

Ageing & Development

News and analysis of issues affecting the lives of older people
Issue 25 / March 2009



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Migration means grandparents are bringing up children

Two reports from former Soviet Union countries highlight the pivotal role of grandparents in relation to large-scale migration.

Kyrgyzstan and Moldova are two of the most remittance-dependent countries in the world. Most migrants go to work in Russia, which is now the second-largest receiver of migrant labour after the USA.

In Kyrgyzstan, one in five working-age adults have gone to work abroad. A study involving 120 older people in the two poorest provinces, carried out by HelpAge International Central Asia and the Social Research Center, American University of Central Asia, points to the severe poverty of older people who stay at home, relying on pensions that have not kept up with inflation.

Adult children had migrated in nine out of ten families surveyed. The decision to migrate was made as a family, with support from the older generation. Older people caring for grandchildren said they got pleasure from their grandchildren. However, some said they found bringing

them up hard, and professionals observed that these families faced difficulties.

In the families studied, only one in five older people considered remittances as a source of income. The study calls for more material, psychological and social support to older people who look after grandchildren.

In Moldova, one in three working-age people have left the country to work abroad. Almost one in seven children in villages, and more than 50 per cent in towns, live with their grandparents. A report by HelpAge International, based on a project with UNICEF to develop volunteer networks to support older carers, shows grandparents' income to be inadequate. Average state pensions are less than half the subsistence level. Interviews with more than 500 older people in two regions showed that remittances were random.

The report calls for the state to consider older people as an important resource for childcare. It recommends providing them with special entitlements and support at community level.

"The majority of policy work on migration focuses on the migrants themselves. Policy makers must also consider the vulnerability of those who stay behind, especially older people and children," says Eppu Mikkonen-Jeanneret, HelpAge International regional representative for Eastern Europe and Central Asia.

The impact of migration on elderly people: grandparent-headed households in Kyrgyzstan

Ablezova M et al, HelpAge International Central Asia and Social Research Center, American University of Central Asia, 2008 (draft)

Grandparents and grandchildren: impact of migration in Moldova

HelpAge International Moldova, 2008

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Africa moves on social policy

The first-ever Social Policy Framework for Africa recognises the depth of older people's poverty and promotes their right to social protection.

The framework was adopted at the first African Union Conference of Ministers in charge of Social Development in Namibia in October 2008. It marks a historic step towards improving social security across the continent.

Its 19 action areas and related recommendations include a section on ageing, which points out that older people are generally recognised as among the poorest of the poor. It recommends fully implementing the African Union's 2002 Africa Policy Framework and Plan of

Action on Ageing, promoting the rights of older people through national legislation, supporting older people through social protection, and developing intergenerational programmes.

A section on social protection highlights the emerging consensus that a "minimum package" of essential social protection should include essential healthcare and benefits for older people, children and people with disabilities.

It highlights the urgency of building political consensus to implement the minimum package. It recognises that social protection is a state obligation, and that provision for it should be included in national legislation with

accompanying costed national plans for implementation using national and international funding when necessary.

The Social Policy Framework was ratified at the African Union summit in Addis Ababa in February 2009. It will be the basis for developing national programmes and regional reviews, including a biannual social policy report by the African Union Social Affairs Commission.

Ministers meeting in Namibia also adopted the Windhoek Declaration on Social Development, and Africa's first-ever Common Position on Social Integration, which was presented at the UN Commission for Social Development 47th session in New York in February 2009.

Tanzania study shows pensions help

Cash transfers help both older people and children in their care, according to a study from northern Tanzania.



Stefan Hofmann/HelpAge International

The KwaWazee project has brought more stability to older people and children.

By 2007, nearly 600 of the most vulnerable older people in Kagera region, which is severely affected by HIV and AIDS, were receiving a monthly pension of Tsh.6,000 (US\$5) through the KwaWazee project supported by REPSSI, World Vision and the Swiss Agency for Development and Cooperation. Those caring for children received a further Tsh.3,000 (US\$2.5) per child.

