayse Kudat and Nadid H Youssef, 'Older people in transition economies: an overview of their plight in the ECE region', in *Environmentally and Socially Sustainable Development*. Working paper no 12. (Washington DC: World Bank, 1999).

³ Ibid.

‘I left my job so that my daughter could have it’.

many of the same faces in government. Expectations of compensation and long-overdue rehabilitation of returned deportees in some countries have not been realised. An older man from Moldova said: ‘I was sent to Siberia with my father in 1952, and after the death of Stalin, we were sent home and told we would be compensated, but we received nothing. Compensation for forced deportation from Russia is a priority.’

Exclusion

All sections of the population face the same problems but older people have not had access to the new opportunities that social and political change has provided. This is most obvious in the difficulties older people have in developing new forms of work. According to an older man from the Czech Republic: ‘It is very important to the older generation that society is not able to use our experience. Instead, an employer will tend to hire a younger person with no experience at all. It is a very bad situation for us.’

Retraining and redeployment schemes – where these do exist – have generally favoured younger people, and older people have often withdrawn in favour of their children and grandchildren. In Lithuania, an older woman admitted: ‘I left my job so that my daughter could have it. I am not the only one who did this.’

Older people point to a lack of access to information, and a sense of having been forgotten by society and ignored by government. An older Lithuanian man said: ‘It doesn’t matter what we say, we are not important. Nobody will listen to us. They don’t care about us.’



Howard Sayer/HelpAge International

Older people, especially the most vulnerable and deprived, are generally badly informed about their rights, despite very high levels of literacy and a good standard of general education. This means that many do not receive their full entitlement to benefits. There are also many disturbing reports of older people being forced into selling their main valuable asset – their property – to unscrupulous middlemen (or relatives) in exchange for very low annuities. An older woman from Bulgaria recalled: ‘My niece took advantage of me and I signed away my flat. I went to the lawyer (who had drawn up the agreement), and he expressed surprise at my not having included a clause to enable me to stay in the flat.’

In Russia, structures that supported older people after retirement tended to relate to the workplace. With the workplace no longer binding them into society and state support for social and cultural opportunities significantly weakened, older people are becoming increasingly isolated from society. 'Older people do not have the means to go anywhere. The factories have no money, so we have nowhere to go,' said a Russian older woman. This is particularly the case for single older people, who cannot rely on family to provide an essential link to the outside world and to those with restricted mobility. There is a risk of alcoholism as individuals turn to drink to escape their distressing realities.

Contributions of older people

As in most societies, older people's contribution to society is rarely acknowledged. Older people often provide some cash security within households through their pensions, help with childcare and share or transfer accommodation. Older people from Russia stressed that 'since *perestroika*, many families have had to live on the pension of the older person. This supports entire families who don't have any other support.'

According to the World Bank, '...the elderly often sacrifice their own wellbeing for their children or especially their grandchildren. Whether or not they bear sole responsibility for grandchildren, pensioners throughout ECA countries reported economising to save money so they could pay for their grandchildren's education expenses. When the elderly live with children and grandchildren they are even less likely to spend money on their own healthcare.... In Latvia, the pension of an elderly parent often provided a major portion of a household's cash income'⁴.

The state appears to view older people simply as passive recipients of services and benefits. Despite their contributions, older people feel undervalued. 'I'm sad that people think I am useless,' an older Pole laments. A group of older people in Slovenia said: 'We could still participate in solving the problems of our society if they would accept our opinion.'

Deprivation and loss

Many older people, particularly in the former Soviet Union, talk in terms of a general loss, deprivation and bereavement. There are clear gender differences. Many older men are witnesses to the shocking rise in morbidity and mortality among their peers⁵, as well as coping with the loss of status and support systems they had expected their workplace to continue to provide. 'I am 81 years old. The other men of my age [in the village] have died. We spent most of our lives in the first and second World Wars. We gave our lives and our health to the wars,' said an older man from the Czech Republic. Older women are, as in most countries, in the majority, but the gap in life expectancy in countries such as Latvia is among the highest in the world. The position of widows is of key concern, particularly those who live in isolated rural areas or in population centres around closed or moribund state enterprises or collective farms.

Huge numbers of older ethnic Russians have felt forced to return from their now-foreign birthplace or home of 50 years to a wholly unfamiliar Mother Russia. If they remain, they feel the loss of statehood keenly and seem to be held individually responsible by some newly independent states for all the previous regime's policies.

Other forms of deprivation include the late payment of pensions and the high cost of medicines, as well as poor state provision for health and social care for older people, particularly in rural areas.

Pensions are related to the official cost of living or more often to official salary levels. While the ratios appear quite high to Western pension providers, salary levels are so low that the indexation of pensions generally leads to deprivation of basic human rights among older people. 'My pension is 90 lei a month (about US\$7). How can I pay for my services?' asked an older Moldovan woman. 'I have nothing to eat and I just look at the ceiling.' Where the previous system allowed most people to supplement their



Howard Sayer/HelpAge International

⁴ *Making transition work for everyone: poverty and inequality in Europe and central Asia* (Washington DC: World Bank, 2000).

⁵ Male life expectancy fell by around four years between 1989 and the mid-1990s in the Baltic countries and by more than five years in Russia, Ukraine, and Kazakhstan. The proximate cause is an increase in cardiovascular and circulatory diseases, and in accidents and violence. Psychological stress in response to the difficulties of transition – which appears to have led to an upsurge in excessive alcohol consumption – may have contributed to excess deaths from these causes. *Ibid.*



Bill Robinson/HelpAge International

income, pensioners' earnings are now usually deducted from their pensions. 'If you still work when you have a pension, either your pension is reduced or your salary is reduced,' commented an older person in the Lithuania consultation.

The real value of pensions has plummeted. In Bosnia-Herzegovina, for example, some estimates indicate that pensions now cover just 20 per cent of basic needs⁶. In addition, payment is often irregular. In Moldova, older people reported pensions were not paid for up to 10 months in many regions of the country in 2000, although the situation apparently improved with the installation of a new government in 2001.

Despite the problems, a pension is still a lifeline for pensioners and their families: 'Our children have no chances to find employment, so we have to support them with our modest pensions,' according to older people in Macedonia.

Essential items such as medicines and extra winter heating were formerly provided free of charge by the state and are now generally very expensive. An older Lithuanian man said: 'When our children grow up, we live alone. We have to pay rent, utilities, and we cannot afford it.' Older people in Poland stress that medicine and medical services are too expensive. As the World Bank reports, 'Public support transfers, including free coal, free food and medicine, along with subsidised services that older people were entitled to prior to the transition are severely reduced and, in practice, frequently unavailable, especially for rural populations'⁷.

For a group of Russian older people, 'the main problems are expensive healthcare and low level of pension payments. Though the government raises pensions every three months, inflation is rising at a faster rate and our pensions are increasingly worthless.'

Health and social services are seldom available in appropriate forms for older people who need specialised and often long-term care. There is evidence in some countries of de facto rationing of services, with older people claiming that doctors concentrate their limited resources on younger people. Earlier institutional arrangements, including flagship sanatoria, relied on a relatively low take-up, as families often provided care. With the migration of younger family members for work and the closure of the large enterprises that provided these services, this system is inadequate. A Hungarian older person said: 'It would be better if older people did not have to wait years for admission to a home.'

Different countries face different issues. In Moldova, older people do not pay for the first five days of hospitalisation but, due to a lack of funds, patients have to pay for medicines and tests. A Moldovan man explained: 'I had to sell everything in my house in order to pay for my eye surgery. Now I am in debt. I spend all of my pension on medication.'

One public health director remarked: 'The state finances treatment as much as possible, but has huge debts.'

Income insecurity and, in some countries, lack of access to rural livelihoods affects many older people. According to a Lithuanian older man: 'I worked on a farm, but when the USSR collapsed and we gained independence, the farms were ruined and I lost my work.' Younger people had access to training opportunities and were generally able to adapt to the new situation. This was not the case for the older generations.

In Bosnia, lack of access to agricultural inputs is a problem: 'In villages, older farmers are very poor. They cannot work because they need seeds and equipment. Agricultural producers have no income or protection.'

⁶ HelpAge International, *Making our voices heard: older people and decision making in east and central Europe* (London: 2001).

⁷ World Bank, 'Older People in Transition Economies', op cit.

Older people are resorting to begging or marginal work such as private bottle collecting (almost unheard of in the previous regime). ‘Street elderly’ are now a common sight in most large cities and are usually forced to pay a percentage of their meagre earnings to local gangs for protection. The ‘younger old’ (55-64), many of whom were made redundant but received inadequate severance pay to start a small business, are in danger of becoming the next generation of ‘street elderly’.

Personal security was taken for granted under the old regime, with strict policing. Crime was mainly against the state rather than private individuals. There has been a rapid rise in violence and older people consulted in Poland say they ‘feel unsafe in our streets’. There have been several reports of extremely violent attacks on older people, particularly women living alone in rural areas, often for very small amounts of money. In Russia, ‘older people who live alone are often robbed in their flats. Thieves and drug abusers find out information about lonely older people in the district and rob them when they receive their pensions.’ This is almost wholly unprecedented in the region. Some older people have managed to respond with totally new approaches to daily life, such as ‘buddying up’ when walking in the streets, but many remain very vulnerable.

The challenge to policy makers

A rights-based approach argues for the legitimate claims of the current ‘lost generation’ of older people to be addressed within broader policies that address poverty and inclusion. The generation that suffered through the war and subsequent acts of repression and deportations in the 1940s and 1950s, and worked hard for security in old age within the old system, should not be made scapegoats in the transition.

Older people, like the rest of the population, are faced with paying cash for hitherto subsidised utilities and services. The pension is a lifeline for many older people and their families but cannot meet all their basic needs, and policy development is urgently needed on issues such as healthcare and housing for older people.

The World Bank concentrates, understandably, on the financial sustainability of systems for future generations. Its analysis of poverty does not translate into policy recommendations for this, the ‘lost generation’. The EU has yet to confront this question within its enlargement debate. So far, the only innovations and policy discussions on ageing issues have either tended to promote the Western model of the ‘fourth pillar’ – whereby older people are encouraged to return to work as part of the active ageing agenda – or focus narrowly on the level of cash pensions. A new approach is needed that takes into account the actual complex situation of older people and listens to what they have to say.

Alzheimer's Society of Romania

HelpAge International and the Alzheimer's Society of Romania worked together to address the situation of older people with dementia and their carers in Romania. This group is little understood by mainstream medical professionals and often receives a poor service. Family and volunteer carers were identified as groups in need of particular support but also as key informants on the training required by themselves and medical professionals.

A two-year programme was developed to enhance the quality of life of older people by improving the care provided by professional and lay carers.

A total of 760 people benefited directly but the main impact was after the end of the project, when changes to training of medical staff began to affect the older people in their care.

The Ministries of Health, Education, Labour and Social Protection and the State Secretariat for Handicapped Persons were fully involved in the project.

‘Street elderly’ are now a common sight in most large cities.

Osmijeh-Gracanica, Bosnia

Osmijeh-Gracanica is an association for psycho-social support and the development of volunteer work.

The Association has a particular emphasis on interaction between generations. It has developed a programme with and for older people, Local Community Development through the Volunteer Work of Older People. According to Hamdija Kujundzic, co-founder of Osmijeh, 'It is the only programme of its kind in Bosnia and Osmijeh is a most popular and dynamic programme.'

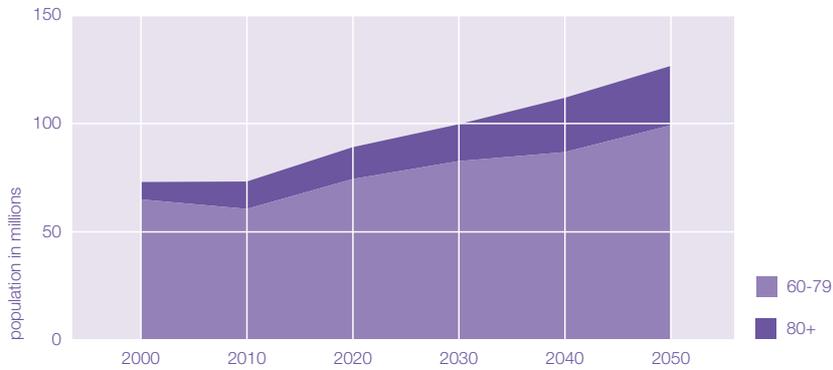
The programme has involved the formation of self-help groups of older people, advised by mentors, who are older community leaders. These groups work with children and young people, and provide humanitarian aid for older people who live alone or are housebound.

