

Ageing & Development

News and analysis of issues affecting the lives of older people

Issue 29 / May 2011



Older people living in poverty are among those most at risk of non-communicable diseases.

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NCD summit omits older people

The forthcoming UN Summit on Non-Communicable Diseases will put the spotlight on this mounting health threat in developing countries, but could sideline those most at risk – older people.

The summit in New York in September 2011 will focus for the first time on how to tackle four prominent non-communicable diseases (NCDs) – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – and the common risk factors of tobacco use, alcohol abuse, unhealthy diet, physical inactivity and environmental carcinogens. A special focus will be on the developing world.

The summit has the potential to secure commitment from heads of government to a coordinated global response to NCDs and agreeing targets for which they can be held accountable.

The summit was called for by the UN General Assembly in May last year. In total, 130 states co-sponsored the resolution, signalling that the world recognises the urgency of addressing NCDs which are increasing most rapidly in low- and middle-income countries.

NCDs also contribute to poverty and are becoming a major barrier to achieving the Millennium Development Goals.

Globally, two in three deaths each year are attributable to NCDs. Though commonly thought of as “diseases of affluence”, risks from NCDs are often greatest in poor and deprived communities. Four-fifths of deaths from NCDs are in low- and middle-income countries.

Older people in developing countries are particularly at risk. Two-thirds of deaths from NCDs are in people over 60, of whom 77 per cent are in developing countries.

Nevertheless, preparatory documents for the summit contain no references to NCD prevalence in older age. Moreover, Alzheimer's and other dementias, which affect mainly older people, are omitted, despite the fact that cases of dementia are expected to double to 65.7 million by 2030 (see page 2). The focus is on treatment, management and reduction of “premature death” of those under 60.

“It is unacceptable the summit should not consider older people,” says

Mark Gorman, HelpAge International's Strategic Development Adviser. “Support to people over 60, as well as those who are younger, should be prioritised.

“Sidelineing older people will limit the outcome of the summit and further compromise older people's right to health. The preparatory and outcome documents should remove discriminatory language such as ‘premature death’. A whole life-course approach to prevention, treatment, management and care should be taken. Alzheimer's disease and other dementias should be recognised as priority NCDs.”

More information:

www.helpage.org and www.ncdalliance.org

Sign up for our eNewsletter at:
www.helpage.org/enewsletter

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WHO releases new data on ageing

A study by the World Health Organization and partners compares the health status of adults and older adults in Africa and Asia for the first time.

Papers from the study, a collaboration between the INDEPTH and SAGE networks in Bangladesh, Ghana, India, Indonesia, Kenya, South Africa, Tanzania and Vietnam, have been published in a supplement to *Global Health Action*.

The papers identify a number of consistent patterns. Writing in the foreword, Ties Boerma, WHO Director of Health Statistics and Informatics, points out that the health of older women is worse than that of older men; living alone jeopardises health and wellbeing; and being poor is bad for health.

He also notes that there are important differences within and between sites. For example, older adults in Vadu, India who are not in a partnership are not as badly off as in other study sites, probably because of support from their family.

Older people with the poorest health in Purworejo, Indonesia, are clustered in the semi-urban belt of the district; and patterns of the older adult population structure are changing as exemplified by the predominance of older men in Agincourt, South Africa and of older women in the slums of Nairobi, Kenya.

The results also reveal close relationships between declining health, increasing disability and worsening of quality of life in older people. More detailed statistics will be made available by the SAGE study later this year.

'Growing older in Africa and Asia: multicentre study on ageing, health and well-being', *Global Health Action*, Vol. 3, Supplement 2, 2010

www.globalhealthaction.net/index.php/gha/issue/view/408

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Diabetes training helps protect older people's right to health in Kyrgyzstan.

Report on right to health

Older people's right to health will be the theme of the next report by the UN special rapporteur on the right to health, Anand Grover. He will submit his report to the 18th session of the Human Rights Council in September 2011.

More information:

Special rapporteur – www2.ohchr.org/english/issues/health/right/index.htm



Costs of dementia to soar

The costs of dementia are set to soar, with low- and middle-income countries likely to be affected fastest, says a new report.