An evaluation of the project showed that most pension recipients no longer had to beg, compared with two-thirds of non-recipients. Fewer pension recipients described themselves as "always sick" – just over one-fifth, compared with more than one-third of non-recipients. Children from homes receiving cash transfers not only ate better, but also had enough soap to last most of the month, and were absent from school less often.

The evaluation also pointed to inherent difficulties in implementing a means-tested pension in an area of widespread poverty. "The study suggests how the Tanzanian government can meet its commitment to older people under its national poverty reduction strategy, MKUKUTA," says Astrid Walker Bourne, HelpAge International Policy and Evidence Manager.

"The strategy calls for social protection for 40 per cent of the most vulnerable older people. A universal pension, which would be affordable at an estimated 1.1 per cent of GDP, would meet this target."

Salt, soap and shoes for school
HelpAge International, 2008
www.helpage.org/resources

Comment

Spend to stimulate growth

In response to the current economic crisis, Barack Obama, Gordon Brown and other world leaders have recognised the role that social spending can play in stimulating the economy. They are proposing to spend billions expanding social protection programmes such as pensions, unemployment benefits, child benefits and tax credits.

The World Bank and IMF have long told developing countries that they cannot afford such systems. This advice is now starting to seem rather hypocritical. Economic growth needs to be generated in developing countries by building social protection programmes that put cash into the hands of millions of poor people. In Namibia, the introduction of a small pension in the 1990s for everyone over 60 led to a significant increase in market activity across the country.

Such social protection programmes are affordable in even the poorest countries. For example, a pension of US\$8 per month to everyone over 60 in Malawi would cost only 1.2 per cent of GDP and would transform the lives of poor people while having a significant impact on economic growth.

Stephen Kidd
Director of Policy and Communications
HelpAge International



Antonio Olmos/HelpAge International

Older women will be included in reporting on rights.

Action on rights for older women

Countries that have ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) will in future be asked to consider older women when they report on progress.

This will be part of a general recommendation on older women, which the CEDAW committee, at its 42nd session in Geneva in November 2008, decided to develop.

The general recommendation will guide the 185 countries that have ratified the convention on how they can better protect older women's rights. A working group has been set up to draft it.

HelpAge International welcomes this move. "Many older women are subject to abuse and discriminated against because of their age as well as their sex and ethnic origin," says Bridget Sleaf, HelpAge International Rights Policy Adviser.

"In many countries, discriminatory laws and practice prevent older women from inheriting property, owning land or finding employment. We're delighted that the committee has chosen to develop this recommendation which will help protect older women's rights."

CEDAW

www2.ohchr.org/english/bodies/cedaw/index.htm

Research update

Displaced in northern Uganda

Older people displaced by the conflict in northern Uganda are finding it difficult to return home, a study shows.

Some 1.8 million people were displaced by the 21-year conflict between the Ugandan Government and the Lord's Resistance Army, which ended in 2006.

According to research by the UNHCR and HelpAge International, older people make up no more than 5 per cent of those who have returned to their villages of origin. In some displaced people's camps the entire remaining population is aged over 60.

Reasons why older people are not returning include lack of shelter, feelings of anxiety and insecurity, physical incapacity and dependency, and caring responsibilities for grandchildren orphaned by the conflict.

The report recommends consulting older people about their priorities, raising awareness of their rights, collecting data on the situation of older people, and improving their access to income-generation activities.

More information:

www.helpage.org/news/latestnews/@72775

Cash transfers in Kyrgyzstan

Older people in Kyrgyzstan are assessing how far the government's poverty-targeted cash transfer scheme reaches the poorest people.

Food prices in Kyrgyzstan rose by one-third in 2008. The World Bank responded by announcing a US\$5 million top-up to the government's existing targeted social

benefit scheme to help those worst affected.

Older people's groups in eight communities across four regions will find out how far the benefit reaches the poorest people, using home visits and focus group discussions. They will also monitor inflation of staple items.

