

Insights on Ageing: a survey report



*Older people are
speaking out*

we're listening

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Insights on Ageing: a survey report

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HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

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Front cover photo: Collecting survey results in Mozambique, HelpAge International

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Summary

The Insights on Ageing survey gives a glimpse into what life is like for older people across the globe today. It reveals what they think about ageing and what they would like to see their governments do to make life in older age better.

Very little is known about ageing in developing countries - despite the fact that by 2050 one in five people worldwide will be over 60. In August 2010, a UN report on the well-being and rights of older people worldwide noted that "while much data and analysis are available on population ageing, data and information about the lives and situation of older persons are strikingly lacking and seldom included in ageing-related publications."



An older man contributes to the Insights on Ageing survey in Mozambique.
(HelpAge International 2010)

This survey covers countries not featured in other global surveys such as Kyrgyzstan, Bangladesh, Mozambique and Jamaica, and asks older people their views directly: 1,265 people over 60 responded to the survey in 32 countries across Africa, Asia, Eastern Europe, Western Europe and the Caribbean.

Main findings

Perceptions of ageing

- 48 per cent of respondents over 60 think the world is becoming a better place for older people.
- 29 per cent think that the world is getting worse for older people while 15 per cent think it is staying the same.
- 72 per cent of older people in rural areas feel valued, compared with only 56 per cent in urban areas.

Health

- 88 per cent of older people would like to see their governments do something to make living in older age better.
- 63 per cent of older people find it hard to access healthcare when they need it.
- 65 per cent of older people in rural areas find it hard to get healthcare when they need it, compared with 60 per cent in urban areas.

Income and work

- 72 per cent of older people say their income does not pay for basic services such as water, electricity, food and decent housing.
- 76 per cent of older people in rural areas say their income cannot pay for basic services such as water, electricity, healthcare, enough food and decent housing. This compares with 67 per cent in urban areas.

Background

The Insights on Ageing survey aims to give a glimpse of the situation of older people around the world today. It also gives us a useful insight into what older people around the world think about ageing and what they would like to see their governments do to make living in older age better.

This is the first time HelpAge International has carried out such a survey. We plan to build on these results in future years and use them to monitor if and how the situation of older people changes.

In August 2010, the United Nations published a paper entitled *Current status of the social situation, well-being, participation in development and rights of older persons worldwide*. This paper stated that, **“it should be noted that while much data and analysis are available on population ageing, data and information about the lives and situation of older persons are strikingly lacking and seldom included in ageing-related publications.”**¹

HelpAge International, in cooperation with the United Nations Population Fund (UNFPA), completed a study in 2010 assessing government action on ageing since 2002.² Key findings show that in developing countries, progress has been made, in particular, in areas of social protection and healthcare where older people's needs are now often mainstreamed into sectoral policy. Other areas such as emergency situations, education and age-friendly environments, however, often lack any policy provisions specifically referring to older people. Even if addressed by recently adapted national policies on ageing, resource allocation and hence implementation are often lacking to actually improve older people's lives.

A crucial step to take these findings forward is to assess the impact of recent government action on the quality of life of older people. This survey has enabled us to collect data from older people in over 30 countries and is one step towards implementing a bottom-up approach to review and appraisal of government policies. This bottom-up approach aims to consider the views of groups, such as older people, that are not usually consulted in the development, implementation and evaluation of policies that affect their lives.

Methodology

The survey was carried out as part of the HelpAge Network's Age Demands Action campaign in 2010, in which older people worldwide stood up for their rights and called for change from their national governments. Affiliate organisations in 51 countries in the HelpAge Network took part in the campaign. They worked with older people to raise awareness, arrange meetings with decision-makers and provide advocacy training and support.

We asked each of these organisations to carry out the survey with the older people they worked with on the campaign and any other older people from their projects or from wider society.



