

# Ageing & Development

News and analysis of issues affecting the lives of older people

Issue 31 / April 2012

## A&D goes online

*Ageing and Development* will become an online newsletter from June this year. Please see [page 8](#) for details.



Older people like Habiba Ali in Dadaab camp, Kenya, often miss out on food distributions.

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## Aid failing older people

**Older people and people with disabilities are largely overlooked in humanitarian crises, says a new study.**

Less than 1 per cent of humanitarian aid is targeted at these groups, despite the urgent challenges they face with mobility and gaining access to healthcare, food and livelihood support.

*A study of humanitarian financing for older people and people with disabilities, 2010-2011*, by HelpAge International and Handicap International, analysed 6,003 UN-backed projects in 2010-2011. Only 61 funded projects (1 per cent) targeted older people or people with disabilities, while in 20 countries, no projects targeted older people at all. Funding for projects targeting people with disabilities fell from 0.7 to 0.43 per cent in 2010-2011.

"This research shows there is a serious problem in the international humanitarian system," says Frances Stevenson, HelpAge International's Head of Emergencies. "Older people and people with disabilities are particularly vulnerable in crises and have specific needs, but time and again

they are not properly assessed, analysed or incorporated in responses."

The humanitarian community has a commitment to enable people to survive crises and disasters, with an impartial focus on those most at risk. If this commitment is to be met, humanitarian actors must integrate the needs of highly vulnerable groups into responses, and provide targeted interventions.

Meanwhile, another study shows humanitarian aid failing to reach older people. A survey on the nutritional status of people over 60 was conducted in three refugee camps in Dadaab, Kenya, revealing a prevalence of malnutrition.

A total of 629 older people were interviewed about their diet, disabilities, social and health status, and access to water and sanitation, reporting that they often have no access to food distributions, eat infrequently and have little diversity in their diet.

Older people are often not included in nutrition programmes and miss out

on general food distribution because their access is not facilitated. A lack of nutrition surveys carried out for people over 60 makes it difficult for humanitarian actors to plan targeted interventions to the older age group.

Efforts by humanitarian actors should target older people in refugee camps as a specific vulnerable group, says the report. There is a need for better guidelines and thresholds for screening older people for malnutrition, and services that provide them with appropriate nutritional support.

***A study of humanitarian financing for older people and people with disabilities, 2010-2011***  
***Nutrition and baseline survey of older people in three refugee camps in Dadaab***

Both available at: [www.helpage.org/resources](http://www.helpage.org/resources)

**HelpAge  
International**

**age helps**

# Ageing a driver of non-communicable diseases

A plan of action to tackle non-communicable diseases (NCDs) such as heart disease and cancer will be set out by the World Health Organization (WHO) by the end of 2012.

This follows the first-ever High-level Meeting on Non-communicable Diseases in New York in September 2011. “There was general agreement that NCDs can no longer be considered ‘diseases of affluence’,” says Mark Gorman, HelpAge International’s Strategic Development Adviser. “In many countries, poor people are especially at risk, due to poor diet and exposure to degraded environments.”

Thanks to the efforts of many NGOs, the statement issued by the summit includes recognition of ageing as a driver of NCDs, and the growing impact of mental and neurological diseases, including Alzheimer’s disease and other dementias.

The summit statement also demands equitable access for all – including older people – to prevention programmes and healthcare interventions. It acknowledges the need to scale-up palliative care and support, alongside preventive and curative measures for NCDs.

However, the summit did not reach agreement on additional funding or other resources to combat NCDs, and while the debate focused on prevention targets, less attention was paid to treatment and care for those already suffering chronic illness. This has potentially serious consequences for older people, both as givers and receivers of care.

## Comment

### Mainstreaming ageing into the post-2015 process

The Millennium Development Goals (MDGs) are an important lens through which to view development aid, but its focus on children and women of reproductive age obscures the impact of population dynamics.