The study is being coordinated by HelpAge International with funding from the Department for International Development and technical support from the University of Southampton. Findings will be published in mid-2009.

Need for palliative care

Older people urgently need better palliative care, says a report from sub-Saharan Africa.

A study by the African Palliative Care Association in Kenya and Uganda in 2008, funded by Help the Aged, found that older people's palliative care needs – from age-related conditions, bereavement and loss, and financial destitution – are largely neglected. "My biggest challenge is pain... it's eating me up," said one of the 55 older people interviewed.

The report recommends integrating palliative care into existing services for older people, and developing strategic partnerships between palliative care organisations and older people's organisations.

More information:

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New look for A&D

You'll notice that this issue of *A&D* has a new design. This reflects HelpAge International's new "age helps" position.

Our experience shows that older people have a vital role to play in their families and communities. Our new position puts older people at the centre of our work and encourages people to re-think their attitudes to ageing.

Please keep in touch to make sure you receive regular copies of *A&D*. If your contact details change, please tell us, using the form at: www.helpage.org/aboutus/contactus

You can also receive our bi-monthly *A&D* eNewsletter.

Sign up at: www.helpage.org

Insights into working life

Most older people in developing countries continue to work, mainly in arduous, poorly paid jobs in the informal sector, with no prospect of an employer's pension.

Older people in Peru, Uganda and Bangladesh talked to HelpAge International about their experiences. These are the stories of three of them.

Tajor's life as a boatman

Tajor Mulluk, 78, is a boatman in Bangladesh. "I work from eight in the morning until nightfall, and earn up to 80 taka (US\$1.16) per day. I spend the whole amount on food for myself and my family. I try to save money. Sometimes I can, but mostly I cannot.

"Sometimes I fall sick with body pain that is so severe that I have to stop work. When this happens my sons give me some money to help, but it is not enough to buy medicine. When they are unable to give us support, we starve. For the past year, I have been receiving the [government] Old Age Allowance – 660 taka (US\$ 9.60) every three months. I spend this money on food. If I didn't have this money, my suffering would be a lot greater."

Yolanda's life as a market trader

Yolanda Sanches Vilches, 67, is a market trader in Peru. "Every morning I get up at 4am and travel to buy whatever fruit and vegetables I can afford from the big market at the edge of town. I have to lift the sacks onto a truck and then carry them to the market and set up my stall before 6am every morning. I make around 10 soles (US\$3.14) a day. I have had to borrow money and now I have debts of almost 600 soles (US\$ 189). I have no idea how I am going to pay them back."

Muhindo's life as a coffee farmer

Muhindo Seforoza, 64, is a farmer in Uganda. "Two of my sons and two of my daughters died of malaria and AIDS and have left me to look after six grandchildren. I support the grandchildren by farming on this small plot of land. Farming coffee is hard work for an older person, as you have to climb trees and be very fit and strong. If I had a pension I could make more money from the farming because I could pay someone to help me out."

More information:

www.helpage.org/news/latestnews/@74675



Antonio Olmos/HelpAge International

A social pension helps Bangladeshi boatman Tajor Mulluk make ends meet.

Kenya government pilots cash transfer scheme

The Kenyan government is piloting a cash transfer programme aimed at alleviating extreme hunger and poverty in the arid and semi-arid lands.

These areas suffer from recurrent drought, chronic poverty and food insecurity. The government's Hunger Safety Net Programme, funded by the British Department for International Development, aims to reach 60,000 poor households in the 13 poorest districts (about 40 per cent of the population in these districts).

About 300,000 people started receiving bi-monthly payments of Ksh.2,150 (about US\$30) in February 2009. At least half the recipients are expected to be older people.

Mechanisms for targeting recipients, delivering payments and managing grievances have been developed and are being tested and refined. HelpAge International has been commissioned to develop and implement beneficiary accountability systems, including complaints and dispute resolution processes, and appeals adjudication mechanisms.