The World Alzheimer report 2010: the global economic impact of dementia, published by Alzheimer's Disease International, shows that the number of people with dementia is expected to nearly double by 2030.

Worldwide, costs of dementia were estimated at US\$604 billion in 2010, accounting for 1 per cent of the world's GDP. Low-income countries account for just under 1 per cent of total worldwide costs (but 14 per cent of the prevalence). Middle-income countries account for 10 per cent of the costs (but 40 per cent of the prevalence). In lower-income

countries, informal (unpaid) care costs predominate.

The costs of dementia worldwide are estimated to increase by 85 per cent by 2030. They are likely to rise faster in low-income and middle-income countries because per person costs will increase as a result of economic development and numbers of people with dementia will rise more sharply in these regions.

"Governments and, where relevant, employers need to recognise the costs of care and provide effective health and social support services for carers," says Mark Gorman, HelpAge International's Strategic Development Adviser. "This will be cheaper over time than paying for increasingly costly acute care services as the Alzheimer's epidemic grows."

Comment

Making the case for health

Campaigning for the inclusion of older people in health programmes in the developing world is hampered by the absence of strong evidence. Demographic change and health transitions are still very recent in many developing countries, and the evidence needed for effective health responses has lagged behind. That is why the appearance of

the World Alzheimer's Report and the first evidence from WHO's SAGE study are so welcome. The picture they give us is familiar, but is greatly strengthened by the well-researched, robust evidence that has been gathered. The strong links of ageing, gender, poverty and health are reinforced.

The costs of doing nothing are also highlighted, with prevention of ill-health being an attractive option, even at older ages both in terms of financial cost and in the reduced burden of care-giving and receiving which older people will have to bear.

The SAGE studies will release more detailed data later in the year. Because they are drawing on nationally representative groups in six countries, as well as younger groups, they will, for the first time, give a comparative view of ageing and health. This will greatly strengthen the case we can make for inclusion of older people in health programming.

Mark Gorman, Strategic Development Adviser, HelpAge International

Plans for our ageing world

Some progress has been made in adopting new policies and plans on ageing in the past ten years, a study shows.

HelpAge International and the United Nations Population Fund (UNFPA), with funding from the John D and Catherine T MacArthur Foundation, reviewed government action on ageing in policy and legislation and research and data, since the adoption of the Madrid International Plan of Action on Ageing (MIPAA) and its Political Declaration in 2002.

Summary information supplied by 133 countries on progress in the three priority directions of MIPAA was reviewed, along with detailed information from 32 countries.

The review shows that 47 countries have approved and published national policies on ageing since 2002. Ten have passed overarching legislation on ageing. Others have passed specific laws dealing with issues affecting older people. Developing countries, in particular, have made progress in mainstreaming ageing into sectoral policy. Some have set up official bodies to ensure that governments respond appropriately to the challenges of ageing.

Overall, however, mechanisms and budgets for implementing policies on ageing are lacking, as is government attention to the “bottom-up approach” to the review and appraisal of MIPAA.

The review reveals limited or no inclusion of older people in several core policy areas, including poverty reduction (apart from social protection in some cases), emergencies, migration, rural development, mental health, non-communicable diseases, HIV and AIDS, housing, water and sanitation, the living environment, images of ageing, abuse and violence, and care and support for caregivers.

The review highlights the need for better use of existing data sets; disaggregating data by age; mainstreaming integrated age-targeted programmes in all policy areas; backing up legislation with transparent and accountable budgets; more focus on non-communicable diseases; and sharing best practice in policy implementation, legislative action, data collection and analysis.

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Older women's rights

A general recommendation on the rights of older women has been adopted by CEDAW, the committee that monitors the Convention on the Elimination of All Forms of Discrimination Against Women.

The recommendation outlines how the articles in the convention apply to older women and the steps governments should take to meet their obligations. It means that the 186 governments that have ratified the convention will have to provide more information on older women in their reports.

CEDAW has made recommendations on older women's rights in a number of individual countries, most recently Burkina Faso and Uganda.

In Burkina Faso, CEDAW has recommended that the government takes measures to change traditional views about older women, combat discrimination and violence against older women, punish offenders, and adopt programmes supporting women accused of witchcraft.