Overall fertility decline and the rapid rise in the number of older people worldwide are having a huge impact –

**Older people, especially those who are poor, are at risk of NCDs.**

“The progress evident in the statement is welcome,” adds Mark Gorman. “Now we need to follow-up with action to ensure that national NCD plans and programmes fully include older people.”

WHO will propose global policy targets at its annual meeting in May 2012, which individual countries can use to develop national targets.

### Dementia: the growing challenge

There are currently more than 36 million people living with dementia worldwide and the global cost of the disease was

## Ageing in a world of 7 billion

**The State of World Population 2011 report illustrates the trends defining our world, including the challenge of empowering a growing ageing global population.**

The report, entitled *People and possibilities in a world of 7 billion*, dispels many harmful myths about ageing, and celebrates the contribution of older people to the world’s economy. It demonstrates that ensuring regular income and good health for the current 893 million people aged 60 and over – set to rise to 2.4 billion by the middle of this century – is critical for a secure future for all generations.

both positive and negative – on families, societies and economies.

Work on the framework for the post-2015 targets – which may even be known as the Sustainable Development Goals – is underway. UN agencies, the World Bank, the International Monetary Fund, the World Trade Organization, the OECD and UNDP are assessing what the MDGs have and have not achieved.

It is vital to position global ageing as the transforming issue for the new framework, and important that older people be included in the consultative processes taking

an estimated US\$604 billion in 2010. *The World Alzheimer’s Report 2011*, published by Alzheimer’s Disease International, focuses on the benefits of early diagnosis and intervention.

**The World Alzheimer’s Report 2011**  
[www.alz.co.uk/research/world-report-2011](http://www.alz.co.uk/research/world-report-2011)

**Ageways 78: Ageing and dementia**  
Published by HelpAge International with Alzheimer’s Disease International, highlights the rising number of people with dementia, and discusses policy implications and practical responses.  
[www.helpage.org/ageways](http://www.helpage.org/ageways)

“Protecting the health and productivity of the world’s older people now is the only way to ease the challenges we all face from an ageing world,” says Richard Blewitt, HelpAge International’s CEO. “It is not just gender and geography that drive inequality, a widening gap between young and old is also a barrier to progress.”

“Investing in secure pension and health reforms will help generations that already rely on each other,” he adds. “We cannot wait any longer, as more people are born, more will age, and we must be ready.”

**People and possibilities in a world of 7 billion**  
[www.unfpa.org/swp](http://www.unfpa.org/swp)

shape at national level. We know those benefiting least from the MDGs are older and disabled people, and children. We know from our own and others’ research that the majority of MDG programmes do not include responses to ageing, despite the depth of poverty experienced by older people in poor countries.

This means we must develop rights-based, age-inclusive and age-specific recommendations for the post-2015 framework, ensuring that action on ageing is mainstreamed and monitored.

*Sylvia Beales, Head of Strategic Alliances, HelpAge International*



Dominika Kronsteiner/ HelpAge International



## Action on older people's poverty

The ten-year review of the Madrid International Plan of Action on Ageing (MIPAA) is underway, but action is urgently needed to make commitments to older people a reality.

MIPAA, adopted by the UN in 2002, commits governments to including older people in all development programmes, including poverty reduction strategies. In 2012, national governments and regional UN commissions are reviewing progress in implementing MIPAA and will report to the 51st session of the Commission for Social Development (CSD) in 2013. Findings from a report to be published by the United Nations Population Fund and HelpAge International will also feed into this process.

While 2012 is an opportunity to strengthen ageing in development policy, action from governments so far seems inconsistent. At the 50th session of the CSD in February 2012, poverty eradication was the theme; but apart from the focus on the social protection floor, key issues debated on were about children, unemployment and youth, rather than the life course and ageing.

Older people were highlighted as a vulnerable and marginalised group most affected by poverty, but only some governments mentioned older people

specifically, or talked about protecting older people's rights as part of their poverty eradication strategies.

Likewise, while governments highlighted tackling the intergenerational cycle of poverty, a focus was on breaking the cycle within a single generation, instead of throughout the life course.

