

Equal treatment, equal rights

Ten actions to end age discrimination



November 2001



HelpAge
International

Leading global action on ageing

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

Set up in 1983, HelpAge International has 65 members and over 500 partners in 90 countries supported by four regional centres, nine country programmes and offices in London and Brussels.

Equal treatment, equal rights: Ten action points to end age discrimination

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Introduction

Equal rights for older people

Ageing is both a universal and personal experience. The rights and principles we espouse and deny today are our rights, now and in the future. But millions of older people across the world face chronic poverty, untreated illness, homelessness or inadequate shelter, violence and abuse, lack of education, little or no access to the law, fear and isolation.

HelpAge International is setting out ten concrete actions to ensure that older people across the world benefit from the full range of internationally accepted human rights. At present, the only specific provisions for older age, the UN Principles for Older Persons — calling for Independence, Dignity, Care, Self-Fulfilment and Participation — are not yet incorporated into international human rights law.

HelpAge International (HAI) takes a rights-based approach to development, placing a high value on networking and support to older people's organisations. This document draws on consultations with older people from the developing world and transitional economies, carried out during 2001 as part of HAI's Action on Ageing campaign. A key aim of this campaign is to ensure that the strategy to be agreed at the 2002 Second World Assembly on Ageing is effectively implemented and monitored.

Age discrimination — a bar to equal treatment

Age discrimination is our core concern. All societies discriminate against people on grounds of age. Ageism and stereotyping influence attitudes, which in turn affect the way decisions are taken and resources allocated at household, community, national and international level.

Older people are entitled to benefit from international commitments to end poverty. They wish to play an active role in improving their wellbeing and environment. But HAI's experience and that of the older women and men with whom we work is that older people are struggling to be seen, heard and understood. They are still being excluded from dialogue and action to improve their situation. As a result, older women and men are not receiving their fair share of national and global resources.

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

Age discrimination:
'Unequal treatment or denial of rights on grounds of age by individuals or organisations. It can be detected in processes, attitudes and behaviour which amount to discrimination through prejudice, ignorance, thoughtlessness and stereotyping which disadvantage older people.'

HelpAge International

Population ageing

- By 2050 it is estimated that the number of people over 60 will be approximately equal to the number of children under 14.
- The number of people over 75 is increasing faster than any other group.
- In Africa the proportion of older people in the population as a whole is expected to increase by 93 per cent over the next twenty years.
- In 25 years, nearly one third of the population of Beijing will be over 60.

Demographic change and old age poverty

Unprecedented demographic change — both population ageing and population growth — is a key structural issue for our world, comparable in impact to globalisation and climate change. Increased longevity is a triumph of human development. People in all parts of the world are living longer. Global life expectancy in 1945 was 45 years; now it is 65, and by 2045 it is estimated it will be 76. Already two-thirds of the world's over 60s live in developing countries, where the fastest increases are taking place.

UN statistics predict that during the period 2000-2050, the proportion of older people in the developing world will more than double, while the proportion of children will drop by 10 per cent.¹

The facts about population ageing have yet to induce policy makers to redirect global and national resources to the growing numbers of older poor, especially in resource-poor countries.

Social development thinking is beginning to define, measure and act on poverty in a multi-dimensional way, paying attention to principles of empowerment and participation, and to the promotion and realisation of the full range of economic, social, cultural and civil, human rights for all people. But the International Development Targets and the Millennium Goals do not reflect the impact of population ageing. As long as older people fail to benefit from contemporary development policies and practices and experience chronic poverty, progress towards international poverty eradication goals will be compromised.

Older people's contributions

A lifetime spent in poverty means that it is more difficult to escape from it in old age. Furthermore, poverty is passed down through the generations. But the cycle can be broken. Support given to older people gives clear returns to all generations.

Despite chronic poverty, the majority of older people in the developing world support themselves and contribute to their families and communities. The growing number of older people, particularly older women, who are responsible for raising children in communities afflicted by disease, conflict and migration, requires policy changes to help this age group contribute as much as they can for as long as they are able.

'The mark of the noble society is found not in how it protects the powerful, but in how it defends the vulnerable.'² Investment in the productive and social capacities of older women and men is likely to yield far-reaching results for all ages, in terms of community welfare, social cohesion and economic productivity.

The UN system needs to acknowledge the primary importance of population ageing as an 'architectural issue' for the 21st century. The forthcoming UN International Strategy for Action on Ageing needs to be supported by a more developed and adequately resourced programme on ageing within the UN system. This should include an enhanced role in the implementation and monitoring of the new Strategy.