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Jesusa from Bolivia calls for her right to a dignified life on International Women's Day.

In Uganda, CEDAW has recommended that the government acts to ensure that women and girls can return to their communities, adopt programmes to alleviate poverty of these women (including through a universal non-contributory pension), and ensure that older women have equal access to education, employment, health services and justice.

More information:

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

Pension watch

by Charles Knox-Vydmanov

The Philippines Department of Social Welfare and Development has begun to pay a social pension to the poorest older people aged at least 75. The pension, part of the 2010 Senior Citizens Act, will eventually cover the poorest 20 per cent of people over 60, estimated at more than 1.2 million people. The intention is to gradually lower the eligibility age.

South Africa appears to be moving from a means-tested social pension to a fully universal scheme. In December 2010, the Minister of Social Development announced that the National General Council of the ANC had asked her department to work towards the universalisation of the old age grant “in view of the challenges of stigmatisation and the extent of exclusion errors created by means testing”.

Social pension schemes are expanding in Central America. **El Salvador** announced its aim to scale up the basic universal pension to 100 municipalities in 2010 and then to all 267 municipalities. The pension of US\$50 a month was introduced in 32 municipalities in late 2009 for everyone over 70 not receiving any other form of pension.

In **Panama**, the *100 a los 70* (100 at 70) programme was introduced in 2009, providing US\$100 a month to over 70s not receiving any form of pension. In **Mexico**, the *70 y más* (70 plus) programme, introduced in 2007, now covers around 97 per cent of the target group. It provides 500 pesos (US\$40) a month to over 70s living in communities of fewer than 30,000 people.

Visit our new Pension watch website for:

- database of social (non-contributory) pension schemes worldwide
- a calculator that works out the cost of a universal pension in your country
- a knowledge centre of social pension resources
- an interactive world map compiling data on national pension schemes.

www.pension-watch.net

Humanitarian financing

A significant gap exists between the needs of older people as a vulnerable group and the amount of funding allocated to them in humanitarian emergencies, a study shows.

HelpAge International examined Flash Appeals and the UN Consolidated Appeals Process (UNCAP) for 12 major emergencies since 2007. Of 1,912 projects in these emergencies, only five (0.2 per cent) included any funded activities targeted at older people.

In five emergencies (Afghanistan, Burkina Faso, El Salvador, Honduras and Occupied Palestinian Territories) not one project explicitly referred to older people or provided targeted assistance to them.

“Our study proves there is a significant disparity between the needs of older people as a vulnerable group and the humanitarian assistance funded to meet that need,” says Jo Wells, HelpAge’s Humanitarian Policy Adviser.

“We are strongly recommending that the international humanitarian community takes immediate action to address this disparity. It needs to design and implement emergency responses that are appropriate to all sections of the population. It needs to ensure that everyone, regardless of age, can access relief and recovery assistance.”

A study of humanitarian financing for older people

HelpAge International, 2010

Reader survey

Thank you to everyone who returned the survey card in A&D28. We received replies from 30 countries, with 77 per cent saying A&D had changed their attitude to older people.

Most popular items are news, research, publications listings and reviews, and older people’s experiences, particularly in global ageing and health. We will use the responses to guide future issues.

The winner of the prize draw was Shamsul Arefin from GTZ in Bangladesh, who has been sent a pack of HelpAge promotional materials.



Frederic Dupoux/HelpAge International

Around 20 per cent of older people living in temporary camps in Haiti are going hungry, according to a survey conducted by HelpAge International. One year on from the earthquake, data showed that of over 11,000 older people interviewed, 2,330 were eating one meal or less a day.

Staying to care in Moldova

Grandparents in Moldova play a crucial role in caring for children whose parents are working abroad but need support doing it, a study shows.

Moldova is among the top countries affected by migration. About a quarter of the country’s economically active population works abroad. Remittances make up one-third of GDP.

HelpAge International and Second Breath, a Moldovan NGO, commissioned a study that compared the impact of migration on 610 multigenerational households that had family members working abroad and sending remittances, with the impact of migration on 595 multigenerational households with no migrants.