"The social protection floor is the only life course and rights-based instrument to deliver universal access across the life course to health and income security," says Sylvia Beales, HelpAge International's Head of Strategic Alliances. "Concrete steps must be taken to implement and finance social protection floors in all countries."

Older people's rights, including to freedom from poverty, are routinely and systemically denied, according to the Global Alliance for the Rights of Older People. The group is calling not only for the full implementation of MIPAA provisions, but for older people's rights to be enshrined in a convention on the rights of older people.

**Second review and appraisal of the Madrid International Plan of Action on Ageing, 2002**  
<http://social.un.org/index/Ageing.aspx>

**Global Alliance for the Rights of Older People**  
[www.rightsalliance.org](http://www.rightsalliance.org)

## Pensions, poverty and wellbeing

Pensions in South Africa and Brazil are significantly reducing poverty among older people and their households, according to new research. In both countries, pensions are acting more as income transfers to poorer households than individual retirement income.

*Pensions, poverty and wellbeing, the impact of pensions in South Africa and Brazil*, presents findings from a two-phase study by a research team from Brazil, South Africa and the UK. It was first set out in 2001 to examine the wellbeing, livelihoods and social inclusion of older people in these two different settings.

It demonstrates that pensions reach beyond direct beneficiaries, as older people continue to help their families and households. By contrast, households with older people who have no pension are likely to be poorer, less resilient, and less well-integrated economically.



Tom Weller/HelpAge International

**The impact of pensions goes beyond the direct beneficiaries.**

According to the report, the survey data provide indirect evidence that social pensions not only improve older people's economic standing, but also contribute to other aspects of their wellbeing, including their social relations.

Despite having adopted different models of social security, it is evident from both countries that the wellbeing of older people improved through pensions that reach the majority of poor and vulnerable households, and through an increase in the value of the pension.

**Pensions, poverty and wellbeing**  
[www.pension-watch.net/download/4f059575e1321](http://www.pension-watch.net/download/4f059575e1321)

**Mexico's** social pension is set to extend to older people living in urban areas. Previously, the universal social pension was available only to older people living in towns with populations up to 30,000. The reform will reach an extra 1.5 million older people with a minimum 500 pesos (US\$37) a month.

The government of **Kyrgyzstan** signed a national strategy for social protection in December, committing to continue providing social pensions for older people in the informal sector – a growing source of employment – who are not eligible for a formal pension.

Ekiti State in **Nigeria** has introduced a social pension for older people. An estimated 120,000 people could benefit. Monthly transfers of 5,000 naira (US\$58) to people over 65 began in January 2012. In **Sri Lanka**, people aged 80 and over are set to benefit from a monthly allowance of 1,000 rupees per month (US\$8.30). The scheme was approved in 2011 and is due to begin this year.

Under **China's** 12th Five-Year Strategic Plan, launched last year, the government is working to ensure that all older people, whether in cities or rural areas, receive a state pension by the end of 2015.

**Fiji's** government is considering a universal social pension to reduce poverty. A recent World Bank report recommended a monthly pension of US\$60 for people over 65 years. Minister of Social Welfare, Dr Jiko Luveni, said the recommendations would be taken into account.

All indigenous **Paraguayans** over 65 are now eligible to receive the social pension, *Pension Alimentaria*, which currently targets poor older people. This results from the difficulties in verifying age and eligibility due to absence of age records, and the value of the means test for the indigenous population.

**For the latest resources on social pensions visit the Pension watch website at:**  
[www.pension-watch.net](http://www.pension-watch.net)

# World Elder Abuse Awareness Day, 15 June, is now a UN international day



Jeff Williams/ HelpAge International

Nyamizi Bundala, 73, is a widow who was violently attacked after being accused of witchcraft. "Someone came running towards me – he struck me with a machete and chopped off my arm and slashed my head," she says. "All my efforts [to seek justice] ended... I didn't get justice because I couldn't pay for it."