¹ UN Commission for Social Development. Draft International Strategy for Action on Ageing, 2001

² Darkwa, O. 1997. 'Reforming the Ghanaian Social Security System: Prospects and Challenges'. *Journal of Cross-Cultural Gerontology*. 2:2.

Ten actions to end age discrimination

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

‘Only a change in social attitudes, including the attitudes and expectations of older people themselves, will reduce discrimination and exclusion of older people, and result in the allocation of resources to meet their needs.’³

³ Key recommendation from *Uncertainty rules our Lives*, Bangladesh, HelpAge International, 2000.

'In the past I educated my children — paying school fees, buying books, transport, food and uniforms. I also contributed to cultural education, for example circumcision ceremonies. I contributed in the church, medical fees when the children are ill, preparing nutritious food, cleanliness, providing accommodation, ploughing the fields and counselling whenever the children and their marital partners have problems. I am still doing all of these things. I contribute financially and to the health care of the family.'⁴

One Recognise the human rights of older people and the benefits of population ageing for human development

Older men and women everywhere contribute resources, skills and experience to families, communities and nations. Changing age structures, and shifting dependency ratios between age groups require social policy interventions to respond to and support greater longevity and its wider benefits to society.

Old age needs to be as secure and as productive as possible. Anything less means that older people cannot benefit from those extra years as fully as they might, and that their human rights are being violated.

Older people have always made a major contribution by caring for family members. Evidence suggests this role is being expanded as older people care for other older people who need support, and increasingly for younger generations as a result of economic migration, conflict and HIV/AIDS. All too often older people are portrayed as a drain on economies causing escalating health and social care costs.

A central goal of the World Summit for Social Development was 'the promotion of an enabling environment for social development'. This applies equally to older people, who are entitled to live in an environment that enhances their abilities, whatever their circumstances. Food, housing, shelter and transportation are key aspects of this.

Governments have a central role in fostering this enabling environment, strengthening lifelong development and supporting social institutions based on principles of reciprocity and independence.

Vulnerability due to age and gender needs special attention and targeted action. A gendered approach to ageing recognises the differing vulnerabilities of older women and men. For example, older women who are widowed often lack material assets, while older men may be rejected because they are not considered productive.

Most older people wish to remain active members of their societies, working and living alongside their families and communities. They want to be involved in development programmes, to contribute their expertise and accumulated knowledge and learn new skills to support themselves and their families.

Older as well as younger people need to be encouraged to value their contributions, as household and reproductive activities are not usually accorded economic value. Failure to record these diverse contributions— by official statistics, communities, individuals and older people themselves — reinforces stereotypes that stress older people's welfare needs over and above their social and economic contributions to society.

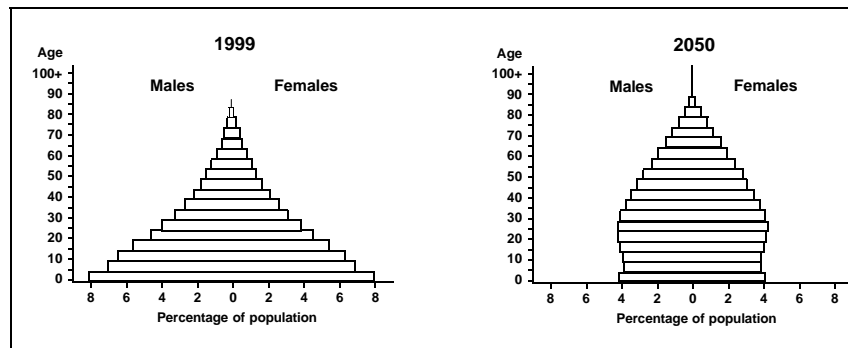
Recommendations:

- The design and delivery of international development and resourcing initiatives — donor aid budgets, poverty reduction strategies papers and Heavily Indebted Poor Countries (HIPC) related debt relief programmes — should give priority to growing older populations in resource-poor countries.
- The world community should specify how international development and human rights commitments, in particular the Millennium Goals and the International Development Targets, will benefit current and future older populations.
- International financial and technical assistance to developing countries and those with economies in transition is required to implement the International Strategy for Action on Ageing and achieve international development goals.

'Old age isn't frightening when you feel needed by others.'

Russia consultation

Table 1: Population ageing in the least developed countries



From United Nations publication, (ST/ESA/SER.A/179), Sales No. E.99.XIII.11, © United Nations 1999

'We need everything — money first of all. We have house supplies, but food is the problem. Food is the most expensive here. We don't need clothing the most, we need food.'

