
Chapter 2:

A fresh look at evidence

This chapter starts by describing the vital role that older people play in society. It then analyses the situation of older persons in three areas and highlights the challenges: income security, health and enabling environments. It provides examples of how these challenges are addressed in developing and developed countries, and includes responses from older persons who participated in the consultations for this report.

A vital role in society

“A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society.” (Madrid Plan, para. 19)

The Madrid Plan points out that older persons across the world make a vast contribution to society. It explicitly calls for the recognition of their contribution and for the inclusion of older persons in decision-making processes at all levels.¹ Older persons contribute both financially and in many ways that are not measured in economic terms – as mediators, educators, workers, volunteers, homemakers and caregivers, as sources of knowledge and historical memory, and as guardians of culture. Increasingly, older generations are becoming active in political processes, forming their own organizations and campaigning for change. Older persons in rural areas often have expert knowledge of farming practices, including ways of coping with environmental shocks and food shortages, which may be crucial for the survival of rural communities in times of crisis.

Although some progress has been achieved in enabling older persons to actively participate in society and in recognizing their contributions, there are still important challenges. In spite of the growing recognition of the role of older persons in society, there is still a long way to go. In many areas, older men and women are still seen as dependants, and as a burden to society. Social participation is still low and mechanisms to enhance it are still not well developed.

In addition, it must be recognized that social participation is not possible for all older persons. Increasing disability may minimize the possibilities of being socially active. The challenge lies in how to ensure at least some level of interaction that avoids isolation and promotes more communication with peers and families, even in the presence of disabilities.

Social and cultural contributions: Caregiving and volunteering

It is in the area of childcare that older people, especially older women, make a particularly vital contribution. Families all over the world rely on grandparents to care for children so that parents can work, or to take on sole care of children whose parents have died. Older men and women involved in consultations for this report felt that caregiving was one of their main contributions.

For example, a study of Bolivian migrants who moved to Spain found that 69 per cent left their children at home, usually with grandparents.² In rural China, grandparents care for 38 per cent of children aged under five whose parents have gone to work in cities.³ In one town in Colombia, around a third of internally displaced older persons are responsible for caring for grandchildren.⁴

Older caregivers help families with sick children

When children are ill, working parents often struggle to find caregivers. Under the Danish voluntary Reserve Grandparent Scheme, retired older people stepped in to care for sick children, with government financial support channelled through the Ministry of Social Welfare.

Such schemes were developed in seven locations across Denmark. In the municipality of Gladsaxe the scheme was managed by a local non-profit association and operated with a maximum ratio of five families per participating grandparent.

The Gladsaxe scheme rested on a firm respect for the substitute grandparents' schedules and their choice of the kind of families they wished to support. Many had a busy and active life. "Our challenge is to recruit them," explained coordinator Helle Kristine Petersen.

A reserve grandparent would typically be a retired person over 60, in good health and living in the same locality as the families they supported. Health and criminal record checks were made and grandparents received a home visit prior to selection. They were also required to pass courses in first aid and knowledge of childhood illnesses before they could participate as child caregivers. The grandparents received a token payment from parents in exchange for the care they provided.

Source: European Alliance for Families. http://ec.europa.eu/social/families/index.cfm?langId=en&id=5&pr_i_id=131

"My son and daughter-in-law are working in Russia to build a house; now I am taking care of four daughters of theirs."
Kyrgyzstan

Older men and women undertake the role of caregiving even in regions where governments and employers make provisions for childcare. In Denmark and the Netherlands, for example, more than six out of 10 women and more than four out of 10 men aged between 60 and 65 provide care for their grandchildren.⁵

In many cases, older people who are regarded as "not working" are active through volunteering. *The State of the World's Volunteerism Report 2011*, for example, recognizes that "the contribution made by older people to society through volunteer actions is vast".⁶ For example, in the Netherlands, one in three people between 55 and 75 years were involved in volunteering.⁷ In the United Kingdom, 30 per cent of people aged between 65 and 74 are engaged in voluntary work.⁸ A global survey on ageing reveals similar figures for the Philippines, where 30 per cent of 60 to 69 year-olds and 23 per cent of 70 to 79 year-olds participate in voluntary activities.⁹

"Older people provide care for children, sick people and other family members in the household; they look after orphans and vulnerable children and those living with HIV."
Ethiopia

"I have lost three of my children to HIV and I am now caring for my grandchildren."
Nigeria

"I have a niece who died and I have to take care of one of her children."
Jamaica

"While my children are working, I take care of my grandchildren."
Ukraine

"When the parents have to go out they leave their children and it's the grandparents who take care of them."
Germany

"Look at all the grannies who are babysitting and minding the kids."
Ireland

"We all help watch our grandchildren. Every single one of us has a child in Thailand right now, so most of us have to watch their children."
Cambodia

I take care of eight grandchildren

“Everything started after the displacement. We used to live together as a family. We had a good life. But one day an armed group came to our house to find my son. They wanted to kill him. We couldn’t bear the violence so we decided to leave. That was when my family was broken up. Since then, for four years, I’ve been taking care of my eight grandchildren. The only thing I brought with me when we were displaced was some jewellery which I had to sell to get enough money for the first few days.

The children go to school, they do homework, and they treat me well. But I feel bad when they come home from school asking for something they need and I can’t help them. So I have to go to the school and explain again and again that I’m a displaced woman with eight grandchildren and don’t have money for everything that the school needs.”

Ediberta, 74, Colombia



Antonio Olmos/HelpAge International

Economic contributions: Giving more than receiving

In economic terms, contrary to popular belief, substantial numbers of older people contribute to their families by supporting younger generations financially and to local and national economies by paying taxes. The National Transfer Accounts project aims to measure at the aggregate level the reallocations of economic resources from one age group to another.¹⁰ The results of the National Transfer Accounts project show that net familial transfers are often negative as older people give more to younger family members than they receive.¹¹ In Brazil, Mexico, the United States, and Uruguay, for example, the amount that older persons give is substantially higher than what they receive.¹²

In high-income countries and much of Latin America, net public transfers to the older population are strongly positive, but another study based on an analysis of the National Transfer Accounts in India shows that net

public transfers to older persons are strongly negative and the taxes paid by the older population substantially exceed the benefits they receive.¹³ In Thailand and the Philippines, older persons are also contributing more through taxes than they receive in the form of benefits from the state.¹⁴ A survey also shows that in the Philippines, 67 per cent of older parents help their children financially, as do 55 per cent in Thailand.¹⁵

Few studies have quantified the value of unpaid work. However, a study by the Australian Government in 2003 estimated that women between the ages of 65 and 74 years contribute A\$16 billion per year in unpaid caregiving and voluntary work.¹⁶ Similarly, men in the same age group contributed A\$10 billion per year.¹⁷ In Hong Kong, the contributions of 60-79 year-olds to the national economy are estimated to be worth US\$117 million per year.¹⁸

Political contributions: Voting and decision-making

Population ageing means that in societies with democratic electoral systems, older generations constitute an increasing proportion of voters. This is the case even in developing countries with still “young” populations, because a relatively high proportion of the young population is not old enough to vote. For example, in Egypt, in 2010, people aged 60 and over made up 8 per cent of the total population but accounted for 13.6 per cent of the electorate.¹⁹

In some of the world’s “oldest” countries, the proportion of older voters is increasing dramatically. In Japan, for example, 34 per cent of the total population will be aged 60 in 2020, making up more than 40 per cent of the electorate.²⁰ According to the United States Census Bureau, over 70 per cent of eligible voters between the ages of 65 and 74 voted in the 2008 elections.²¹ By comparison, just over 50 per cent of Americans aged 25 to 45 voted.²²

These trends in the electorate could result in important economic and social changes. For example, pressure for social expenditure in areas that are particularly relevant to older age groups might increase and with it, competition for resources and public goods between different generations. In the Peru presidential elections in 2011, for example, the promise of a universal pension was considered as a key issue that led to the election of the President.²³

On the other hand, older voters do not necessarily act with only their self-interest in mind, as is shown in an analysis of attitudes towards publicly funded childcare in 21 Organisation for Economic Cooperation and Development (OECD) countries.²⁴

Older people are not only expressing their political views through voting. Increasingly, they are forming their own associations to provide mutual support and a basis for lobbying. In developed countries, in particular, older people have formed powerful lobbying groups, including political parties, pressure groups and grassroots organizations.

In Germany, for example, the political party Die Grauen – Graue Panther, initially formed specifically to advocate for older people, was dissolved and in 2008 the party Die Grauen – Generationenpartei was established with a broader mandate, advocating for a reciprocal recognition of contributions of younger and older generations. In the United States, AARP, which has more than 37 million members, is a not-for-profit organization advocating for the well-being of the over-50s.

In developing countries, too, more older people are forming their own associations with formal membership. The associations help members to access microcredit, business loans and job training. They organize health checks, link to local health services and provide training in community-based home care. They also reduce isolation and create social support networks.²⁵ In Latin America and the Caribbean, a number of older persons’

Age Demands Action campaign

Since 2007, older persons around the world have been taking part in the Age Demands Action campaign, coordinated by HelpAge International, to call for changes from their governments to end discrimination in older age. Demands focus on the right to a secure income, the right to health, the right to be protected from neglect or violence, the right to access work and decent working conditions and the right to a livelihood.

In 2011, more than 60,000 older people in 59 countries took part in Age Demands Action. In many cases, campaigners are supported by civil society organizations. More than 150 organizations were involved in 2011, of which 52 were part of the HelpAge International network.

The campaign contributed to tangible improvements, ranging from discounted fares on major train and bus routes in Pakistan, to a new senior citizens’ allowance for people over 80 in Sri Lanka and an increased cash transfer with expanded coverage benefiting more older Kenyans.

Other success stories include a new national ageing policy in Fiji, health insurance identity cards for older people living in internally displaced persons’ camps in Darfur, Sudan, and a new social pension in the Philippines. In Peru, the campaign was part of the successful push for a non-contributory pension for everyone over 65.

It is estimated that by the end of 2012, at least 10.5 million older people will have benefited from new policies or changes to policies that have occurred as a result of the campaign.

Campaign action has traditionally peaked on or around 1 October, the International Day of Older Persons. However, as the campaign has developed, older people have started using other key dates to remind politicians of their pledges. In 2012, action took place on World Health Day (7 April) and World Elder Abuse Day (15 June).

Source: Health Poverty Action, “Assessing the impact of HelpAge International’s ‘Age Demands Action’ Campaign”, evaluation report prepared for HelpAge International, March 2012, www.agedemandsaction.org



Older people in the Philippines march through the streets of Manila to call for a social pension as part of the Age Demands Action campaign.

COSE

movements helped to win the passage of legislation in their favour, including in Guatemala, Honduras, Paraguay, Peru, Puerto Rico and Venezuela.

In the past 10 years, more older people's associations have taken up older citizens' monitoring to hold their governments to account for the commitments they had made in adopting the Madrid Plan.²⁶ Groups of older people, with support from an NGO, learn about their human rights and entitlements, gather evidence of their access to entitlements and services, and use it to lobby policymakers and service providers for improvements.

By 2011, 1,250 older people's associations were involved in older citizens' monitoring programmes in 23 countries.²⁷ Many link their activities to the global Age Demands Action campaign to advocate for older people's rights at local, national, regional and international levels. In 2011, older people's groups in 59 countries took part in this campaign (see box on page 38).

Government responses

Civic and cultural programmes help to combat social isolation and support empowerment. In the People's Republic of China, older persons are active through the Chinese Older Persons' Chorus Festival and national associations of senior citizens. In 2009, China also organized the First National Sports Meeting for the Elderly, and in 2008, three ministries sponsored Olympic Games for older persons. In Hungary, since 2006 the Award for the Elderly has honoured older persons for exceptional achievements. Other examples include the South Africa Older People's Forum in 2009/10 and the Golden Games Programme organized in 2006 by the South African Government.

Many of these activities support the participation of older persons in various ways, short-term as well as long-term. Often they contribute to older persons' well-being and health, for example, by encouraging them to be physically active and also by facilitating social interaction at various events. The annual International Day of Older Persons is celebrated by many countries and embraces older persons' participation and visibility.

In addition to these one-off or annual programmes, some governments provide for the establishment of senior citizens' centres or clubs. Japan, for example, provides government subsidies for senior citizens' clubs. Some countries organize national meetings of such groups, mostly in collaboration with civil society organizations. An example of this is the Third National Encounter of Older Persons' Organizations in Uruguay in 2010.

Voices of older persons

Older persons who took part in consultations for this report agreed that opportunities for participating in family, community and social activities had increased for them. In particular, they pointed out that older people's associations were an important mechanism for participating in society. Leaders of older people's associations regularly consulted members, creating a channel of communication between older persons and government. Governments were increasingly consulting older people's associations on issues affecting older age groups, they said. The participants acknowledged the importance of voting in elections and, especially in those countries where older persons constitute an increasing proportion of the electorate, they were aware of their increasing political power.

We work to end discrimination

"I came to Addis Ababa because I am Vice President of the Ethiopian Elderly and Pensioners National Association. I appreciate my old age because I am still active in society. Age has given me experience and a better understanding of society; I can teach the young generation.

Older people who are not educated do not know their human rights; they just accept. So people who are strong and literate should protect others. This is my message to older people as well as to the young.

We are forming our own associations and making others aware of how the poorest older people are living. I think we can work together to assist those who are neglected and suffer from discrimination, to protect them through our work with the Government.

Our associations must be strengthened, they have to be networked, and they have to know what mistreatment is going on. They should be the first to address this. Then, we must work with the Government – with this I am sure that discrimination against older people will be reduced. Youth, women, teachers, lawyers – they all have to be concerned.

This is not only an issue for older people though; young people are also going to become older. If we all work hard and this discrimination is stopped now, their life in old age will be very successful and good.

The situation now is better than 10 years ago, it will be better in the coming five years and I am sure and hopeful that age discrimination will be at least minimized, with the Government, society and older people's associations working together."

Tilahun Abebe, 76, Vice President, Ethiopian Elderly and Pensioners National Association

Erna Mentessnot Hintz/HelpAge International



"The older persons' monitoring group has helped so much that older people in this group are being seen as decision makers at the local level." *Ghana*

"I have been consulted on many things in this community by the leader of the older people's association. She asks me what I want to see and how I think we can make a plan." *Cambodia*

"I am very happy that there is an older people's association in my neighbourhood. Now I do not feel lonely anymore." *Indonesia*

"It is the citizen's right of older people to vote." *Mozambique*

"Older people are now involved in most decisions in the community. We now handle issues that we previously took to the chiefs." *Ghana*

"The Government responds to the needs of older people during the elections." *Philippines*

"Yes, it is important to vote." *Jamaica*

"We regularly vote but it seems that nobody listens to us. They all promise, and lie." *Bosnia and Herzegovina*

"It's very important to earn older people's votes for policymaking because there are so many of them." *Austria*

Income security in old age

The challenges that population ageing creates for economies are being widely debated by policymakers. There are concerns that population ageing will negatively affect economic output, or even lead to deflation, and questions about how countries will be able to afford social security as their populations grow older. Most countries have experienced economic growth (apart from during the recent global financial and economic crisis) and are richer today than they were years ago. However, despite the growth of the global economy, a large proportion of the world's population still lives in poverty.

This section addresses poverty and social exclusion in older age and discusses two mechanisms to reduce or eradicate poverty, namely social transfers and full and productive employment.

Poverty and social exclusion

"Where poverty is endemic, persons who survive a lifetime of poverty often face an old age of deepening poverty." (Madrid Plan, para. 45)

Poverty is one of the main threats to the well-being of the older population. It is linked to low income, lack of pension benefits, low literacy, poor health and malnutrition. Access to health care, good nutrition, basic services and adequate shelter is limited for many of the world's older poor. Many older persons have no regular income. Old age brings with it a reduced capacity for work, which increases the likelihood of older people becoming and remaining poor.

Poverty in old age has a strong gender dimension. Women's life expectancy is higher than that of men, so that they may spend more time living in poverty than men. They are more likely to lose their partner, and less likely to remarry. Lower education levels and the need to combine work with childcare means that women are more likely to work in the informal sector. They are often paid less than men. Older women, especially widows and those without children, are particularly vulnerable, both economically and socially. In 2007, WHO found, for example, that particular groups of older women were more at risk of poverty in all countries, including those who are widowed, divorced or with disabilities, and those caring for grandchildren and children orphaned by AIDS.²⁸

Eradication of poverty among older persons is one of the fundamental aims of the Madrid Plan. In spite of significant development gains in the last decade, 20 per cent of the world's population lived below the international poverty line of US\$1.25 a day in 2005.²⁹ A key question in relation to ageing is to understand where older people fit within the context of pervasive poverty.