Working in partnership with local civil society organisations, HelpAge International is also delivering a programme of civic education, based on a Programme Charter of Rights and Responsibilities and Citizen's Service Charter, to build the capacity of communities to hold programme service providers to account.

The pilot programme will test the cost-effectiveness of three different methodologies to target chronically poor and food-insecure households. These are a social pension for all people aged 55 and above; community-based targeting; and dependency ratio (households with a high proportion of older people, people with disabilities and children).

One of these methodologies will be selected for scaling the programme up to 300,000 households in three years' time. This phase will be financed by the Kenya government as well as donor funding. The scaled-up programme will constitute a major component of an integrated national social protection strategy.

More information:

www.hungersafetynet.org

Steps towards an older people's convention

Steps towards an international convention on the rights of older people have been taken with the announcement by Latin American states that they will develop a regional convention.

The announcement was made during the 47th session of the UN Commission for Social Development (CSD) in New York in February.

The CSD also gave a mandate to the UN Department for Social and Economic Affairs (UNDESA) to explore mechanisms for strengthening implementation of the Madrid International Plan of Action on Ageing (MIPAA) – for example, through the appointment of a special rapporteur on ageing or a convention or both. This process could therefore also eventually lead to an international convention.

While the adoption of MIPAA in 2002 marked a great step forward in recognising the need to include older

people in social and economic development policies, MIPAA is not legally binding. The five-year review showed implementation to be patchy.

Recognising the need for better protection of older people's rights, Latin American states, at their regional MIPAA+5 review meeting in Brasilia in 2007, called for a special rapporteur on the rights of older people and the drafting of a convention. A convention for Latin America and the Caribbean would not rule out the possibility of an international convention and could serve as a template for this.

Civil society organisations are showing increasing interest in a convention. "HelpAge International welcomes new human rights instruments that strengthen the implementation of MIPAA, including a special rapporteur and a convention," says Richard Blewitt, HelpAge International Chief Executive.

Pension watch

In **Thailand**, the government is proposing to use a 115 billion bhat (US\$3.4 billion) economic stimulus package to temporarily extend the country's social pension (the Old Age Allowance). Around a quarter of older people currently receive the allowance of 500 baht (US\$15) per month.

The payment is expected to begin in early April. It would aim to reach all those not covered by a social security fund or government pension scheme. The proportion of older people receiving it would increase to two-thirds.

In September 2008, the government of **Nepal** decided to more than double the social pension to 500 rupees (US\$6.50) per month. At the same time, the age of eligibility was reduced from 75 to 70 years. In the poorer Karnali region, the age will be reduced to 60 years.

The Nepal old age pension was introduced in 1994 and has been very popular. In maintaining a simple age criteria it has been able to reach almost 80 per cent of the eligible population.

In the new system, however, those who are already part of other pension schemes will not be eligible for the social pension.

There is some speculation that excluding those who have saved through private and occupational pensions may decrease the incentive for people to be part of such schemes and therefore undermine the contributory system.



Leila Amanpour/HelpAge International

In **South Africa**, the Social Assistance Amendment Act was passed in 2008, lowering the age at which men qualify for the social pension from 65 to 60, to make it the same as for women. The legislation was a result of a case brought at the High Court in Pretoria.

The government has set aside 800 million rands (US\$79 million) to extend the pension over the next three years to an estimated 125,000-450,000 newly qualifying men.