Bosnia consultation

'It is easy to identify a house of an older person in a homestead since it is often dilapidated and of poor quality.'

Kenya consultation

Two Allocate older people their fair share of national and global resources

Older people have the right to a share of national and international resources. By 2050 the proportion of people over the age of 60 in developing countries will more than double from 8 to 19 per cent. Yet governments and international institutions still fail to take into account older people's basic needs, rights and contributions. Older people find themselves excluded from policy and programme discussions that might have an impact on budget allocations.

Poverty in old age is often chronic. A holistic approach to tackling poverty throughout the life course recognises the intergenerational nature of poverty. Older people depend on impoverished younger generations, and in turn, struggle to support their children and grandchildren. A lifetime of poverty, especially for women, leads to deepening poverty in old age.

Detailed data on poverty and living conditions of older people in developing countries is still lacking. Intergenerational research on older people's role in household income generation and expenditure will be critical to effective efforts to eliminate old age poverty.

Evidence suggests that most people work until very old age or until death, often sustaining whole families by their efforts. Older people are most likely to work in the informal sector as retirement or discrimination forces people out of the formal sector many years before their working life is over. Many of the poorest have worked in the informal sector all their lives.

Investment in the productive capacity of older people enhances independence and enables older people to contribute to their households. A recent HAI study in Mozambique found that: 'Lack of income combined with poor housing, hunger, shortages of household equipment...meant that older people rarely had the means to manage their own problems. [This was] compounded by exclusion from credit, training and the distribution of seed tools and other income-generating resources. While many older people still had the personal capacity to meet their daily needs they felt excluded from the mechanisms that were available to younger members of the community in achieving this.'⁵

⁵ *Capacity and Connection: a study of ageing in Mozambique* HelpAge International, Maputo, 2001 (unpublished).

Recommendations

- Policies to address ageing should be included as an integral part of national and international budget strategies. Financing of all sectors, from education through to health and social development, needs to take adequate account of ageing populations.
- The International Development Targets and the Millennium Goals should include a halving of old age poverty by 2015.
- National and international policy must assert the citizenship rights of older people to a proportionate share of available resources as a matter of equity, and also support the development potential of older age groups in a systematic and targeted way.
- Data collection at national and international level should demonstrate the numbers of older people living in poverty and how they might escape from it. Existing poverty data must be disaggregated and analysed by age. Age-based indicators must be adopted to measure progress in poverty reduction.
- Efforts need to be made to track the intergenerational benefits of investing in older age groups.

'Within the household, children are being given priority for food, followed by active adults. Older people are reported to be refusing food, only consuming liquid and conserving energy by lying down.'⁶

⁶ Background information on the situation of older people in the current emergencies situation, HelpAge International, Ethiopia, 2001 (unpublished).

'If you have a health insurance card, you have to go to El Hara (six km), then you will be directed to Elingaz (13 km), and if you managed to reach there you will be told that eye-diseases are not included in the insurance. Moreover, you also need to collect medicine from other places!'

Sudan consultation

Three Guarantee adequate social protection and minimum income in old age

International and national initiatives designed to regulate social protection on an equitable basis are not responding to the requirements of ageing populations.

The primary concerns of older people in all countries are for material security and access to food and health care. Without the safety net of social protection, ageing brings with it reduced rights to food, health, transport, housing, sanitation and other basic services. Even small amounts of regular cash income have real poverty-reducing impacts for the poorest older people and their households.⁷

Few people in developing countries are eligible for social assistance or pensions. In Ethiopia, for example, just three per cent of people are eligible for a pension. Where assistance is available, there are many barriers preventing people from claiming it. The World Bank estimates that in India, the problems encountered by older people to access the pension offered to poor older people (US\$2 a month) has a very low take-up rate. Yet HelpAge India reports that 33 per cent of its older population is living below the poverty line, and 33 per cent are just above it.

Older women the world over are less likely to qualify for state support than older men, as most work outside the formal sector. They are less likely to have assets, including education and literacy, and face chronic health problems. They often lack knowledge and documentation to qualify for state subsidies for essential services - where these exist.

Debates about social security for older people in low-income countries have mainly focused on private contributory pension schemes that would in theory be available to workers outside the formal sector. However, because these schemes link benefits to contributions they fail to reach the poorest people, who see no benefit in participating, even if they could afford to contribute.