On average, existing studies suggest that older people, and people living in households with an older person, face higher levels of poverty. In OECD countries, the old-age poverty rate is slightly higher than the average for the whole population, at 13.3 per cent, compared with 10.6 per cent.³⁰ A review of existing survey evidence from sub-Saharan Africa and Latin America suggests that in most countries older people are over-represented among the poor in the majority of countries surveyed.³¹

Yet, despite these trends, the situation varies significantly from country to country. In OECD countries, older people are relatively poorer in 19 countries, but relatively better off in 11. Similarly, household data from 15 countries in sub-Saharan Africa show that the incidence of poverty in households with an older person is higher than the average population in 11 of these countries, but the difference is statistically significant in only nine of them.³² Recent data from Latin America shows that the incidence of poverty is about 30 per cent in nine countries with good data. In El Salvador, the Dominican Republic, Guatemala, Honduras and Paraguay, more than 40 per cent of the population aged 60 and over is poor. Almost one third of this group can be considered as indigent.³³

The latest evidence of how European countries differ in terms of poverty risks for older persons (aged 65 and over) shows that, on average, older people have a higher poverty rate than the total population.³⁴ The highest poverty rates for older people were observed in Latvia (51 per cent), Cyprus (49 per cent), Estonia (39 per cent) and Bulgaria (34 per cent) and the lowest in Hungary (4 per cent), Luxemburg (5 per cent) and the Czech Republic (7 per cent).³⁵ In general, countries with low poverty risk rates for older persons have a good social safety net in the form of a basic pension and/or they offer strong redistribution in earnings-related contributory pension schemes.³⁶

There are some studies in other regions but there does not seem to be a systematic review of the conditions of poverty of older adults.³⁷ In many cases, this is the result of inadequate age data disaggregation, and also methodological complications about how to assess the multidimensional nature of older persons' poverty, particularly when they live in multigenerational households. No one indicator, such as income, can adequately measure the extent of poverty. As it is defined by researchers and widely acknowledged by poor persons themselves, poverty also includes lack of, or restricted access to, education, health, employment, housing, empowerment, and personal security.

By going beyond measuring income levels, various indicators of social exclusion might provide additional insights into poverty as experienced by older people. Social exclusion infringes on human development that promotes an environment in which people can develop their full potential and lead productive, creative lives according to their needs and interests. Another approach to measuring poverty beyond material deprivation is the capability approach, which emphasizes agency freedom and capability aspects of welfare.³⁸ Older persons achieve income security when they have sufficient material resources to fulfil their basic needs as well as protect them against shocks, and they have independent control over these resources.

Ageing and exclusion

In the context of social exclusion, a number of recent national Human Development Reports highlight the issue of ageing. Most of these come from Europe and Central Asia, which is not surprising given the urgent need to address the challenges associated with these regions' demographic transition. Out of the four age groups surveyed in six countries (Kazakhstan, Macedonia, Moldova, Serbia, Tajikistan and Ukraine), those aged 65 and older experience the highest levels of social exclusion at 45 per cent, compared with the 31 per cent average for all age groups. The highest levels are found in Moldova and Tajikistan.³⁹ Social exclusion is measured here through a Multidimensional Social Exclusion Index, which captures the complex nature of social exclusion along three dimensions: economic (income), social services (affordability and accessibility of health and education) and participation (political participation and in social networks). It is based on the multidimensional poverty methodology employed in the 2010 global Human Development Report from the UNDP.⁴⁰

In the 2009 Human Development Report from Bosnia and Herzegovina, older people, and especially older women, are singled out as one of the most socially excluded strata of society, who are particularly deprived in terms of social networks. Studies show that social

isolation is particularly acute in urban areas (for example, in large communist-style apartment buildings), where communities are looser.⁴¹

Social exclusion in old age is also illustrated by a quote from a 65-year-old economist who says: "Well, I am a person who is surrounded by many relatives. I could have visited them a lot, but I don't like doing that because I can't afford it ... when you pay a visit you don't go there with empty hands, there are children there, you don't feel good ... when you don't have money you are not able to act according to your essence. That's why you stay more within your walls rather than go out."⁴²

The poverty and vulnerability of older people is strongly intertwined with the situation within the communities and countries where they live. Older people in more developed countries have benefited from higher income levels and few now live in absolute poverty.

At the other extreme, older people in some of the world's poorest countries face many similar risks to their counterparts in other age groups. In most developing countries, older people continue to live in multigenerational households where they share resources, meaning that their poverty cannot easily be measured separately from that of the household as a whole. Similarly, the challenges faced in old age are often an accumulation of the disadvantage faced throughout a person's life. For example, a working life spent in an unhealthy working environment will have consequences for health in old age, and low income throughout the lifecourse reduces opportunities to save for old age.

Old age is, however, associated with particular characteristics which increase vulnerability relative to younger age groups. In particular, older people face increased health issues and decreased physical capacity, and these, in turn, tend to result in decreased ability to earn an income.

How this vulnerability will impact on older people will vary significantly depending on their individual circumstances. Macro-level shifts such as labour migration, population ageing and economic crises are changing the roles of older people and, while the results are not straightforward, it is also clear that the vulnerabilities of old age have significant impacts on other generations. For example, in sub-Saharan Africa, many children who have been orphaned by AIDS are left in the care of their grandparents. The loss of a parent, combined with the extra challenges that grandparents have in earning an income, mean that these households face high levels of vulnerability. Even in households with greater earning capacity, issues associated with old age – such as large health expenditure – can stretch the household budget.

A major challenge in interpreting poverty data is that there remain significant gaps in analysis, and questions about appropriate assumptions for measuring relative poverty between different generations. First, while there have been relatively comprehensive reviews of old-age poverty within the OECD, the European Union and Latin America, evidence is much scarcer elsewhere, especially in Asia. Second, there is no clear agreement on what constitute the most appropriate assumptions for measuring old-age poverty (or the relative poverty of generations more broadly).

All measures of poverty depend on household data, but assumptions have to be made about the relative consumption needs of different members. Relatively few countries included questions in their 2010 census questionnaires, for example, about the personal income of all adult household members. Examples include Brazil, Canada, China, Mexico, and the Russian Federation, as well as many island states in the Pacific and countries in transition.

The question of the relative needs of older people in areas such as nutrition and especially health expenditure are open to much debate and are likely to vary significantly from country to country. Even small changes in these assumptions can have major impacts on whether older people emerge as relatively poorer or relatively better-off. This points to the need for more research into the nature of old-age poverty, especially in the developing world; however, it also highlights the need to look beyond consumption measures of poverty in understanding the relative situation of older people.

Despite the scarcity of data analysing old-age poverty, it is clear that in countries where formal pension systems or old-age public transfers have extensive coverage, older people are generally less likely to live in absolute poverty compared with the rest of the population, as shown by evidence from a number of Latin American countries (Argentina, Brazil, Chile and Uruguay) and from OECD countries.⁴³

Voices of older persons

Older men and women who took part in consultations for this report talked of worries about poverty and declining income. They reported that older people were often unable to pay for basic necessities.

"Many of us older people do not have enough food at certain times of the year, and we have no money to buy what we need." Nigeria

"My living conditions have dramatically worsened." Ukraine

"Now I receive more money than before, but I can buy less. The prices have increased a lot. For a pensioner everything is expensive now." Moldova

"The rise in the prices in the first decade of the 21st century has more than offset the increased income in the same period." India

"Before, the pension was enough to make a living. Now, even though the amount has increased, it is not enough to buy food products." Kyrgyzstan

Members of an older people's self-help group in Tajikistan have access to a range of facilities.



HelpAge International

Social transfers

“Sustainability in the provision of adequate income security is of great importance.” (*Madrid Plan, para. 50*)

Social security benefits, all of them comprising social transfers either in kind or in cash, are the main policy instruments to prevent and eradicate poverty, to reduce income disparities to acceptable levels, and to enhance human capital and productivity. Social security – which is a fundamental human right – as defined by the ILO has two major dimensions: income security and availability of medical health care.⁴⁴

The term “social protection” is often used interchangeably with social security. Both cover all measures providing benefits to secure protection from a lack of work-related income – caused, for example, by age, lack of access or affordable access to health care or insufficient family support – and from general poverty and social exclusion.⁴⁵

Social protection has gained prominence in development debates compared with a decade ago when it remained relatively marginal. This has been driven in part by the positive experiences of countries that have extended social protection, showing it to be both effective and affordable. Meanwhile, current trends of persistent inequality and exclusion, heightened economic and political volatility, together with increased environmental risk and degradation, have increased the economic, social and political relevance of social protection. Increasingly, social protection is seen as key to achieving equity by redistribution in the context of these global trends.⁴⁶

Particularly significant has been the increasing endorsement of a “social protection floor”. The concept of a social protection floor was developed by the ILO as a set of social policies that guarantee income security and access to basic services across the lifecycle.

The vision is that countries should aim to progressively expand nationally-owned social protection floors to assure these guarantees. The concept is based on successful experiences in particular, of developing countries that have been able to extend elements of a floor. While social protection floors will look different from country to country, they are envisaged to include a set of social transfers to provide income security and universal access to affordable services (including to health, water and sanitation).⁴⁷ Pension systems providing a universal minimum would be a feature of any effective social protection floor.

The concept has gained significant recognition, including by the United Nations Chief Executive Board in 2009 as part of the United Nations-wide Social Protection Floor Initiative led by the ILO and WHO.⁴⁸

The Initiative was one of the Chief Executive Board’s responses to the global financial and economic crisis. The G20 communiqué of September 2011 made a commitment “to making gradual progress towards implementing national social protection floors” and in June 2012, the 101st International Labour Conference adopted a new labour standard in the form of a Recommendation on social protection floors.⁴⁹

Growing endorsement of the Social Protection Floor is not only relevant for countries looking to extend it, but also to assure that a minimum level of protection is maintained where systems already exist. This is particularly relevant in the context of the on-going global economic crisis. While the initial response to the global crisis was fiscal expansion – including of social protection – this has been matched more recently by contraction, in the form of fiscal austerity. Recent analysis by the United Nations Children’s Fund (UNICEF) also shows that this contraction is not only limited to more developed countries that have hit the headlines. Indeed, this trend is notably stronger in developing countries, often coming in the form of wage bill cuts or caps, reducing or removing subsidies, further targeting social protection, reforming old-age pensions and increasing consumption taxes. Although the nature of these measures varies significantly, they have the potential to hit the poor hardest.⁵⁰

Extending pension systems has therefore proved crucial to assuring income security in older age, as part of a wider effort to extend social protection and reduce income poverty or other forms of poverty among older people, as data from the OECD show.⁵¹ The last decade has seen many countries take positive initiatives in extending pension coverage and social security in general. This is set to continue, but the task ahead remains significant.

Globally, however, only one third of countries (covering 28 per cent of the global population) have comprehensive social protection schemes covering all branches of social security.⁵² Further, most of these schemes only cover those in formal employment as wage or salary workers, who constitute less than half of the economically active population worldwide.⁵³ The ILO thus estimates that only about 20 per cent of the global working-age population has effective access to comprehensive social protection, including pensions.⁵⁴

In order to reduce the number of people living in extreme poverty, development frameworks and poverty reduction strategies should also address the concerns of older persons. Social protection and particularly pensions play a crucial role in the fulfilment of the right to income security in old age. The United Nations Independent Expert on the question of human rights and poverty⁵⁵ recommended that States recognize that

social (non-contributory) pensions are critical to reducing extreme poverty and achieving the right to social security for older persons. Social security in old age is in line with the human rights framework and is more than a policy option for governments; it is every State's duty stemming from human rights norms and standards, especially the right to an adequate standard of living and the right to social security.

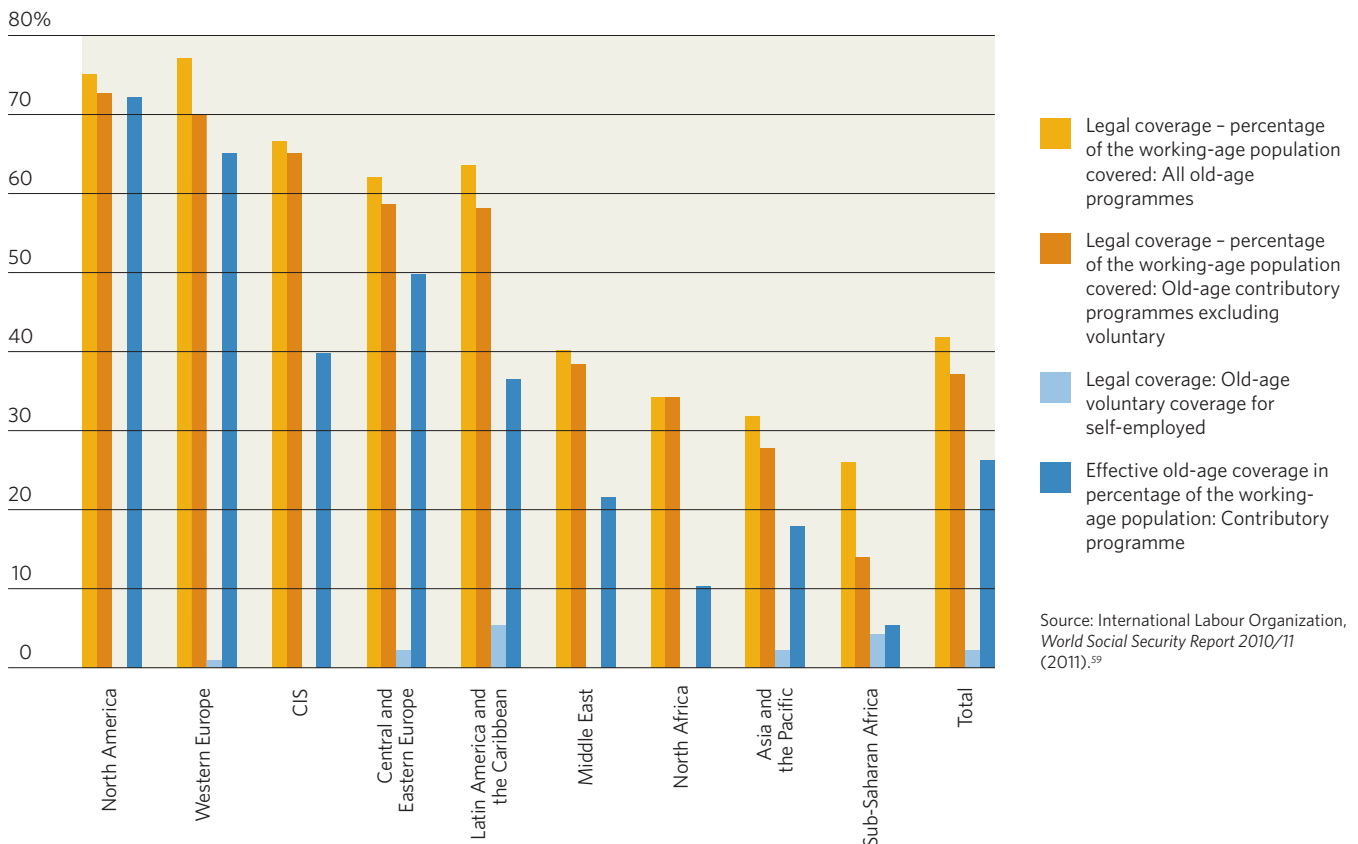
Old-age pension coverage

Looking at contributory old-age pension schemes only, recent estimates by the ILO suggest that 40 per cent of the working-age population is legally covered by such schemes which means that, formally, they should be contributing to the system.⁵⁶ There are huge regional differences, however. In Europe and Northern America this figure is twice as high, while in Africa, less than one third of the working-age population is covered even by legislation. Effective coverage is significantly lower than legal coverage and voluntary contributory programmes hardly reach 4 per cent of coverage (see Figure 1).⁵⁷ In sub-Saharan Africa, contributory pensions cover

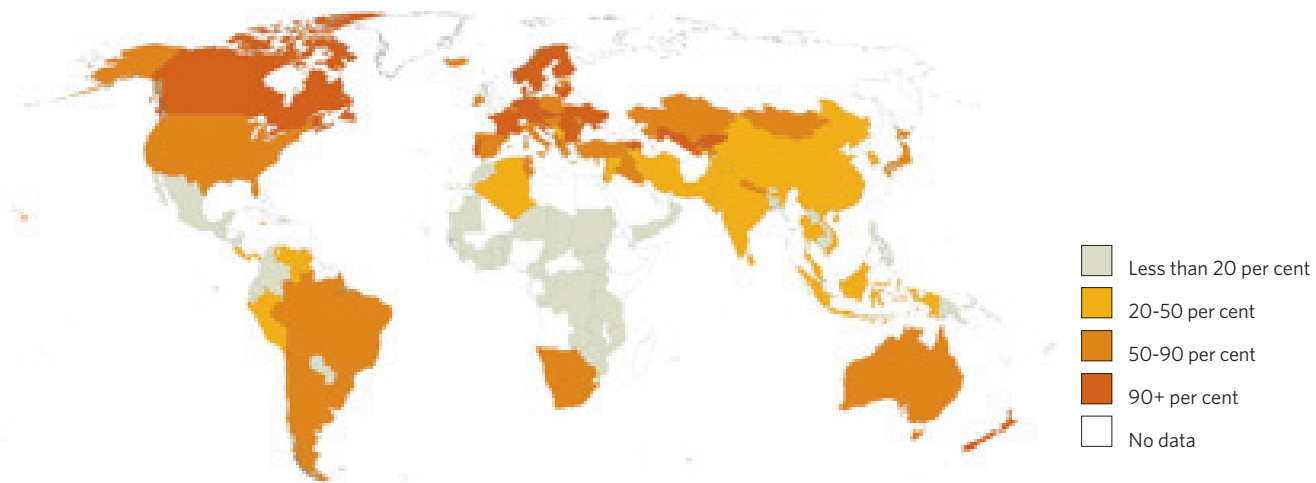
only 5 per cent of the working-age population. This share is slightly higher in Asia, the Middle East and North Africa, where about 20 per cent of this population segment is covered by contributory pensions.⁵⁸

Receiving a pension, however, is a privilege that few older people enjoy. Globally, just one in five of today's older population has a pension, and these figures are lowest in poorer countries.⁶⁰ Again, there are huge regional variations. In most OECD countries, almost the entire population over retirement age are pension beneficiaries.⁶¹ In most other countries, however, only a minority of older persons benefit from a pension from the formal security system. Around 55 per cent of the population over 65 in Latin America receives some form of pension, 20 per cent in South Asia and less than 10 per cent in most sub-Saharan African countries.⁶² It is notable that in countries which have universal pensions or social assistance pensions in addition to contributory pensions, such as Lesotho, Mauritius and Namibia, coverage levels are high: between 60 and 100 per cent of older persons are pensioners.⁶³

Figure 1: Old-age pensions: Legal coverage and effective active contributors in the working-age population, by region, 2008-09 (percentages)



Map 1: Old-age pension beneficiaries as a percentage of the population above retirement age, latest available year



Source: International Labour Organization, *World Social Security Report 2010/11* (Geneva, 2011).⁶⁵

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

The low coverage of pension systems stems largely from many countries' dependence on contributory schemes. In the context of high poverty and informal employment, these exclude large portions of the population and those who do receive pensions have usually spent their lives working in the formal sector (see Map 1). As a result, women are far less likely to be in receipt of contributory pensions than men. Figures from Bangladesh show that only 10 per cent of those who receive a contributory pension are women.⁶⁴

Challenges for pension systems across the world

Social security systems have come under increasing financial pressure, particularly in times of economic crisis. This is a result of increased life expectancy, the high incidence of informal sector employment and the growing numbers of older people, which is leading to an increased demand for long-term care. A review of adjustment measures between January 2010 and February 2012 undertaken by UNICEF found that out of 138 countries, 52 have reformed their old-age pension schemes.