The study, funded by the European Commission and United Nations, was carried out by the Centre of Sociological Investigations and Marketing Research CBS AXA as part of a project to strengthen community-based support to multigenerational households affected by migration.

The study highlights the scale of care provided by older people. Where both parents are abroad, 91 per cent of children stay with grandparents. Even when one parent is abroad, 36 per cent of children stay with grandparents.

Remittances do not contribute significantly to the wellbeing of people in multigenerational households. Pensions remain the primary source of income in these households, whether or not they receive remittances.

The presence of grandparents to some extent eases the distress of children left behind by their parents, but children’s behaviour is affected. Solidarity between younger and older people, though significantly improved through the project, is of major concern, with some children dropping out of school, drinking or taking drugs, or becoming withdrawn.

The report recommends improving social protection measures and support at community level for heads of multigenerational households, and setting up social integration programmes for older carers and children. It also calls on the government to invest in business development and start new enterprises, to enable more people stay working in Moldova.

Staying behind: the effects of migration on older people and children in Moldova
HelpAge International, due 2011

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Older people help economy

Older people play a significant productive role in the urban economy, but this role is unrecognised by the state, says research from south India.

A study of ageing, poverty and neo-liberalism in urban South India shows that instead of facilitating work in old age or providing pensions, state policies reflect the assumptions that older people are dependent and their families provide for them.

Comparing the circumstances of Chennai's poor in 2007-2010 with that in 1990-1991, the research suggests that the neoliberal policy context exacerbated the difficulties of the poor and of the older poor in particular.

It found that the urban poor are forced to work deep into old age, both to support themselves and to help out younger relatives. They may do this through paid work or through unpaid work in a family business, or by taking on the domestic

and childcare work of younger women, releasing them into the labour market.

The state's failure to recognise older people's contribution to the economy, their needs as workers and their rights as citizens was found to constrain wellbeing and productivity and affect their families and the economy.

The research was conducted by a team from Birkbeck College, University of London and the Centre for Law, Policy and Human Rights Studies, Chennai, India.

Ageing, poverty and neoliberalism in urban South India

Penny Vera-Sanso, Birkbeck College and V Suresh, M Hussain, S Henry, Centre for Law, Policy and Human Rights Studies, Chennai, India

Published by NDA Research Programme, Department of Sociological Studies, University of Sheffield, 2010

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- **UN Women, the new UN agency dedicated to gender equality and the empowerment of women, has recognised the importance of older women's rights.**

Executive director Michelle Bachelet told the Commission for Social Development in February: "Empowering older women will be high on my agenda."

www.helpage.org/get-involved/campaigns/un-women

- **Watch the world age!**

A Population Reference Bureau report on demographic change uses animated graphics to show global trends in population size of children under five and adults over 65. By 2050, the number of people aged 65-plus will total just under 1.5 billion, or 16 per cent of the global total. In 1950, it was only 5 per cent.

www.prb.org/articles/2011/agingpopulationclocks.aspx

- **Nine global corporations have founded the Global Coalition on Aging, which aims to reshape how global leaders address population ageing.**

Through research, public policy analysis, advocacy and communication, the coalition plans to drive social and policy changes in four areas: education and work; financial planning and security; health and wellness; and technology, innovation and biomedical research.

www.globalcoalitiononaging.com

- **Groups of older people in more than 50 countries took part in the HelpAge network's Age Demands Action campaign on 1 October 2010.**

They called on their governments to act on issues such as pensions, healthcare, housing and access to work. They helped win more pensions in Kenya, a new national ageing policy in Ghana, a new older people's allowance in Sri Lanka, and an increased pension in Bangladesh.

www.helpage.org/get-involved/campaigns/age-demands-action

Making a living last longer

New research shows that older people in developing countries use a combination of strategies to make a living and face significant barriers to achieving livelihood security.

A participatory study by HelpAge International, Cordaid and partners involving 1,000 older men and women in Bangladesh, Ethiopia, India and Tanzania shows that older people's strategies include working, taking out formal or informal loans, receiving money from family members and begging.

Older people had only limited access to microfinance institutions and banks, and therefore to credit and savings facilities. Loans were more commonly taken through the informal sector, via moneylenders and pawnbrokers.