"But things are changing now and changing fast. There are not so many threatening letters these days. There is awareness of legal rights now. But for women living alone it's a bigger problem. The government is not involved enough in these issues, though I can see other organisations (NGOs) care about this."

The United Nations General Assembly brings global recognition to elder abuse, an issue which, according to the International Network for the Prevention of Elder Abuse (INPEA), is "widely unrecognised and grossly under reported".

"This signals greater recognition by UN Member States of the different forms of violence and abuse that many older men and women face," says Bridget Sleep, HelpAge International's Senior Rights Policy Adviser.

"It increases opportunity for action to prevent and provide redress for the abuse and violence that older people experience."

This move comes as Argentina, Brazil, Chile and others work towards an inter-American regional convention on the rights of older people. The African Commission on Human and Peoples' Rights is poised to establish a protocol on older people's rights to the African Charter on Human and Peoples' Rights, and the Council of Europe has set up a drafting group to work on a human rights instrument for older people.

In the Philippines, elder abuse has been identified by the Department of Social Welfare as a key action area. The government is on its way to passing a law protecting older people from violence and abuse.

## Ageing in Africa

Ageing is an issue often neglected in policy dialogues in Africa, but a growing ageing population is a concern that needs to be addressed, says a new report by the African Development Bank.

In many countries in Africa, the proportion of the population 65 years and older is growing and will be close to that of developed countries by 2030 and 2050, according to the report, *Ageing population challenges in Africa*.

It highlights that population ageing has increased most in middle-income African countries, corresponding to a decline in fertility rates. In countries such as South Africa, Botswana, Lesotho, Zimbabwe and Swaziland, this is due to a shrinking adult age cohort, because of a prevalence of HIV and AIDS.

The changing demographics have serious implications for physical and mental

disability, and a number of long-term chronic conditions, which are likely to increase the personal care needs of older people.

But as the report points out, ageing is not visible in most policy dialogues. It is mostly deprioritised in budget allocations, and so increases the vulnerability and marginalisation of older Africans.

More attention should be directed to the needs of Africa's ageing population, says the report. "Policy makers will need to take full account of the phenomenon, to safeguard family and community."

Appropriate healthcare provision and social protection, are recommended so that the older citizens to enjoy a full and active life, far beyond the expectations of previous generations.

**Ageing population challenges in Africa**  
[www.afdb.org/en/documents](http://www.afdb.org/en/documents)

## Book review

### Global Population Ageing: Peril or Promise?

World Economic Forum 2012

In what may be a sign of the times, global ageing made it onto the agenda of the World Economic Forum in Davos in January. This collection of essays – the organisation's first major publication to pick up on the theme – looks at various

aspects of the global challenge of ageing. It examines the interplay between ageing populations and many facets of the modern world, such as urbanisation, international migration, women's and human rights, and social protection programmes.

Many of the essays stress the need to take a life course view of ageing, and there is strong emphasis on seeing active, healthy ageing as both an economic and a societal investment. The rights of older people and the problems of age

discrimination and stereotyping are also addressed, and though the focus remains on the developed world, substantial content relates to developing countries. The report covers a great deal of ground in its 112 pages, and is an important addition to the growing literature on the challenges of global ageing.

Mark Gorman, Strategic Development Adviser, HelpAge International

**Global Population Ageing: Peril or Promise?**  
[www.weforum.org/reports](http://www.weforum.org/reports)



**Cecilia, 62, Tanzania, began to feel ill a few years ago and soon afterwards tested HIV positive.**



Jeff Williams/HelpAge International

## HIV data gap for older people

**Older people are invisible in HIV and AIDS research, along with their potential treatment and care needs, because of the current cut-off age of 49.**

This issue was taken up during a conference in Ethiopia on *HIV and ageing* to mark World AIDS Day in December 2011. In partnership with HelpAge International, UNAIDS, the World Health Organization and the University of Sydney, the conference highlighted that HIV prevalence figures in many countries only take into account adults between 15-49 years of age.