Reforms include measures such as increasing retirement ages, reducing benefits or increasing contributions (parametric reforms) or radically changing the system design, for example, from a pay-as-you-go system with defined benefits to a fully funded defined-contribution system (structural reforms). In developing countries, where the number of older persons is increasing rapidly but only a small proportion of the older population is covered by old-age pensions due to the informality of the labour market, basic pensions have either already been implemented or are under discussion.⁶⁶

While the challenges may appear daunting if viewed from a household perspective, they are less daunting if viewed from the macroeconomic perspective. Some researchers conclude that so far, there is no evidence that population ageing has undermined economic development – either in developed countries that have the largest share of older persons or in developing countries that have a rapidly increasing share of older persons – or that countries have insufficient resources to ensure pensions and health care for an older population.⁶⁷

The global financial and economic crisis: Impact on older persons

The global financial and economic crisis affected social security systems, pension funds, savings and other sources of income of most older persons around the world. The significant declines in the value of retirement savings accounts, investments, savings and land and housing resulted in a severe decline in the value of assets that older persons were counting on for their retirement years. Part of the decline in the value of the assets of private pension funds in developed countries was due to unemployment and contractions of contributions to pension funds, as the hours worked and the wages of those fortunate to have jobs declined in many countries. However, the main cause of the decline was the large negative rate of return of the funds. In some cases, employers reduced or eliminated their contributions to employees' retirement schemes in order to maintain jobs. Retirees and workers near retirement age were most severely affected.

While the impact of the crisis on pension systems has hurt those covered, the much larger number of older workers who lack social security coverage were also severely affected. Families are not always in a financial position to provide support and governments do not have formal pension systems to cover all older persons, including those employed in the informal sector, while the value of any savings declined. Rising inflation, especially of food and fuel, has exacerbated the situation for older persons in both developed and developing countries.

Source: UNDESA, *World Population Ageing 2009* (New York, 2010).

It is critical to distinguish between the capacity of economies to provide pensions or social protection to a growing number of older persons – which is determined by the production of goods and services, and by developments in labour productivity and overall factor productivity – and the willingness of countries to maintain the pensions of a growing number of older persons – which is determined by the readiness of society to distribute goods and services, or income.⁶⁸

In general, questions of solidarity, accessibility, affordability and sustainability are at the centre of all old-age pension system design and reform.⁶⁹ There is no “one-size-fits-all” approach but most countries seek to ensure these principles through pension schemes that are designed on the basis of several pillars addressing specific needs, complementing each other and adapted to specific circumstances in a country. These pillars are composed of a combination of elements: contributory systems that are linked to earnings; a pillar based on individual savings; and non-contributory (social) pensions that provide a minimal level of protection for all people or for those excluded by the contributory system. Different combinations of these elements can be found in different countries. These combinations also reflect societal preferences and political bargaining in terms of redistribution of resources within and between generations.

Extending pension coverage through non-contributory schemes

Despite continuing low coverage of social security, some notable progress has been made in the last decade in extending pension coverage, especially in developing countries. In particular, a number of countries have put in place social (non-contributory) pensions, often in recognition of persistent low coverage of their pension systems and pervasive poverty in old age. Some developed countries also increased the level of minimum pensions, as for example the United Kingdom, where the Government increased the real amount of the pension credit minimum income guarantee by 4.8 per cent in response to the crisis.⁷⁰

According to HelpAge International's Social Pensions database, over 100 countries have social pensions and more than 20 countries have introduced or significantly extended social pensions in the last decade (see Tables 1 and 2). For the 53 schemes where there are data, the number of people receiving a social pension adds up to 55 million older people (or around 7 per cent of the older population globally).⁷¹

Table 1: Social pensions introduced since 2002

Country	Year introduced	Age of eligibility	Targeting	Monthly benefit level (US\$)	Number of recipients	Cost (% of GDP)
Belize	2003	67+ (m) 65+ (w)	Means-tested	50	4,297	0.18
Ecuador	2003	65+	Means-tested	35	537,074	0.31
El Salvador	2009	70+	Means-tested and geographical targeting	50	13,600	0.04
Guatemala	2005	65+	Means-tested	51	100,800	
Kenya	2007	65+	Means-tested	18	33,000	0.02
Kiribati	2003	60+	Universal	62	1,974	0.65
Kosovo	2002	65+	Universal	59	109,858	3.39
Lesotho	2004	70+	Pensions-tested	39	80,000	1.77
Maldives	2009	65+	Pensions-tested	131		
Mexico (Mexico City)	2003	68+	Universal	68	470,000	0.04
Mexico (70 or more)	2007	70+	Universal and geographical targeting	38	1,886,447	0.11
Panama	2009	70+	Pensions-tested	100	84,910	
Paraguay	2010	65+	Means-tested and geographical targeting	87	25,000	0.12
Peru	2011	65+	Means-tested and geographical targeting	47	78,657	
Philippines	2011	77+	Means-tested	12	145,166	0.01
St Vincent and the Grenadines	2009	67+	Pensions-tested	60		
Swaziland	2005	60+	Pensions-tested	26	55,000	0.60
Timor-Leste	2008	60+	Universal	20	63,614	3.26
Viet Nam (1)	2004	80+	Pensions-tested	9	431,871	0.01
Viet Nam (2)	2004	60-79	Means-tested	6	96,700	0.04

Source: HelpAge International, Social Pensions Database. Available from www.pension-watch.net

Note: Means-tested schemes are those where the entitlement is granted only to those with income or wealth below a prescribed threshold;⁷² pensions-tested relates to schemes where individuals who have some other form of pension (often incrementally) are excluded.

Table 2: Selection of social pensions with major extension

Country	Change to system (and year)	Age of eligibility	Targeting	Monthly benefit level (US\$)	Number of recipients	Cost (% of GDP)
Bolivia	Age of eligibility lowered (2008)	60	Universal	29	896,470	1.06
Chile	Change in eligibility criteria (2008)	65	Pensions-tested and means-tested	158	840,032	0.90
Nepal	Age of eligibility lowered (2008)	70*	Universal	6	284,045	0.35
Thailand	Change in eligibility criteria (2009)	60	Pensions-tested	19	5,652,893	0.13

Source: HelpAge International, Social Pensions Database. Available from www.pension-watch.net

*Note: Eligibility for the social pension in Nepal is lower in some regions of the country.

Where social pensions have been put in place, they have often played a major role in extending pension coverage. Bolivia, despite being the poorest country in South America, has the highest pension coverage in the region. Since 2008, everyone over the age of 60 is entitled to a monthly pension of US\$28 (or US\$21 for people with other pension entitlements).⁷³ Likewise, the extension of the social pension in Thailand in 2009 has led to an additional 3.9 million pensioners, meaning that over 80 per cent of older Thais have some kind of pension.

China is in the process of rolling out a major rural pension system that – though not strictly a social pension – includes provision of non-contributory benefits that cover older people today who have made no contributions.⁷⁴ Due to the number of older persons in China, at the global level the impact of these reforms will be remarkable.

The figures in Table 1 and Table 2 also demonstrate that social pensions can be introduced for a modest cost. Nepal and Bolivia, for example, have introduced universal pensions for a cost of 0.35 per cent and 1.06 per cent of GDP respectively. Simulations of cost in countries without social pensions show a range of low-cost options. A survey by HelpAge International in 50 developing countries found that the cost of universal pension for over-60s would range between 0.7 and 2.6 per cent of GDP. Costs would be significantly lower for higher ages of eligibility (for example, 65+ or 70+).⁷⁵ These lower-cost options would provide a starting point for countries to expand pension coverage.

Social pensions make a big difference to the well-being of older people, particularly the poorest, even where benefits are relatively modest. A universal pension in the Yucatan, Mexico, with a value equal to only 5 per cent of average income was found to increase visits to the doctor by 22 per cent.⁷⁶ But the benefits extend much further than to older people alone. UNICEF's recent Social Protection Strategic Framework highlights the importance of the social and familial relationships across different age groups and shows how needs are met today by sharing and pooling resources across these age groups. In the case of children, the critical roles played by caregivers, including women and older people, in different contexts in children's well-being, are part of investing in their future adult productivity and well-being in older age. This means that pensions can constitute a form of child-sensitive social protection that breaks the intergenerational cycle of poverty.

For example, in Brazil, it is estimated that the gap between actual and full school enrolment was reduced by 20 per cent for girls living in households with older people receiving the *Fundo de Assistência ao Trabalhador Rural* (FUNRURAL) pension. The study also showed that with increases in the pension amount received by a female pensioner, girls' labour participation rates decreased.⁷⁷ The KwaWazee Project in rural Tanzania, which provides a pension to grandmothers in a region with very high HIV prevalence and a growing number of orphans dependent on grandmothers, has had a positive impact on promoting children's school attendance and progress by enabling households to purchase school materials, uniforms, and kerosene for lamps.⁷⁸

The emergence of aged economies



2010: 23 economies



2040: 89 economies



2070: 155 economies

Note: The boundaries shown on these maps do not imply official endorsement or acceptance by the United Nations.

Aged economies are a new phenomenon, which over the next few decades will come to dominate the world economy. Using data on consumption patterns by age and estimates and projections of population age structure from the National Transfer Accounts project, it is possible to estimate the aggregate amount consumed by persons aged 65 or older compared with that consumed by youth (ages 0 to 19).

In 2010, there were 23 aged economies in the world – economies in which consumption by older persons surpassed that of youth. These economies – with the exception of Japan – were all located in Europe. Thirty years ago, there were no aged economies. Since their appearance is so recent, we do not know much about the long-run consequences of such societies. What will happen to economic growth? Will inequality increase? Are the systems of intergenerational support for older people sustainable in the face of these demographic changes? Already we see fiscal crises emerging in these countries – and demographic pressures on health-care systems and pension systems will dramatically increase in the coming years. How will political systems respond to these fiscal challenges? How will investments in youth fare with increasing demands on scarce tax dollars? Is population ageing a political threat to investments in youth?

Because this is such a new phenomenon that will become so widespread, it is vitally important to put in place mechanisms to measure its effect on economies and try to predict and adapt to this change. The National Transfers Account project is implementing a standard methodology to measure economic activity by age in countries around the world. These activities include consumption of goods and services (both private and public), labour earnings, financial earnings, taxes, and transfers (both by governments and within families). Taken together, these activities by age define the generational economy. While individual components of the generational economy have been well-studied, the innovation of the National Transfer Accounts is to provide an integrated framework to study the generational economy in its totality. A second innovation is the use of a standardized method across all countries participating in the project. The third innovation is the ease with which the framework is extended beyond the age dimension to measure differences by gender or by socio-economic status.

Source: Prepared by CELADE-ECLAC based on data from the National Transfer Account project (www.ntaccounts.org) and UN population projections (Reseñas sobre Población y Desarrollo, Número 5, 2011). Available from www.eclac.org/cgi-bin/getProd.asp?xml=/celade/noticias/documentosdetrabajo/5/45645/P45645.xml&xsl=/celade/tpl/p38f.xsl&base=/celade/tpl/top-bottom.xslt

South Africa's Old Age Pension covers around 2.4 million people, 80 per cent of the older population.⁷⁹ Programme results have shown that a pension received by an older woman improved nutritional outcomes for girls living in the same household.⁸⁰ In Lesotho, where at least 60 per cent of the households receiving the pension include children orphaned by HIV and AIDS, preliminary studies show that children in pension-receiving households are perceived by respondents as being better fed and having higher school attendance levels.⁸¹

Country experiences and studies highlight the positive effects that pensions for older people have on the economy. As a response to the global financial and economic crisis, governments in the Russian Federation and Thailand increased spending on social pensions to foster economic growth.

In Thailand, which was severely affected by the 2008 economic crisis, the Government boosted social pensions as a core part of its economic stimulus package. Three million more older persons are now receiving the Thai pension, as the coverage of the social pension increased from 25 per cent to 75 per cent of the older population. The impacts of this were twofold: an improvement in well-being, nutrition and empowerment of older people; and increased spending in the local economy and in businesses.

In the Russian Federation, pension benefit levels were increased in order to "create growing demand, [and put] more money in people's pockets.... That will create more jobs in the real sector".⁸² Pensions provide a directed financial mechanism, which can act as a stimulus in the poorest areas and benefit both the older person and also their entire family, as older people characteristically share wealth.

Reforming contributory pension systems

Contributory pension schemes have been, or are being, reformed in two different ways: either by changing underlying parameters (parametric reforms) or by radically changing the design of the system (structural reforms). In almost all pay-as-you-go schemes, parametric reforms have been undertaken as they are politically easier to implement than structural reforms, which involve a more extensive change.⁸³

All countries in the European Union have undertaken reforms by adjusting the parameters defining their social security systems.⁸⁴ In Greece, Hungary, Italy, the Republic of Korea, Portugal and Switzerland, for example, pension benefits have been reduced.⁸⁵ In Germany, Italy and the United States, pension eligibility requirements have been tightened while the indexation of benefits has been changed in Germany, Japan and Sweden.

Many countries have increased statutory retirement ages.⁸⁶ The increase of statutory retirement ages is an attempt to reduce the gap between the gain in life expectancy and the retirement age. Such an increase will, however, only improve the viability of pension systems if the effective retirement ages increase too. It has been shown that an increase of five years in the legal age of retirement will contribute to a decrease of just 1.2 years in the effective age of retirement.⁸⁷ Therefore, changes in this parameter also require changes in labour-market policies to ensure that working conditions for older workers allow them to continue to be economically active. It also requires a lifecourse approach – for example, in terms of lifelong learning. It also needs to take into account that increasing the age of retirement could be just an easy solution to the challenge of population ageing. Before taking this option, countries should evaluate the real situation of the actuarial systems and also look for other measures, for example, those related to the efficiency of pension systems.

In countries like Latvia, Italy and Sweden, structural reforms of pay-as-you-go systems have been undertaken without switching to a fully funded system.⁸⁸ Individual capitalization schemes with defined contributions have been introduced while at the same time maintaining the pay-as-you-go scheme. Such individual capitalization systems do not guarantee universal or minimum coverage as benefits are based on individuals' contributions, but some authors consider that they help to maintain the sustainability of pension systems.⁸⁹

In practice, many countries have preferred to move towards capitalized pension systems, but other countries have simply reformed their contributory pension systems or pursue a mix between these options. The choice of pension systems has itself far-reaching implications for income distribution. Capitalized systems are typically characterized by less solidarity and tend to provide the smallest benefits for the poorest. By encouraging higher savings rather than consumption, capitalized systems can also have negative consequences for investment, the former also negatively impacts on investment and economic growth.

Countries in Latin America, Central and Eastern Europe and, to a lesser extent, in South and East Asia have undertaken structural adjustments by changing to, or complementing, pay-as-you-go systems with fully funded systems.⁹⁰ While fully funded individual capitalization systems offer higher returns, there is also a higher risk for retirees.⁹¹ In the case of Latin America, it has also been demonstrated that in countries that pursued capitalized systems, there was no increase in coverage⁹² and the cost of financing the operational deficit of the old pension system is very high.⁹³

Another form of social transfer: Private transfers and assets

In addition to public transfers in the form of pensions or other social security measures, older people tend to rely on income from work, private transfers from the family or social networks and financial or other assets.