This programme has given older people the opportunity to contribute to community development. Activities include road building, environmental protection, education for young people, and cultural events. Hamdija Kujundzic says: 'The older volunteers have overtaken our younger volunteers in enthusiasm.'

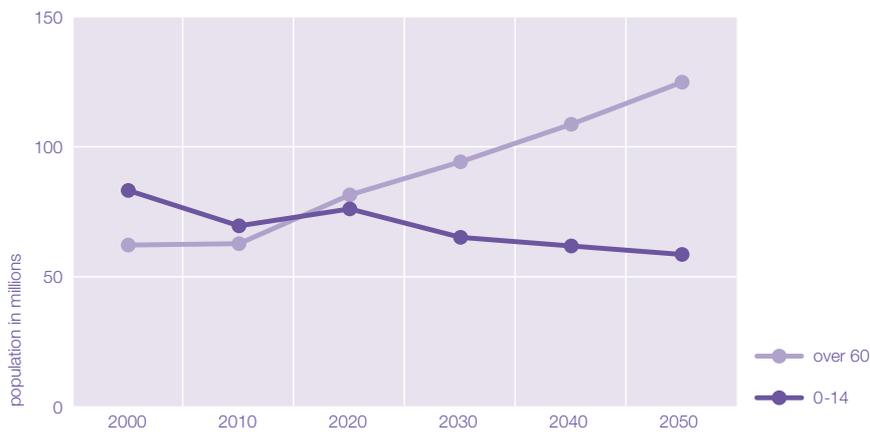
Data on ageing in eastern and central Europe

- In 2002, there are approximately 70 million people over 60 in the states of eastern and central Europe.
- Between 2000 and 2010, the population of people between 60 and 79 is expected to decline by 6 per cent – from 62.5 million in 2000 to 58.7 million in 2010.
- However, from 2020, there will be more people over sixty than children, because of the more pronounced fall in the numbers of children. Through to 2050, the numbers of older people will continue to rise relative to children.
- From 2010 to 2050, the population of older people will increase relatively slowly, to reach 122 million in 2050 – an increase of around 75 per cent.
- There are currently just under 8 million people over 80. Their numbers will more than triple to almost 27 million in 2050.
- There are marked differences across the region. In eastern Europe, life expectancy is 69 for men and 76 for women. In the Commonwealth of Independent States it is 61 for men and 70 for women.
- Life expectancy will go up throughout the region, reaching the mid-seventies for men and the early eighties for women.
- Average annual income in the region is about US\$2,000 per head, but that masks very large differences. Some of the central Asian republics have a per capita income as low as US\$300 a year.

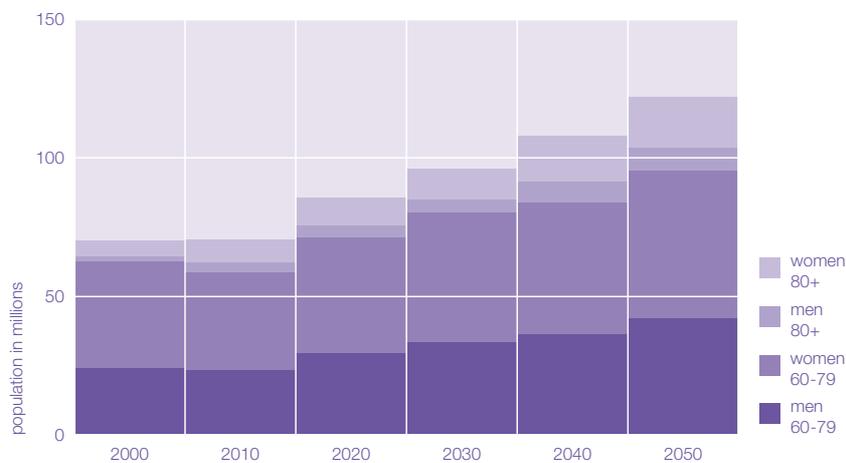
2.13 Growth in the numbers of older people in eastern and central Europe 2000-2050



2.14 Older people in eastern and central Europe will outnumber children before 2020

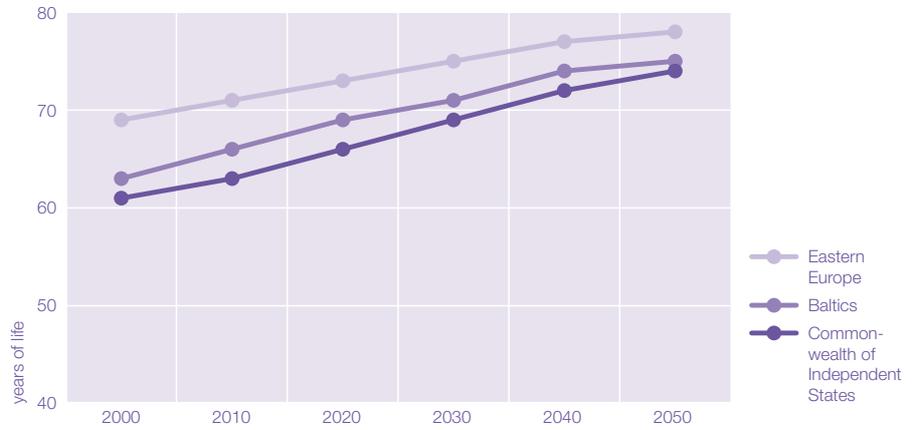


2.15 Numbers of older women and men in eastern and central Europe 2000-2050

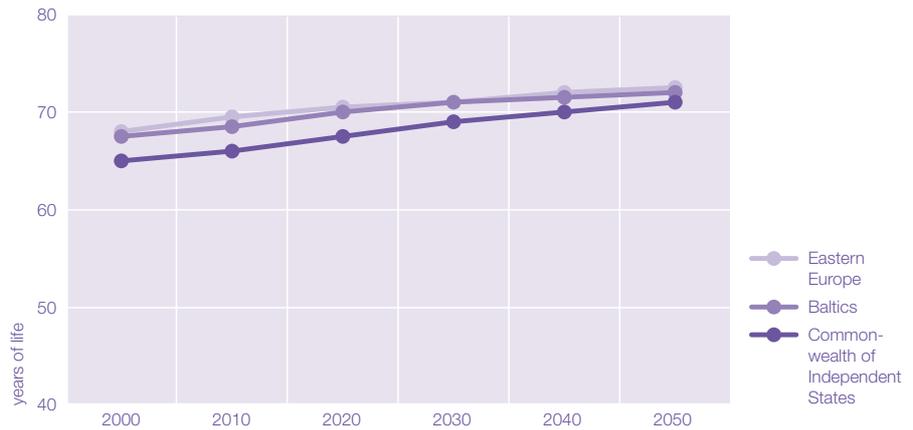


- For every 60 older men in eastern and central Europe there are 100 older women. By 2050 the gap will narrow to 72 men for every 100 women.

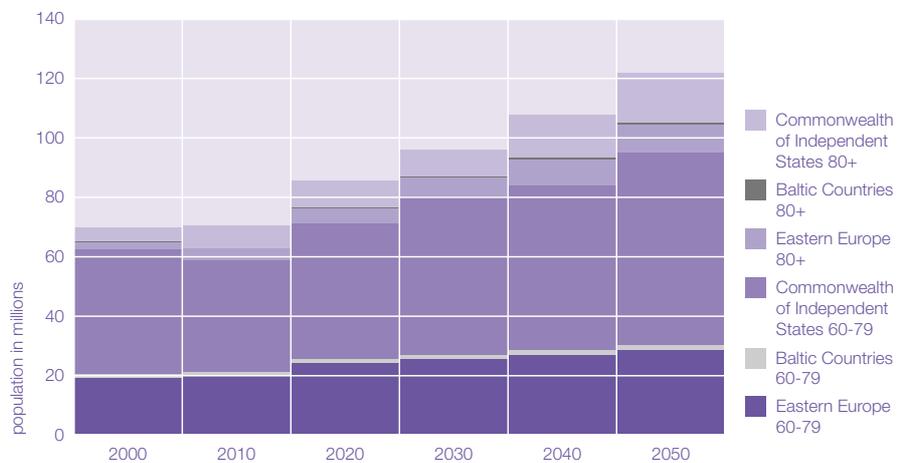
2.16 Male life expectancy in eastern and central Europe



2.17 Female life expectancy in eastern and central Europe



2.18 Regional groupings of older people in eastern and central Europe



Latin America and the Caribbean

Latin America

The Latin American region is one of extremes; of hope and desperation; of riches and extreme poverty. It encompasses some of the greatest income disparities in the world, with 1998 poverty levels exceeding those of 1993; and fully one-quarter of all national income going to a mere 5 per cent of the population.



J. Matthews/HelpAge International

The economic and social environment is ill-equipped to manage the rapid demographic changes that are occurring in Latin America. There are high levels of poverty, inadequate justice systems, low pension coverage, inadequate social protection, and deteriorating traditional family support structures. Many older people report discrimination and abuse, and the majority are not organised or represented. Some laws, public policies and national plans on ageing have been developed, but for the most part their provisions are under-funded or not implemented.

Public policies on older people vary from country to country. Cuba and Chile are the most advanced in this respect, with other countries such as Argentina, Bolivia, Brazil, Mexico and Peru making some headway over recent years. In Argentina, however, the recent economic crisis has spurred a set of regressive interventions, such as the reduction of pensions and the freezing of pension funds.

The recent increase in social vulnerability, poverty and inequality in the region has resulted in older people calling for the principle of universality in social policy, including guaranteed minimum protection from the state; the establishment of a new partnership between the public sector and civil society; and a redesign of social institutions and structures in line with shifts in development policy².

Findings from consultations with older people reveal a catalogue of discrimination throughout the region. Basic rights to food, shelter, healthcare and material security are not being met. Efforts of older people to improve social inclusion are hampered by their lack of entitlements to services that are supposedly provided by government. Poverty, abuse, discrimination, denial of civil and economic rights, and absence of government interest or investment in population ageing are mentioned as the main concerns.

‘Three or four years ago we weren’t talking about rights at all. First and foremost, we mean the rights of food, care and company. But we also believe in the right to participate in all aspects of local and national life. We do not want to be left out any more’¹.

¹ Unless otherwise stated, all quotes from older people in this chapter come from consultations held by HelpAge International in the Latin America/Caribbean region during 2001.

² J M Guzmán, *Envejecimiento y Desarrollo en América Latina y el Caribe*. CEPAL Document presented at the preparatory meeting for Latin America for the Second World Assembly on Ageing, Santa Cruz, Bolivia, November 2001.

Main concerns of older women

- lack of education throughout life
- poor health
- no protection by the law
- no identity documents
- poor access to income and social services
- few opportunities to participate
- a lifetime spent away from home
- a lifetime doing domestic labour for other people³.



Valerie Maella/HelpAge International

The views of older people

Older women and men in the region are calling on governments to fulfil their obligations and respond to the implications of population ageing with increased and better targeted resources, and greater opportunities for consultation on policy making and implementation mechanisms. The very countries that have predicted greater levels of longevity have the lowest social protection coverage and highest levels of poverty.

Across the region, roughly two-thirds of older people have almost no guaranteed income at all and the little they may have through a pension or work is invested in family and education for the very young. Identity papers are required to produce proof of age for any age-related services; for the large numbers of undocumented older people living in poverty in remote rural settings and in city slums, lack of papers cuts them off from government services. In addition intense, now almost permanent migratory flows within many countries in the region have left wide rural expanses with large populations of extremely poor older people. Older women and men describe how these abandoned communities are struggling to survive without protection, access to government services or sustainable means of support.

The implications too of the ageing female world are that women are more likely to live in poverty in the last years of their lives. In 2025, 15.4 per cent of the women in the region will be over 60 compared to 12.6 per cent of men, with a greater difference in urban areas than in rural⁴. This has implications for the design and planning of interventions in poverty reduction, health and income support to older people.

Poverty and wellbeing

Recent studies by the Economic Commission for Latin America and the Caribbean and the Inter-American Development Bank (IADB) demonstrate that households with older people show a higher incidence of poverty than those without⁵. Older people are less able to access food, get work, secure services, obtain credit and generate income. Older women are especially vulnerable, as they are unlikely to have achieved sufficient income levels during their working lives to secure economic wellbeing in old age. Older women are more likely to have had little or no education, have higher incidences of illiteracy, are likely to have worked mainly in the informal and domestic sector with frequent gaps for childbearing, and therefore have few material assets and savings. Women are more likely to live in poverty and be economically dependent in their later years. Widowed women are especially vulnerable – for example, a widow receives only a small percentage of her deceased husband's original pension. Men are less likely to be widowed but when they are, they are not eligible for any benefit from any pension their wife might have had.