An older woman in the Philippines responds to the survey.
(Coalition of Services of the Elderly/HelpAge International 2010)

Questions included:

- Do you find it easy or hard to get healthcare when you need it?
- Does your income pay for basic services (for example: water, electricity, healthcare, enough food and decent housing)?
- Do you think people in your society value older people?
- Do you think older people contribute to society?
- Do you think the world is becoming a better place for older people? Or is it getting worse? Or is it staying the same?
- Is there something you would like to see your government do to make living in older age better?

We did not ask for a set sample size or specify the background of the respondents or area that they should come from. We did, however, encourage affiliates to carry out as many surveys as possible and asked that they try to include both men and women and respondents from both the city and the countryside.

In 2010, 1,265 people over 60 responded to the survey in 32 countries across Africa, Asia, Eastern Europe, Western Europe and the Caribbean.³

| Continent | Number of respondents | Male | Female | 60-69 | 70-79 | 80-89 | 90+ |
|---------------------------------|-----------------------|------|--------|-------|-------|-------|-----|
| Africa | 365 | 154 | 211 | 178 | 134 | 45 | 8 |
| East Asia Pacific | 209 | 71 | 138 | 98 | 90 | 21 | 0 |
| South Asia | 396 | 236 | 160 | 242 | 110 | 39 | 5 |
| Eastern Europe and Central Asia | 27 | 1 | 26 | 12 | 12 | 3 | 0 |
| Western Europe | 17 | 5 | 12 | 8 | 6 | 3 | 0 |
| Caribbean | 251 | 87 | 164 | 139 | 71 | 31 | 10 |
| Total | 1,265 | 554 | 711 | 677 | 423 | 142 | 23 |

Ageing and development

Today's "2050 generation" (those who will enter old age at mid-century) will be the policy-makers and professionals driving change in all fields of development. Demography is not destiny, and the choices they make will decide how successfully the world ages.

The scale and speed of global population ageing are staggering. According to a recent study, if the pace of increase in life expectancy in developed countries over the past two centuries continues through this century, most babies born since 2000 in France, Germany, Italy, the UK, the USA, Canada, Japan, and other countries with long life expectancies will celebrate their 100th birthdays.⁴ The recently launched Global Preparedness Index⁵ says: "Worldwide, life expectancy at birth has increased by twenty-one years since 1950, a bigger gain over the past sixty years than humanity has achieved over the previous six thousand."

And this is not just a rich world phenomenon. The combination of falling birth rates and extended life expectancy is a global pattern. Even sub-Saharan Africa, despite the impact of HIV and AIDS on life expectancy, will have 160 million over-60s by mid-century, the same as Europe's older population now. Nearly one-third of the 59 countries which are below replacement level fertility are classified by the UN as "developing", and even in the poorest countries women are having fewer children.⁶

So what does ageing mean for development? Will low and middle income countries grow old before they grow rich? What can be done to meet the challenges of the global age wave, and how can policies target poor older people, especially older woman who live on average five to eight years longer than men?⁷

The results

Attitudes to ageing and to older women and men

48 per cent of respondents over 60 think the world is becoming a better place for older people.

This is an encouraging result and shows that governments in developing countries are **starting to listen to older people and to include them in policies and programmes**. This could also show that governments are starting to take steps to implement the Madrid International Plan of Action on Ageing (MIPAA).

MIPAA came into force in April 2002 after being endorsed in Madrid by 159 governments. It is the second world plan of action on ageing and is especially focused on improving the lives of older women and men in the developing world. It commits governments to including ageing in all social and economic development policies, and to halving old-age poverty by 2015, in line with the Millennium Development Goals (MDGs).

MIPAA commits governments to take action at all levels on three priority directions:

1. **Older persons and development.**
2. **Advancing health and well-being into older age.**
3. **Ensuring enabling and supportive environments for older people.**

The international community will be observing the tenth anniversary of MIPAA in 2012. On this occasion, UN member states are invited to review and report back on progress made on national policies and strategies undertaken to implement it.