Because of this, data for those above the cut-off age is scarce. "The small amount of data we do have show that increasing numbers of older people are living with HIV," says HelpAge International's HIV and AIDS Policy Adviser, Rachel Albone.

Already, approximately 13 per cent of people living with HIV in Africa are aged 50 and above, according to analysis from the University of Sydney. This number may triple to around 9 million older people by 2040, suggests preliminary data from Erasmus University in the Netherlands.

"One of our key aims is to address this data gap," adds Rachel Albone, "and ensure governments and the UN system start collecting, analysing and reporting data on HIV for those aged 50 and above."

### More information:

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- AGE Platform Europe and the European Parliament's Intergroup on Ageing have launched a 'manifesto' for the 2012 European Year of Active Ageing and Solidarity between Generations. Calling for an age-friendly EU by 2020, HelpAge International and others have lobbied for its principles to be mainstreamed into all EU policy areas, including development and humanitarian programmes.

[www.age-platform.eu/images/stories/EN/ey2012%20manifesto\\_final%20with%20logos.pdf](http://www.age-platform.eu/images/stories/EN/ey2012%20manifesto_final%20with%20logos.pdf)

- At least 62,000 older people in 59 countries took part in Age Demands Action in 2011, winning policy pledges from governments and ministers in 30 countries. This includes a pledge for health insurance cards for 4,000 older displaced people in Sudan, better protection from violence for older people in Kenya, homecare for up to 10,000 older people in Indonesia, and halving older people's bus fares in Pakistan.

[www.helpage.org/get-involved/campaigns](http://www.helpage.org/get-involved/campaigns)

- The Tanzania government has been asked about its policies on older people's social security rights. The Committee on Economic, Social and Cultural Rights, to which HelpAge submitted evidence, has asked the Tanzania government to explain measures it has taken to ensure all older people have access to social security, including through non-contributory pensions. The issue will be followed up when the government sits before the committee in November.

[www2.ohchr.org/english/bodies/cescr/docs/E.C.12.TZA.Q.1-3-ENG.doc](http://www2.ohchr.org/english/bodies/cescr/docs/E.C.12.TZA.Q.1-3-ENG.doc)

- The UN Secretary General's report to the sixty-sixth session of the General Assembly for the first time focuses on older people's rights. The report, to which HelpAge submitted evidence, focuses on the rights situation of older people worldwide, including protection under international human rights law, poverty, violence and abuse, health, social security and social protection.

[www.globalaging.org/agingwatch/report%202.pdf](http://www.globalaging.org/agingwatch/report%202.pdf)

## Global focus on social protection

**In a changing economic and social environment, social protection is "necessary, feasible and effective," says a report by the Social Protection Floor Advisory Group.**

The report, *Social protection floor for a fair and inclusive globalization*, notes that with globalisation comes growing inequality and insecurity, with many left unprotected against global challenges. Social protection can help cushion the impacts of crises among vulnerable groups, and promote social justice.

It helps people invest in their children, participate in the economy and improve their wellbeing. In Brazil and South Africa, for example, social pensions have reduced poverty rates, increased school enrolment and improved family nutrition.

The report highlights that a social protection floor is key to inclusive and sustainable globalisation. A social

protection floor can protect and empower people throughout their lives, paying particular attention to vulnerable groups. It guarantees old-age pensions, child and disability benefits, income support, employment and services for those who are unemployed or poor; and universal access to essential affordable social services such as health, water, sanitation and housing.

"These are crucial in a world where 80 per cent of the population is not sufficiently protected against poverty in old age, and family support for older people is weakening under the pressures of population ageing, increased migration and rising food prices," says Richard Blewitt, HelpAge International's CEO.

### Social protection floor for a fair and inclusive globalization

See also: [Sharing innovative experiences: Successful social protection floor experiences](http://www.ilo.org/global/publications)  
[www.ilo.org/global/publications](http://www.ilo.org/global/publications)

# Strengthening older people's right to health

This year's World Health Day focuses on ageing and health. But what does good health and care mean for older people, and what is their right to health? *Bridget Sleap* reports.