³ HelpAge International, *Plan Consulta: summary* (La Paz, Bolivia: 2000).

⁴ CELADE, 'América Latina: proyecciones de población urbana y rural 1970-2025'. Santiago de Chile, *Boletín Demográfico* 63 (1999).

⁵ CEPAL, *Panorama social de América Latina 1999-2000* (Santiago, Chile: 2000).

Rural privation

Most rural workers work for themselves in agriculture at subsistence levels. Very few receive a pension or are able to access government services. Retirement takes place only when the person is physically unable to work.

The phenomenon of rural to urban migration is also an important factor in the poverty of older people in rural areas, as many are left in their communities without their family, often with the responsibility for caring for grandchildren. Highland communities in Bolivia can be comprised of mainly older women and children. In countries such as Peru and Colombia forced displacement as a result of political violence increases levels of migration. According to a recent report by the Project Counselling Service on displacement in Colombia, following the massacre of 26 people of one community in the Putumayo in 1999, all but 160 of the original 2,300 inhabitants of this community fled. Those that remain, the report states, are mainly older people⁶. While the urban populations are growing, the majority of older people still live in rural areas.

Problems of migration and poor income for older people are compounded by environmental degradation, climate change and poor agricultural technology leaving older people farming ever less productive land. As an older man from North Potosi in Bolivia explained: ‘We sow potato, grains, wheat, a bit of *oca*, but now we don’t have much strength to sow, and also the soil doesn’t produce as much as it used to, so what are we meant to survive on? Also, as we don’t have teeth anymore we can only eat *pito* and *lagua* – that’s what we survive on. We only have a harvest when it rains; if it doesn’t rain we have nothing to eat.’

However, development policies and programmes for rural areas rarely recognise the needs of older members of the community, nor do they see them as active agents in the rural economy.

Access to healthcare

National health provision in the region is generally financed by social security systems. As health services are increasingly transferred to the private sector, coverage is limited to those who are able to pay for insurance during their working lives. Access to health services is therefore dependent on capacity to pay – which excludes the majority of older people who have lived in poverty during their working lives and are ageing in extreme poverty.

Levels of health depend on a complex interaction of poverty, access to food, water, and basic sanitation, levels of education, and the type of family support and care received. In a six-country study, carried out by HelpAge International partners, 18 per cent of respondents claimed to have bad health, defined as acute or chronic illness or disability. All countries cited the principle risks to health and survival as diseases commonly associated with poverty, such as diarrhoea and tuberculosis⁷.

Poor health is the main obstacle to older people trying to generate income, care for themselves and their families and contribute to their communities. Access to health services is a particular issue for older people in rural areas, many of whom are older women. Many older people still prefer to use traditional medicine, which is cheaper, more accessible and more familiar than conventional health services. As an older Bolivian said: ‘Traditional medicine is our first and, at times, our only recourse to good health.’

Older people not only use indigenous medicines but have pioneered the development and commercialisation of traditional remedies in Bolivia and Peru. Through alliances with bio-medical research institutes, they are helping in the setting of good standards in the production and use of traditional medicine⁸.

‘We only have a harvest when it rains; if it doesn’t rain we have nothing to eat’.

⁶ Project Counselling Service, *Colombia: Report on Forced Displacement* (Peru: Project Counselling Service, 1999).

⁷ HelpAge International, *Plan Consulta: Summary* (La Paz, Bolivia: 2000).

⁸ HelpAge International, *Medicina Tradicional: una experiencia en Bolivia y Perú* (La Paz, Bolivia: 2001).

‘I don’t complain about my life or my children, they can’t look after me because they are poor, but I know they love me, and that is more important to me. We are all going to die one day and when we die we don’t take anything with us, not wealth or food or clothing. We only take the love and affection we have had’¹⁰.

Pensions, wages and income generation

As in all regions, older people rely on a combination of income sources: social protection transfers, including pensions, health insurance and incapacity benefits; employment, formal and informal; and family transfers in the form of financial, material and emotional support, with cohabitation being one of the most important forms of interfamily transfer⁹. However, all these sources are under severe strain, especially in rural areas. Pension provision is inadequate and of low coverage. The CEPAL study shows that it is precisely those countries experiencing a rapid increase in older population that lack formal social protection coverage for some 60-80 per cent of potential recipients. Even in those countries with relatively well-developed social protection (Argentina, Uruguay, Brazil and Chile) 40 per cent of people still lack coverage. Colombia, with high levels of conflict and urban and rural poverty, combines low access and coverage of social protection programmes with one of the fastest growing older populations.

Certain countries do have limited social safety nets for minimum financial support for non-pensioned older people. Chile provides a minimum welfare pension for destitute older people. The Catholic Church reports a massive increase in food provision for destitute older people. Argentina has a programme for food support for older people in extreme poverty and Pensiones de Gracia (Charity Pensions), which provide amounts of up to US\$20 a month and healthcare. Colombia has a programme to provide a subsidy for poor older people but, according to official studies, this reaches only 35 per cent of the population and, according to informed sources, reaches only 1 per cent of those who are destitute.

Access to and funding for such programmes is frequently problematic, reducing their coverage. In Bolivia, for example, there is a programme that provides an annual payment for all older people. However, it works out to about US\$0.16 a day. A medical insurance fund provides free healthcare for all older people but it is under-funded and poorly implemented. For these and other state benefits, the older person must present identification documents that many, and in the rural areas, the majority do not possess because their births were never registered. A survey of poor older people in the capital, La Paz, many of whom are migrants from rural areas, found that 58 per cent did not possess the necessary documents to claim the benefits to which they are entitled.

Rights and citizenship for older people in Bolivia

Since the International Year of Older Persons in 1999 several programmes have emerged, including the Law of Rights and Privileges of Older People, Health Insurance for Older People and the Bolivida grant scheme. To benefit, people simply present a government-issue identity card. However, many have no such document, as the Bolivian Civil Registry was only created in 1943 and most people over 60 are omitted from the system.

With support from HelpAge International, the Archbishop and the Faculty of Social Work of the National University, a programme was established under the aegis of the Socio-Legal Advice Centre in La Paz in 1999, to help older people solve their problems with identity cards. It helped people apply and lobbied for flexibility to allow those who had no proof of age to be eligible for identity cards. As a result, 5000 older people now have an identity card and the project is being replicated.

⁹ Guzmán, 2001, op. cit.

¹⁰ The ‘Awichas’ group (supported by HelpAge International and a Swedish donation) is a group of older Aymara migrants who live in a communal house in the Pampajasi Bajo area of La Paz. Their house was designed by themselves and replicates traditional forms of living from their villages of origin.



J. Matthews/HelpAge International

Family and community support

The family still provides an important source of support for older people, including financial assistance, resources in kind, and care for sick or disabled older people. A common form of intergenerational solidarity is cohabitation¹¹. Cultural factors are involved in this so it is difficult to determine to what extent it is an economic choice. Economic relations between older people and their families are very complex, involving financial transfers and labour as well as transfers in kind, such as care. According to a CEPAL study, older people are net contributors to their families in the majority of countries¹², but family poverty limits the support offered to older members.

There is a lesser tendency towards cohabitation in older people with greater financial resources. However, the recent economic downturn in the region, and in Argentina and Brazil in particular, is resulting in the ‘boomerang effect’ whereby adult children – squeezed by rising unemployment and the higher cost of living – are moving back to their parents’ houses with their children¹³. The older people who provide the safety net to other generations may value the presence of family but sometimes feel squeezed out and end up living with another relative or in an older people’s home¹⁴.

Violence and abuse

The Latin American region has become one of the most violent parts of the world¹⁵. Increasing evidence exists of violence and abuse involving older people, ranging from the economic and political to the social and interpersonal. Civil war in countries such as Colombia, conflict in Central America, increasing levels of crime and drug-related violence in the region as a whole, and stresses on family and community structures are increasingly leading to violence and abusive behaviour towards older people. Yet violence against older people remains an under-diagnosed and under-reported phenomenon, currently poorly addressed in public policy.

¹¹ M C Zerda, *Plan Consulta sobre la situación de las personas de edad en Bolivia* (La Paz, Bolivia: HelpAge International, 2000).

¹² Guzmán, 2001, op. cit. 45.

¹³ B Mitchell, ‘Too close for comfort? Parent’s assessment of ‘Boomerang Kids’ living arrangements’ *Canadian Journal of Sociology* 23:1 (1998).

¹⁴ L Machado, ‘Brazil country report on elder abuse’, a preparatory study (2001) for WHO/INPEA *A Global Response Against Elder Abuse* (Geneva: WHO, 2002); L Daichman, ‘Argentina country report on elder abuse’, preparatory study (2001) for WHO/INPEA, *ibid.*

¹⁵ R Ayres, *Crime and Violence as Development Issues in Latin America and the Caribbean* Latin America and Caribbean Studies, View Point Series (Washington, D.C.: The World Bank, 1998).



S. Connor/HelpAge International

'I live imprisoned in the house, I know nothing and no one in the community'.

In Colombia, repeated and indiscriminate attacks on communities by left-wing and right-wing armed groups, frequent death threats against community leaders and massive forced displacement are breaking up families and communities, leaving older people without their conventional support structures. This results in the destruction of livelihoods and the failure of vital services, transport and communication systems, hampering survival structures for many of Colombia's poorer and especially older people, many of whom remain in the now inaccessible rural areas. Although older people are recognised as a vulnerable group in the Colombian government's emergency response strategy, their specific needs and potential contributions are rarely taken into account in humanitarian assistance, rehabilitation and conflict resolution¹⁶. Older people in conflict situations suffer from the loss of their roots, their home, and their life assets, as well as the rupture of social networks. Many older people remain in conflict-ridden rural areas to 'take care of their history' and are further removed from potential humanitarian assistance programmes¹⁷.

At an individual level, older people are suffering from the generalised situation of insecurity in the region. They are increasingly the victims of street violence, especially those working as street vendors, who have their wares and meagre profits stolen. Others are targets for muggings and robberies, especially on pension payment days¹⁸. The lack of protection in the city is an important issue facing older people in many countries of the region.

However, older people also suffer from a variety of less tangible forms of abuse. These include economic exploitation, verbal abuse and emotional distress as well as the denial of services or entitlements and abuse by the state, rooted in negative stereotypes and age discrimination. Older people in Bolivia feel that the most humiliating form of abuse is economic abuse by the state in its failure to provide minimum income security for those who have spent their youth and energy supporting the development of the country¹⁹.

Recent studies in Argentina and Brazil on the attitudes of primary healthcare workers to older people reflect the denial of services and medicines but also lack of respect. Some healthcare workers in Brazil described older people as 'a newspaper one has already read....it is no good for anything.' This discrimination in the health system deepens when the older person is poor. 'If the older person has money, he is treated well... the poor older person is [perceived as] a nuisance, junk, someone who should disappear'²⁰.

A recent pilot study among older women in one community in Chile found that 34.2 per cent of women interviewed were being subjected to some form of abuse at the time, with 75.6 per cent victims of psychological abuse, and 31.7 per cent physical abuse. In 80 per cent of cases, the aggressors were family members and 61 per cent of those suffering abuse did not seek any kind of help. Fear, shame, and lack of economic resources and information were among the reasons given²¹. Despite evidence such as this, denial is a serious obstacle to addressing elder abuse in Latin America at the political, institutional and family level. When talking about abuse in the family, many older people will refer to 'a friend' or 'neighbour' rather than themselves²². To admit abuse means admitting rejection and abandonment by children and other family members, and expanding our understanding of abuse from physical violence to lack of affection and neglect. Furthermore, the myth that abuse and violence only occur in low income families persists, especially among wealthier people. Poor older people believe abuse occur at all levels of society²³.

Ethnicity and cultural exclusion

Culture and ethnicity are central to older people's exclusion and poverty. Large proportions of the region's population stem from Quechua, Aymara or Mapuche origin, with remainders of the Maya and Aztec civilisations in Central America and numerous tribal communities in the Amazon basin and highlands of Colombia. While these cultures provide a major base for today's tourist industry and countries such as Bolivia

¹⁶ HelpAge International, *Older people in Disaster and Humanitarian Crisis, Guidelines for Best Practice*, op. cit.

¹⁷ A M Marquez, 'Diverse voices of conflict and peace - the case of older persons' presentation to a World Bank conference on *Latin American experiences of gender, conflict and building sustainable peace: Challenges for Colombia* (Bogota, Colombia: 2000).

¹⁸ L Barreto, *Una Realidad Oculta: Maltrato y Exclusion en las Personas Mayores*, paper presented to the International Congress on Abuse of Older People (Chillan, Chile: 2001).