In brief

- **The HIV prevalence rate for people in Kenya in their early 50s is almost twice that for the "high risk" 15-24 year-old age group.**

The Kenya AIDS Indicator Survey of 2007 shows that 8 per cent of people aged 50-54 are living with HIV, compared with 4.1 per cent of those aged 15-24. Prevalence and incidence rates are needed to produce a clear picture of the impact of HIV and AIDS on people over 49, who are omitted from key data collected by UNAIDS.

www.helpage.org/news/latestnews/@73947

- **Older people displaced by the civil war in Colombia are falling through the cracks of humanitarian support services, assessments by HelpAge International show.**

None of the data collected on displaced people, who number up 3.5 million, is disaggregated by age. Older people are almost completely absent in policies and programmes delivered by government and NGOs. www.helpage.org/news/latestnews/yybf

- **The Ugandan parliament has adopted a report from the Committee on Equal Opportunities that recommends the creation of five seats for older people, reports *The Monitor*.** The recommendation followed a petition by The Aged Family Uganda, a local NGO supporting older people and their dependants.

<http://allafrica.com/stories/200810020163.html>

- **Health workers often think that using words like "dear" or "sweetie" with older people show that they care.** But a study in the USA concludes that belittling terms such as these send a message to older people that they are incompetent – with negative effects on their health, says an article in the *New York Times*.

www.nytimes.com/2008/10/07/us/07aging.html

New approaches to healthcare

The World Health Organization is championing a revival of primary healthcare. The proposal for universal coverage is welcome – and needs practical reforms to make it a reality, writes **Mark Gorman**.

The 2008 World Health Report, published by WHO to mark its 60th anniversary and 30 years since the Alma-Ata declaration on primary healthcare, renews the call made at Alma-Ata for “an acceptable level of health for all the people of the world”.

The revival of primary healthcare is timely and important, especially for growing numbers of older people living in poor communities. Thanks to the public health gains of the last century, both the number and proportion of older people are rising exponentially. By 2050, for the first time ever, there will be more adults over 60 worldwide than children under 14.¹ Even in sub-Saharan Africa, despite continued high fertility levels and the impact of HIV and AIDS, populations will age over this century.²

However, progress in health has been deeply uneven. In developing countries, where nearly two-thirds of the world's over-60s live, large numbers of people are ageing in poverty and ill-health. The daily reality for millions of older people is to live with discomfort or disability, often from common age-related conditions that could be prevented or treated. For example, a simple cataract operation can restore a person's sight

and independence – and generate 1,500 per cent of the cost of surgery in increased economic productivity in the first year alone.³ However, many older people in poor communities miss out on essential eyecare because of poverty and discrimination.

Changing disease patterns

A combination of population ageing and changing living and working conditions is bringing a shift in prevailing diseases. Non-communicable diseases, such as stroke and dementia, are now the biggest cause of death and illness in much of the developing world – and they affect mainly older people. About 85 per cent of deaths from stroke occur in developing countries, and two-thirds are in people aged over 70.⁴ Two-thirds of people with Alzheimer's disease live in developing countries, and almost all – 98 per cent – are over 65.⁵

Non-communicable diseases are often thought of as “diseases of affluence”, but in fact the opposite is the case.



A small investment

can bring big returns

Risks are often greatest in poor communities that are also struggling with infectious diseases, malnutrition and childbirth complications. Population ageing means that primary healthcare in developing countries will have to deal with the consequences of non-communicable diseases as well as these issues.

This applies equally to health facilities in emergencies, which often fail to consider the need for drugs to enable older people to manage chronic health conditions, which then become life-threatening.

So what would an improved agenda for primary healthcare for older people look like? The World Health Report, *Now more than ever*, proposes four key reforms: universal coverage, people-centred service delivery, healthy public policies across sectors, and participatory leadership.



Caroline Dobbing/HelpAge International

Mukima's story

Mukima, 76, is a retired police officer living in rural Kenya. “I had problems being seen at the district hospital. Staff made older people wait longer than younger patients. Sometimes I would leave the hospital without even seeing a nurse. When I did see a nurse, they would often just send me away with an aspirin, instead of referring me to the doctor. They said it was a waste of time seeing older people.

“Then I joined a group of 10 older people supported by HelpAge Kenya and HelpAge International to monitor health service delivery. We arranged to meet the medical officer in charge of the hospital. He called in the nurses to hear what we had to say.