Universal non-contributory pension schemes reach out to disadvantaged groups such as unpaid carers, women and workers in the informal sector. Evidence from low-income countries with universal pension systems suggests they are feasible. In Botswana and Namibia, for example, the annual transfer to pensioners amounts to 0.4 and 0.7 per cent of gross domestic product respectively.⁸ 'The budgetary costs of universal pension provision are not high...universality is fiscally feasible for LDCs if it is pitched below the 1 per cent of GDP...'⁹

Even minimal pensions make important differences to generations of families living together. Recent research in Namibia shows that some 30 per cent of the social assistance benefits to older people is spent on educating and caring for grandchildren.¹⁰

7 *The Contribution of Older People to Development: The South Africa Study* HelpAge International, 1999.

8 Willmoore, L. 2001 *Universal pensions in low-income countries*. Paper presented for workshop organised by the Initiative for Policy Dialogue, Worcester College, Oxford, 4 September 2001.

9 Charlton, R. and McKinnon, R. 2001 *Pensions in Development*, Ashgate, UK.

10 Devereux, S. 2001 *Social Pensions in Namibia and South Africa*. IDS Discussion Paper 379, UK.

Recommendations

- Resource-poor countries should be supported financially and technically to deliver a range of social protection mechanisms including minimum income as an integral part of their development policies.
- Financing for Development should consider the financial and development framework to deliver adequate social protection and minimum income in old age.
- Donor countries should commit to delivering the 0.7 per cent target of development assistance, and specify how their poverty programmes support social protection and minimum income delivery for older age groups.
- Older people should be included in dialogue on how to deliver social protection.

'I have to beg to get money to eat. I don't like it but I have no choice.'

Indonesia consultation

'When I retired, I received a pension. Now prices are five to ten times higher, but my pension is only three times higher.'

Czech Republic consultation

Table 2: Three main uses of pension income, Namibia

Items	Beneficiary	Total (% of uses mentioned)
Food and groceries	family	27.0
School expenses	grandchildren	15.5
Health expenses	pensioner	13.8
Food and groceries	pensioner	10.6
Health expenses	family	9.3
Clothes	pensioner	6.1
Clothes	family	4.7
Housing	family	2.2
Water and electricity	family	1.4
Agriculture	pensioner	0.6
Other	other	8.7

Note: These figures are in percentage of total number of uses mentioned, not by value. No significant differences were observed by sex of beneficiary or household head. From IDS discussion paper 379 *Social Pensions in Namibia and South Africa*, S. Devereux.

'The international community should provide essential medicines for people with diseases such as diabetes, neural disorders, etc. If these medicines were provided, older people in Bosnia would be able to survive on their pensions because they currently spend the majority of their pension on medicines.'

Bosnia consultation

'Ambulances do not take people over 60 to hospital.'

South Africa consultation

Four Provide accessible and free health care for older people

The highest attainable standard of physical and mental health is a basic human right. Older people should have the same access to health care as other age groups but, in fact, they often get less than their fair share.

The assumption that older people make disproportionate use of health care provision needs to be challenged. In Ethiopia research shows 'a greater incidence of both acute and chronic sickness among the elderly than in other age groups'.¹¹ Access to formal health care frequently diminishes with age.

HAI evidence from across the world indicates that in state health facilities, older women and men are often denied access to essential medicines and other health provision. In a survey of health services in Kenya¹² a senior figure in one hospital confided 'older people are a big headache and a waste of resources. The biggest favour you could do me as an older people's organisation is to get them out of my hospital.'

Older people consistently stress the importance of good health and the difficulties they experience in getting health care, due to their distance from health centres or hospitals, the cost or unavailability of essential medicines, and the disparaging attitudes of health service providers. The result is that both chronic conditions and opportunistic infections go untreated.

Older people, particularly older women, also contribute to health care through their care for sick family members and their traditional healing and midwifery skills that are readily available and easily accessible to their communities.

Good health enables older people to continue contributing to their household and community. Illness is expensive and can be the precursor of extreme vulnerability and its consequences, such as abuse and violence.

The specific health issues of older people should be included in strategies to improve overall health status. Older women's health needs should be given special attention, especially as they often forego treatment and medication in favour of younger family members.

More effort is needed to act on the health risks presented by social isolation, self neglect, poor nutrition, the effects of menopause and failing sight. Older men, in particular, suffer high levels of mental health problems, and receive little or no support from the health services.

HIV poses a special concern as the lack of testing available to the over 49s means that HIV in older people usually goes undetected or is falsely diagnosed as other diseases; this can lead to immense suffering, inappropriate treatment and the lack of appropriate palliative care. There are also risks of transmitting the disease to other family members.

There are already a number of successful programmes run by older people delivering preventive and primary care to older people in their homes. Such health delivery programmes at community level are operating in a number of countries, for example, the Philippines and Peru. They need the support of public services to be sustainable.