¹⁹ Zerda, 2000, op. cit. 24.

²⁰ Machado, op. cit. 10, 22.

²¹ J Lowick Russel Avalos, *Maltrato en la Vejez: Orientaciones para su investigacion y un estudio local exploratorio Serie Estudios y Documentos 1*, Centro de Capacitacion (Santiago de Chile: 1999).

²² Machado, op. cit., Daichman, op.cit.

²³ Daichman, op. cit. 13.

and Peru are officially multicultural and multilingual, in the daily lives of most of the region's indigenous people, this cultural distinction is played out in the form of harsh and painful discrimination²⁴. This has particular repercussions for older people whose first language is not Spanish or Portuguese²⁵, who often wear traditional dress and still retain many of their indigenous habits, which are seen as socially undesirable or even embarrassing to change-orientated communities. To be Aymara in Bolivia is still synonymous with being poor, indigenous and exploited²⁶.

Furthermore, this population bears the highest levels of illiteracy. In Chiapas, Mexico, 84 per cent of those over 65 speaking an indigenous language were illiterate in 1990, the majority being women²⁷. This further limits their potential to be active citizens, workers and members of today's society, and infringes on their access to fundamental rights. The situation is particularly difficult for older indigenous migrants to the region's major cities, such as La Paz, Lima and Santiago de Chile, where their ability to adapt is limited. An older indigenous woman in Lima described her situation:

'My children came to Lima to find work and two years ago they brought me here. I left everything behind in the country, my house, and my land... I am very sad to be here – I can't get used to it. I feel lost. I don't eat properly as the food does not agree with me, I don't get support from the community organisations, I don't even know how to read or write and because I am old and ill I cannot work. I live imprisoned in the house, I know nothing and no one in the community, people don't look out for each other here... they ignore me. If I do go out I get lost, so my children now won't let me out... I am totally dependent on them'²⁸.

Organising to claim their place

The levels of formal organisation and representation of older people in the region relate closely to the levels of pensioned older people, as pension unions are the largest and most organised groups of older people. Groups and networks of non-pensioned older people also exist, organised and supported by the church and by NGOs, most of which are partners of HelpAge International. These cover a small percentage of the non-pensioned population. There are initiatives to link these groups and networks at national and regional level. The Red Tiempos²⁹ represents approximately 140 organisations, all working directly with and for older people representing a few thousand community organisations and older persons. The organisations have experience in micro-enterprise, traditional medicine, self-care and health control, literacy programmes, capacity building and leadership training, rights training, cultural activities, and leisure and recreation among many other activities.

In preparation for the Second World Assembly on Ageing, there were national meetings of older people in each country. The first-ever meeting of older people's leaders gathered in Lima in May 2001 and produced the Declaration of Lima. In this declaration, the older people and their organisations made proposals for action in economic, political, organisational and socio-cultural areas, as well as in the provision of basic services to older people and the development of comprehensive policy on older people in the region.

Governments were exhorted not only to listen to older people, and take heed of their desires and needs, but also to fulfil their responsibilities towards a growing, and increasingly dispossessed sector of their populations. Those responsibilities are enshrined in national and international legislation. But the same declaration also recognises that without increased organisation on the part of older people, government and civil society will not listen and act on their rights and needs.

'It is with satisfaction that we observe that an active movement of older people is emerging over the region, promoting proposals which address the ageing issues and claiming a presence in local and national decision-making spaces'.

²⁴ M C Zerda, *Awicha: pobre, indígena, anciana y viviendo en una ciudad extraña. El fenómeno de migración campo-ciudad en mujeres adultas mayores*, paper presented at the international seminar of civil society organisations for a society for all ages (Santiago de Chile: 25-26 October 2001).

²⁵ In Bolivia 77 per cent of people over 60 speak a native language (Zerda, 2000, op. cit. 16).

²⁶ Zerda, 2001, op. cit. 3.

²⁷ L Reyes Gomez, 'Vejez y Pobreza: el caso de los zoques de Chiapas', VI Meeting of the Mexican Society of Demography (Mexico City) 15.

²⁸ F C Clark and N Lauria, 'Gender, Age and Exclusion: a challenge to community organisations in Lima, Peru', in *Gender and Development* 8: 2 (2000).

²⁹ Red Latinoamericana y Caribeña de Personas Mayores TIEMPOS.

The Caribbean

Older people in the Caribbean face similar problems to their peers in Latin America, in terms of the many kinds of poverty, deprivation and neglect that characterise rapid social and economic change.



Neil Cooper/HelpAge International

Outward migration and female-headed households are common features in the region. Migration has contributed to the erosion of the extended family structure, or in some instances, to a family structure consisting of grandparents and grandchildren only. While some material support may be provided to older people by relatives living abroad, social support has declined as a result. The dominance of female-headed households in Caribbean society has led to a situation where many men are found to be living alone in old age, and for the most part, lacking socio-economic support. On the other hand, because women live longer than men, many older women also live alone but are more likely to receive material and other forms of support from relatives and other groups in society.

Loss of livelihood

Very few older persons in the Caribbean are in receipt of any form of pension, and they continue to rely primarily on informal means of support through children and grandchildren for their upkeep. In some instances, children or grandchildren simply do not have the means to support their parents or grandparents. Many older people are neglected by relatives and live in sub-standard housing, unable to meet the costs of food, healthcare and medication, and utility bills. Their deprivation is shown in its most extreme form in Haiti, where significant numbers of older people go hungry, are often sick because of poor nutrition and their inability to access healthcare, and live in dilapidated housing. Research in St Vincent and the Grenadines, Grenada, St Lucia and Jamaica also found that some individuals go without food for lack of money.

One older woman in Jamaica, reported: ‘Sometimes me hungry, and me shut me door and me pray.’ At a National Consultation to present the findings of the Research on Poverty and Older People in Grenada, an older woman said: ‘Yesterday morning, I drink some tea, and that is the last time I eat before I come here this morning and get something to eat.’

In Haiti, out of a total of 138 older men interviewed, 113 (81.9 per cent) of them indicated that they often go hungry. Similarly out of a total of 261 older women, 197 (75.5 per cent) reported that they sometimes go for days without food, usually for lack of cash. A 75-year-old woman in Haiti remarked: ‘There are times when I go for several days without food. At this very moment while I am speaking to you my heart is tearing away with hunger.’

Where older persons do receive income from government sources, through public assistance, and from their own income-generating efforts, the amounts are not usually enough to meet their basic needs, which, in many instances, include support for children and grandchildren.

In several countries across the region, older men and women are discriminated against with regard to employment, on the basis of their age. A 75-year-old man in St Vincent and the Grenadines said: ‘The older people need work to do. Some of us are still strong and could work, but because there is no work, most of us don’t have money to purchase what we need.’

At the same time, the economic wellbeing of a significant number of older persons is taken care of through their own efforts. Many older persons are involved in farming, fishing, vending, livestock rearing, garment making and other craft activities.

Abuse, exploitation and violence

Closely linked to the poverty of older people in the Caribbean is their social exclusion, not only by the state but by civil society as well. The prevailing view among older people is that they are not valued by society, and that they are perceived as more of a burden than a resource. As an older man in Grenada pointed out: ‘Older people in Grenada today are not treated with respect and love. If you don’t have money or land, or something good to offer, you are not looked upon.’

Many older persons suffer from physical, emotional, and in the case of older women, sexual abuse. Younger people have been singled out as the main perpetrators of physical and verbal abuse. In St Vincent and the Grenadines, one older woman reported her fear of abuse and even rape by gangs of youths: ‘I afraid to go out alone, even on the beach or for a little walk.’

‘There are times when I go for several days without food’.



Nail Cooper/HelpAge International



Neil Cooper/HelpAge International

Another problem is the high level of theft to which older people are exposed. Throughout the Caribbean, they complain of having their agricultural produce and livestock stolen. 'The younger ones do not want to work land, but they go and reap our produce and sell them. They want to live light and weigh heavy, and when you talk they threaten you. The older people have no rights in this country,' said an older man, from St Vincent.

Other possessions, including money, are extorted from older persons. They are robbed of pensions and public assistance received from the government. Family members are also accused of abuse, neglect and abandonment. While some older persons are abandoned because family members have had to migrate to scrape a living, others find themselves fleeced of their property by relatives and neighbours.

Hostile environments

Most older persons in the Caribbean own their homes but many, particularly in Haiti, live in sub-standard housing and are unable to maintain their homes. Some governments provide housing support for older persons but this is often inadequate in terms of the level of financial assistance and the number of people it reaches.

There is a problem of homelessness among older people in Haiti. A 75-year-old woman explains her plight this way: 'I do not have anywhere to live. I am like a pigeon roaming from place to place.'

In many rural areas in the region, older persons do not have access to clean water or, if they do, it is some distance from where they live. If they live alone and have no money to pay someone to fetch water, this leads to great hardship.

Health

Many older persons suffer from chronic and degenerative diseases. These include arthritis, diabetes, hypertension, cataracts, glaucoma and heart disease. Healthcare is available free to older persons in some Caribbean countries but the lack of it constitutes a major problem. Out of a total of 401 older persons (140 men, 261 women) interviewed in Haiti, only 18 per cent of the women and 23.6 per cent of the men declared that they were in good health.

Even where healthcare is free to older persons, the high costs of drugs and transportation prevent many from using it. Poor health, usually related to poverty, prevents many older persons from remaining active and productive in their community. In countries such as Haiti, there is a direct link between the poor nutrition of older persons and the chronic ill health they experience.

Charting the way forward

Despite the steady growth in the region's older population, ageing issues have been given so little attention that policies, programmes and services for older persons are either non-existent or very limited.

While there exists a CARICOM Charter on Health and Ageing (1999)³⁰, this has yet to be translated into comprehensive national policies in several Caribbean countries, including St Vincent and the Grenadines, Antigua, Cuba, Dominican Republic, Grenada, Haiti, St Lucia and Trinidad and Tobago.

Concerted efforts need to be made to tackle the poverty and social exclusion facing older people in the region, a process in which the state, older people themselves and civil society have to be the major actors.

The evidence so far is that older persons by and large maintain themselves through their own self-help activities. Their efforts can be enhanced by training and other forms of support for their income-generating activities. Older people believe that governments need to put measures in place to allow them to obtain paid employment, access to credit, skills training and other resources for income generation, if they are to maintain an independent source of livelihood. More also needs to be done in the area of formal social security mechanisms to ensure that larger numbers of older people receive an age pension.

The strengthening of family and community support structures is also necessary if neglect, social isolation and the personal care needs of older persons are to be addressed. Much has to be done in the area of advocacy, to ensure that ageing issues become mainstreamed into the development agenda. Age-focused organisations have an important role to play in ensuring that governments enact legislation, policies and practical programmes to address the rights of older persons.

'The younger ones do not want to work land. They want to live light and weigh heavy'.



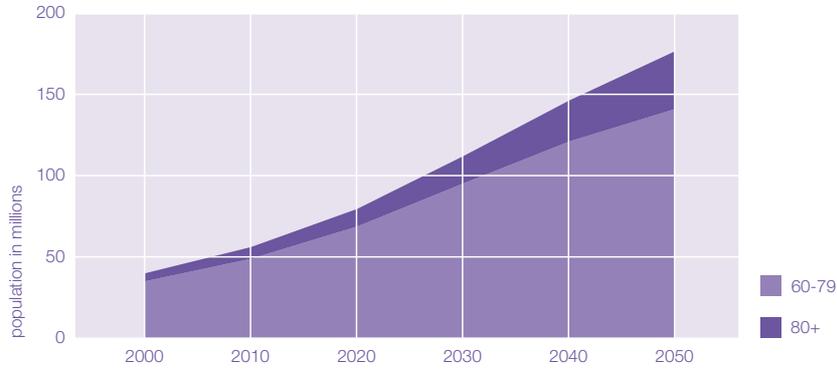
Neil Cooper/HelpAge International

³⁰ Launched in Georgetown, Guyana on 20 October 1999, CARICOM Secretariat press release 105/1999.