The review of MIPAA is to be bottom-up, participatory and flexible. This means that it aims to consider whether the objectives of MIPAA are being achieved at local, national, sub-regional and regional levels. It aims to include views from groups that are not usually consulted in the process of development, implementation and evaluation of policies that affect their lives.

This survey has enabled us to collect data from older people in local communities on how their lives have changed since the introduction of MIPAA and what changes they would like to see to improve their lives further. In this way, the survey has contributed to the bottom-up, participatory approach to the review.

There have been positive changes in many countries.

The first five-year review of MIPAA in 2007 showed that older people's voices were not being heard enough and that more needed to be done to include older people in policy formulation and decision-making.

Since the start of the Age Demands Action campaign in 2007, older people have been meeting decision-makers and pushing governments to listen more to older people's needs and to protect their rights, leading to improvements in many countries.

Since 2002, HelpAge International has also set up older citizens monitoring (OCM) groups in several countries around the world. These groups give older people an opportunity to learn about local government processes and to influence and monitor the delivery of services in their communities.⁸



Age Demands Action activists make their voices heard in Haiti.
(CARPA/HelpAge International 2010)

Positive changes include:

- In 2009, the Kenyan government introduced a social pension of 1,500 Kenyan shillings (US\$18) for all people over 65 years old.
- In February 2010, the government of the Philippines passed the Expanded Senior Citizen Act which will introduce a pension for the poorest people over 60.
- In Nepal, the pension allowance has been increased and, since 2008, the age of eligibility reduced to 70.
- In Ghana, following a meeting between older people and the Vice-President in 2009 and a follow-up meeting in 2010, a National Ageing Policy and a four-year plan for implementing this were approved by the Cabinet.
- In Bolivia in 2007, a law was passed which awarded an annual grant of 2,400 Boliviano (US\$300) to people over 60 years of age throughout the country.

- Tanzania included provisions related to social protection for vulnerable and needy groups, including older people, in its National Strategy for the Growth and Reduction of Poverty 2005-2010 (the MKUKUTA) and the National Social Security Policy, 2003. More recently, the MKUKUTA-II (2010-2015) includes people's empowerment as one of its three key pillars. It aims to improve the quality of life and social well-being of Tanzanians and to reduce inequalities across geographic areas and as a result of income, gender and also age.⁹ Targets include increasing the proportion of older people receiving the minimum social pension.¹⁰
- Older people are now included in Mozambique's national strategic plan for HIV prevention, care and treatment.

Improvements like these dramatically improve the lives of older people and are likely to be the reason why 48% think the world is getting better for older people.

29 per cent of people over 60 think that the world is getting worse for older people while 15 per cent think it is staying the same. (The remaining 8% answered "I don't know".)

This shows that governments still need to do a lot more to improve the lives of older people worldwide.

HelpAge International aims to push for this much-needed change by:

- Lobbying health service providers and governments to ensure a healthy old age by **improving the availability of age-friendly healthcare and health insurance for older people.**
- **Advocating for access to HIV testing and treatment for older people** and trained health workers that understand their specific needs.
- Calling for **increased recognition of the vital contribution older carers are making** and support in this role with income security, access to healthcare and protection of inheritance rights.
- Calling on governments to introduce national legislation and **policies that reduce age discrimination** and protect the rights of older women and men.
- Fighting for countries to **provide non-contributory (social) pensions** as part of their basic social protection system.

Older people, particularly in developing countries, are still suffering due to lack of access to healthcare, pensions and decent work.

It is also worth noting that older people are likely to have suffered as a result of the global financial crisis which has had an impact on the economies of countries worldwide. Livelihoods of rural and urban poor families have been affected in all countries, with a serious and disproportionate impact on the poorest.¹¹ An estimated 125 million more people have been made chronically poor due to the crisis, in addition to the estimated 1.3 billion already living under a dollar a day.¹² The crisis brings increased economic and social burdens on those already struggling with chronic poverty, poor access to healthcare, safe water and sanitation, inadequate food, poor shelter, an insecure habitat and lack of financial security.¹³

88 per cent of older people would like to see their governments do something to make living in older age better.