¹¹ *Older persons and poverty in Ethiopia* HelpAge International 2000 (unpublished).

¹² *Elder abuse in the health care services in Kenya*. Research undertaken for the World Health Organization by HelpAge International and HelpAge Kenya 2001, to be published in January 2002.

Recommendations

- Provide free health care for the over 50s.
- Increase geriatric training and detection of chronic diseases of age.
- Confront and change attitudes of health service providers.
- Ensure monitoring, detection and appropriate treatment of HIV in over 49s.
- Target rural areas for age-based programmes as many older people are left in rural areas without support.
- Invest in older people as trainers and health care providers.
- Ensure that global initiatives on health, including the Global Health Fund, include older people.
- Ensure international investment in WHO work on chronic disease and ageing.

'We do not have the energy to walk long distances. Sometimes we have to use bicycles and wheelbarrows to ferry the sick to hospital, which makes them even worse. This is because of lack of finances for transport.'

Kenya consultation

'In villages older farmers are very poor. They cannot work because they need seeds and agricultural equipment. Agricultural producers have no income or protection.'

Moldova consultation

Five Make credit, employment, training and education schemes available to people regardless of age

Most poor people work into very old age and therefore have the same requirements as other age groups for employment, credit, development assistance, education and training schemes. Yet credit is often denied on grounds of age and there is an upper limit on most loan schemes.

Experience demonstrates that, as with other age groups, credit, education and training opportunities improve older people's prospects, and their capacity to support their families. HAI credit schemes show older people are a very good credit risk with an average repayment rate of 80 per cent, rising to 90 per cent in longer established programmes.¹³

In Haiti, HAI and the Haitian Society for the Blind (SHAA) lent money to 120 older people and trained them in business management. The increased income from their businesses, which included trading in clothes, confectionery, household items and foodstuffs, and agricultural activities, benefited a further 600 people in their households.

Lifelong access to education, training and development resources is a right and a necessity to tackle the discrimination older people face. Stereotypes that portray older people as unable to learn new skills, or being too wedded to past practices, need to be challenged. Too many older people are marginalised by lack of literacy and numeracy.

Older women are most likely to have missed out on formal education and employment experience. They therefore need support in acquiring skills and credit in order to set up businesses or gain employment.

Education and training programmes aimed at or including older people both improve their quality of life and support older people in their role as educators of future generations. Education emerged as a major requirement for older people in a survey by UN Programme on Ageing when it was initially preparing the draft of the International Strategy for Action on Ageing.

13 HelpAge International, Key performance indicators 2000/2001.

Recommendations

- By 2015 older people everywhere should have access to basic education.
- Policy makers, development agencies, communities and older people need to confront practice and attitudes that effectively exclude people on grounds of age from education schemes.
- Age-based limits to credit, employment and training should be removed by law.
- Older women should to be targeted in credit schemes.
- All education and training schemes at national level should be adapted to encourage older men and women to participate.
- Action to support older people in employment is needed. The ILO goal of 'decent work for all' applies equally to older people, and strategies such as flexible retirement, flexible working conditions and greater provision of training and skill development for the over 50s need to be developed.

'I found out about the course from the radio and I have loved it. There is a big difference between the education of before which was more rigid, and the education nowadays, which gives more importance to expression of feelings. This coincides with my ideas.'

Adela Romera Palma, 59, talking about a training course for child minders, Peru.¹⁴

'During consultation, the elderly reported cases of physical, emotional and sexual violence and family members denying them access and control to their land and other resources. They raised lack of access to legal protection, and in some cases, ignorance of their own rights. They all pointed out that they have difficulties in accessing government services because of mistreatment and harassment by government officers.'

Kenya consultation

Six Put an end to violence against older people

We call for the strongest possible statement condemning violence against older people, as an infringement of their most basic human rights. The extent and nature of violence perpetrated against older men and women is only just becoming apparent. The issue is now being talked about, to a great extent because older people are daring to speak out, and are being asked about it more frequently. Older people are telling us that they view old age with anxiety and fear, not only because of worsening poverty, but due to increasing dependency on others and consequent vulnerability to physical, sexual and psychological abuse.

Men and women suffer abuse at the hands of close family, community, government officers and other professionals. Characteristics of the abused older person cited in Chilean research¹⁵ are defined by gender (older women over 75), co-residence with adult carers, mental or physical disability, diminished family role, lack of contact with the outside world, and fearfulness. Conflict situations, local customs and beliefs and economic desperation can precipitate extreme violence, such as witchcraft killings in Africa. For example, 13 per cent of interviewees in a survey of ageing in Mozambique reported violence was a problem, with accusations of witchcraft being the major problem for older women, and theft and physical beatings the main issue for older men.