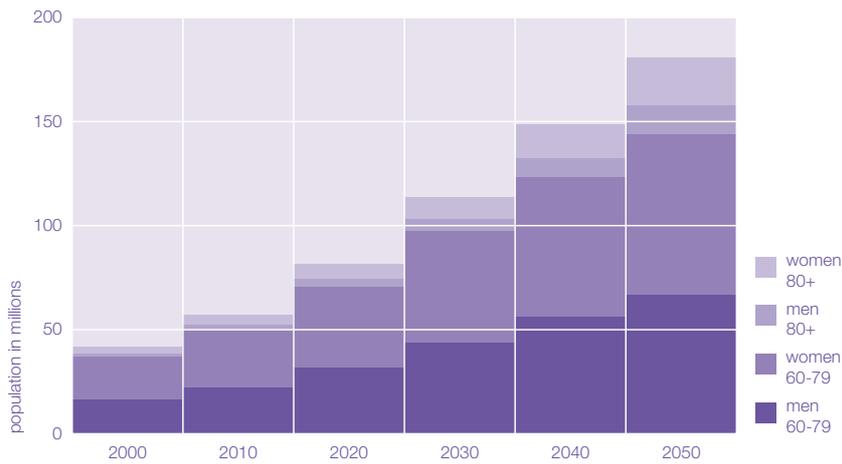
Data on ageing in Latin America and the Caribbean

- *In 2002, there are about 41 million people over 60 in Latin America and the Caribbean – about 7 per cent of the global population of older people.*
- *Of those around 5 million are over 80.*
- *The older population of Latin America and the Caribbean is growing at 2.8% a year – compared with 2.1 per cent globally.*
- *By 2050, the population of older people will have quadrupled to reach 181 million, of whom 37 million will be over 80.*
- *The population of Latin America and the Caribbean has been ageing faster than other regions and people over 60 will outnumber children under 14 by about 2030.*
- *Life expectancy in Latin America and the Caribbean is currently 72 for women and 65 for men. Every decade it is expected to increase by another two years so that by 2050, men will be able to expect to live for 77 years and women for 84.*
- *GNP per capita for the region as a whole is US\$3,800.*
- *Women have much lower literacy rates than men and the number of people who are literate is significantly smaller in older age groups.*
- *There are 100 older women for every 80 older men and this ratio is expected to be maintained for the next 50 years.*

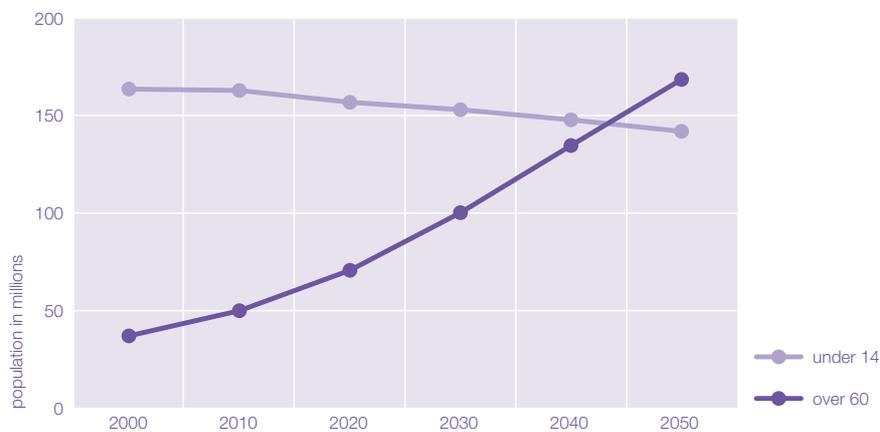
2.19 Growth in the numbers of older people in Latin America and the Caribbean 2000-2050



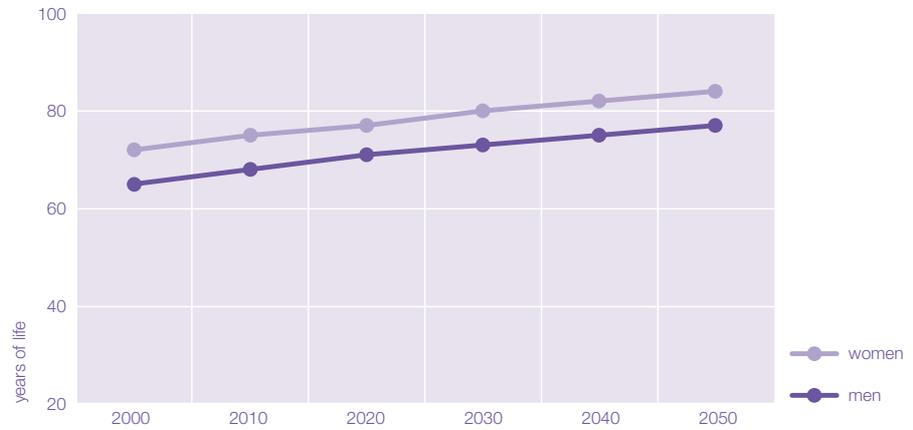
2.20 Numbers of older men and women in Latin America and the Caribbean 2000-2050



2.21 Older people will outnumber children in Latin America and the Caribbean by about 2040

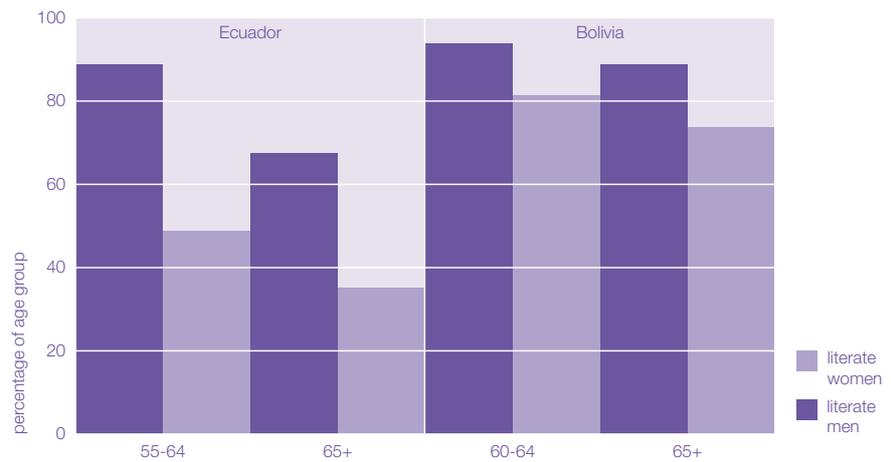


2.22 Life expectancy in Latin America and the Caribbean

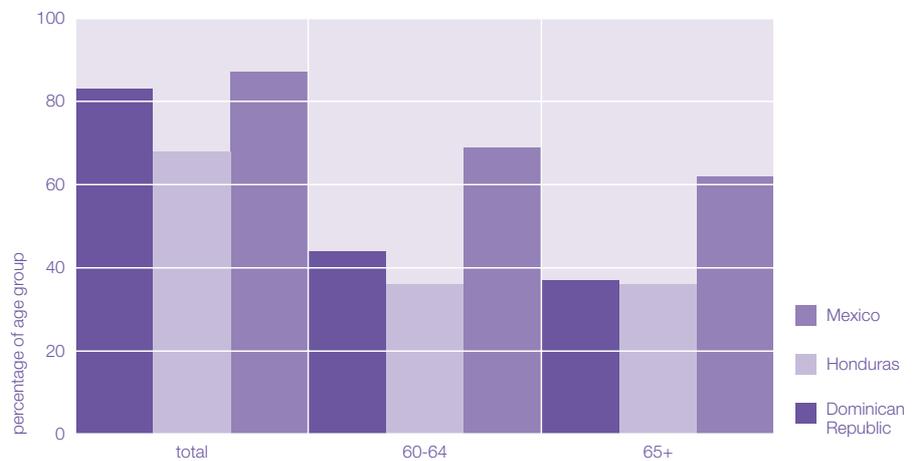


■ In 30 years women in Latin America and the Caribbean can expect to live to 80 plus, and men can expect to live to 73.

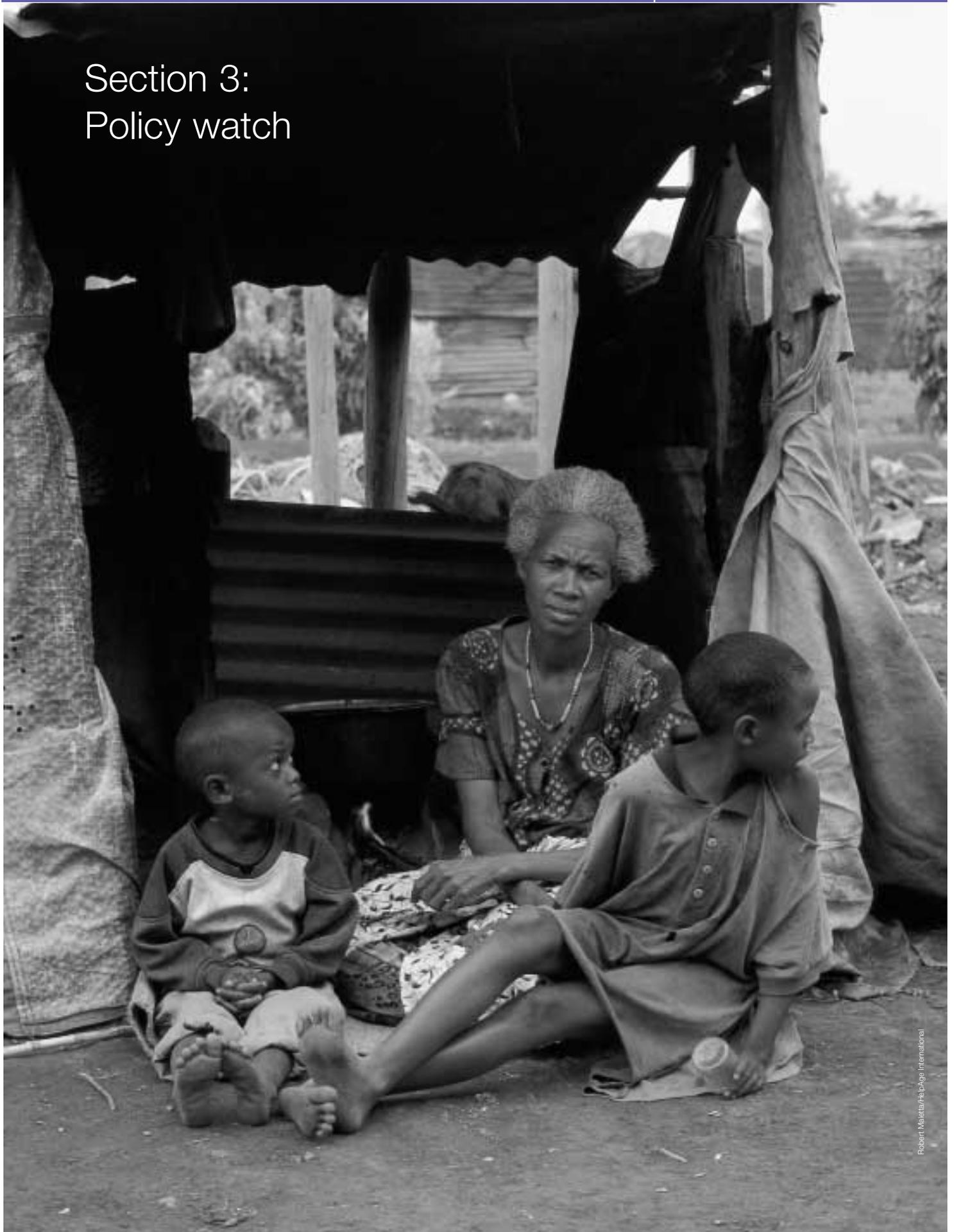
2.23 Literacy for men and women in Ecuador and Bolivia



2.24 Literacy and older age groups in Latin America and the Caribbean



Section 3: Policy watch



National policies on ageing around the world

New generation of policy and practice needed

The International Plan of Action on Ageing, agreed in Vienna at the World Assembly on Ageing in 1982, called on each country ‘to formulate and implement policies on ageing on the basis of its specific national needs and objectives’¹.

Twenty years on, little progress has been made. The low status of the 1982 Plan and lack of political will and resources to implement it have meant that few countries have fulfilled its recommendations.

In 1999, HelpAge International reviewed the status of national policies on ageing in 46 countries². Nineteen of these had national policies in place.

At the time of writing in 2002, 29 out of 79 countries for which data was available had a national policy on older people, and a further 16 were in the process of developing such a policy³. The approach varies: some states have chosen to integrate ageing issues into wider social policy, even if they do not have a specific national policy on ageing. The content ranges from policies that focus on the welfare and care of older people, to rights-based approaches, with more emphasis on older people’s participation.

The development and publication in 1991 of the UN’s Principles for Older Persons, and the declaration of 1999 as the International Year of Older Persons (IYOP) spurred some countries into action. Bolivia, Mauritius, India and Jamaica, for instance, established national commissions and drafted national policies, many of which drew on the UN Principles⁴.