Private transfers from the family or social networks provide the main source of income for older people in many developing countries.⁹⁴ This includes monetary support, transfers of assets or in-kind transfers such as food, clothing, shelter or time for caregiving. Usually, this support is provided by children, and the probability of receiving such support is higher when older persons live with their children or other relatives than if they live alone.⁹⁵ In some countries, such as China and India, it is a legal obligation set out in constitutions or other legislation for children to provide support to older parents.⁹⁶

Financial or other assets that are accumulated during a person's working life are more important in developed countries than in developing countries. In developed countries, capital markets provide a wide range of financial instruments for savings and higher average incomes allow for more savings during working life.⁹⁷ In developing countries, asset accumulation is part of livelihood strategies. People use assets as a buffer for consumption in times of shocks and crises.⁹⁸

With declining family sizes, rising numbers of older persons living alone and changes in attitudes to caregiving to older persons, it is likely that private transfers as a source of old-age income security will decrease too.⁹⁹ Evidence from the National Transfer Accounts also shows that private transfers within families will decrease in importance due to development and related factors.¹⁰⁰ For Japan, the Republic of Korea and Taiwan Province of China, it has been shown that net familial transfers to older persons have declined in the last 20 to 30 years.¹⁰¹ The National Transfer Accounts further shows that familial transfers are very important for the oldest old in Latin America and Asia, but not important at any age in the United States and Europe.¹⁰²

Need for policy change

Most changes in public transfer schemes will necessitate a change in policies and population ageing will also put some pressure for changes in pension systems. Current contributions cannot be sufficient to cover future claims. But this does not mean that pension systems are broken or that countries cannot afford to pay pensions, it simply means that pension systems must be reformed.

The financial resources available for pay-as-you-go systems, for example, do not solely depend on the ratio of young to old but also on the level of wages and productive employment.

The challenge of providing social pensions is of particular concern in developing countries where only a small proportion of the population is covered by contributory schemes. These countries are faced with the double challenge of ensuring social protection for a large proportion of the population living in poverty and building stable protection schemes for an increasing number of older people.

The economic challenges due to population ageing are manageable, but there are also important political challenges. Decisions about the reform of social security systems have far-reaching implications for the redistribution of an economy's resources. At their core, the decisions about reforms are of a political nature. They have more to do with what governments consider feasible and fair rather than with economic challenges. For a pension system to remain affordable and generate adequate income, it is crucial to sustain economic growth. Success depends on real economic growth per capita, the creation of full and productive employment, a more balanced distribution of economic resources and, especially in developing countries, on the formalization of economic activities.

Voices of older persons

Older men and women who took part in consultations for this report and who were not receiving a pension said they wished they were, as they would like their own income. Some of the participants from developing countries said that they had problems claiming pensions because of difficult application procedures or because their ownership of assets, such as a refrigerator, made them ineligible for means-tested schemes.

"The main contribution is our pension through which we are supporting our grandchildren." Kyrgyzstan

"I am satisfied with our pension system – you can live well if you know how to handle your money." Austria

"If younger people had jobs, we would be able to spend our minimal income on our own needs instead of helping our children and their families to survive." Bosnia and Herzegovina

"I live by myself; I have a little money which I use to help my son who is unemployed." Serbia

"The social pension from the Government is unreliable. There is a discrepancy between the selection of pensioners and the provision of the monthly social pension." Philippines

I'm lucky to have a large pension

"I used to live in inner city Dublin but moved to where I live now, by the sea, when I married my wife. We both live out here now in the family home. I had two children, one of whom has passed away. I have one grandson. My life is peaceful and even in retirement, a busy one. I try to walk to Mass, enjoy a pint of Guinness in my local rugby club and spend time chasing my grandson on his tricycle.

I worked in the civil service until the age of 65. It meant that we did save when the children were younger, but we still lived in a nice area and took a foreign holiday each year. The pension that I have now is large and I have paid off my mortgage and was also able to buy a house for my daughter, giving her and my grandson financial security.

In general though, I do believe that it is a good time to be older in Ireland. There are many people I know who have financial security. We enjoy free travel on public transport and though the Government tried to withdraw the free medical card for people over 70; this decision was revoked for a majority of people. Of course, things could be better. If a person is on the low state pension, it must be hard to maintain a living.

I know that I'm lucky. Younger people nowadays are crippled with large mortgages and by high unemployment. It must be very stressful for them. Throughout my life, I had a stable pensionable job. Young people now feel threatened that they might lose their jobs at a given moment in time."

Tony Fitzpatrick, 86, Ireland



Age Action Ireland

Economic development and employment

“Older persons should be enabled to continue with income-generating work for as long as they want and for as long as they are able to do so productively.” (*Madrid Plan, para. 22*)

Overall the global workforce will continue growing over the next 50 years. There will be particularly strong growth in low-income countries and limited growth, or even reductions, in middle- and high-income countries.¹⁰³ It is sometimes suggested that economic growth might collapse as populations age because the numbers of working-age people will decline. There is an assumption that as populations age, fewer people will enter the labour market and many older persons will retire, especially in developed countries, resulting in labour shortages.

However, the ageing of populations does not immediately translate into a decline of the working-age population, and even a shrinking of the working-age population does not necessarily mean a decline in the labour force. And even a decline in the labour force does not necessarily imply a shortage of labour. Where the active labour force is declining, it may merely reduce unemployment or underemployment. Thus the only meaningful measure of labour shortage is a decline in long-term unemployment and underemployment.

The fact that many countries that are rapidly ageing also have relatively high unemployment and underemployment suggests that they need not be concerned, at least in the short term, about a general labour shortage.¹⁰⁴

Further, the current economic crisis has left many young people unemployed, and many policymakers, particularly in developed countries, argue that youth employment must be promoted, even at the expense of forcing older workers into early retirement.

This argument is based on a common misconception, the so-called “lump of labour” fallacy that there is a fixed number of jobs, and that workers are perfectly substitutable for each other. In practice, younger workers cannot always be easily substituted for older workers. Any such proactive policies of forced early retirement are not likely to solve longer-term issues. Instead they may lead to further increases in public spending on pensions and accentuate challenges with respect to the sustainability of public finances in the future.¹⁰⁵

According to ILO calculations, there is a positive correlation between employment rates of the younger and older population for both men and women. In other words, countries with high employment rates for younger people can also have high employment rates for older workers. More jobs for older people do not mean fewer jobs for younger people. OECD calculations have confirmed that finding.¹⁰⁶

Global employment deficits, both in “levels” and in “quality”, are of major concern. The global employment crisis has aggravated these job deficits and highlighted the need to address structural imbalances. It is now acknowledged that economic growth, while necessary, is by no means sufficient to engender sustainable and productive employment. A rethinking of macroeconomic policy frameworks is taking place, triggered by the need to accommodate more employment-oriented growth.

Major ILO global policy frameworks stress the importance of employment. The resolution of the International Labour Conference’s general discussion on the strategic objective of employment underscores the importance of employment policy and emphasizes the interrelated nature of employment and social protection: “the full economic and social growth potential of a society cannot be realized if people are not benefiting from a social protection floor and by the same token, social security schemes cannot be financed without a sound economic and employment base”.¹⁰⁷ The Global Employment Agenda (2003), the Declaration on Social Justice for a Fair Globalization (2008), and the Global Jobs Pact (2009) further emphasize the key role of employment.

Employment also plays a prominent role in the international policy agenda. The G20 leaders are increasingly recognizing the role of employment policies in addressing the human dimension of the financial and economic crisis. The Seoul Development Consensus for Shared Growth unveiled during the November 2010 G20 summit represents an important step forward towards pro-employment macroeconomic frameworks.

The right to work has been recognized by a number of international and regional human rights instruments and is seen as fundamental to personal development as well as social and economic inclusion. The ILO’s Older Workers Recommendation 1980 (No. 162) calls on Member States to take measures to prevent discrimination against older workers. It serves to guide Member States in implementing anti-discrimination legislation for older workers in their national policy frameworks.

From a macroeconomic perspective, what matters most is not income or a decline in the labour force but productivity and growth. For economies to address the needs of a larger number of older people, they must promote full and productive employment of the working-age population.¹⁰⁸

There are various potential policy options to offset the projected decline of the working-age population, including migration, outsourcing, increases in fertility, enhanced labour-force participation by young people and women and improvements in labour productivity. Migration and outsourcing are not likely to compensate for population ageing and the scope for increasing fertility is also only limited. Female labour participation has already increased but, with adequate policy interventions, can still be increased. Additional support to help parents combine family and work are needed to reduce the opportunity costs for women. Increasing labour-force participation among older persons is another viable policy option.

An 82-year-old rickshaw puller in Bangladesh. A large proportion of people in developing countries continue working into old age.



Antonio Olmos/HelpAge International

Labour-force participation of older persons

Work in old age is a complex issue. On the one hand, growing old is associated with a range of challenges that make it harder to earn a living, and social protection systems have a crucial role to play here. Poor working conditions, ill health, low job satisfaction, pension arrangements and negative perceptions about older workers are factors of declining labour-force participation among older persons. On the other hand, many older persons still have the capacity to work and contribute to the economy.

The question of how to support individuals to remain economically active into old age is of growing relevance due to population ageing. In more developed countries, this is resulting in increasing retirement ages (people are likely to have to work for longer) and a move away from more rigid notions of retirement. In developing countries, a large proportion of people continue working into old age, due to the lack of social security systems.

In many cases, people want to remain economically active. However, in developing countries, most older men and women continue working because they have no access to a pension and it is the only way that they can make ends meet. With the global financial crisis, this is also becoming more common in developed countries. According to the ILO, globally 47 and 23.8 per cent, respectively, of older men and women are participating in the labour force.¹⁰⁹

Most older persons in developing countries are employed in the informal economy – that is, they are self-employed in informal enterprises or in paid employment in jobs without secure contracts, worker benefits or social protection.¹¹⁰ However, the scarcity of data – in particular, data disaggregated by age – is one of the major challenges for any analysis of the labour market situation of older workers in these countries.

Africa is the region with the highest labour force participation of older people. Despite some declines recently, participation rates are high and are expected to remain so. In the poorest parts of Africa, they are extremely high for both men and women. For example, in Malawi, the rate is above 95 per cent for men and women aged 60-64 and above 90 per cent for men and women aged 65 years and above (Figure 2).¹¹¹

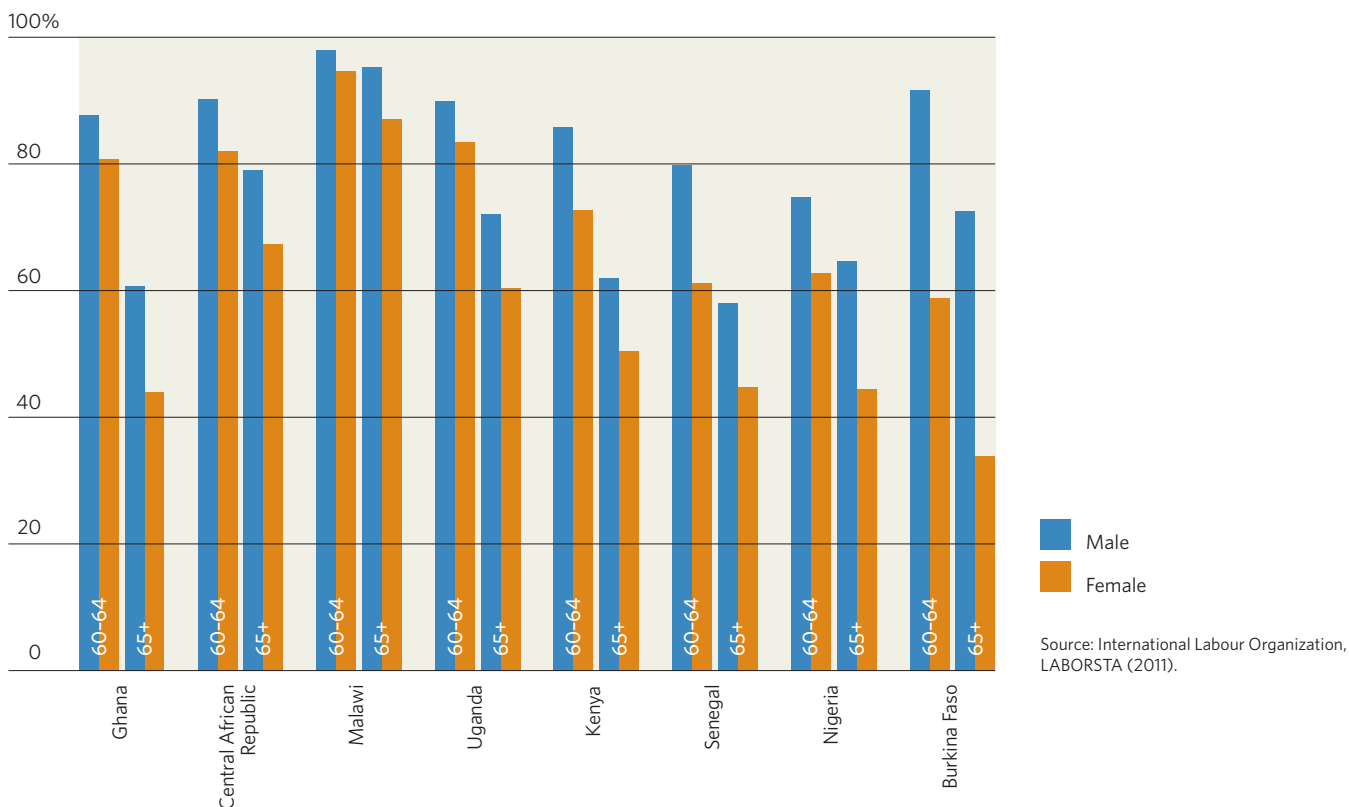
According to ILO calculations,¹¹² in sub-Saharan Africa men are able to reduce their economic activity rates only slightly as they get older – by up to 20 per cent. Women nearly everywhere play essential roles in old age, doing work that is not recognized by labour-force surveys as “employment”, such as caregiving, street selling, child- minding and running the household for other members of their families to enable them to seek paid employment.

In Asia and Latin America, participation of older age groups is lower than in Africa but it is still high by international standards. In countries such as Ecuador, Honduras, and Paraguay, about half of the older population are working or looking for a job.¹¹³ A large number of them are engaged in the informal economy and are mostly self-employed. In Paraguay, for example, 88 per cent of older people who work have jobs in the informal economy.¹¹⁴ For most of them, the formal age of retirement has no special meaning and, due to the nature of self-employed work, they are likely to continue working as long as they feel they have the capacity to do so.

Increasing older persons' labour participation

New working arrangements and innovation at the workplace can help to increase the labour-force participation of older workers. Another option is to fight negative stereotypes of older workers as this is a serious obstacle to maximizing the potential of the ageing workforce. Age-based discrimination, with regard to recruitment, retention and retraining of workers, has been highlighted both by official surveys and by older persons who took part in consultations for this report. For example, in a 2012 survey of 26,500 older people across Europe, 21 per cent had witnessed or experienced discrimination in the workplace because they were perceived to be too old.¹¹⁵ The 2011 ILO Global Report on discrimination notes that there is evidence of increased awareness and reporting of age-related discrimination.¹¹⁶ In the United Kingdom, statistics from the Employment Tribunal Service show a considerable increase in age discrimination claims, from 972 in 2006-2007 to 2,949 in 2007-2008 and 3,801 in 2008-2009.¹¹⁷

Figure 2: Labour-force participation in selected African countries, 2011



Computer training in Ireland. Rapid technological developments call for continuous renewal and upgrading of skills.

Age Action Ireland



Common perceptions are that older workers are less productive, slow to learn new skills and adapt to technological and organizational change, and that physical capacities decline with age. There is, however, evidence that suggests that an older, more experienced workforce can be more, not less productive.¹¹⁸

In most countries, however, older people do have lower levels of education and engage in less training than younger people – and older women are more disadvantaged than older men. In Latin America, a study from the Servicio Nacional del Adulto Mayor in Chile noted that 90 per cent of the population over 50 years surveyed in 2003 had never participated in a training course.¹¹⁹ This can be expected to change as future cohorts of older persons become more educated and technically knowledgeable.

Government responses

A number of governments have promoted older persons' employment by eliminating age barriers through age anti-discrimination legislation. Australia, Bolivia, Japan and Serbia, among others, have all recently approved laws prohibiting age discrimination in employment. Policies at the national and organizational level can complement legislation and play a major role in addressing myths and overcoming stereotypes about older workers. A number of developed countries, such as Australia, Finland, Netherlands, Norway and the United Kingdom, have carried out large-scale government-sponsored information campaigns aimed at overcoming employer reluctance to hire and retain older workers.

To enable older persons to continue working as long as they want to work and are able to do so, a number of governments have introduced innovative programmes, such as senior talent markets or databases. The Silver Hair Action Programme in China is an example. Often such programmes are aimed at improving older people's information technology skills. The Hungarian National Institute for Adult Education, for example, offers information technology training for older persons. In the Russian Federation, the Regional Offices of the Pension Fund also provide training in computer skills for older persons. The Academy of Knowledge has been operating this programme in the Tomsk region since 2010. In Singapore, the Advantage and Flexi-Works Policy grants financial assistance to employers who recruit, retrain or re-employ older workers.