When ageing is associated with a decline in productive capacity the result is often abandonment, the removal of assets such as property and inheritance rights, and lowered social status in the family and community. Older women may become vulnerable if they lose family protection when they become widows.

National and international legislation to protect people from violence is often not applied in cases of violence against older people. It is essential to confront attitudes and systems that allow violence against older people to go unchallenged, as well as to ensure that older men and women have equal access to the law at national and international level.

Ensuring older people have written proof of their age and entitlements is essential to prevent theft of their property and other assets. HAI-supported work with community-based paralegal workers in Tanzania, together with regular reporting of witchcraft-related violence at local level, is helping to stem the cycle of violence that has affected older women in increasing numbers over the past 10 years.

15 Lowick-Russel Avalos, J. 1999 *Maltrato en la vejez: Orentaciones generales para su investigacion y un estudio local exploratorio Chile*.

Recommendations

- Governments should work towards a national and comprehensive strategy to stop violence against older people, encompassing a supportive legal framework, and public education and training for professional staff in the public sector to equip them to detect and act on abuse.
- Data needs to be collected from older people themselves, and their involvement needs to be sought in programmes to combat the violence they experience.
- Older people should be made aware of their rights and existing legal protection against abuse.
- The Office of the High Commission of Human Rights should appoint a special rapporteur on older people, to seek out and publish data on the violence experienced by older people on a regular basis.

‘When we report such cases of violations of our rights, the law enforcers do not take us seriously. When I reported physical assault by my son, I was told: Mzee (old man) these are family matters, go and sort it out with your family.’

Kenya consultation

‘Older people who live alone are often robbed in their flats. Thieves and drug abusers find out information about lonely older people in the district and rob them when they receive their pensions.’

Russia consultation

'The older people were forgotten. But when we gave them the chance to volunteer and be active in their community, they all wanted to take part. Now the older volunteers are our most active volunteers. By far, they have overtaken our younger volunteers in enthusiasm.'

Bosnia consultation

Seven Ensure policy makers listen to and act on the views of older people

Participatory research with poor older people routinely demonstrates how exclusion from decision-making processes at local and national level negatively affects their material and physical wellbeing. Decisions that are taken on older people's behalf without any attempt to include them in prior planning or discussion result in weaker programmes.

When older people are included in the design, delivery and monitoring of programmes there are obvious benefits to all generations. HAI's experience covers emergency interventions, health and legal training, income-generating community development interventions, local and national advocacy and national policy formulation. In South Africa, for example, older people are very active in policing forums, and other community members regard this as an important contribution to the fight against crime.¹⁶

However, chronic poverty and lack of confidence hampers older people's involvement in consultation processes, and making ends meet leaves little time for participation.

So although age should not limit basic rights to inclusion and participation, older people are accustomed to exclusion and therefore often hesitant or cynical about involvement. HAI research across the world on older people in emergency situations shows older people's greatest priority is to be 'seen, heard and understood'.¹⁷ All older people, regardless of their circumstances, have the absolute right to full social participation. It is important, therefore, to act against the denial of those rights, especially for the oldest and most frail, who are frequently women.

Policy makers claim they are committed to deliver and support civil society oriented processes of inclusion, transparency and 'community driven' development for all. This applies to issues of older people too.

Formal barriers to participation, such as age limits, need to be removed by law and in practice, and positive efforts must be made to reach out to and involve older people. This requires the active engagement of older people's organisations in national planning processes, and also seeking out and hearing those older individuals and groups who are rarely consulted — above all, the oldest, the poorest and women.

¹⁶ *The Contribution of Older Persons to Development: The South African Study*, HelpAge International 1999.

¹⁷ *Older people in disasters and humanitarian crises: Guidelines for best practice* HelpAge International/UNHCR/ECHO 2000.

Recommendations

- The participation of older women and men in social development processes at national and international level that affect their wellbeing should be guaranteed.
- Consultative processes linked to poverty reduction and human rights compliance at local, national and international level must include the perspective of older age groups.
- Older people should be supported as a key social resource that is able to participate and contribute actively to solutions of their own and the wider communities' problems.
- Affirmative support is required for older people's organisations that are seeking inclusion in policy processes; indicators for participatory policy-making processes should include consultation with older age groups.
- Participatory approaches to ensure inclusion of older age groups should be adopted as a working principle by social policy experts, researchers and development organisations.