This year is an important one for older people's health. It takes centre stage on World Health Day on 7 April, under the banner 'ageing and health', focusing on action to create societies that appreciate older people and enable them to play a full part in life. Health is also one of the key priorities of this year's 10-year review of the Madrid International Plan of Action on Ageing (MIPAA).



Frederic Coumbel/ HelpAge International

*"If you go to the hospital, they don't welcome us properly. They say that we (older people) should just give our drugs to the grandchildren; they would rather just wait for our death than help us.*

*Now they attend to older people as soon as they see us sitting on the benches and we are called for treatment. But there is still much more to do. I hope that they will allow older people to be treated freely. I would like them to assist us in our homes because we travel so far."*

*Mama Teresa, 68, Kenya, is a retired teacher and active member of an older citizen's monitoring group. She is looking after four grandchildren.*

Additionally, the World Health Organization is developing a plan of action on non-communicable diseases (NCDs), following the first-ever High-level meeting on Non-communicable Diseases in September 2011, which called for active steps to address people's health needs across their life course.

But if all these are to result in improved healthcare services that treat older people with dignity and respect, older people's health must be approached from a human rights perspective.

## Enshrined in law

The right to health is widely recognised and legally enshrined at international, regional and national levels, including in the International Covenant on Economic, Social and Cultural Rights, ratified by the vast majority of countries. States have committed to ensuring that health facilities, goods and services are available, accessible, affordable, acceptable and of good quality for everyone at every stage of their life. This includes in old age and at the end of life.

The right to health, therefore, provides a clear framework around which to design healthcare programmes and budget allocation that stretch across the life course.

## Focus on older people's right to health

Older people, particularly older women, are vulnerable to violation of their right to health,<sup>1</sup> but this is now becoming better understood. In 2011, the first-ever report by a UN special rapporteur, and a thematic panel discussion at the Human Rights Council, focused specifically on older people's right to health, in particular age-friendly primary care and chronic illness, long-term care, palliative care and informed consent.<sup>2</sup> In August 2011, UN Member States discussed older people's right to health at the Open-ended Working Group (OEWG) on Ageing.

## Discrimination against older people

In his 2011 report, the Special Rapporteur on the right to health highlighted that failing to recognise older people as rights holders may lead to prejudice



and discrimination, with profound consequences for health outcomes.<sup>3</sup>

For millions of older people, the discriminatory attitudes of some health workers determine not only the quality of care and treatment older people may receive but also whether they receive any at all.

In Kyrgyzstan, older people report that ambulance services ask for the patient's age and routinely discriminate against people over 50 by not sending an ambulance for anyone who they think is too old. A member of an older people's group in Bishkek said, "We have to tell a lie when calling an ambulance."<sup>4</sup>

Such discriminatory practices can also be found in post-conflict or humanitarian situations. In northern Uganda, for example, displaced older people unable to return to their villages were frequently told that they were wasting the doctor's time – that they were not sick, just old.<sup>5</sup>

Discrimination is not just limited to resource-poor settings. A 2009 survey in the UK found that more than half of doctors who cared for older people believed that the National Health Service was "institutionally ageist": 66 per cent claimed that older people were less likely to have their symptoms investigated and 72 per cent thought that older people were less likely to receive referrals for surgery or chemotherapy.<sup>6</sup>

It is not only at the individual level that older people are being denied access





Peter Caton/HelpAge International

## What does the right to health mean for older people?

**Available:** Information, appropriate medicines and trained health workers should be available in sufficient quantities to meet older people's particular health needs throughout later life and at the end of life.

**Accessible:** Mobility, distance and lack of transport or information should not prevent older people accessing healthcare services and making informed decisions about their care.

**Affordable:** The financial cost of services and medicines should not prevent older people getting the care they need.

**Acceptable:** Health services should be age-friendly, based on the life course, promote personal dignity and offer a continuum of care within communities to avoid institutionalisation of older people. Treatment of age-related illnesses should not be perceived to be of less value than treatment for younger people, and therefore reduced or withheld.