Older people's associations were one avenue through which older people improved their opportunities to achieve a sustainable livelihood. The burden of securing regular work was felt most keenly by widowed women. Poorer older people were found to be living in a continuous cycle of debt.

The evidence suggests that cash transfers and pensions offer vital support for older people and can help them to



Antonio Olmos/HelpAge International

diversify their livelihood strategies by providing income to buy assets or invest in business.

The study concludes that there is no single form of livelihood intervention that is appropriate for all older people. Interventions aimed at improving older people's livelihoods must vary according to location, situation, and older people's preferences and priorities. It proposes some guiding principles for those supporting older people to achieve greater livelihood security.

Making a living last longer: insights into older people's livelihoods strategies

HelpAge International and Cordaid, 2011

Why global HIV targets must include people over 49

Older people's exclusion from global targets on HIV is putting millions of people at risk. *Rachel Albone* examines new evidence showing how much older people are affected by the epidemic, and argues for their inclusion in any new targets.

The year 2011 marks a milestone for the HIV epidemic. It is 30 years since the first case of AIDS was diagnosed, 10 years since the groundbreaking UN General Assembly Special Session (UNGASS) on HIV and AIDS and the signing of the Declaration of Commitment,¹ and five years since the international community set the target of "universal access to comprehensive prevention programmes, treatment, care and support".

In June 2011, UN member states will meet again to review global progress in responding to the HIV epidemic and agree the future direction of the response. The high-level meeting provides a vital opportunity to make sure that people aged 50 and over are specifically included in any new commitments and targets.



Do we have to go without?

"Most of my peers believe it is perfectly all right for them to go without decent

shelter, healthcare, nutritious food, educational support for their children and so forth... However, you and I know that support is not a privilege but a human right.

Why can't there be some kind of recognition and support for the work done by someone who is on 24-hour call?"

Kufekisa Laugery, Chair, Senior Citizens' Association of Zambia. She heads a household of six children and six adults, five of whom have HIV.

This quote is from *Care and support: the forgotten pillar of the HIV response*, UK Consortium on AIDS and International Development, 2011

Why should this age group be included?

The fact is that older people are hugely affected by HIV, mainly in two ways – as carers of family members with HIV and orphaned children, and as people at risk of infection themselves. If they are ignored in the response, how can the children in their care be properly fed, clothed and educated? How can they advise young people about safer sex or protect themselves? How can they receive the treatment, care and support they need?

Insufficient recognition

Millions of older men and women care for sons and daughters who are living with HIV or for orphaned grandchildren. In Cambodia, for example, an older parent was the main carer for 80 per cent of adult children who had died as a result of AIDS.² In east and southern Africa, 40-60 per cent of children orphaned as a result of AIDS are cared for by their grandparents, usually their grandmothers.³

The contribution made by older carers has been officially recognised for a long time. The 2001 Declaration of Commitment notes the "key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS" and includes the commitment to "review the social and economic impact of HIV/AIDS at all levels of society, especially on women and the elderly, particularly in their role as caregivers".

The 2006 Political Declaration⁴ reaffirms this commitment by again recognising the need to support the elderly in their role as carers.

However, recognition of older carers is one thing. Translating this recognition into support is another, and this has rarely happened.

While the majority of older people who are affected by HIV are affected as carers, better access to treatment and new infections have led to increasing numbers of people aged 50 and over living with HIV. However, this has not been recognised. Neither the 2001 Declaration of Commitment nor the 2006 Political Declaration makes any reference to older people living with HIV.

In east and southern Africa, 40-60 per cent of children orphaned by AIDS are usually cared for by a grandmother.

Reporting on older people

In adopting the 2001 Declaration of Commitment, member states committed to reporting every two years to the UN General Assembly on their response to the epidemic, tracking their progress against 25 core indicators.⁵

None of these 25 indicators explicitly includes people aged 50 and over, or requests data to be broken down by age. Three indicators – on access to testing, higher risk sex and condom use – are specifically restricted to people aged 15-49. Requests for prevalence data are also limited to the 15-49 year age group.

In 2010, member states submitted progress reports.⁶ An analysis of the 119 reports submitted in English shows that some countries are submitting data on people aged 50 and over and including some analysis of the impact of the epidemic on older people, even though they are not required to do so.