Suggestions given by survey respondents include:

- **Belize:** "Increase the amount paid in social security to older persons, and improve their housing conditions."
- **Haiti:** "I wish they could give us a place to live, food to eat and drinking water."
- **Haiti:** "Give me money so I can send my grandkids to school."
- **Vietnam:** "Provide healthcare insurance for the elderly when they get sick."
- **Uganda:** "Help older people to reduce the burden of care for orphans."
- **Zambia:** "The government must recognise our contributions and put older people on a sustainable payroll since we are the sole caretakers of grandchildren as their parents died of AIDS."

The key changes that older people are asking for are:

- the introduction of pensions or the expansion of existing pensions
- better and more accessible healthcare
- policies to tackle discrimination against older people
- affordable housing
- opportunities for decent employment for older people who want to work.



An Age Demands Action activist in Ghana campaigns for a National Ageing Policy.
(HelpAge Ghana/HelpAge International 2010)

Through the annual Age Demands Action campaign, older people will continue to lobby their national governments to implement these changes which would make living in older age significantly better for so many.

The importance of health

63 per cent of older people find it hard to access healthcare when they need it.

With the global number of older people projected to be two billion by 2050, the importance of access to healthcare for the over-60s becomes even more vital.

So why are so many older people unable to access the healthcare they need?

- **The cost and time of travel to access healthcare** can be a substantial burden for older people, who may be too infirm to travel long distances.¹⁴ In rural areas, the nearest hospital can be far away and, although mobile health clinics are available in some countries, they can be infrequent and unreliable.¹⁵
- **Health insurance is usually only available to the better-off** and to those in formal sector employment. Older people usually pay out-of-pocket for the treatment they receive. In many cases, policies are in place which would enable older people to access free healthcare but these policies are not effectively implemented. Similarly, older people often do not have the necessary information or required documentation to claim their entitlements. This means that accidents or serious ill-health requiring expensive treatment may seriously undermine their livelihoods or those of their families.
- Another likely reason for this is the **financial instability of older people** who often lack access to a steady income such as a pension or a salary from adequate employment. Even those who do receive pensions will find these inadequate to cover the healthcare needs of themselves and their families. In rural areas in particular, older people and their families usually depend on agriculture as their main source of income and so their cash availability can vary significantly depending on harvests.¹⁶
- In most developing countries, **primary healthcare remains largely focused on other groups**, such as mothers and young children rather than older people.¹⁷
- Even in low-income countries, **chronic conditions such as stroke, heart disease and cancer** account for a higher share of older people's mortality than infectious diseases. Yet these conditions continue to receive a lower priority in global and in many national health policy agendas.¹⁸
- In many developing countries **palliative health services for older people are less available**. It is often assumed that adequate end-of-life care is provided through households and communities.¹⁹



An older man attends a medical check-up in Thailand.
(Dominika Kronsteiner/HelpAge International 2010)

The need for regular and predictable income

72 per cent of people over 60 said their income does not pay for basic services such as water, electricity, food and decent housing.

- For older people the vital means of paying for such services would be through a pension but, across the world today, **most older people have no access to pensions** and therefore no means of paying for water, electricity, food and housing.²⁰ A survey respondent from Ghana said, "Things are hard because it is very difficult for older people to afford to feed themselves and their families."
- Many older people are willing to work to pay for these services though. Access to decent work is a fundamental human right, which promotes sustainable development and poverty eradication. However, **most older people in developing countries are unable to access decent work** and many are forced into the informal sector where they lack contracts, security and benefits. This kind of work is often badly paid, unsafe and damaging to health.²¹



Gakunga, 60, from Kenya works hard to earn the money she needs. Not only does she farm her own plot of land but she also goes out to work on other people's farms. She says: "If I get sick, no one will eat or drink in this house because there will be nothing. That is the burden I carry." (Frederic Courbet/HelpAge International 2010)

Comparing responses from rural and urban areas

65 per cent of older people in rural areas find it hard to get healthcare when they need it, compared with 60 per cent in urban areas.