Another option to retain older persons in the workforce is to improve working conditions and promote increased availability of satisfying and adequately paid work. Research on changing patterns of living and preferences for time use¹²⁰ argues that the institutionalized "three-box" lifecourse (education, paid work and retirement) is no longer the norm, even for male workers. Part-time work, flexible working-time schedules, leave for caregiving or parental responsibilities, educational leave, career breaks, sabbaticals, working-time reduction, schemes for combining work and non-work activities and early retirement schemes are all becoming increasingly widespread.

More than a decade ago, the European Commission referred to the "norm of the varied working life" as the new form of life-work organization emerging in the new century.¹²¹ This implies rethinking how periods of work, leisure, learning and caregiving are distributed throughout life.

Third Age Universities in China

Universities of the Third Age have been established in many countries to educate those in the “third age” of life. They have been adopted in China as an important strategy for fostering education of older people, together with other approaches through television, radio programmes, the Internet and classroom teaching. There are more than 30,000 universities of the third age with more than three million older students, set up by government, enterprises, armies, colleges and research institutions.

Source: Du Peng, “The third age: opportunity for learning and teaching”, in *Population Ageing and the Millennium Development Goals* (United Nations Population Fund, 2009), pp. 157-165.

It is of critical importance to know the extent to which working-hour constraints discourage older workers from continuing to work or returning to work, especially beyond the standard retirement age. The rise in availability of part-time work over recent years seems to be an important factor in addressing the working-time desires of older workers who might otherwise be inactive.¹²²

In most developed countries, extending working lives and increasing employment rates among older workers are seen as an economic investment and are high on the policy agendas. Of 164 countries with a statutory retirement age, 43 increased the age between 2002 and 2009.¹²³ Measures introduced to encourage older workers to remain in employment include education and training, career counselling, job creation and flexible working schemes. Active labour market policies in which incentives are paid to employer or employee can also address both the demand for, and supply of, labour through a combination of initiatives. In Japan, for example, subsidies are paid for hiring people aged 45-64 for whom finding employment is difficult due to lack of experience.

In 2004, Hungary introduced an exemption from paying a lump sum in health-care contributions for employers who hire long-term unemployed people aged 50 years and above. Also in Hungary, the Premium Years Programme introduced in the same year promotes gradual retirement. Similarly, Serbia mainstreamed employment of older persons into its New Employment Strategy for 2011-2020 in order to conform to the EU Strategy 2020 and also offers an exemption from insurance contributions through the National Action Plan for Employment and the Law of Social Insurance Contributions of 2006.

Self-employment initiatives are also being promoted. This can be achieved by offering loan programmes that grant older persons access to credit, as is done by the Japan Finance Corporation for Small and Medium Enterprises. In Belize, such loans for the rural older population were introduced through the Belize Rural Development Plan 2005.

In a number of countries, specific training programmes have been created for older workers. In Latin America and the Caribbean, for example, El Salvador, Mexico, and Puerto Rico have developed training programmes targeting their older workforce. In Mexico, the National Institute for Older People (INAPAM) has developed a training programme targeting older adults who would like to be reintegrated into the labour market. In 2006, the Government of Canada introduced the Targeted Initiative for Older Workers which has continued to provide employment and income assistance to unemployed older workers throughout the economic crisis. Denmark and Sweden have been cited as two countries that invest heavily in lifelong learning programmes targeted specifically at poorly qualified workers to ensure that they maintain their employability.¹²⁴

The European Commission has integrated its various educational and training initiatives under a single umbrella, the Lifelong Learning Programme.¹²⁵ Its Human Resources Development Recommendation of 2004 (No. 195) calls upon Member States to “promote access to education, training and lifelong learning for people with nationally identified special needs, such as ... older workers ...”.¹²⁶ In 2008, the ILO adopted a set of Conclusions that call on governments “as part of their lifelong learning agenda, to focus on providing employment placement services, guidance and appropriate active labour market measures such as training programmes targeting older workers and, where possible, supported by legislation to counter age discrimination and facilitate workforce participation”.¹²⁷

The importance of investment in education and skills development of older people is underscored by rapid technological developments, which call for a continuous renewal and updating of skills. Research presents a mixed picture of the willingness and the ability of older workers to use new technologies. Nevertheless, there has been a substantial decline in the proportion of workers who have never used a computer at work, with the largest improvement being among older workers.

Transforming lives through literacy

In Cambodia there are twice as many women over 60 as men. Many were widowed during the Khmer Rouge regime of the 1970s and have to support themselves. But their opportunities to earn an income or play an active part in society are limited because seven in 10 women over 65 cannot read or write.

HelpAge International set up 30 adult literacy classes in the villages of Battambang and Banteay Meanchey provinces, with support from the European Commission and Age UK. With Department of Education provincial coordinators, they developed a six-month course and recruited and trained retired schoolteachers and monks living in the village as volunteer teachers.

The idea for the classes arose from discussions with members of older people's associations. All members were offered free enrolment in the classes. Women in older people's associations wanted to understand signs at bus stations and health centres, read posters, books and government information, follow instructions, for example, on growing vegetables, and do calculations when shopping and running businesses.

Meur Sang attended the weekly class in her village in Battambang province. "I'm going to set up a small grocery shop in front of the house and help my daughter with the accounts," she said. "And I'll help my grandchildren with their school work."

Source: Jamie Pugh, "Changing lives through literacy", *Ageways 75* (London, HelpAge International, 2010).¹²⁸



Rumnea Roth/HelpAge International

Voices of older persons

Many of the older persons who took part in consultations for this report said that they wanted to go on working but had difficulty in finding employment. Some said they had lost their jobs because of mandatory retirement ages and had faced age discrimination in their efforts to re-enter the job market. Older women felt they were further discriminated against because of their sex. When they found employment, they were paid less than men.

Older persons also pointed out that age discrimination limited their access to credit facilities, making it difficult for them to set up a business. On the other hand, in areas of high migration, the older generations said they found that emigration of younger workers had improved their job prospects.

The participants in the consultations were not aware of any training to upgrade their skills and enable them to compete for jobs, apart from classes in adult literacy and Internet courses. In some cases, they ascribed this to the government's failure to consider them to be part of the workforce.

"The Government itself discriminates against older people. If you are a civil servant you have to retire at the age of 70. This is compulsory.... So at 70, it is over. This is discrimination." *Brazil*

"Older people face age discrimination; employers prefer to employ younger people." *Ukraine*

"When you are in your 40s and 50s you are too old to get a job. Isn't that discrimination?" *Bosnia and Herzegovina*

"There are no jobs for young people. How could we expect to have them for older people?" *Bosnia and Herzegovina*

"The Government doesn't perceive us as part of the workforce." *Belarus*

"I think they are not giving loans to older people because they think we can't work and pay them back." *Tanzania*

"The Government did not teach us to make something with our hands." *Kyrgyzstan*

"There is no livelihood and skills training being provided to us by the Government." *Philippines*

"There is a lack of special training schemes for older persons in our city." *Ukraine*

Advancing health into old age

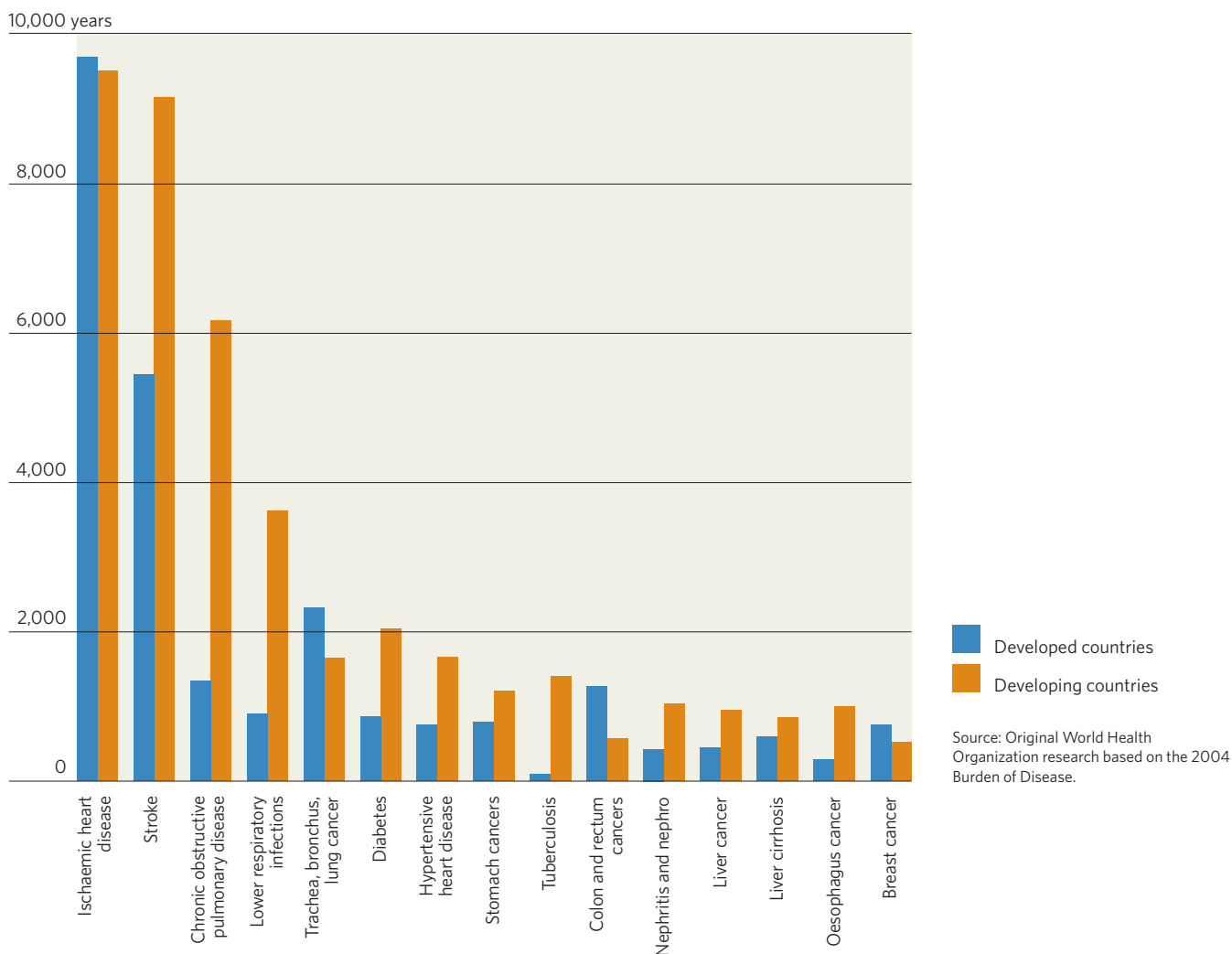
“We commit ourselves to providing older persons with universal and equal access to health care and services....”
(Political Declaration of the Second World Assembly on Ageing, article 14)

The balance between the challenges and opportunities of population ageing will in large part be determined by whether people age in good or in poor health. While significant advances have been made in health care over the past decade and older people say that their access to

services has improved, millions of older people are still living in poor health. Yet much of this disease burden can be easily prevented if new approaches are adopted that foster active and healthy ageing.

The heavy burden of disease carried by older people, particularly in poorer countries, is not just a burden for the older person involved, but is shared by the whole family. Someone who was previously a family resource may be lost, or may now need to be supported. Catastrophic expenditures on health care may be incurred that set the whole family back for many years.

Figure 3: Years of life lost per 100,000 adults 60 years or older for developed and developing countries



The rise of non-communicable diseases

New research shows that the overwhelming burden of disease in older persons is from non-communicable diseases (NCDs). Ischaemic heart disease, stroke and chronic lung disease are the biggest killers. Visual and hearing impairment, dementia and osteoarthritis are the main causes of disability.¹²⁹

These diseases affect older persons in developing countries far more than in the developed world. For example, older people in developing countries lose five times as many years from chronic lung disease and twice as many from stroke as in developed countries. This disparity is even greater for the poorest countries compared with the richest.¹³⁰ Older people in developing countries also carry almost three times the burden of visual impairment as those in the developed world.

Biggest causes of death

One way of characterizing the importance of different diseases is to look at the deaths they cause and to calculate the number of years each person might have lived if, instead, they had been able to survive to older age. Rather than identifying an arbitrary age before which a death might be considered premature, epidemiologists can use the highest observed national life expectancies from standard life tables as the “ideal”. Theoretically, this ideal is reachable with current technology and resources since it is already being achieved in at least one country. Death at any age younger than this ideal can be considered premature, and this can be quantified as “years of life lost” depending on how many years earlier than the ideal it has occurred (see box).

Regardless of the level of economic development, the three biggest causes of premature death are ischaemic heart disease, stroke and chronic respiratory disease (Figure 3).

Millions living with disability

Huge numbers of older persons are living with disability, a consequence of accumulated health risks across a lifespan of disease, injury and chronic illness. Key causes of old-age disability are visual impairment, hearing loss and osteoarthritis.

Worldwide, more than 46 per cent of people aged 60 years and over have disabilities and more than 250 million older people experience moderate to severe disability. There are more than 40 million older people in developing countries with significant hearing impairment, 32.5 million with significant visual impairment from cataracts, and 39.8 million with significant visual impairment from refractive errors (Table 3).

Years of life lost

Years of life lost is a term developed by WHO to quantify the impact of particular causes of death. It is calculated as the number of deaths times the average difference between the age at which a death attributable to this cause occurred and the life expectancy in the country at that time. The advantage of this measure, compared to the unweighted number of deaths, is that it allows a comparison between different causes of death in terms of their impact on the number of years lived. In practice, this means that causes that typically affect young people will be weighted much more heavily than causes of old-age mortality.

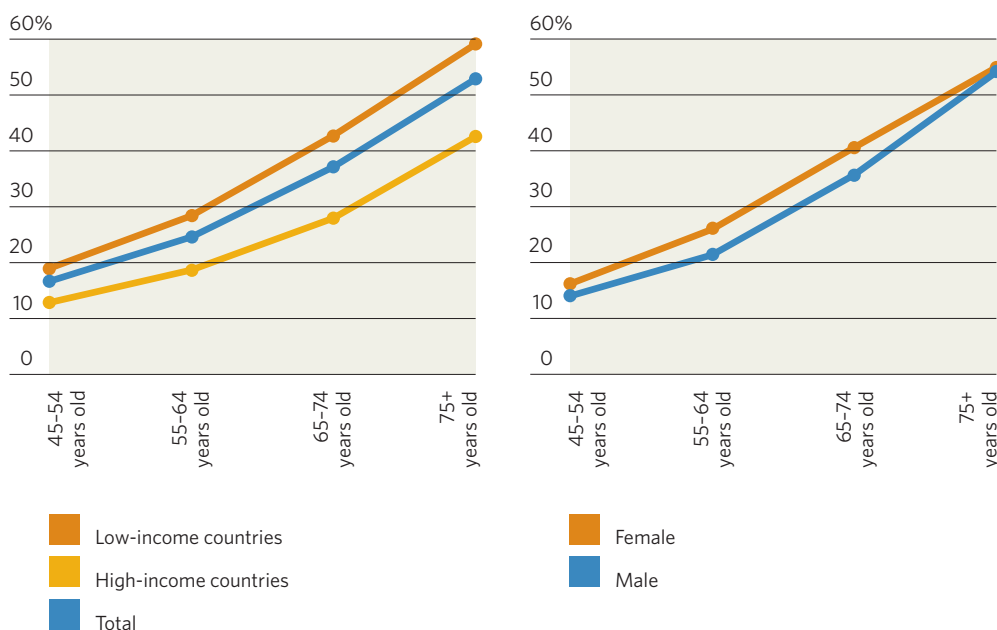
Source: World Health Organization, Health statistics and health information systems, www.who.int/healthinfo/global_burden_disease/metrics_daly/en

Table 3: Prevalence of moderate and severe disability in adults aged over 60 years by leading health condition associated with disability, in developed and developing countries

	Developed countries (millions)	Developing countries (millions)
Visual impairment	15.0	94.2
Hearing loss	18.5	43.9
Osteoarthritis	8.1	19.4
Ischaemic heart disease	2.2	11.9
Dementia	6.2	7.0
Chronic obstructive pulmonary disease	4.8	8.0
Cerebro-vascular disease	2.2	4.9
Depression	0.5	4.8
Rheumatoid arthritis	1.7	3.7

Source: World Health Organization, *World Report on Disability 2011* (Geneva, 2011).

Figure 4: Age-specific disability prevalence, derived from multidomain functioning levels in 59 countries, by country income level and sex



Source: World Health Organization, *World Report on Disability 2011* (Geneva, 2011).

The prevalence of disability increases with age (Figure 4) and older men and women in developing countries are more likely to have a disability than those living in developed countries. Although women generally live longer than men, they have higher levels of disability. This may be partially explained by less access to health care.

In developing countries, visual impairments are by far the biggest cause of burden of disease. This burden is more than three times that experienced by older people

in developed countries. These impairments are mainly due to refractive errors, cataracts, glaucoma and macular degeneration (Table 4). Yet a significant proportion of these problems can be corrected or resolved at very little cost.