Because there is no official requirement or guidance on how to present data on older people, there is no consistency in the way countries do this.

New data on infection

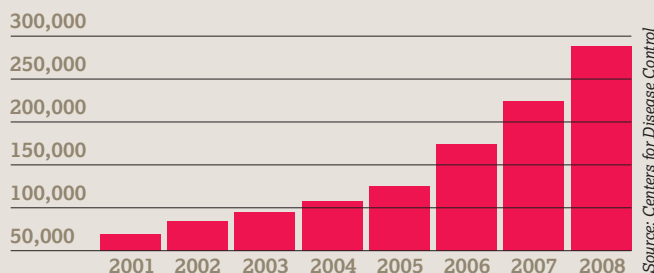
Where figures are presented, they provide striking evidence of the extent to which the epidemic is affecting older people:

- In Dominica, 17 per cent of people diagnosed with HIV between 1987 and 2009 were aged 50 and over.
- In the Netherlands, 28 per cent of people living with HIV are aged 50 and over, and in Sweden and Barbados, 25 per cent.
- In Botswana men aged 50-54 have the highest prevalence after the 35-39 and 40-44 year age groups, at just under 30 per cent (exact figures not given). In Swaziland, 28 per cent of men aged 50-54 have HIV, compared with 20 per cent of men aged 15-49.



Kate Holt/HelpAge International

Number of people aged 50 and over living with HIV and AIDS in the USA



Source: Centers for Disease Control

- In Sweden 25 per cent of newly reported cases of HIV and AIDS are in people aged 50 and over. In China, 11 per cent of new HIV cases in 2009 were in people aged 50-64 and 4 per cent in people were aged 65 and over.

Some countries have collected data on older people against the three indicators focussed on the 15-49 year age group. For example:

- In Mozambique, the proportion of people tested for HIV who were 50 or over increased from 5 per cent in 2006 to 7 per cent in 2009.
- In South Africa, the proportion of people aged 50 and over who use a condom has increased since 2005, although people in this age group are far less likely to use a condom than younger people.⁷

Brazil, Zimbabwe and the USA, have collected data on older people against these indicators but not presented it in their reports.

Calling for attention

As well as providing data on older people, a number of countries make other references to older people.

- Six countries – Botswana, Lesotho, Mozambique, Swaziland, Tanzania and Zambia – comment on the key role played by older people in providing care.
- Seven countries – Brazil, Kenya, Malawi, Mozambique, South Africa and Swaziland – refer to age discrimination, some calling for equitable responses that take age into account.
- Some countries describe their support to older people: in Brazil and South Africa people aged 50 and over are a key target population; Swaziland and Kenya report that they are addressing older people's needs in national strategic frameworks; and Malawi and Mozambique report establishing cash transfer programmes that support older people.

- Eight countries highlight the need to include older people in future HIV responses: The Netherlands, Norway and New Zealand all discuss the ageing of the epidemic and the implications, particularly for treatment provision; Papua New Guinea and Tuvalu recognise the important role older people can play in HIV education; and Mozambique and Zambia highlight the need to focus more attention on older people in their reports.

Missing from global report

In total, 57 of the 119 reports present data on older people (or state that data is available) or make other references to older people – reflecting a growing understanding at national level that this age group needs to be given attention.

Despite this, the UNAIDS 2010 *Report on the global AIDS epidemic*,⁸ which is based on the reports submitted by country governments, does not include any data on people aged 50 and over, or make any other reference to older people, either as carers or as people living with HIV.

The absence of data at global level implies that there is no data at all and no recognition by governments of the issues facing older people, or any appropriate response. It also leads to a lack of attention to older people in the response to HIV, meaning many are unable to access services and support. There is a clear mismatch between what is reported nationally and what is presented at global level.

It is crucial, therefore, that older people are recognised at the June 2011 high-level meeting, and included in any subsequent outcome document and new commitments and targets, so that every country has to include older people in its data collection.