This result can be explained by the fact that there is usually less infrastructure in rural areas in terms of transport, hospitals and healthcare centres.²² The nearest hospital or healthcare centre is often very far away and poor transport systems can mean older people have no means of getting to hospital other than walking, which can take several days. Mobile health clinics are available in some areas but can be infrequent and not always targeted at older people. The cost of travel, problems with mobility and the time away from employment, farming or caregiving can mean that older people feel unable to seek the healthcare they need. This can be particularly difficult for older people without adult children, who would have to make the journey to healthcare without support. For the significant proportion of older people who act as sole carers for grandchildren, taking time away from their responsibilities of caring and providing for these children is not possible.²³

76 per cent of older people in rural areas say that their income cannot pay for basic services such as water, electricity, healthcare, enough food and decent housing. This compares with 67 per cent in urban areas.

Where a pension is not available, older people in rural areas are often less financially stable than those in urban areas because they depend on agriculture as their primary source of income, so their cash availability varies according to harvests and seasonality. A household that manages to grow food or generate an income during the summer may be unable to save and accumulate assets, leaving the family in greater poverty during the winter months.²⁴ Older people in rural areas may also find it more difficult to access markets due to lack of transport or inability to pay for transport, or reduced physical mobility.²⁵ In contrast, there are more employment opportunities for older people in urban areas but the kind of work available is often badly paid, unsafe, damaging to health and demeaning.

Social pensions can make a big difference as they provide a regular, predictable income to older people in both urban and rural areas. In low and middle-income countries, pensions do not replace work, but they do make an important contribution to security of income in older age.

It is also harder for older people in rural areas to access basic services because of a lack of availability of electricity and healthcare. Older people in rural areas often have limited or no access to health services, and electricity services do not usually reach remote, rural areas in developing countries.



Dhira, 57, walks for two hours each day to collect water in Harweyu, Ethiopia.
(John Cobb/HelpAge International 2006)

The quality of water supply service provision and sanitation in rural areas can also be very poor, meaning that older people, often women, have to walk for hours to reach the nearest water source or pay other people to bring it to them.

However, 72 per cent of older people in rural areas feel valued, compared with only 56 per cent in urban areas.

This seems surprising considering that older people in rural areas have less income and access to healthcare. However, rural communities can also have a stronger sense of community and family coherence than urban areas. This could be because of traditional family values and family members spanning generations often living in the same household, leading to stronger interdependent relationships. Older people often care for young children in rural areas so have a strong sense of worth due to these responsibilities. Lack of opportunities in rural areas may mean that older people living in urban areas have migrated away from their families to seek employment and so may have less sense of community and feeling of being valued.

However, this out-migration can also leave many older people in rural areas on low incomes to support not only themselves but their grandchildren too, as their children have left to find work in urban centres.²⁶



Hawa, 87, grandmother and carer in rural Ethiopia.
(Jeff Williams/HelpAge International 2009)

Conclusion

This survey has given us a new insight into what it is like for older people in the world today.

A key finding is that 63 per cent of older people still find it hard to access healthcare when they need it, and 72 per cent don't have the income to access even the most basic of services.