**Quality:** The care older people receive should be of the same quality as other age groups.

to appropriate healthcare. Although discrimination is indirect, the focus in many low- and middle-income countries on mother and child health and the influence of the MDGs have led to health systems that pay little attention to health across the life course and in old age.

### Lack of data

There is also a failure to collect, analyse and disseminate data disaggregated by age, which means that older people's specific circumstances are often not considered in health policy decision-making.

This is particularly apparent in the response to HIV and AIDS. Older people are rarely the target of prevention, treatment and care programmes because prevalence rates are usually available only for people between the ages of 15 and 49. For example, new global commitments on HIV and AIDS in 2011 failed to recognise that people are living longer with HIV, leading to rising numbers of older people with HIV (see page 5).

Data is also often unavailable on wider health systems. In a cross-regional review of 32 countries, HelpAge International found that data on the use of healthcare facilities disaggregated by age and sex was available for only half the countries, and that data on older people's health expenditure was available in only 28 per cent. Government expenditure on health disaggregated by age was only available in 19 per cent of countries.<sup>7</sup>

This lack of data makes it impossible for governments to realise and effectively monitor the implementation of older people's right to health.

In reality, millions of older people have no access to age-friendly primary healthcare, let alone the long-term or end-of-life care they require. Where new medical interventions are more readily available, the pressure to prolong life means that making sure older people are able to make autonomous and informed choices about their own treatment and care is more important than ever, particularly with the increase in dementia.

### The way forward

As populations age, healthcare policies and resource allocation decisions at the national level must reflect changes in population structure and the healthcare requirements of the whole population, respecting everyone's right to health.

There are also a number of opportunities from within the human rights system. States Parties can provide more data disaggregated by age and sex in their reporting to the committees that monitor the implementation of human rights treaties, and as part of the Universal Periodic Review system.

The Special Procedures can also examine how older people's right to health intersects with their mandates. For example, the Special Rapporteur on violence against women could examine

the impact that violence and abuse against older women have on their health. And finally, UN Member States should consider the suggestions from the OEWG on Ageing for creating a new special rapporteur and convention on the rights of older people as a means to give older people greater protection of all their rights, including their right to health.

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1. See for example the Committee on Economic, Social and Cultural Rights, *General Comment 14 (2000), The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)* E/C.12/2000/4, 2000

2. *Thematic study on the realisation of the right to health of older persons by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, Arnand Grover, A/HRC/18/37, July 2011

3. *Thematic study on the realisation of the right to health of older persons by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, Arnand Grover, A/HRC/18/37, July 2011, para. 14

4. HelpAge International, *Programme framework for older people and non-communicable diseases (NCDs)*, Workshop Report, June 2009

5. Erb S, *The protection of older people in northern Uganda: needs, contributions and barriers to return*, June 2008

6. Lloyd-Sherlock P, *Population ageing and international development: from generalisation to evidence*, Bristol, Policy Press, 2012

7. HelpAge International and UNFPA, *Overview of available policies and legislation, data and research, and institutional arrangements relating to older persons – progress since MIPAA*, 2011, p.45

## Journal articles

Absent role of the state: analysis of social support to older people with disabilities in rural China  
*Fisher KR et al, Social Policy and Administration, 45:6, October 2011, pp.663-648*

Dementia in Malaysia: issues and challenges  
*Waki Nikmak A, Asean J. Psychiatry, 12:1, 2011 \**

Ageing in Pakistan – a new challenge  
*Sabzwari SR and Azhar G, Ageing International, 36:4, December 2011, pp.423-427 \**

The new ways of social protection of the elderly people: the case of Uzbekistan  
*Sodikova S, Interdisciplinary J. Contemporary Research in Business, 3:6, 2011, pp.705-709*

A comparative analysis of pension reforms and challenges in Ghana and Nigeria  
*Kpessa MW, Int. Social Security Review, 64:2, 2011, pp.91-109*