HelpAge International is calling on UN member states and the UN system to:

- Reaffirm their commitments to older carers as stated in the 2001 and 2006 declarations

- Support older carers through appropriate social protection and inclusion in programmes addressing stigma, discrimination, rights abuses, education and information, home based care training and psychosocial support
- Recognise the ageing of the epidemic and increasing number of older people living with HIV, and the need for research to understand the interaction between ageing and HIV
- Strengthen integration of HIV responses with those of NCDs, palliative care, HIV neuro-cognitive impairment, cancers and conditions relating to ageing
- Extend age brackets for prevalence data and core indicators to include people aged 50 and above, up to at least age 64 years.

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1. United Nations General Assembly 2001 Declaration of Commitment on HIV/AIDS
2. *Committed to caring: older women and HIV & AIDS in Cambodia, Thailand and Vietnam*, Chiang Mai, HelpAge International, 2007, p.14
3. *The state of the world's children report: women and children, the double dividend of gender equality*, UNICEF, 2007
4. United Nations General Assembly 2006 Political Declaration on HIV/AIDS
5. *Monitoring the Declaration of Commitment on HIV/AIDS: guidelines on construction of core indicators*, UNAIDS, 2009, p.20-21
6. www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportsubmittedbycountries
7. 39.9 per cent of men aged 50 and over compared with 87.4 per cent in the 15-24 year age group and 56.4 per cent 25-49 age group. The data for women are 25.9 per cent 50 and over, 73.1 per cent 15-24 and 58.1 per cent 25-49.
8. *Global report on the AIDS epidemic*, UNAIDS, 2010

What you can do

- Ask your government to include HelpAge's calls in their inputs into the meeting.
- Visit the HelpAge website for more on the process and updates on our HIV work: www.helpage.org

Journal articles

Growing older in Africa and Asia: multicentre study on ageing, health and well-being*

Global Health Action Vol. 3, Supplement 2, 2010
See article on page 2

Economic security arrangements in the context of population ageing in India*

Bloom D E et al, *Int. Soc. Security Review, Special issue: Social security and the challenge of demographic change* 63:3-4, July 2010, pp.59-89

Tasks performed by primary caregivers and migrant live-in homecare workers in Israel*

Iecovich E, *Int. J. Ageing and Later Life*, 5:2, 2010, pp.53-75

Understanding ageing in sub-Saharan Africa: exploring the contributions of religious and secular social involvement to life satisfaction

Kodzi I et al, *Ageing & Society, FirstView articles*, 2010

Post-disaster quality of life among older survivors five years after the Bam earthquake: implications for recovery policy

Ardalana A, *Ageing & Society* 31:2, 2011, pp.179-196

Socioeconomic resources and living arrangements of older adults in Lebanon: who chooses to live alone?*

Tohme R et al, *Ageing & Society* 31:1, 2011, pp.1-17

The gender gap in depressive symptoms among Japanese elders: evaluating social support and health as mediating factors

Tiedt A D, *J. Cross-Cult. Gerontology*, 25:3, 2010, pp.239-256

'I do the best I can': caregivers' perceptions of informal caregiving for older adults in Belize

Vroman K and Morency J, *Int. J. Ageing and Human Dev.* 72:1, 2011, pp.1-25

Social support and its correlation with loneliness: a cross-cultural study of Nepalese older adults

Chalise H N et al, *Int. J. Ageing and Human Dev.* 71:2, 2010, pp.115-138

The bridge from then to now: Tibetan elders living in diaspora

Wangmo T and Teaster P B, *J. Applied Gerontology* 29, August 2010, pp.434-454

Externally-resident daughters, social capital, and support for the elderly in rural Tibet

Childs G et al, *J. Cross-Cult Gerontology, Online First*, January 2011

Older female caregivers and HIV/AIDS-related secondary stigma in rural South Africa

Ogunmefun C, *J. Cross-Cult. Gerontology, Online First*, October 2010

Meal and residence rotation of elderly parents in contemporary rural northern China

Zhang W and Wang Y, *J. Cross-Cult. Gerontology* 25:3, 2010, pp.217-237

Feelings of abandonment and quality of life among older persons in rural northeast Thailand

Sudnongbua S, *J. Cross-Cult. Gerontology* 25:3, 2010, pp.257-269

Older people support anti-retroviral treatment adherence programmes in Banteay Meanchey Province*

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