'Talk with us, listen to us; we can help ourselves if you would only help us to get started again.'¹⁸

Older people's participation in Sudan
In a conflict area in Juba, southern Sudan, distribution of essential non-food items was the incentive for bringing older people together. The participation of older people became a central means towards their empowerment. The programme reached over 2,000 more people than originally envisaged, with older people themselves managing major elements of the work, including brick moulding, house building, sinking pit latrines, and committee management. Awareness was raised about the abilities, rights and capacities of older people. As a result, the programme has evolved from an emergency into a more sustainable development process which has older people at its centre.²¹

Eight Include and consult older people in emergency aid and rehabilitation planning after disasters and humanitarian crises

Humanitarian crises affect millions of people across the world. Older people make up 10-20 per cent of refugees and internally displaced persons, and older refugees make up about 10 per cent of the population of concern to UNHCR.¹⁹ They undergo the same difficulties of finding food, shelter and security in the immediate aftermath of an emergency as other vulnerable groups, and suffer disproportionately from mobility constraints, long journeys, the cold and other adversities.

Older people are often left behind in villages and farms, either to guard property or because they are physically unable to flee. Yet they also care for their children and grandchildren, and help to rebuild communities traumatised by war and loss. Against all odds they contribute to and even in some cases run emergency programmes and support rebuilding efforts within communities and families. Despite this, their needs are often marginalised in humanitarian relief.

Research undertaken by HAI in Africa, Asia, Eastern Europe and Latin America has revealed how older people in emergency situations struggle to make their voices heard by relief agencies. The research shows that those agencies pay little attention to the needs of older people or to their knowledge and experience. Older people are a resource in emergency settings; they make substantial contributions to their families and the wider refugee communities. They have a role to play in the recovery and development phase after a disaster or conflict.

Deep-rooted attitudes that regard older people as passive and as having less to contribute than other groups are both the cause and the symptom of the problems routinely described by those HAI works with. In the words of an older Rwandese woman: 'Why don't the agencies support our projects? This would be much better than us waiting for things to be brought to us. We want our projects to keep moving and growing. We can look after ourselves'.²⁰

19 UNHCR 2001 *The situation of older refugees* Executive Committee 23 October 2001. EC/48/SC/CRP.39.

20 *Older People in disasters and humanitarian crises: Guidelines for best practice* HelpAge International/UNHCR/ECHO 2000.

21 *Ageways* No 52, HelpAge International, and unpublished project reports from Juba, Sudan.

Recommendations

- HAI/UNHCR/ECHO's Best Practice Guidelines should be implemented by all agencies involved in humanitarian interventions to ensure that older people have equitable access to food, shelter and medical care in emergencies.
- Relief responses must recognise and support both the vulnerabilities and the contributions (actual and potential) of older people in emergency situations.
- UNHCR's policy on older refugees and the International Strategy for Action on Ageing's objectives on older people in emergency situations must be implemented.

Table 3: Six most common problems in emergencies identified by older people compared with the six most common activities of the NGOs surveyed and the six most common problems that the NGO staff thought older people would face in an emergency.

Priority	Problems identified by older people	Main activities of NGOs	NGO perception of older people's problems
First	Income	Health	Food and nutrition
Second	Access to health services	Food and nutrition	Isolation/separation from family
Third	Shelter	Basic need/non-food items	Access to health services
Fourth	Food and nutrition	Water and sanitation	Destruction of social structures
Fifth	Isolation/separation from family	Shelter	Basic need/non-food items
Six	Water and sanitation	Skills training	Water and sanitation

Abandonment after Hurricane George, Dominican Republic:
 'The poorest people in all the area are the older people because they were abandoned by their family... they are often expensive to feed and cannot contribute to the family home. Abandonment often meant older people were inclined to suicide.'²²

From *The ageing world and humanitarian crises*, HelpAge International, April 1999.

Organization of African Unity: 'Member states undertake to ensure that the rights of older people are protected by appropriate legislation; including the right to organise themselves into groups in order to advance their interests.'²³

Nine Establish international practice standards to govern public policy on ageing

Older people have the right to be assured of regulatory mechanisms upholding best practice and transparency in the delivery of services to them, including health care.

The UN Principles for Older Persons provide a global framework to govern practice on ageing. The five key themes — the right to Independence, Dignity, Care, Self Fulfilment and Participation — respond well to the core concerns of older people, and can form the basis of policies and programmes that are inclusive, value-based and present sustainable models of development. Unfortunately, the Principles are not widely known about or practised, and are not yet incorporated into international human rights law.