Age-related hearing loss is a common but often overlooked cause of disability. Untreated hearing loss affects communication. It can contribute to social isolation and loss of autonomy, and is associated with anxiety, depression and cognitive decline.

Table 4: Years living with disability from visual disturbance per 100,000 adults over age 60 by developing status

	Refractive errors	Cataracts	Glaucoma	Macular degeneration
World	1,869	1,478	430	912
Developed countries	666	222	256	780
Developing countries	2,621	2,268	538	991

Source: World Health Organization, *World Report on Disability 2011* (Geneva, 2011).

Dementia – a global concern

Dementia is the greatest cause of years lost due to disability in developed countries and the second greatest worldwide. The estimated prevalence of dementia in persons over 60 ranges from 2.1 per cent in sub-Saharan Africa to 8.5 per cent in Latin America.¹³¹

Population ageing means that if this prevalence remains constant, the number of people with dementia will continue to grow, particularly among the “oldest-old”. Countries in demographic transition will experience the greatest growth (Figure 5).

The total number of people with dementia worldwide in 2010 is estimated at 35.6 million and is projected to nearly double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050. The total number of new cases of dementia each year worldwide is nearly 7.7 million, equivalent to one new case every four seconds.

Dementia incurs major costs. The total estimated worldwide costs of dementia in 2010 were US\$604 billion.¹³² In developed countries, informal care (45 per cent) and formal social care (40 per cent) account for the majority of costs, while the proportional contribution of direct medical costs (15 per cent) is much lower. In developing countries, direct social care costs are small, and informal care costs (unpaid care provided by the family) predominate. However, changing population demographics in many developing countries may lead

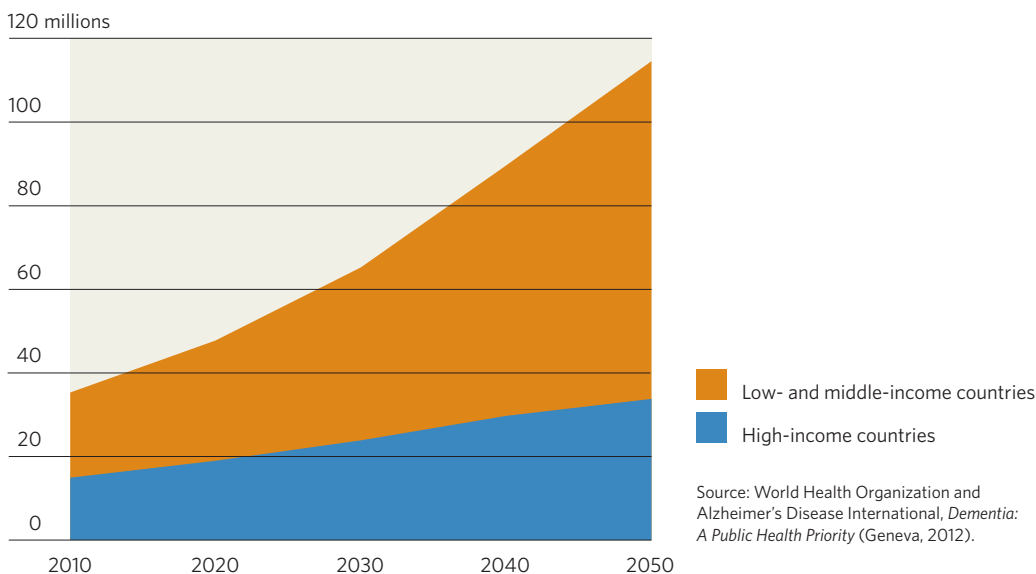
International conferences organized by Alzheimer’s Disease International highlight the need to respond to growing numbers of people with dementia.



to fewer family members being available to provide this care in the coming decades.¹³³

The challenges to governments to respond to the growing numbers of persons with dementia are substantial. WHO and Alzheimer’s Disease International, in their 2012 report *Dementia: A Public Health Priority*, articulated the need for a broad public health approach to improve the care and quality of life of persons with dementia and family caregivers.

Figure 5: Growth in numbers of people with dementia in high-income and low- and middle-income countries



Nationwide caravan to train one million dementia supporters

In 2005, the Japanese Ministry of Health, Labour and Welfare, together with organizations concerned with dementia, launched a 10-year nationwide public campaign, the Campaign to Understand Dementia and Build Community Networks. Central to the campaign is the nationwide caravan to train one million dementia supporters. The objective of this programme is to train, in the next five years, one million “dementia supporters” who understand the disability and provide support to persons with dementia and their families.

Source: International Longevity Center Japan, http://longevity.ilc-japan.org/f_issues/O603.html

The main areas of action are: increase awareness and understanding of dementia; strengthen health and social systems and services to tackle the growing burden; enhance support and services for dementia caregivers and their families; and increase the priority given to dementia in the public health research agenda.

The aims and objectives of the approach should either be articulated in a stand-alone dementia policy or plan or be integrated into existing health, mental health or old-age policies and plans. Some developed countries have launched policies, plans, strategies or frameworks to respond to the impact of dementia. However, by 2012 only eight countries worldwide had national programmes in place to address dementia. Some countries have regional or sub-national-level plans or programmes.

Injuries and other issues

Injuries, particularly those caused by falls, in older persons are an often unrecorded but frequent event which may start a downward spiral in health status, resulting in death or long-term care needs.

Approximately 28 to 35 per cent of people over the age of 65 fall each year and injure themselves, increasing to 32 to 42 per cent of those aged more than 70 years. Falls may lead to post-fall syndrome, which includes increased dependence, loss of autonomy, confusion, immobilization and depression. Within the year following a hip fracture from a fall, 20 per cent of older people will die.¹³⁴

Yet falls may be prevented through a number of interventions, including clinical interventions to identify risk factors, improving safety in the home, exercises to improve balance and community-based group education and exercise programmes.

Mental health and well-being are core health issues at all ages. While depression is identified as a significant cause of disability and a likely problem in older age, social isolation and loneliness are generally not recorded in population surveys. Changing living arrangements may be exacerbating these issues. For example, in some European countries, more than 40 per cent of women aged 65 or older live by themselves. Facilitating social participation of people in older age groups can not only benefit society, but also help avoid or overcome the loneliness experienced by many people in later life.¹³⁵

Poor oral health is common in older people worldwide. Tooth decay and lack of dental care, severe gum disease, tooth loss, ill-fitting dentures, dry mouth, oral cancer, and oral pain and discomfort are conditions that impair quality of life. But again, older people are under-served because of the high cost of care, and poor availability and accessibility of oral health services.

Palliative care

Many of the common causes of death in older age may be associated with pain and distress. Yet in many countries, access to effective pain relief is extremely limited and millions lack access to any form of palliative care. Palliative care is defined as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual...”¹³⁶

A mapping exercise undertaken in 2011 found that 136 of the 234 countries assessed have one or more hospice-palliative care services established.¹³⁷ Comparing the development of palliative care between 2006 and 2011 shows that the most significant gains have been made in Africa. The limited access to palliative care is reflected in the use of opioid analgesia per person (the use of pain relievers that act on the central nervous system). In many countries, access to opioids is severely limited, even for treatment of severe pain at the end of life. People living in the poorest countries tend to have much less access than those in developed nations.¹³⁸

Training in palliative care

The Hospice Palliative Care Association of South Africa is offering training courses for professional and non-professional health-care workers in a number of centres throughout the country. Courses include home-based care, bereavement support care, palliative nursing care, psychosocial palliative care and training of trainers.

Source: The Hospice Palliative Care Association of South Africa, www.hpca.co.za/training_courses.html

Risk factors for chronic diseases

The marked variation in disease burden between countries may partly reflect problems in collecting comparable data. But another explanation is that the risk factors for chronic diseases (such as smoking) vary by country. For example, 63 per cent of men over 50 in India smoke, compared with only 11 per cent in Ghana. In China, 51 per cent of women over 50 have high blood pressure, compared with 27 per cent in India (Table 5).

The biggest underlying risk factor for chronic disease in older people is high blood pressure, which can explain 12 to 19 per cent of the total burden of disease in developing countries. Other key determinants are smoking and high blood glucose levels.¹³⁹

In older age groups, the impact of many of these underlying causes is greater in developing countries. This is in stark contrast to the widely-held belief that these health-risk behaviours, and the diseases they cause, are problems of affluence.

Despite the importance of these risks, current approaches to their control in developing countries do not appear to be succeeding. For example, the World Health Organization Study on Global Ageing and Adult Health (SAGE) suggests that while the prevalence of high blood pressure in people over 50 in Ghana and South Africa is around 55 per cent and 75 per cent respectively, only 4 per cent and 8 per cent respectively are receiving effective treatment.¹⁴⁰

Older men and women in Kyrgyzstan learn how to prevent and control diabetes.



HelpAge International

Table 5: Prevalence of risk factors among males and females aged 50 or older across six countries

Risk factor	China		Ghana		India		Mexico		Russian Federation		South Africa	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Current daily smoker	50.9	3.0	11.3	3.7	62.9	30.2	18.8	8.5	39.5	4.9	22.9	16.6
Heavy drinkers	15.2	0.8	4.1	1.2	1.2	0.1	14.9	0.6	20.3	3.4	6.0	2.5
Insufficient nutrition	33.6	33.7	69.6	67.3	87.9	93.5	74.6	86.0	78.9	77.2	63.2	70.4
Obese	3.4	7.8	6.3	13.6	1.3	3.0	21.7	34.5	28.0	41.7	38.2	50.6
High-risk waist-hip ratio	45.9	68.8	67.0	89.5	73.8	83.9	91.9	78.2	68.7	57.5	56.0	70.4
Hypertension	49.3	51.4	50.2	54.7	24.4	26.8	48.7	51.4	52.2	53.7	66.6	69.4
Low physical activity	26.8	30.6	22.0	29.0	23.4	26.1	33.2	44.9	21.9	23.4	56.8	63.0

Source: Original World Health Organization research based on the 2012 Study on Global Ageing and Adult Health (SAGE).

Healthy diets and physical activity should not only start early in life but also continue into older ages.

David Spitz/PAHO



Responses: Policies for healthy ageing

Good health needs to lie at the core of society's response to population ageing. Ensuring that people live healthier as well as longer lives, will result in greater opportunities and lower costs to older persons, their families and society. In 2011, the first-ever High-level Meeting on Non-communicable Diseases recognized ageing as a driver of NCDs and the growing impact of Alzheimer's and other forms of dementia.

WHO proposed in 2012 to set global policy targets for tackling NCDs, which individual countries can use to develop national targets. At its 2012 meeting, the World Health Assembly adopted resolutions relating to ageing and health, particularly one focusing on strengthening NCD policies to promote active ageing. This urges Member States to encourage the active participation of older people in society, to increase healthy ageing and promote the highest standard of health and well-being for older persons.¹⁴¹

Member States also acknowledged the need for a coordinated response to addressing mental disorders, specifically including Alzheimer's disease, by both health and social care providers. The delegates recognized that this should include support for care

providers and families, and investment in mental health from the health budget.¹⁴² The development of a global monitoring framework for the prevention and control of NCDs was also agreed, including indicators and a set of global targets. Member States agreed to adopt a global target of a 25 per cent reduction in premature mortality from NCDs by 2025.¹⁴³

A number of countries have mainstreamed the concerns of older persons into their health policies. Bolivia's National Development Plan "To live well" (2006-2010) refers to health promotion and healthy ageing. In Cameroon, the National Reproductive Health Strategy/Policy (2005-2012) is evidence that ageing is being mainstreamed. In Hungary, the National Public Health Programme (2003) explicitly includes older persons. Article 69 of the Law on Health Care of the Citizens of the Kyrgyz Republic refers to the rights of older persons. In Lebanon, the Social Action Plan of 2007 seeks to expand health coverage for older persons suffering from chronic diseases by improving the current chronic disease programme. The estimated cost is US\$5 million a year. The 2007 Mozambique National Health Policy makes reference to older persons as a particularly vulnerable group. Healthy ageing and the prevention of NCDs among older persons are included in the National Health Development Plan (2004-2008) of Senegal.

Many of the determinants of poor health in later life are amenable to low-cost interventions or policies. Actions to discourage smoking, and encourage healthy diets and physical activity should start in early life, but also need to continue into older ages. A lifecourse perspective is required, since, increasingly, the evidence suggests that outcomes in later life depend on earlier outcomes and behaviours.¹⁴⁴ There is strong evidence that policies that foster these behaviours are very cost-effective.

In Indonesia, for example, the National Plan of Action for Older Persons (2009-2014) refers to healthy ageing. The Government of Indonesia has prepared posters on ageing and geriatrics, and leaflets on disease prevention and age-friendly primary health-care services. The South African Government has introduced a number of programmes, including the Healthy Lifestyles Day (2008), the Golden Games Programme (2006), and the Active Ageing Programme (2009/10). In Thailand, senior citizen clubs are a means of promoting good health, for example, through t'ai chi lessons and lectures on nutrition. The Ministry of Tourism and Sports organizes sports activities, and mobile units provide information about physical exercise and checking fitness. In the Russian Federation and in Viet Nam, community-based learning centres disseminate knowledge of the prevention and control of diseases related to old age, training of trainers in physical exercise and organization of open-air exercise clubs.

Even with a greater emphasis on health promotion and disease prevention, however, many older people will still develop chronic diseases. At present, this is particularly true for developing countries. All countries therefore need to develop sustainable, community-based, primary health-care systems that can detect and manage NCDs and their risk factors early, in order to minimize their consequences. These systems need to address the chronic nature of these problems and the co-existence of multiple diseases requiring multiple treatments. They need not be expensive. For example, hypertension can be effectively controlled by simple, generic medication costing, in many cases, less than US\$10 per person per year.¹⁴⁵ Yet, as the SAGE study shows, even this basic care is not accessible for many of the world's older persons.

People with common disorders such as refractory errors, dementia and osteoarthritis can benefit from rehabilitation, assistive devices and living in a supportive environment. However, even with such support, many older people will reach a point when they are no longer able to look after themselves. When this

happens, they must have access to long-term care. More effective linkages are needed between local health service providers and the agencies or individual caregivers responsible for social care.

While health and social care are crucial for older people, numerous determinants of healthy and active ageing lie beyond the health system. The Commission on the Social Determinants of Health, set up by WHO, has made clear that large numbers of older people in both developed and developing countries are vulnerable to ill-health due to other factors such as poverty, lack of education and living in degraded environments.¹⁴⁶ The report finds that countries with more generous pension schemes have lower old-age mortality, and recommends "a concerted effort by donors, national governments, and international organizations" to develop comprehensive social protection programmes.¹⁴⁷

The health and well-being of older people can also be improved by increased social involvement. A review of the effectiveness of health promotion interventions in North America and Europe, targeting social isolation and loneliness among older people, suggests that educational and social activity interventions for specific groups can alleviate social isolation and loneliness among older persons. However, the effectiveness of home visiting and befriending schemes is less clear.¹⁴⁸

The success of WHO Global Network of Age-friendly Cities and Communities© illustrates the enthusiasm within the community and at a municipal level for applying these principles and taking action to create more "age-friendly" environments, including components that lie outside the health system.

As part of this "age-friendly" approach, more attention should be paid to potential discrimination against older people in health-care systems. Research from developed countries has revealed an element of ageist bias in clinical decision-making and resource allocation, and at times an abusive neglect of frail older persons.¹⁴⁹ There is also evidence that poorly-regulated health insurance funds in some countries exclude older people by, for example, unjustifiably large increases in premiums for people over a given age. Little is known, however, about the extent of age discrimination in developing countries due to an absence of data. More generally, much policy debate and research about health policy continues to be framed around misinformed and negative stereotypes.¹⁵⁰

Health-care expenditure

Health-system financing underlies all these issues. Health-care costs might be expected to increase due to population ageing as, in general, health-care expenditures in old age tend to be higher than among other age groups. However, a large share of these costs is not associated with age per se, but is incurred in the year or years just prior to death. Consequently, the increase in health-care expenditure might be caused by an increasing number of people reaching older ages.¹⁵¹

The cost implications of ageing societies, not only for health budgets, but also for long-term care, particularly of the oldest old, are already provoking fierce debate in countries where the demographic transition is well advanced. In developed countries, where curative, acute care and long-term care services are widely available, utilization of these services is growing, and contributing to increased costs. A transition from a home-based to a market-based system will probably lead to very high costs of long-term care of older persons.¹⁵² However, other factors, such as technological advances and growing affluence, play a much larger role.¹⁵³

Self-help clubs for healthy ageing

As with many emerging economies, Viet Nam is experiencing rapid growth of its older population accompanied by a rise in non-communicable diseases. Many older people and their families struggle with low incomes and poor overall health. HelpAge International and partners including the Vietnam Women's Union, Vietnam Association of the Elderly and the Center for Aging Support and Community Development have supported the establishment of 483 intergenerational self-help clubs. Each club has 50-70 members, about 70 per cent of whom are older people, 70 per cent women and 70 per cent poor or near-poor.

The clubs are supported to manage their own activities and become financially sustainable. For example, they support livelihood activities and organize social and cultural events, exchanges and physical exercise. They run health education sessions including nutrition awareness, prevention of non-communicable diseases and self-care. They organize home visits by volunteers and regular health check-ups, as well as distributing publications and training materials on health care and entitlements.