The content of policies on ageing

Most policies cover basic needs, such as health, employment, care, housing, social security and pension provision – be it private, public, contributory or non-contributory. Others include issues of food and nutrition, and cultural and leisure activities for older people. These basic components of a welfare-based policy for older people tend to predominate, especially in eastern European countries. Some policies, such as those for the Republic of Korea and Indonesia, emphasise the honoured place that older people should hold in society and address issues of filial piety and respect for older people.

More progressive policies make the link with wider development issues and have the aim of mainstreaming ageing into national policies. Some, such as the policy for Mauritius, outline the role of government and civil society stakeholders in implementing the policy. In Africa, the need to link provisions and policies on older people with issues such as HIV/AIDS, poverty reduction, education, rural development, and violence has been recognised.

Regional initiatives

Some regions have responded to the 1982 Plan and the lead-up to the Second World Assembly on Ageing by adopting a regional plan. The Macau Plan of Action on Ageing for Asia and the Pacific addresses seven major areas: the social position of older persons; the family; health and nutrition; housing, transport and the built environment; the market; income security and employment; and social services and community.

In 1997, the Conference of Heads of the Government of the Caribbean Community (CARICOM) adopted a Charter of Civil Society, which establishes the human rights, freedom and dignity of all Caribbean people regardless of age. Supported by the Pan-American Health Organization (PAHO) and the World Health Organization’s (WHO) Active and Healthy Ageing Programme, CARICOM also developed a regional Charter on Ageing and Health in 1998. The charter recognises that patterns of living to enhance healthy and active ageing are formed early in life and continue throughout the life course.

¹ United Nations, *International Plan of Action on Ageing and United Nations Principles for Older Persons*. International Year of Older Persons 1999. DPI/932/Rev.1-98-24545 (New York: UN Department of Public Information, 1999).

² HelpAge International, *The Ageing and Development Report* op.cit. Part 3.

³ In this report, we have tried to summarise the status of national policy and legislation in as many non-OECD UN member states as available information has allowed. Information has been drawn from a variety of sources, including governments, member organisations of HelpAge International and other databases. The process of building an accurate database on national ageing policies, like information-gathering on other aspects of ageing, is at an early stage, and we therefore cannot guarantee that the information we have is comprehensive or completely up-to-date. Ongoing monitoring of policy changes in future could prove a valuable resource.

⁴ United Nations, *Principles for Older Persons*. Resolution No. 46/91 1991.

The African Union (formerly OAU), with strong involvement of HelpAge International's Africa Regional Development Centre, is in the process of negotiating a draft policy framework and plan of action on ageing for the whole region. This encompasses a wide range of needs, rights and obligations for the continued wellbeing and integration of older people in African society.

Eastern and central Europe has seen a great deal of change during the 1990s, with particularly marked effects on older people. The Communist history of these countries means many of them have comprehensive legislation on older people in place. However, the collapse of state structures and the economic trauma of transition have meant that the financial and government infrastructure to put policy into practice is often absent. In the past, people expected the state to continue providing security in old age. More recent policies in eastern Europe and other parts of the world stem from a view that financing for old age cannot lie solely with the state, and that the issue will require an integrated and complementary partnership between state, civil society, community, the family and the private sector.

Ageing policies and development priorities

The 1982 Plan was not realistic in terms of implementation because it failed to accommodate needs and constraints in developing countries.

Many development policy makers have not taken account of the extent or character of demographic change in low-income countries and have assumed that policies for older people and ageing are not necessary. In fact, the speed and extent of population ageing and the size of older populations, even in the poorest countries and those worst affected by HIV/AIDS, makes policy on ageing and older people essential. The contribution of millions of economically active older people cannot be ignored in the fight against poverty, and the changing roles of older people and nature of intergenerational links need to underpin social policy.

Resources and political will – and a stronger fight against corruption and fraud – are needed if comprehensive and sustainable policies and partnerships are to be developed for older people.

Citizenship and participation

Participation and consultation are now seen as key to effective development. Participation is still a poorly understood and at times poorly implemented way of working that will require time, education, and cultural changes for many. For eastern Europe and Central Asia, the concept of citizen participation in decision-making is quite new. However, due to the region's already relatively old population, older people now represent a growing and increasingly important electorate, and their voice and support are therefore sought in election campaigns and other political arenas.

In regions where political and community mobilisation has been more common, such as Latin America, the battle is for the voices of the most vulnerable and disadvantaged to be heard in the myriad of groups and issues seeking representation. In Bolivia, the National Plan for Older Persons was defined after very wide consultation. It not only calls for mainstreaming of a generational perspective into all national policies and programmes, but also sets priority actions and allocates responsibility for them.

The ageing policy imperative

The impact of ageing on development policy and the implications for resources cannot be ignored. As UNHCR points out in its policy on older refugees⁵, this does not always mean creating new funds, but it does mean that older people must be included in existing policies, interventions and spending plans on an equal basis with other citizens.

The need to bring ageing and older people's demands into the Millennium Development Goals, the Poverty Reduction Strategy Processes in Heavily Indebted Poor Countries, into the activities of the Global Fund for HIV/AIDS, Malaria and Tuberculosis and into international development initiatives such as Financing for Development and the Earth Summit on Sustainable Development cannot be over-stressed, if we are to meet poverty reduction targets and human rights commitments and create a society for all ages.

Country	National Policies on Ageing Yes/No/ Pending	Main features
AFRICA		
Benin	N	The National Food and Nutrition Policy states that assistance should be provided to all people marginalised due to their socio-economic or physiological conditions, including older people.
Burundi	P	A national policy on ageing has been drafted and is due to be presented to the Council of Ministers soon.
Cameroon	Y	A National Plan of Action, which aims to promote and protect older persons, while sensitizing the whole population on ageing issues, has yet to be implemented by the government.
Eritrea	N	The government has drawn up guidelines, which it hopes to develop into a policy on older people, calling for equal work opportunities, training for older people and encouraging community rather than institutional care.
Ethiopia	Y	The Developmental Social Welfare Policy specifically addresses the welfare and protection of older people, awareness raising and capacity building.
Ghana	P	The government has a draft policy framework for the elderly, covering social and economic support, health and wellbeing, and participation. It addresses the rights of older people, integrating a lifecourse, cultural and gender perspective.
Kenya	P	A draft concept paper on the National Policy on Older Persons is currently being circulated to stakeholders. Main features include: challenges and issues facing older persons in Kenya, policy agenda, implementation framework, and sustainability.
Lesotho	N	A national social welfare policy is in draft and includes a section on the elderly, emphasising the need for social welfare services for older people to be community based, and to set minimum standards for monitoring and evaluating institutional care for older persons. The policy encourages the participation of older people in decision making on issues affecting them.

⁵ UNHCR, *Policy on older refugees* (Geneva: UNHCR, 2000).

Country	National Policies on Ageing Yes/No/ Pending	Main features
AFRICA (continued)		
Madagascar	P	A decree addressing the fundamental rights of older people, drafted in 1999, was not adopted due to economic constraints and other priorities. The government is now working with WHO to develop a national policy on older people, and the national poverty reduction strategy includes a project line for the 'promotion of aged persons'.
Mali	Y	National Policy of Solidarity and Special Programme for Older Persons (1993) includes health, welfare, employment, housing and community care, intergenerational relations, nutrition, security and income, people with disabilities, older women, education, research, international and regional cooperation.
Rep. of Mauritius	Y	Ageing with Dignity (2001) a comprehensive National Policy on the Elderly, covers retirement, health and nutrition, protection, housing, income security, employment, education, inter-generational relationships, social welfare and leisure, institutional care, with gender as a cross-cutting issue. It outlines clearly the role of government and civil society stakeholders in implementing the policy.
Mozambique	P	A draft national policy, to be submitted to Parliament in March 2002, addresses active ageing, empowerment, social action and development, participation, vulnerability, social security, health and nutrition, education and training, and abuse and witchcraft accusations.
Nigeria	Y	Care for the Elderly, a national policy on older people, incorporated into the Social Development Policy (1989), includes health care, geriatric service, income security, accommodation, accessible recreational facilities, education and information, intergenerational interaction, community-based support systems, counselling and physiotherapy service, research, training of care-givers, participation and integration of older persons in community life.
Rwanda	P	A draft national policy, currently under review, addresses the rights of older people to play a role in society, to benefit from national initiatives in health, training, finance and shelter, and to be consulted in initiatives of concern to them.
Seychelles	N	No national policy but the Strategy on the Elderly (1993) focuses almost exclusively on care issues (formal, respite and others) and outlines a Council for the Elderly. No plans for a full policy at present. Legislation relevant to older people includes the Children's Act and the Domestic Violence Act.
Sierra Leone	N	No national policy, but the Ministry of Social Welfare, Gender and Children's Affairs has a draft policy on ageing.

Country	National Policies on Ageing Yes/No/ Pending	Main features
AFRICA (continued)		
South Africa	Y	The National Policy on the Aged stipulates guidelines for subsidies to residential care facilities, informs protocol on elder abuse and minimum norms and standards. A new policy is being drafted with more emphasis on community care and protection of the vulnerable. An Aged Persons Act (1962, amended 1998) exists and in 2000 the government produced the National Guideline on prevention, early detection/ identification and intervention of physical abuse of older persons.
Sudan	N	No national policy. The National Comprehensive Strategy 1992-2002 includes a section on welfare programmes for older people. The Care of Older People Act, drafted in 1999, established a National Council and a Fund for the Care of the Older People.
Swaziland	N	The Government is conscious of the need to provide social welfare services to those with physical and mental disabilities, the destitute and older people, but has been very slow to act. A draft national policy is apparently being prepared but no access has been allowed to civil society groups as yet.
Tanzania	P	Draft of national policy is with the Cabinet Secretariat for discussion. HelpAge International led a consultative process whereby civil society organisations were invited to participate in the formulation of the draft policy on ageing.
Tunisia	Y	The Policy on the Protection of Elderly Persons (1994) includes financial support for care in the home to more than 3000 persons, provision of mobile medical-social units and family placements for those who do not have independence.
Uganda	P	A draft national policy emphasises the contribution, rights and needs of older people. It refers to the government's commitment to fundamental human rights, the national gender policy, and the family as the fundamental unit of society linking generations. It covers issues of social integration, employment, social security, and health.
Zambia	N	No national policy, but the National Social Welfare Policy (1993) defines the government's responsibility to provide older persons with a safety net from the effects of the structural adjustment programme. This policy was reviewed in 2000 and a draft submitted to the Cabinet Office. The main objectives are to ensure family support systems but to provide support to vulnerable older people if family care is unavailable. Community care is emphasised but, in practice, has yet to be developed.
Zimbabwe	N	The Aged Persons Act (drafted 2000) suggested the establishment of Directorate of Aged Person's Affairs with an Aged Persons Board to work on behalf of the welfare and rights of older people, including their rights to health, employment and income security, cultural and recreational activities, care and community integration and access to all public facilities and services.

Country	National Policies on Ageing Yes/No/Pending	Main features
ASIA AND PACIFIC		
Bangladesh	P	A new draft national policy, prepared by the re-organised National Committee on Ageing was submitted to the government for approval in 2001. The previous policy introduced an old age allowance, providing financial assistance to 400,000 of the poorest people over 57 years old.
Cambodia	P	A plan for a national policy being developed with HelpAge International aims to ensure opportunities for older people to contribute to and share benefits of the nation's development. Covers social and economic policy, health, participation and research. An inter-ministerial committee (est.1998) exists to coordinate the development of national policy and action plan for social welfare of older persons.
China	Y	National Plan for Action on Ageing (1994) has three core aims: to address the impact of ageing on China's socio-economic development; to alleviate the pressures on the family caused by the increase in numbers of older people; and to adopt a holistic approach to improving healthcare for older people and their carers.
Fiji	N	The Fiji Council of Social Services has drafted a set of recommendations, 'The Status of Older People in Fiji' (2001), on productive, healthy and secure ageing.
India	Y	The National Policy on Older Persons (1999) aims to strengthen the legitimate place of older people in society and to help older people live the last phase of their lives with purpose, dignity, and in peace. The State will support older persons, provide protection against abuse and exploitation, seek their participation and provide care services to improve the quality of their lives.
Indonesia	Y	The National Plan of Action for Elderly Welfare (2000) covers strengthening older people's institutions and coordination between related institutions; neglected older persons at risk; family and community support; health services for older persons; improving economic, mental, and religious life of older persons; special facilities for older persons. The Welfare of Older Persons Act (1998) declares that older persons have the same rights and obligations as other members of the community and the nation.
Korea (Rep.)	Y	The Mid- and Long-Term Plan of Health and Social Welfare for the Elderly (1999) proposes four areas of development until the year 2003: building an infrastructure for economic independence; securing a healthy life; promoting an active life; promoting social welfare.
Lao PDR	N	The Elderly Assistance Division of the Ministry of Labour and Social Welfare is committed to gathering data in order to identify issues and formulate strategy. The government is committed to policies that ensure the elderly can take part fully in socio-economic life; strengthen the family system; educate and mobilize public support.