Older people increasingly rely on goods and services from the private sector, even in the world's poorest countries. The private sector is often innovative and cost-effective, but may also ignore or poorly serve older people, who may be vulnerable to exploitation and abuse by unscrupulous companies. The lack of regulation leaves opportunities for bad practice.

Older people themselves frequently complain about the lack of regulatory mechanisms and the powerlessness they feel when the services, treatment or goods they are given are not up to standard. They ask especially that appropriate training be given, in particular to health service providers and carers, in institutional settings as well as at home.

Public policy on ageing should be developed in accordance with human rights standards in general, and should respond to international commitments made to further social development. Policies on ageing that respond to such principles have recently been developed and agreed at national level by a number of developing country governments and international organisations.

²³ Recommendation 1, *Draft policy framework and plan of action on ageing*, Organization of African Unity, April 2001.

Recommendations

- Incorporate the UN Principles for Older Persons into international human rights law.
- Incorporate human rights principles into the training and education of health care providers.
- Establish regulatory mechanisms, based on human rights standards, for the delivery of services to older people.
- Take note of and share good practice by national governments and international agencies.
- Ensure that national governments, supported where appropriate by international bodies, provide incentives for well-regulated industries providing goods and services to older people.
- Include issues of ageing as a category in human rights treaties and conventions, and ensure that standards of government compliance be monitored and reported on, in the same way as other categories of vulnerable sectors of society.

Declaration of Lima:

- We confirm that in countries such as ours, we, the older people live in a situation of long-term injustice, discrimination, violation of our social, economic, political and cultural rights.
- Governmental efforts are still insufficient to guarantee us a quality of life in keeping with our condition as human beings.
- It is with satisfaction that we observe that an active movement of older people is emerging over the region, promoting proposals which address the ageing issues and claiming a presence in local and national decision-making spaces.²⁴

²⁴ Introduction to Declaration of Lima, May 2000, agreed at Latin American and Caribbean meeting of leaders of organisations of older people.

'Older people do so many things — looking after children, keeping the house, looking after livestock, growing food, earning money, but we do this on a voluntary basis and no-one recognises its value. Instead we are seen as a burden.'

Bangladesh consultation

Ten Support older people in their role as carers

Caregiving is a growing issue for older people. Older women tend to shoulder much of the responsibility of caring for both older and younger family members, yet receive little recognition or material support for their work. Older people consistently point out the lack of basic and specialised information and training in age-related care.

Conflict, natural disasters and HIV/AIDS are resulting in large numbers of older people becoming primary carers for children. In addition, increasing migration from rural to urban areas means that older women and men are often left to look after each other or the very young. In Bolivia, it is estimated that older women and children who are too young to migrate in search of work constitute 80 per cent of the highland communities.

In Mozambique, where there has been a long history of labour migration, an HAI study found that: 'A particular effect of the migration of young adults is that older people often look after grandchildren or other dependants for long periods of time to allow their children the opportunity to work. While many are glad to offer this help and may receive material or financial support in return, they also find it stressful and physically demanding at a time when their strength and mobility are declining. Where there is no income from working children or their adult children have died, older people take up this burden of care with little support or hope of relief.'²⁵

HAI's evidence is that in communities affected by HIV/AIDS, older people are caring for those sick from the disease and children orphaned as a result of it.

In consultations with older people in Kenya and Mozambique, 75 per cent and 50 per cent of participants respectively were caring for orphaned children. In Thailand, recent studies show that two-thirds of adults with AIDS return to live with a parent, usually the mother, and that parents in their 60s and 70s are the preferred and most common caregivers.²⁶

Older people are taking on this role without adequate support, education or recognition. Education and information about HIV/AIDS tends not to be available to older people, leaving them at risk of contracting the virus, and also ill-equipped as carers. Older people are asking for support to fulfil this role and to enable them to give authoritative information and guidance on HIV/AIDS prevention to younger generations.

Recommendations

- Ensure that older carers are supported by international and national responses to HIV/AIDS, such as the Global Health Fund.
- Regular programmes of support for older carers should be established at national and international level. Such programmes could include training as carers, respite care, literacy and education provision, material support, and support for school fees.

²⁵ *Capacity and Connection: a study of ageing in Mozambique* HelpAge International, 2001 (unpublished).

²⁶ Knodel, J. et al 2000 'Older People and AIDS: Quantitative Evidence of the Impact in Thailand' *PSC Research Report 00-443*. Population Studies Center, University of Michigan.

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Also published in Ukrainian and Russian. Contact: Viktor Mishchenko, Ukrainian Fund for Charity and Health, Artyoma Street 55 'b, Kiev 252053, Ukraine. Tel: +380 44 219 1 418

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