Older community members wait to answer the survey in Mozambique.
(HelpAge International 2010)

Reasons for these figures include lack of pensions or access to decent work, lack of access to healthcare, embedded discrimination against older people and poor infrastructure. An older person from Ghana commented, **"Our pension allowance is not enough"** and an older respondent from Moldova told us, **"We still face poverty, high prices and limited access to quality healthcare. We eat less and we wear second-hand clothes."**

Emerging issues

The missing "middle generation" and its impact on older people and those who in are in their care



A 66-year-old farmer takes care of his great-granddaughter in Uganda.
(Antonio Olmos/HelpAge International 2008)

A focus on ageing is largely absent from development debates and action, yet it has impacts across many areas of development. One example is migration. A major pull factor of international migration is the ageing of workforces in the rich world; at the same time, migration of the younger and middle generations from poor communities leaves behind disproportionate numbers of older people and children.

From Latin America to Asia, migration has changed the age profile of relatively "young" countries, leaving "skipped-generation" households of older people caring for grandchildren left by middle-generation migrants. With remittances infrequent, inadequate or non-existent, older and younger people in these households are co-dependent, sharing poverty and vulnerability.

The same effect is seen in sub-Saharan Africa, where in a number of countries grandparents of children orphaned by AIDS are the main carers. For example, a recent UNICEF report found that in Tanzania, over 40 per cent of orphaned children, and in Namibia and Zimbabwe over 60 per cent, were being cared for by their grandmothers.²⁷

In many countries, lack of employment opportunities in rural areas also leads to rural-to-urban migration as middle generations leave to find work in the cities and towns. This leaves older people caring for grandchildren while their children try to make a living in the urban centres.

Ageing farmers

In rural development, effort is on improving the productivity and incomes of small producers, but little attention is given to a focus on the needs of older farmers. This matters, because in many poor countries the average age of the rural population is increasing.

In Mozambique, over two-thirds of the members of the Small Farmers Union are over 50, a pattern repeated in the Caribbean and elsewhere. But older farmers in many countries say that they are excluded from programmes because they are seen as “too old” to benefit.

The lack of “age friendly” healthcare

Health is the most important asset to all of us as we age. In the developing world **little effort is made to make healthcare “age-friendly”** despite the promotion of this approach by the World Health Organization. For example, reproductive health programmes largely ignore the fact that multiple pregnancies in poor health conditions mean that many poor women spend their old age with chronic, life-limiting, but treatable conditions.



An older man during an eye examination in Haiti. (Frédéric Dupoux/HelpAge International 2010)

The rise of chronic diseases has meant that in many poor countries more people are dying from heart disease and cancers than from communicable diseases.²⁸ Yet the focus remains on the latter. Implementation of the WHO strategy²⁹ would have a major impact on chronic disease, not only improving older people's health but also that of middle generations who will otherwise age with chronic illness. A pilot health screening programme for retired plantation workers in Sri Lanka shows what is possible - identifying and treating hidden health problems, helping to avoid later crises. Healthcare reform in an ageing world must focus on non-communicable disease and access of poor older people to appropriate and affordable health services.

Older activists

So we need ways forward to tackle the challenges of an ageing world. We need to see older people not as a problem but as part of the solution. Older people in poor communities are survivors, with lifetimes of experience to contribute. Supporting older people to organise has had a dynamic effect not only on improving their own lives but also on the wider community and the children in their care.

Older people's groups in rural north India, for example, have drawn in other community members to campaign for village schools. In the Philippines and Bangladesh, older people's groups have played a key role in the initial response to climate emergencies, providing help to the most vulnerable before the arrival of humanitarian relief.

Income and health are older people's priorities everywhere. Providing secure work for those who are able to work and a pension for those who are not is critical. Most poor people work far into old age; and with lifetimes of experience they have skills to hand on, given the opportunity. In rural Kyrgyzstan, for example, older community groups are financing their activities by providing "consultancies" to younger farmers on agricultural techniques.

The Age Demands Action campaign gives older people a voice as activists come together to discuss the issues that matter to them, before meeting decision-makers at community, district, local and national levels to call for specific change. This ensures that older people are able to participate in decision-making processes at all levels, as recommended by Priority Direction 1, Objective 2 of MIPAA.

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