Country	National Policies on Ageing Yes/No/ Pending	Main features
ASIA AND PACIFIC (continued)		
Malaysia	Y	The National Policy for the Elderly (1996) aims to create an enabling environment to enhance the respect and self-worth of older people in their family, society and nation; improve potential to continue to be active and productive in national development; assist independent living; encourage creation and availability of specific facilities for their care and protection.
Maldives	N	Although there is no specific national policy on ageing, ageing issues are integrated within other social sector development plans. The government's intention is to identify the country's needs by the year 2003; establish an effective co-ordinating body; to conduct a survey on ageing and use census data to create a database by the year 2004; integrate ageing issues into planning by the year 2005.
Mongolia	Y	The Law on Elder Persons and Assistance and Service for the Elderly (1996) defines the obligations of organisations, business entities and officials on the social protection of older people and determines the scope of assistance and services to them.
Nepal	N	The Senior Citizens Act covers respect, livelihoods management, special provision in public services, criminal responsibility, senior citizen's welfare committee, standards for old age homes, funeral rituals and property protection.
Pakistan	Y	The National Policy for the Elderly (1999) aims to promote the social and economic security of senior citizens while enabling them to contribute to national development. A new benefits package launched in 2001 for people over 70 years of age includes concessions on air fares, hotels, free entry to recreational centers, priority in electricity, gas and telephone connections.
Philippines	P	A national policy is in draft form. Bills are pending in both the Congress and Senate of the Philippines' legislature. The Senior Citizens Act (1996) gave older people 20 per cent discounts on medicine, transport, entertainment and restaurants.
Singapore	N	A number of laws relate to the well-being of older citizens, although there is no national policy. An inter-ministerial Committee on Ageing was formed in 1998 to identify the challenges posed by Singapore's rapidly ageing population, develop policy directions and lead a co-ordinated national response. Comprises representatives from ministries, statutory boards and non-government agencies.

Country	National Policies on Ageing Yes/No/ Pending	Main features
ASIA AND PACIFIC (continued)		
Sri Lanka	Y	The National Policy and Action Plan on the Welfare of Elders (1992) is in the process of being implemented. It aims to enable all older Sri Lankans to lead socially, economically, physically, mentally and spiritually useful lives; and to plan the welfare of older persons in accordance with traditional custom, strengthen the family unit and make society aware of ageing issues.
Thailand	Y	The Declaration on Thailand's Older Persons (1999) confirms the commitment and obligation to better the quality of life, and to promote and protect the rights of older persons. The Second National Plan for Older Persons (2002-2021) covers security in old age related to income and employment, health, education, housing and environment, rights and safety, information and knowledge, and includes strategies for implementation, research and recommendations for monitoring and evaluation. It aims to make older persons self-reliant and enable the family to give care and support.
Vietnam	N	No national policy exists but the Strategy for Socio-economic Stabilisation and Development (1991) included provisions for the integration of older people into the community and family; amendments to the pension system; and the establishment of a network of care and social centres.
CARIBBEAN		
Barbados	P	A draft national policy on health and ageing has been developed through national consultations. In addition, the Urban Development Committee poverty alleviation programme builds housing for needy older people; the National Assistance Board provides a Home Help Service to needy older people; free bus passes are provided to older people using public transport.
Cuba	Y	The National Policy on Older People (1974) redrafted after the 1982 UN Conference, provides a comprehensive programme of community support and institutional care. House repairs, home help and meal service are offered to those in their own homes. Gerontological teams of health and social workers provide health care.
Dominica	Y	The main goal of the national policy is to ensure that older people are provided with protection, care and opportunities to participate in the development of Dominica. The document focuses on the needs of older people in the areas of housing, health, transport and social services.
Grenada	N	The government provides an annual subvention to thirteen residential homes for older people as well as to the NGO ECHO (an organisation working with older people). Other forms of support to older people include pension payments, public assistance, a pauper's burial scheme and medical assistance.

Country	National Policies on Ageing Yes/No/ Pending	Main features
CARIBBEAN (continued)		
Jamaica	Y	The National Policy for Senior Citizens (1997) emphasizes the integration of ageing issues into national development plans, the expansion and establishment of inter-generational policies and programmes. It calls for recognition of the productive roles of older people in national development. The policy covers national infrastructure, education and media, health, social welfare, income security, family solidarity, housing and living environment, legal aspects and research.
St Lucia	P	Plans exist to draft a national policy. Current policies and programmes which impact older people are: the Public Assistance Act (1967), which entitles older people who are unable to maintain themselves to public assistance, including help with glasses and burial services. Very needy older persons receive free medical attention. The government supports one residential home for older people, and gives subsidies to five privately-run homes.
St Vincent and Grenadines	P	The National Council for Older Persons plans to lobby the and the government to adopt a policy within the next two years. Issues include increased pensions, day centres for older people, and establishment of a poverty alleviation fund.
EASTERN / CENTRAL EUROPE AND CENTRAL ASIA		
Albania	N	No national policy but a number of programmes are in place to support older people, such as housing for older people living alone.
Croatia	N	No specific law regulates the status and rights of older people but they are subsumed under a number of existing laws related to the family, work, pensions, health and social welfare. In 1999, the government produced a guide to Croatian services for older people as part of the International Year of Older Persons.
Czech Republic	Y	The National Plan for Ageing relates to equality of opportunity in the labour market, material security through a state-guaranteed pension system, health and lifestyle (active and dignified ageing), provision and access to adequate medical care and social services, education, sustainable living and integration of older people. It promotes organisations providing support for seniors to strengthen older people's position in society.
Estonia	Y	The Senior Citizens Policy (1999) lays out goals for social and economic welfare. The Social Welfare Act (1995) places responsibility for service provision on local government. According to the Family Act, children and grandchildren have the responsibility for caring for their older parents and grandparents. Only when a senior citizen has no means of support and no family does the state take on this role.

Country	National Policies on Ageing Yes/No/Pending	Main features
EASTERN / CENTRAL EUROPE AND CENTRAL ASIA (continued)		
Hungary	N	Law on older people drafted but not completed. Older people are covered by the Social Law No.134 and a number of laws governing pensions and social insurance.
Kyrgyzstan	N	Social insurance and social assistance systems established in the 1990s cover all employed persons, members of co-operatives and state and collective farms. Special social assistance allowances are available for disadvantaged aged, disabled, and survivors not eligible for employment-related social insurance benefits.
Lithuania	N	No national policy on older people but reform is underway on the pension system and the ways in which health and social services are delivered at local level.
Macedonia	N	No national policy exists. Older people are covered under laws relating to social welfare, pensions and disability and health protection, which contain specific articles relating to older people's economic and physical well being. Under Family Law, the government placed a legally binding duty of care for older people on their offspring.
Moldova	N	Comprehensive legislation established by previous Soviet government to assist older people is now in disarray. Government is working on pension reform, and has experimented recently with safety nets for particularly vulnerable groups.
Poland	N	No national policy, but plans exist to draft one. Services currently provided for older people by the government include residential homes, day care centres, home helps, free city transport, two free train tickets a year and free public TV and radio licences for over-70s.
Romania	N	Government is committed to reform of ex-Soviet pension and social insurance model and has imposed new statutory requirements on local government to provide services for destitute older people, and is establishing minimum care standards for older people.
Russia	Y	National Strategy for Elderly People (1999) includes a federal target programme for seniors and regional programmes of social support, including care and social protection.
Slovenia	Y	The Development Programme for Care of the Elderly (1997) was accepted as part of the government's national programme of social care, currently under review by parliament. The policy aims to obtain community and institutional help for older people and to protect their rights.

Country	National Policies on Ageing Yes/No/ Pending	Main features
EASTERN / CENTRAL EUROPE AND CENTRAL ASIA (continued)		
Ukraine	Y	In 1995, the government enacted wide-ranging legislation covering older people's economic, social and political rights, and rights to care and participation. In 1997, it launched an older person's health programme and since January 2000 has been supporting poor pensioners with poverty-targeted top-ups.
Federal Republic of Yugoslavia (Serbia)	N	No national policy, but plans exist to draft one. Two principle laws on employment and healthcare currently cover older people's needs. Government programmes for older people are implemented through gerontology centers, old age homes, pensioners clubs.
LATIN AMERICA		
Argentina	N	A number of projects for the protection of older people are underway, including a sponsorship scheme for older people, a national office for the rights of the older person, a centre for the prevention of domestic violence against older persons, and a National Geriatric Council.
Belize	Y	Under the National Policy for Older Persons (2000) the government is reviewing all services offered to older persons to ensure maximum coverage and utilization of resources. Organizations working with older people are receiving financial contributions.
Bolivia	Y	The National Plan for Older Persons (2001) seeks to counteract the age discrimination currently marginalising older people and calls for mainstreaming a generational perspective into all national policies and programmes. The policy document, defined after wide consultation with national and international NGOs sets priority actions and targets for five years and allocates responsibility for these.
Brazil	N	A Social Security Technical Assistance Project supports the design, and implementation of institutional, and legal reforms, needed for the second phase of the Social Security and Pension Reform.
Chile	Y	The National Policy for Older Persons (1996) emphasises a cultural change to improve the quality of life of older persons, based on healthy and active ageing, flexible, decentralised, subsidised and regulated state provision for older people. The main objectives are to foster social participation to strengthen intergenerational responsibility and to improve state provision for the poorest older people.
Colombia	P	A plan has been drawn up in preparation for the Second World Assembly on Ageing, based on various existing laws, for holistic attention to older population, covering men and women over the age of 65 (or 50 if disabled or indigenous), if they lack sufficient income to support themselves, live in extreme poverty or are indigenous.

Country	National Policies on Ageing Yes/No/ Pending	Main features
LATIN AMERICA (continued)		
Costa Rica	N	Law No. 7935 for older persons provides the basis for a legislative framework to define policies and act on behalf of older people. The Office of the First Lady implements projects for older adults, directed at changing attitudes particularly in young people, and those who provide public and private services to older people.
Ecuador	N	A law for the older persons exists (1991) and the Constitution of 1998 considers importance of and attention to older persons.
El Salvador	Y	There is a National Policy for Older Persons and a National Plan for comprehensive health services for older persons.
Guatemala	N	Various laws, including Law 80/96, provide for the protection of older persons. There is also a national plan for comprehensive health services for older persons and a national plan for physical activity and recreation of older persons.
Guyana	N	The National Commission for the Elderly was appointed in 1999 to identify and promote special services for the benefit of all senior citizens, monitor implementation of policies to ensure their quality of life.
Mexico	N	The Social Security Law is under reform and a preparatory paper has been presented for the law on ageing. Older people are catered for under various government programmes including health, nutrition, cultural and leisure programmes, integrated development for the family, education, and social security.
Panama	N	Provisions for older people are included in the Family Code, the National Programme for Pensioners and Older Persons, and the guidelines for health services for older persons.
Peru	P	Supreme Decree (no. 010-2000-PROMUDEH) on Policy Directions for Older Persons provides for the integrated development of policies for older people within family, community and society at large.
Uruguay	Y	The National Policy of Older Persons focuses mainly on care. Legislation exists on the rights of older persons, basic needs and poverty reduction among older persons, and retirement systems.

Donor policies, ageing and older people

In 1999, the International Year of Older Persons, HelpAge International reviewed the development policies of the major multilateral and bilateral donors to assess the extent to which they took older people into account. That survey has now been updated by interviews with donor agencies and a review of their policies¹.

Older people are still almost invisible in most development policies. However, there is some evidence that their role in countries affected by HIV/AIDS is alerting donors to the contribution and needs of older populations. A few donors, such as the Netherlands and the UK, are developing programmes and approaches based on an understanding of ageing, intergenerational issues and the emerging needs of older populations.

Multilateral agency approaches demonstrate more awareness of the impact of demographic transition. In some multilateral agencies there is a clear view that the ageing of populations and the resulting challenges for social and economic programmes will move to centre stage in their work.

Asian Development Bank (AsDB)

'The aged' are mentioned under vulnerable groups which also include children, people with disabilities, ethnic minorities, informal settlers, indigenous and tribal people, long-term and recent migrants. AsDB's Social Protection Strategy comprises five basic components, one of which covers 'social insurance programmes to cushion the risks associated with unemployment, ill health, disability, work-related injury and old age.' A communiqué from the Bank stated that they are highly concerned about the pension schemes in its Member Countries.