“Since the meeting, health staff have treated older people with more respect. Older people now usually take priority over younger adults. The nurses no longer harass us. We still have to pay for medication and we need more medical supplies for older people, so we will continue to push for further changes.”

Interview by Caroline Dobbing



Neil Cooper/HelpAge International

The report identifies cost, particularly user fees, as a major barrier to people's access to services and a source of inequity. This is certainly true for older people. A study in China gave user fees as the main reason why older people did not seek care or go to hospital.⁶

The report calls for "cost-sensitive" services to allow people with low incomes to access them. In reality, the only way to achieve equitable access is to abolish fees altogether. This would not be enough on its own but, as some African countries have shown, it would be straightforward to implement and would go a significant way towards universal access.⁷

However, even where services are provided free, the cost of drugs and transport puts them out of reach of many older people. A recent study in Lao found that government schemes to reduce the cost of treatment for the poorest people were almost irrelevant while transport costs remained so high.⁸

Understanding ageing

The World Health Report also calls for primary healthcare to be "people-centred", involving patients and their families, and stressing continuity of care. This is particularly relevant to older people. Older people often find that health service staff treat them with little respect, ascribing their condition to "old age" rather than a disease.⁹ Older people are often kept waiting a long time, have to fill in complicated registration forms or are spoken to in a patronising way, making them reluctant to use services even when available.

A priority for age-friendly healthcare should be basic training for health staff in issues affecting older people – an area that continues to be neglected, leading to negative attitudes.

This relates to a key area about which the World Health Report is silent – the relationship between formal and informal healthcare. For older people, this is a critical issue, since most of the healthcare they receive is provided informally by family members.¹⁰ In fact, most care of older people is by older people themselves, managing their own care, or caring for a spouse or parent older than themselves. Formal systems are also dependent on informal support, with family members, often older women, helping to care for relatives in hospital.

Therefore, as demand for health services for older people increases, training and support to family and community carers, including older people, will need to be an essential component of healthy ageing policies.

Free healthcare for all

The World Health Report says, rightly, that public policy reforms need to be deployed in other sectors as well as health. Some type of protection is certainly needed against "catastrophic" health spending by families, when a family member becomes suddenly and critically ill, and needs urgent treatment. Universal social pensions are the best choice of social protection tool, because older people can use them to pay for a variety of healthcare-related costs, from service charges to transportation. Health insurance schemes, whether social or community-based, have their limitations, tending to exclude the poorest, including older people.

However, pensions alone are not enough to enable older people to have equal access to healthcare. There needs to be a serious commitment to universal access. A study from Asia shows that countries where the poorest people have best access to healthcare are those that provide services free.¹¹ Free healthcare for all is the only means to ensure equal access for the most vulnerable, including older people. It could be provided at an affordable cost – the ILO has costed a minimum package of a universal basic old age pension, disability grant and basic healthcare at less than 5 per cent of GDP.¹²

Probably the best way for older people to realise their right to healthcare is to make their voices heard. This was shown to work in a programme coordinated by

HelpAge International and partners in six countries, in which older people monitored the provision of health services and lobbied for improvements.

They achieved impressive results – one local health authority started to implement a national policy to extend free healthcare to older people, and others joined together with older people to lobby central government to release committed funding. Only when older people act in their own interest as service users, rather than be treated as "beneficiaries" of provision, can "health for all" become a reality.

Agenda for older people

WHO's renewal of the call for primary healthcare is welcome. A new primary healthcare agenda that would genuinely benefit older people would include:

- free health services with universal access
- health services that respond to needs identified by older people themselves
- training on healthy ageing for health professionals, carers and older people themselves
- social protection measures, notably basic pensions for all older people.

More information:

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Email: mgorman@helpage.org

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www.who.int/whr/2008

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HelpAge International Asia/Pacific, 2009

Older people and micro-credit: Bangladesh experience
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Ageing and Development aims to raise awareness of the contribution, needs and rights of older people and to promote the development of laws and policies supporting older people.

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