Source: Tran Bich Thuy, HelpAge International, Viet Nam (personal communication, 17 July 2012).

Little is known of the health costs associated with ageing in developing countries, but the rising incidence and the lack of treatment of diseases such as hypertension may give rise to significant treatment costs later in life. Prevention, early detection and effective management programmes are low-cost options for developing countries to manage and contain health-care costs associated with population ageing.¹⁵⁴ Overall, the expansion of the health-care industry associated with rapid ageing can provide attractive opportunities for investment and labour income.¹⁵⁵

Voices of older persons

Many of the older persons who took part in consultations for this report said that they had noticed a marked increase in the availability of health facilities. However, they had varying opinions about provision of services and the attitude of health workers. While some were satisfied with the attention they received, others reported long waiting times or being treated with disrespect. All participants, except those in Northern and Western Europe and Canada, said that drugs in government facilities were often unavailable and that the prices were high.

"I went to the health centre to schedule an appointment with a cardiologist there. They are prioritizing those over 60, so I got my appointment. This is something good." *Brazil*

"Medical services are better now and more accessible." *Ukraine*

"There is a polyclinic with a special geriatric unit that treats people of 75 years and above. This is a big improvement as older people suffer from a lot of non-communicable diseases and need a lot of medication." *Moldova*

"The work of health extension workers in educating people on doorsteps, community discussion on health issues, and the start-up of health insurance ... did not exist 10 years ago and are signs of improvement." *Ethiopia*

"The Government has tried to help us by introducing the LEAP programme [Livelihood Empowerment Against Poverty], at least it has taken care of some of the problems we face as older people with regards to money." *Ghana*

"The Government has done a lot to teach us about health and hygiene, especially through media campaigns." *Bangladesh*

"There are media campaigns to talk about health and programmes on television to learn about AIDS and other health issues." *Cambodia*

"Health professionals from health posts come to this place on the 16th of each month for health check-ups of older people." *Nepal*

Hospital care in Haiti. Older people have noticed a marked increase in the availability of health-care services, though their opinions vary on the provision of services and attitudes of health workers.

Frédéric Dupoux/HelpAge International



"Currently we have some preventive programmes, such as good nutrition, and we have reduced the accumulative effects of those factors which increase the risk of getting degenerative chronic diseases." *Chile*

"I think that the Government cares about older people. One example is the AUGÉ plan [*Acceso Universal con Garantías Explícitas*], the national programme to guarantee universal and equal access to health services, which helps us to deal with some chronic diseases that affect older people." *Chile*

Medicines

"Prescription drugs that should be free are often unavailable and so lots of drugs have to be purchased outside." *Belize*

"While it is true that older people are now easily accessing free medical services, drugs are not adequately available." *Tanzania*

"They give us a prescription in the consultation room but they don't have the drugs. You have to get them outside but this is expensive. We cannot afford the drugs outside. I must insist that poverty is not having somewhere to go to seek care." *Peru*

"Over the last 10 years the services in mental health have worsened, medicines are expensive and there are no free medicines." *Ukraine*

Problems in accessing health care

"Now, it has changed; the Government gives more support to health facilities. The only thing is that everything is possible only with money." *Peru*

"Sometimes when they don't have the means to do the tests, they send us to another hospital which is an hour's drive away. It is far and one spends much more money. If your case is serious, you arrive dead." *Peru*

"There is a doctor who checks my eyesight.... He is no specialist and makes things worse." *Peru*

"Hospitals, clinics and centres for social welfare are usually on the higher floors, in buildings with no lifts." *Bosnia and Herzegovina*

"Older people with disabilities who are members of disability groups have wheelchairs but some older people are seen crawling with no support." *Uganda*

"One has to wait in the queue. You have to look for the best moment. Lunch-time is the best." *Bolivia*



COSE

I cannot claim a discount because I have no ID

“I am a widow living with my daughter, who has mental health problems. My family is dependent on fishing. But because of continuous bad weather conditions, fishing is unreliable. To help our income, I provide a laundry service for my neighbours. I want to accept more laundry jobs but my arthritis does not permit me to do so. I can't sleep due to arthritis.

The doctor told me that I have hypertension. I was advised to take medicines to counter my high blood pressure. I saved part of my small income from laundry jobs to buy the prescribed medicines.

I went to the drugstore but to my surprise, I was not given a discount because I don't have a senior citizen's card or ID. I told them that I am already 75 years old, and showed them my grey hair. The saleswoman told me she knows that I am a senior citizen, but the policy is to present the card. 'Policy is policy,' she insisted. I failed to secure a senior citizen's ID because I don't have a birth certificate, which is the main requirement for issuing an ID. I feel discriminated against because of my age and my poor situation.”

Ligaya Bahillo, 75, Philippines

The way forward: Four steps to better health

On World Health Day in 2012, WHO identified a multi-pronged strategy to foster healthy and active ageing that tackles issues across the lifecourse and in many social spheres:

- Promoting good health and healthy behaviours at all ages to prevent or delay the development of chronic disease: This includes being physically active, maintaining a healthy diet, avoiding the harmful use of alcohol and not smoking or using tobacco products. These behaviours can all reduce the risk of chronic disease in older age. They need to start in early life and continue into older age.
- Minimizing the consequences of chronic disease through early detection and quality care (primary, long-term and palliative care): While we can reduce the risk of chronic disease through a healthy lifestyle, many people will still develop health problems in older age. We need to detect metabolic changes such as high blood pressure, high blood sugar and high cholesterol early and manage them effectively. But we also need to address the needs of people who already have chronic disease, care for those who can no longer look after themselves, and ensure that everyone can die with dignity.
- Creating physical and social environments that foster the health and participation of older people: Social determinants not only influence the health behaviours of people across the lifecourse, they are also an important factor in whether older people can continue to participate. It is therefore important to create physical and social environments that are “age-friendly” and foster the health and participation of older persons.
- Reinventing ageing: Social attitudes must change to encourage the participation of older people. Many current attitudes to ageing were developed during the 20th century when there were far fewer older persons and when social patterns were very different. These patterns of thinking can limit our capacity to identify the real challenges and seize the opportunities of population ageing in the 21st century. We need to develop new models of ageing that will help us create the future society in which we want to live.

Living longer with HIV

Among infectious diseases, HIV remains one of the most serious contemporary epidemics. In 2011, 34.2 million people worldwide were living with HIV.¹⁵⁶ While prevention, treatment, care and support services are targeted almost exclusively at younger age groups, more and more people in their 50s and older are now living with the virus. Millions of older people also continue to be affected as caregivers.

The global increase in the number of older persons living with HIV is largely due to the rollout of antiretroviral therapy (ART), enabling people to live longer. However, a significant minority of older people living with HIV continue to be infected after the age of 50.

Often older persons are at increased risk of HIV infection simply because they are not included in public information campaigns. Diagnosis can be difficult because the symptoms of HIV and AIDS are similar to those of other immunodeficiency symptoms that can occur in later life.¹⁵⁷ Moreover, older persons are frequently – and mistakenly – seen as a sexually inactive group and consequently not at risk of HIV.¹⁵⁸

The past 10 years have seen a significant increase in HIV prevalence in older people. For example, an estimated 3 million people aged 50 and over are living with HIV in sub-Saharan Africa alone.¹⁵⁹ It is estimated that in 2015, half the people living with HIV in the United States will be older than 50.¹⁶⁰ In the Netherlands, 28 per cent of people living with HIV are aged 50 and over,¹⁶¹ and 25 per cent in Sweden¹⁶² and Barbados.¹⁶³

Research undertaken through collaboration between Erasmus and Radboud Universities in the Netherlands, Harvard and Brown Universities in the United States and the Africa Centre for Health and Population Studies in South Africa shows that the total number of people aged over 50 living with HIV will triple over the next three decades to 9.1 million in 2040.¹⁶⁴

Because most HIV prevention campaigns are targeted at younger people, older people are often less knowledgeable about HIV and therefore may engage in risky sexual behaviour.¹⁶⁵ In South Africa, the proportion of men and women 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 – 40 per cent of men aged 50 and over, compared with 87 per cent of those aged 15–24, and 26 per cent of women aged 50 and over, compared with 73 per cent of those aged 15–24.¹⁶⁶

Health-care providers can add to the problems faced by older people living with HIV by failing to inquire about

their sexual activity.¹⁶⁷ Younger health-care providers may feel inhibited about discussing such issues with older people.¹⁶⁸ In sub-Saharan Africa, such barriers may be contributing to lower HIV testing uptake among older women.¹⁶⁹

Health complications

Older people living with HIV face particular health issues. Many, including those who have been managed with long-term combination ART, are at increased risk of developing other diseases, especially cardiovascular disease, non-AIDS related cancers, neurological complications, liver and renal problems, bone abnormalities and “frailty”. They may also have greater adherence difficulties. However, the cornerstone of managing their illness remains treatment with combination ART.

Older people living with HIV are also more likely to need access to more specific non-HIV services than children or younger adults. HIV-specific services will need to be linked and integrated with other specialized services, and also integrated with general geriatric services.¹⁷⁰ It is important for geriatricians, where present, and HIV clinicians and other specialists, to be aware of the increasing number of older people living with HIV, many of whom may be requiring geriatric care and a range of services for numerous interlinked conditions.¹⁷¹

As the number of older people living with HIV continues to increase, their need for medical services will also increase, with the result that the overall costs of providing these services is also likely to increase.¹⁷²

Stigma and discrimination

Alongside health-related challenges, living with HIV has economic, social and emotional impacts on older people. They are more likely to live alone and lack a partner, and may have fewer friends and social support networks than younger people living with HIV.¹⁷³ Many face stigma and discrimination on the grounds of their age as well as their HIV status, which can lead to further isolation and decline in emotional well-being.¹⁷⁴

Striking lack of data

There is a striking lack of surveillance or other strategic information on older people living with HIV. HIV-related statistics published by many international organizations use 49 years as their cut-off point for global reporting.¹⁷⁵ The Political Declaration on HIV/AIDS, adopted by the UN General Assembly in 2011, does not include any reference to older persons and the ways they are affected by HIV.

Radio to raise awareness of AIDS

Research with Ethiopians over 50 found that more than half did not see the need for HIV testing, while only 17 per cent thought that having multiple sexual partners was a risk factor for HIV. At the same time, 81 per cent of older people said that radio was their main source of HIV information.

Radio shows produced and broadcast by Sheger FM Radio and Oromia Radio Agency, were aired over three years in two widely-spoken local languages to raise awareness of the effects of HIV and AIDS on older people. The 20-minute programmes were made in close collaboration with older people living with HIV and older caregivers. They were scheduled in the evening when most older people are at home.

The listeners were encouraged to phone or text their questions or write letters to be included in subsequent programmes. “The case stories presented in the radio programmes gave us the lesson that older people can contract the virus,” said one listener.

Source: Abate Fulas, “Awareness through radio”, *Ageways* 79 (London, HelpAge International, 2012).

The HIV epidemic has led to large numbers of orphaned children being cared for by their grandparents, usually their grandmothers.

Kate Holt/HelpAge International



Key role as caregivers

In addition to the growing number of older people living with HIV, many others are affected by the pandemic as caregivers. With 90 per cent of care for people living with HIV taking place in the home,¹⁷⁶ older caregivers make a vital contribution to this response. In 2007, UNICEF estimated that 40 to 60 per cent of orphaned and vulnerable children in East and Southern Africa were cared for by their grandparents, usually their grandmothers.¹⁷⁷ More recent analysis by the World Bank shows similar statistics, with a high of 81 per cent of orphans in Zimbabwe who have lost both parents and are being looked after by older people.¹⁷⁸

Government response

Older people are included in some national strategies and policies on HIV, and HIV is included in some ageing plans and policies. For example, in Ethiopia, older persons are identified as a major group, both as beneficiaries and contributors, within the Strategic Framework for the National Response to HIV/AIDS. Similarly, in Mozambique, ageing is mainstreamed into the National Strategic Plan for HIV/AIDS 2005-2009.

In Thailand, the 10th National AIDS Plan (2007-2011) includes older persons as a specific target group for interventions. In Cambodia, HIV is addressed in the 2003 Policy for the Elderly. Also in South Africa, HIV/AIDS is addressed in the South Africa Older Persons Policy of 2006. In Tanzania too, specific reference to HIV is made within the National Ageing Policy of 2003. In Kenya, the National Policy on Older Persons and Ageing of 2009 refers to HIV, and persons aged 50 to 64 are included in the Kenya National AIDS Strategic Plan (2009/10-2012/13). Some national surveys are now including prevalence and infection data for people aged 50 and above, including the AIDS Indicator Surveys in Botswana, Kenya and Mozambique.

In the United States, the White House Office of National AIDS Policy has highlighted HIV issues in older Americans. Also in the United States, the Office of AIDS Research within the National Institutes of Health in 2011 set up the Working Group on HIV and Aging. This has initiated a research programme that includes collecting evidence on mechanisms and triggers of functional decline, predictors and surrogate markers of outcomes, intervention research and societal infrastructure, mental health and substance abuse issues.¹⁸²

Training of care providers and health professionals

In developed countries, health-care systems will need to adapt to increasing proportions of older persons. In the United States, the American Geriatrics Society reports that there is one geriatrician for every 2,600 people aged 75 or over. There will be one geriatrician for every 3,800 older people by 2030 if the number of medical students choosing this specialty does not drastically change. There are even fewer geriatric psychiatrists – one for every 10,800 older Americans. This compares to currently one paediatrician for every 1,300 Americans below the age of 18.¹⁸³

In developing countries, demand for health-care systems will change too. Health-care systems will have to accommodate both the needs of the rapidly growing older population and those in the area of child and maternal health. In many of these countries, there is a serious lack of geriatricians.

The increase in the absolute and relative numbers of older persons makes geriatric and gerontological education an urgent need.¹⁸⁴ Health and social-care

professionals, as well as informal caregivers, need improved information and training on the needs of older persons.¹⁸⁵

The out-migration of health-care professionals has led to a decrease in the proportion of health-care workers in the population, which seriously affects the sustainability of health-care delivery. The demand for health-care workers has increased in developed countries because the existing labour force is ageing and there are not enough health-care workers locally. At the same time, there is a growing need for health care because of the ageing of the population and the rise of NCDs. With the speed of population ageing in developing countries of origin, this brain drain of health-care workers will exacerbate the problem.

Provisions for the training of health-care staff in geriatric and gerontological health care are made, for example, in Cambodia, Cameroon, Canada, Indonesia, Japan, Kenya, Nigeria, Saudi Arabia and South Africa. In Latin America and the Caribbean, comprehensive ageing and health-management programmes have been established (see box below).

Ageing and health-management programmes in Latin America and the Caribbean

To address the primary health-care challenges that accompany the ageing population, the Pan-American Health Organization (PAHO) has partnered with the Inter-American Centre for Social Security Studies (CIESS) and the Latin American Academy of Medicine for Older Persons (ALMA) to increase human resources in primary health care for older persons in Latin America and the Caribbean.

Specialization in health management of seniors

This regional initiative develops leadership in ageing and health to better align policies and health services with the needs of older adults. The programme is a theoretical and practical, online education course aimed at current managers and professionals interested in managing programmes and services for older persons and seeking to improve their skills in quality health management for the older population.

Managers undertaking the training receive accreditations leading to better management of services and the establishment of minimum standards in the selection and evaluation of administrators of programmes and health services for older people in the region.

Between 2009 and 2012, 128 students of various professions from 14 countries in the Americas graduated with the specialization, which is available in Spanish, Portuguese and English.

Master's programme in ageing and health management

PAHO and CIESS have promoted the organization of the University Consortium in Public Health and Ageing with more than 18 universities. The Master's programme was created to train competent, motivated, and skilled professionals capable of seeking viable solutions to the health problems of the older adult population. The focus is on finding formulas for promoting health and preventing disabling diseases, lengthening life and improving the quality of life of this population group, and anticipating the demographic, epidemiological, economic, environmental and health challenges of the 21st century.

By encouraging collaboration between universities and schools of public health in the region, the Master's programme promotes integration, continuity and complementarity with the specialization course and increases the human resources available to address the primary health-care needs of the ageing population.

Source: Dr. Enrique Vega, Pan-American Health Organization (personal communication, 5 July 2012).

A number of countries have specific programmes to provide training and information on older persons' care needs, often in the form of university-level courses, for example:

- A graduate degree in Community and Institutional Gerontology Specialization was introduced in Argentina in 2007.
- In Egypt, there is a Department of Geriatrics at Ain Shams University, and a Department of Geriatrics in Family Medicine at Cairo University. The Institute of Public Health in Alexandria offers a Master's degree in Science and a Doctorate in Geriatrics.
- In Finland, there are four chairs of Geriatrics and three of Social Geriatrics. In 2006, the Ministry of Social Affairs and Health commissioned a study on the development of geriatric care and the care of older persons.
- While geriatrics is included in the curriculum of one out of six medical schools in Lebanon, the Lebanese National Committee on Ageing has advocated for further training.
- In Serbia, the Medical Faculty of Belgrade University set up a geriatric specialization programme in 2010.
- In Singapore, there is a Post-graduate Diploma programme in Geriatric Medicine, a Diploma in Gerontological Nursing and a Master's programme in Gerontology.
- A number of universities in Uruguay offer geriatric training, for example, a graduate degree in Geriatrics at the Faculty of Medicine and a graduate degree in Geriatrics and Gerontology at the School of Nursing at the University of the Republic.