Australia

Older people are included in AusAID activities that target vulnerable groups but there is no method for identifying programmes for older people. Older people are incorporated into sectoral approaches on health and communicable diseases, some AusAID-funded NGO programmes and are direct beneficiaries of a Aus\$15 million five-year Integrated Rural Health Service Project in Xianyang, China.

Austria

One aid official is responsible for ageing, but there is no dedicated department and older people's needs are not specifically incorporated within other departmental activities. The aid programme addresses older people's rights only as part of standard human rights work.

Canada

There is no specific CIDA strategy or approach to older persons. CIDA's approach to poverty reduction in the context of specific groups, such as older people, is to promote equality and full participation in economic, political, social and cultural development. Health and human rights of older persons, and the poverty and exclusion which may confront them, are key entry points consistent with the existing CIDA policy framework on Social Development (basic health and nutrition, basic education, HIV/AIDS, and child protection), Human Rights, Democratisation and Good Governance, and Gender Equality.

¹ The review of donor approaches to ageing took place between October and December 2001.

Denmark

DANIDA's Policy and Planning Department deals with issues of ageing. However, there is no policy, strategy or action plan oriented specifically towards older people. The programme emphasises social development and human rights and is directed towards the weakest and most vulnerable in society, from which older people would benefit.

European Union (EU)

There is nobody specifically dealing with ageing and neither is it a priority for the Commission. Despite this, a number of activities have brought older people up the agenda: (1) For the first time, older people are specifically mentioned in the EU budget in the lines for human rights and democracy, and poverty diseases (HIV/AIDS, TB and malaria) (2) In November 2001, a Resolution was passed by the EU/Africa, Caribbean and Pacific Country (ACP) Joint Parliamentary Assembly calling for greater attention and resources to be given to older people.

Finland

The Unit for Sectoral Policy is responsible for policy on ageing and poverty and deals with intergenerational issues. There is no specific policy on the rights of older people and no department dedicated to these issues. They are incorporated within other departments. Finland works on ageing through the UN fora and support for NGOs.

France

Ageing is not a priority for French Cooperation but informally officials acknowledge the importance of older people and ageing.

Germany

The German aid programme does not have specific policies and guidelines on older people. Work on ageing is in the context of the focus on the promotion of young people. This is considered to bring benefits to older people as, by promoting the life skills, knowledge and attitudes of today's youth, they empower them to 'reach their own later years enjoying good health and income security with supporting family and social networks'².

International Labour Organization (ILO)

The ILO has always been committed to the issue of ageing, specifically in elaborating international labour standards in the field of invalidity, old age and survivor's insurance. The most comprehensive instrument is the Older Workers Recommendation, 1980 (No. 162) which aims to protect the right of older workers to equality of treatment. The ILO has also taken a stand on guaranteeing old age benefits for migrant workers. The World Employment Reports emphasise the need for training throughout the working life (1999) and highlight the potential that information technology offers to mitigate the problems of an ageing population (2001). The ILO's Gender Promotion Programme is undertaking extensive work on older women.

Ireland

Ireland Aid's 2002 HIV/AIDS strategy acknowledges both the contributions of older people in caring for orphans and the burden they bear as a result. Older people are the primary beneficiaries of a few projects concerning AIDS orphans and it is anticipated that older people will be a target group for a new instrument for Irish-based NGOs involved in HIV/AIDS work.

Japan

The 1992 ODA Charter mentions older people specifically: 'Full consideration will be given to the socially weak, such as the disadvantaged, children and the elderly.' The Japanese Agency for International Cooperation (JICA) includes older people within the vulnerable or disabled and takes account of intergenerational issues, especially within the context of their HIV/AIDS programmes. JICA training courses cover ageing and a forthcoming survey on disability by the Global Issues Division will cover older people. JICA has also sent 662 volunteers aged over 60 to developing countries in the last ten years.

The Netherlands

The Dutch aid programme has had a policy on ageing and the inclusion of older people in place since 1999. They are actively involved in a number of initiatives that directly benefit and exclusively focus on older people: (1) Co-financing the setting up of a database on policy and best practice on dealing with older people, (2) Financing HelpAge International's work, (3) Contributing to the WHO programme 'Integrated Response of Health Care Systems for Rapidly Ageing Populations,' (4) Financing the Dutch NGO, WEMOS, for a programme on 'Ageing Women's Health Needs in Developing Countries.' The Netherlands has been instrumental in putting the issue of ageing and older people, especially older women, on the agenda internationally and with multilateral agencies such as the World Bank, the International Monetary Fund and the UN Food and Agriculture Organization (FAO).

New Zealand

Issues of ageing in developing countries do not feature explicitly in NZODA policy and activity.

Norway

Older people are not a specifically targeted group. Within the HIV/AIDS area, one of the priority themes is 'home-based care' and AIDS orphans, which involves older members of the family. Older people are expected to benefit from Norway's focus on vulnerable groups and equity.

Pan American Health Organisation (PAHO/WHO)

PAHO has been working in the area of ageing, health and development for many years. In 1997 in collaboration with the Latin American Parliament, the Declaration of Montevideo on health and ageing was signed. In 1998 the Pan American Sanitary Conference requested national plans of action from all countries. In 1999 CARICOM signed the Caribbean Charter on Health and Ageing and indicators for implementation have been drafted. In 2000, 12,000 older people were the subject of a study on the determinants of health and wellbeing. Training guides and manuals have been produced for primary health care professionals, policy makers and caregivers and in 2002 the Virtual Library on Health and Ageing will become the first tri-lingual portal on ageing.

Spain

Spain is hosting the Second World Assembly on Ageing and is encouraging participants from developing countries. The Institute on Migration and Social Services (IMSERSO) in the Ministry of Labour and Social Affairs promotes the Latin American Intergovernmental Network of Technical Cooperation for the Development of Older Persons and Persons with Disabilities (RICOTEC).

Sweden

Sida has neither policy nor staff dealing specifically with ageing. Older people are most likely to fall under the umbrella of disability, however, the current focus within this sector is children, teenagers and youths under 24.

Switzerland

At present, ageing is placed within the framework of the fight against poverty. Although Swiss Development Cooperation (SDC) has not yet developed a policy it is anticipated that the Second World Assembly on Ageing will generate a process leading to the adoption of guidelines. Ageing is more likely to be integrated into mainstream policy, than to become a major sectoral priority.

UK

The Department for International Development (DFID) is developing an intergenerational framework for its work on poverty and social exclusion. It is supporting intergenerational approaches internationally through the African Union and in the new International Plan of Action on Ageing (IPAA). Work with the African Union will assist AU member states to recognise the contributions of older citizens to their communities, and help develop methods of the implementation of IPAA.

The Social Development and Economic groups in DFID have been collaborating on social protection issues relating to older people. DFID and HelpAge International are also working to promote policy synergy and greater involvement of DFID departments on issues of ageing.

USA

USAID has a disability policy but no known programmes focusing on ageing or intergenerational issues. Older people are not targeted as a special group for specific inclusion but may benefit from USAID's work more generally.

United Nations Development Programme (UNDP)

There is growing interest within UNDP to respond to ageing as a macroeconomic issue. Ageing is seen to have significant gender implications. UNDP staff acknowledge that it is not disaggregating its statistics sufficiently in terms of age.

United Nations Population Fund (UNFPA)

There are two people responsible for ageing and poverty, as well as intergenerational issues within the Population and Development Branch of the Technical Support Division of UNFPA. The rights of older persons are addressed within the overall human rights framework at UNFPA and emphasis is on data collection and analysis, research, training, awareness creation and capacity building. Ageing is incorporated within Geographic Divisions and UNFPA country offices. UNFPA supports the International Institute on Ageing in Malta which provides training, research and advocacy.

United Nations High Commission for Refugees (UNHCR)

In July 2001 UNHCR published 'Women, Children and Older Refugees.' Policy Priority Indicators were given for the three age groups: 5-17 years, 18-59 and over 60. The category of over 60 is relatively new to UNHCR and as such reflects the increasing importance being attached to older populations within the organisation. The Policy Priority Indicators give a percentage figure as to the level of importance UNHCR attaches to each age group. Africa's older refugees are allocated a 2% priority, Asia 9%, Eastern Europe 2%, Southern Europe (including Bosnia, Croatia and Albania) 26%, Latin America and Caribbean 5%, with the global average resting at 7% priority for refugees aged 60 plus.

World Bank

Ageing in various Latin American countries and the transition economies of central and eastern Europe has served as the background for the Bank's work on pension reform and brought about the increasing emphasis on ageing issues in the context of social development and gender. Accelerated ageing in many countries is featuring increasingly in Bank activities such as analytical work and technical assistance, and preparation of PRSPs. There is a recognition that older people, particularly women, are among a population's most vulnerable, that the share of older people is rising and that changing social structures are increasing their vulnerability. This, alongside the impact of urbanisation and reduced access to traditional risk management instruments, is expected to influence the Bank's future work programme in labour markets, health, education and infrastructure investment. The ageing of populations and the resultant challenges for social programmes and the dynamics of economies at large is expected to move to centre stage of the World Bank's future work.

World Health Organization (WHO)

The Ageing and Life Course Programme (formerly Ageing and Health) is the focal point of WHO's work on ageing. It focuses on advocacy and capacity building. The Epidemiology and Burden of Disease Units are creating a Minimum Data Set on ageing and older adults in sub-Saharan Africa which will cover health and socio-economic status, poverty, intergenerational transfers and support, rights, social wellbeing, and data on the burden of disease. These data are linked to the ongoing policy initiatives of the UN (International Plan of Action on Ageing) and the African Union (Policy Framework and Plan of Action on Ageing) so that the information they generate can be used to inform the development and implementation of policy and programmes. Other work on developing countries is taking place under the Long-Term Care programme which is specifically addressing the needs of older people and long-term care in the human rights framework.

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HelpAge Ghana (HAG)*
HelpAge Kenya*
HelpAge Zimbabwe*
Mauritius Family Planning Association
Muthande Society for the Aged (MUSA), South Africa*
Regional Centre for Welfare of Ageing Persons in Cameroon (RECEWAPEC)
Senior Citizens' Council, Mauritius
Sierra Leone Society for the Welfare of the Aged
Sudanese Society in Care of Older People (SSCOP)
Uganda Reach the Aged Association

Asia / Pacific

Bangladesh Women's Health Coalition (BWHC)
China National Committee on Aging (CNCA)*
Coalition of Services of the Elderly (COSE), Philippines*
Council on the Ageing (Australia)
Fiji Council of Social Services
Foundation for Older People's Development (FOPDEV), Thailand
HelpAge India*
HelpAge Korea*
HelpAge Sri Lanka*
Helping Hand Hong Kong*
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Mongolian Association of Elderly People
NACSCOM, Malaysia*
Office of Seniors Interests, Australia
Pakistan Medico International
Positive Ageing Foundation, Australia
Resource Integration Centre (RIC), Bangladesh

Senior Citizen Association of Thailand*
Singapore Action Group of Elders
Tsao Foundation, Singapore
USIAMAS, Malaysia*

Caribbean

Action Ageing Jamaica
Extended Care Through Hope and Optimism (ECHO), Grenada
HelpAge Barbados/Barbados National Council on Aging*
HelpAge Belize*
National Council of and for Older Persons/HelpAge St Lucia
Old People's Welfare Association (OPWA), Montserrat
REACH Dominica*
Society of St Vincent de Paul (SVP), Antigua

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Centre for Policy on Ageing, UK
Cordaid, Netherlands
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Eurolink Age, UK
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Pro Vida Bolivia*
Pro Vida Colombia*
Pro Vida Ecuador
Pro Vida Perú

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American Association of Retired Persons (AARP)*
Help the Aged (Canada)*

* Full member



Giacomo Pirozzi/Panos

‘You are talking of a Second World Assembly on Ageing. What happened to the first? We were never consulted, yet you tell us a Plan of Action to address our situation emerged. Who made it?’

Older woman, Zimbabwe

State of the world's older people 2002 brings together research, statistics and older people's own views to provide insight into the ageing world. Data from Africa, Asia, the Caribbean, Latin America and eastern and central Europe highlights the scale of demographic change and shows that many older women and men, despite their best efforts, end their lives in chronic poverty.

This report shows that older people, if supported, can continue to contribute to their families and participate fully in their communities. It outlines the policy changes and practical actions necessary to ensure that older people's rights are respected and resources are made available to meet their basic needs.

State of the world's older
people 2002

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Leading global action on ageing