Action on the social determinants of health and health inequalities goes global  
*Friel S and Marmot MG, Annual Review of Public Health, 32, January 2011, pp.225-236*

Social quality for aged people in Iran: towards developing theoretical scale  
*Abdolrahim A et al, Canadian Social Science, 7:6, 2011, pp.162-176 \**

The situation of population ageing and social security for elderly people in Nepal  
*Acharya P, Health Prospect, 10, 2011, pp.61-63 \**

Older voices in development: making visible the invisible  
*Boyle A, Policy and Practice: A Development Review, 12, 2011, pp.130-137 \**

Elderly care in daily living in rural Viet Nam: need and its socioeconomic determinants  
*Hoi LV et al, BMC Geriatrics, 11, December 2011, pp.81*

Wising up to the costs of ageing  
*Financing and development, IMF, 48:2, 2011 [www.imf.org/external/pubs/ft/fandd/2011/06/index.htm](http://www.imf.org/external/pubs/ft/fandd/2011/06/index.htm)*

## Papers and reports

Gender, pensions and social wellbeing in rural South Africa  
*Schatz et al, IBS Population Programme, Institute of Behavioural Science, 2011 \**

Climate change and its impact on older adults' health in Kazakhstan  
*Bhuiyan SH and Khan HTA, The NISPAcee Journal of Public Administration and Policy, 2011 \**

Europe: older ethnic minorities and migrants are also part of the EU's ageing population  
*Joint AGE-ENAR position paper on older ethnic minorities and migrants as a contribution for EY2012, December 2011 [www.globalaging.org/elderrights/world/2011/Joint%20AGE.pdf](http://www.globalaging.org/elderrights/world/2011/Joint%20AGE.pdf)*

Living longer in Mexico: income security and health  
*Rand Corporation monograph series, 2011*

On the edge: why older people's needs are not being met in humanitarian emergencies  
*Age UK and HelpAge joint report, 2011*

[www.helpage.org/resources/publications/?ssearch=On+the+edge&adv=0&topic=0&region=0&language=0&type=0](http://www.helpage.org/resources/publications/?ssearch=On+the+edge&adv=0&topic=0&region=0&language=0&type=0)

The extension of social security coverage in developing countries  
*Jung J and Tran C, Towson University Department of Economics Working Paper no. 2011-06, November 2011*

Social protection of older people  
*Bloom D et al, Program on the Global Demography of Aging Working Paper 83, November 2011 [www.hsph.harvard.edu/pgda/working.html](http://www.hsph.harvard.edu/pgda/working.html)*

Impact of population aging on Asia's future growth  
*Park D and Shin K, Asian Development Bank, Economics Working Paper Series no. 281, October 2011*

## Website

[www.helpagela.org](http://www.helpagela.org)  
*HelpAge International Latin America has a new website featuring life stories, films, and images. Visit the Publications section to download free publications in Spanish, including back issues of Ageways.*

\* Free access on the web

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

*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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# Special announcement!

Dear *A&D* Reader,

After 14 years of publishing *Ageing and Development*, we would like to announce that this will be the last printed issue, and that *A&D* will become available as an online newsletter from June 2012.

This change reflects growing use of the web by our readers and enables us to bring you new research findings, policy updates and resources more frequently – every two months instead of twice yearly.

We will provide this information through an improved policy eNewsletter, *Global AgeWatch*. In-depth policy briefings on key topics such as health, income security and more generally on global ageing will also be available through this eNewsletter.

If you have not already signed up for this, please do so now! Go to: [www.helpage.org/enewsletters](http://www.helpage.org/enewsletters)

If you have no web access and want practical information on ageing and development, you may like to receive our twice-yearly *Ageways* newsletter. Please write to Publications, HelpAge International, PO Box 70156, London WC1A 9GB, UK or order it from: [www.helpage.org/ageways](http://www.helpage.org/ageways)

Thank you for your interest and support in *A&D* over the years. I hope you will find *Global AgeWatch* useful and please continue to get in touch with ideas and requests for content.

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