Voices of older persons

Those who took part in consultations for this report said that they often experienced the attitudes or lack of expertise of health-care professionals as barriers to accessing adequate health care. This was not reported by older persons in Northern and Western Europe or Canada, however, who were generally satisfied with health-care professionals.

"There has been no specialist training for health personnel so they treat older people as anyone else." *Ghana*

"Some staff in the hospitals are not treating older people well. They claim we are only old but not sick." *Tanzania*

"We have the *barangay* health-care workers but they are serving the whole community and can't pay more attention to us older people." *Philippines*

"They do not examine you nor make a diagnosis. Without seeing us, they prescribe drugs." *Bolivia*

Health check-up in Indonesia. The growing numbers of older people are increasing the need for specialist training of health and social care professionals.



Peter Caton/HelpAge International

Age-friendly environments

“Whatever the circumstances of older persons, all are entitled to live in an environment that enhances their capabilities.” (*Madrid Plan, para. 94*)

An enabling environment is key to the successful promotion of social development. In the Madrid Plan, governments commit themselves to “sound policies, good governance at all levels and the rule of law”.¹⁸⁶

An enabling environment, which includes participatory, transparent and accountable political systems, good governance and recognition of universal human rights, is essential to create inclusive, cohesive societies for all.

Improving the infrastructure

The physical and social environments in which we live are an important influence on our ability to enjoy healthy and active ageing and a good quality of life in older age. Everyone has the right to an adequate standard of housing. In many areas, innovations in housing design have benefited older people. Yet the conditions that many older people live in are often far from adequate. Difficulties accessing transport also deny many older people their right to participate in society.

Housing is a vital issue for older persons. Housing structures have significant implications for older people’s safety and security, and their location can determine how easy it is for older residents to reach essential services.¹⁸⁷ However, housing design often makes no allowance for mobility restrictions caused by age-related health conditions. In developing countries, where much of the population is living in settlements with inadequate water and sanitation facilities, older persons can experience great difficulty in using communal latrines that may be some distance from their house.

Transportation is especially relevant to older persons who may be unable to drive or cope with public transport that is crowded, unsafe, and uncomfortable. Failure to put in place adequate public transport systems can result in increased isolation and the

denial of a range of human rights, including participation and equitable access to services. A study in Ireland, for example, showed that 35 per cent of households that included older people had difficulty accessing public transport and 29 per cent had difficulty reaching a doctor.¹⁸⁸ Transportation is also problematic in developing countries; in Tanzania, for example, older people frequently cite the inappropriateness of the transport available and the costs incurred in travelling to health facilities as major barriers to accessing health care.¹⁸⁹

Global response: Age-friendly cities

In 2007, WHO identified eight factors that might contribute to making a city more “age-friendly”: transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services, outdoor spaces and buildings. Interest from municipalities around the world led to the establishment in 2010 of the WHO Global Network of Age-friendly Cities and Communities©.

Cities and communities join the Network by committing to a cycle of continual improvement to becoming more age-friendly. In the first instance, this involves assessing the age-friendliness of their city or community by consulting older residents and, based on the findings, developing a plan of action which is then submitted to WHO for review. In a second step, cities implement their plan of action and report on their progress, which is evaluated by WHO after five years.

The Network currently has links to more than 400 cities or communities worldwide. Many of these have joined individually, but others are part of the affiliated programmes in eight countries – Canada, France, Ireland, Portugal, Slovenia, Spain, the Russian Federation and the United States.

The experience of the Network is already providing some insight into what might be needed to achieve the vision of an age-friendly community. A key factor is community-driven leadership matched with political support. Commitment at the highest level of city and community decision-making is important.

Government response

Promoting accessible communities for older persons by, for example, ensuring barrier-free public spaces, fostering intergenerational co-residence and providing support for assistive technologies is important for ageing in place. The national policies on ageing of Belize, Indonesia, Kenya, Saudi Arabia and Viet Nam include provisions on accessible communities. Legislation in New Zealand (the New Zealand Retirement Village Act) and the United States (Mortgage Insurance for the Elderly) also promotes accessible communities.

Making new homes accessible

In June 2010, ethnic violence in and around the town of Osh in southern Kyrgyzstan resulted in death, injury and the destruction of approximately 2,300 homes, with 300,000 people displaced internally and massive displacement into neighbouring Uzbekistan. United Nations agencies and non-governmental organizations launched a multi-sector response to address the needs of the affected population.

In two assessments of older people's experience of the response, older people identified shelter as a priority need, expressing particular concerns about how they would be able to repair and rebuild damaged and destroyed homes.

A review of the plan indicated that houses being rebuilt by agencies and government were not always accessible to people with mobility problems, including a number of older persons. The shelter and protection teams worked together to ensure that findings from consultations with older people were integrated into Shelter Cluster activities.

This led the shelter team to redesign the houses intended for older people with mobility problems. The new design adhered to international standards of accessibility and incorporated wide doorways to enable wheelchair access, low windows for greater visibility by people using wheelchairs and at the entrance, ramps and handrails.

Source: HelpAge International, *Protecting Older People in Emergencies: Good Practice Guide* (London, 2012).

Other examples of making environments more age-friendly include:

- In Australia, there is an annual Master Builders Australia National Lifestyle Housing for Seniors Award. Two civil society networks, Aged and Community Services Australia and the Council on Ageing (COTA) formed the Older Persons Housing Alliance in 2009 and have created a National Older Persons Housing Strategy.
- Local governments in Hungary are encouraged to make environments more age-friendly by the Elderly-friendly Local Government Award, set up in 2004.
- In Japan, the Central Traffic Safety Policy Council has developed a Traffic Safety Programme for Older Adults.
- In Mozambique, the Social Action Policy of 2008 provides for a review of current legislation on shelter to ensure that it includes reference to older persons.
- The Nicaraguan Law for Older Persons of 2009 provides for access to an “alternative home for older people at risk” and free urban public transport. A separate law provides for preferential access for older people, or households containing an older person, to social housing projects.
- The Singapore Building and Construction Authority has adopted Universal Design Principles to make the city more age-friendly.
- In South Africa, the Social Housing Act of 2008 addresses the issue of housing for older persons in rural areas. Subsidies are also available for recipients of the Old Age Grant and disabled persons to enable them to build or buy a house.
- In Uruguay, Laws 18340 of 2001 and 2008 provide for grants to make housing available for retired people.

Fixed-rate bus fares for people aged 70 or over make travelling easier for older residents of Akita, Japan.



Akita City Hall

Voices of older persons

During the consultations for this report, older persons indicated widespread dissatisfaction with their accommodation. Even where no poverty or housing shortages existed, reasonable adjustments to their accommodation had not been made to make it age-friendly.

“Housing is really a serious issue; many older people in our community are living in dilapidated houses in disastrous conditions.” *Ethiopia*

“I don’t have a decent house. I made it myself – I cut the grass and prepared beer for people to help me with the actual construction.” *Mozambique*

“We are usually given living space on the top floor, which is uncomfortable due to stairs. We prefer mud plaster one-storey rooms. The concrete floors are cold for us.” *Nepal*

“Plenty of them [older people] live on the side walk. I don’t know what to say, they don’t live anywhere.” *Jamaica*

“The old Soviet buildings don’t have lifts and when I was young I didn’t pay much attention to this. But now it is a big problem for me to go out of the flat, which is on the fifth floor.” *Moldova*

“There are visible improvements in housing for older people. Years ago they had to live with their family or in old people’s homes. Now we can live independently for as long as possible still in a safe environment.” *Austria*

Even when policies are put in place to improve access to transport, for example, by providing free bus passes, older people talk about the discriminatory practice of bus drivers who refuse to pick them up because of their age.

“We have free access to public transport but only if we have identity cards.” *Mozambique*

“Transportation now is very dangerous. We are scared to go out; we could have a traffic accident any time.” *Viet Nam*

“Some drivers do not want to pick up older people because they are weak.” *Ghana*

“We are neglected by the city transport. Drivers abuse us.” *Ukraine*

“Public transport doesn’t reach all parts of the community. It’s hard for older people to get into the city.” *Austria*

Members of a community listeners' club in Niger use radio to exchange ideas and information.



FAO Dimitra Project

Benefits of new technology

Advances in technology over the past decade have transformed the way society works and created tremendous benefits for persons of all ages and in all aspects of their lives including work, health care and social and family life.

Technology can alleviate the disadvantage, isolation and marginalization experienced by many older persons.¹⁹⁰ When asked about their preferred way of accessing information, older persons often mention television and radio. Across the world, mobile phones and the Internet help older persons keep in touch with their families and friends. Technology also ensures more safety at home, facilitates health care, brings new stimuli into older persons' lives and creates greater access to information.¹⁹¹

In Africa, the Dimitra project, supported by the Food and Agriculture Organization (FAO), uses radio to stimulate discussion and exchange of ideas about issues that are important to rural communities. Older women play a prominent role in Dimitra-introduced community listeners' clubs. They often serve as club presidents, acting as a catalyst for social cohesion. In some countries, the listeners' clubs also use solar-powered mobile phones to facilitate information exchange and networking between themselves, radio stations and representatives of ministries of agriculture (or others) and farmers' organizations. The Dimitra network covers all of Africa with partners in Burkina Faso, Burundi, Cameroon, Democratic Republic of Congo, Ghana, Kenya, Madagascar, Morocco, Niger, Senegal and Uganda.¹⁹²

Research in Finland reveals that persons aged 75-89 show extensive interest in new technology. Two in five older persons said they wanted to communicate with friends using new technology. About 84 per cent used mobile phones and 70 per cent, particularly in the younger group (aged 75-79), said they felt safer if they carried their phone with them. A quarter of the sample used a computer, one fifth had Internet access and one sixth had e-mail. Those who had close friends and relatives to help them were more likely to go online.¹⁹³

In the UK, 45 per cent of 55-75 year-olds are reported to spend up to 30 hours per week online and 25 per cent are considered "heavy users" (spending more than 30 hours a week). Forty-seven per cent use either Skype or instant messenger services to communicate, and a quarter stream films or television programmes at least two to three times a month. One third of over-55s use the Internet to access social networks, with the over-50s being Facebook's fastest-growing audience.¹⁹⁴

In the UK, **45** per cent of 55-75 year-olds are reported to spend up to **30** hours per week online.

Age-sensitive technology can facilitate longer working lives. For example, telecommuting – paid work away from the workplace using technologies such as mobile phones and networked computers – has benefits for older workers.¹⁹⁵

Studies have shown that with adaptation to the cognitive, sensory and physical changes of ageing, technological training facilitates older workers' effectiveness in the workplace.¹⁹⁶ However, poor design, as well as constraints such as lower literacy levels among older persons, particularly older women, can be a barrier to accessing some technologies.¹⁹⁷

Other barriers include lack of confidence or interest. For example, a study of older persons in the workplace in England in 2010 showed that many believed that it was not only beneficial but necessary for older persons to both gain and maintain skills. However, it was also recognized that older persons were often “frightened to death” of modern technology and it was a lack of confidence in their own abilities or low self-efficacy that prevented them acquiring further information technology (IT) skills.¹⁹⁸

Technology has also brought great improvements in health care. Use of technology in primary health-care programmes can have excellent outcomes for older persons. Electronic health monitoring and assistive devices help older persons to become or remain more mobile. One telehealth programme in the United States resulted in a 19 per cent reduction in hospitalizations and 25 per cent reduction in bed days of care for patients using the system, in addition to lower costs and high patient satisfaction.¹⁹⁹

However, the application of advances in medical technology to support older persons is often uneven across age groups. A study in Sweden found that the use of such technology is initially restricted to the younger old and is gradually extended to older age groups.²⁰⁰

While technology is already playing an increasing role in all aspects of older persons' lives, it is likely that future generations of older persons will be able to make even more use of technology. The survey undertaken with the participants in the consultations for this report shows that, already, 61 per cent of the respondents use a mobile phone.

Keeping up with new technology in the Czech Republic.



Zivot 90

Cash transfers with smartcards

In Kenya's remote Turkana region, a largely pastoralist community, older persons used new technology to receive cash transfers through the Government's Hunger Safety Net Programme.

Recipients were paid through a network of agents, typically local shopkeepers. Each agent was provided with a point-of-sale device connected to the bank via a phone network. A smartcard enabled programme recipients to collect payments from the agent. Agents paid out their own cash, and were reimbursed by the bank, with a small commission.

This approach increased the number of pay points and reduced travel and waiting times for older recipients with poor mobility. Despite low literacy levels, most older recipients did not find the new technology a barrier to collecting their payments. “I find the process very simple. I don't see anything strange or highly technical,” said one older recipient.

Source: HelpAge International, “Social protection for older people in Africa, Part 3 – Kenya” (2010). Available from www.youtube.com/watch?v=RlyP9aDij8

People on the move

The Madrid Plan also calls for addressing the challenges which societies face as a consequence of migration, urbanization and population ageing.²⁰¹ When younger generations migrate in search of work, older persons are often left behind in rural areas in deprived living conditions and with poor infrastructure. The number of older persons, however, is increasing most rapidly in urban areas of developing countries.²⁰²

While both urban and rural areas are experiencing population ageing, rural areas face a proportionately greater increase in the number of older persons than urban areas. This is particularly true for rural areas of developing regions that are home to nearly 40 per cent of the world's older population, while only about 10 per cent live in the rural areas of developed regions.²⁰³ At the same time, urban areas of developing countries are experiencing a rapid increase in the number of older people.

Higher fertility rates in rural areas and high rates of out-migration of the working-age population from rural to urban areas, are resulting in decreasing numbers of persons of working age in rural areas. In the past few decades, globalization and economic growth have led to unprecedented numbers of people migrating. In 2009, 214 million people were living as international migrants.²⁰⁴ Millions of older people are affected, either as migrants themselves, or because they have stayed behind, often looking after children whose parents have migrated.

More older migrants

It is common to think of migrants as younger people. However, a significant proportion of international migrants – 17 per cent – are older people.²⁰⁵ Of the total population of people over 60, approximately 4.5 per cent are migrants. The number of older migrants is expected to grow further as the overall number of migrants increases.

Later-life international migrants have very different backgrounds and experiences. Although some people move in later life, most older migrants have arrived in a country earlier in their life and have stayed on. Many of these migrants have had little education and have worked in low-paid manual jobs and, in comparison with host populations, they have had a lifetime of disadvantage.²⁰⁶

A small proportion of those who move in later life do so to escape conflict and seek refuge from persecution. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), approximately 5 per cent of all refugees and people in refugee-like situations at the end of 2010 were aged 65 or over.²⁰⁷ In some operations though, older persons made up more than 30 per cent of the population.²⁰⁸ Older refugees mainly come from and move to developing countries.²⁰⁹ The needs of later-life refugees are often overlooked because they constitute a relatively small percentage of displaced populations.²¹⁰

Another small proportion of older migrants are those with enough pension income and savings to move to a country of their choice. Numbers in some countries are substantial. For example, approximately 1.5 million United States retirees are estimated to be living abroad.²¹¹ Approximately 1 million British expatriates living abroad receive a state pension.²¹² Many countries are trying to attract more retirement migrants. Retirement migration can be a powerful form of direct foreign investment. One study of United States retirees in Mexico and Panama found that they “bring human and financial capital to their new communities”.²¹³

Some older people who migrated earlier in life decide to return to their country of origin. According to the Mexican Health and Ageing Study, approximately 9 per cent of respondents aged 50 or over living in Mexico reported having lived and worked in the United States.²¹⁴ Many developing countries are trying to engage with their diaspora and encourage older people to return home.²¹⁵

Staying behind – ageing in rural areas

The majority of older people in developing countries still live in rural areas. One important reason for the growing proportion of the rural older population in developing regions is rural-to-urban migration of younger adults. As a result, rural areas usually have more children and older persons compared with the working-age population, especially in developing countries.²¹⁶ The presence of older persons makes it possible for younger family members to leave in search of work. A study from Kyrgyzstan, one of the most remittance-dependent countries, shows that more than half of the migrants' families consist of grandparents and grandchildren.²¹⁷ With an official estimate of 600,000 migrants, this leads to a significant number of vulnerable households, mainly in rural areas. The study points to the physical and psychological strain felt by older caregivers.

Workers in rural informal labour forces tend not to retire from work, but to adjust the amount and type of their activity. Many continue to farm. Although evidence is limited, there are indications that farm workforces in developing countries are ageing.

For example, an FAO study on rural ageing and farm structure in Thailand found that the proportion of the agricultural workforce under 40 years of age fell by almost 20 per cent between 1985 and 2003 and the proportion aged 60 or over doubled, although from a low base.²¹⁸ The Indonesian Ministry of Agriculture estimates that almost 80 per cent of the nation's 140 million farmers are now aged 45 or older, compared with an average age of 40 three years ago.²¹⁹ In a decade, the average age of China's population of working farmers is predicted to be over 50, or even over 60.²²⁰

In Zimbabwe, a 2012 study found that 15-20 per cent of all farmers are older persons and that the proportion of older smallholder farmers is increasing. Among these, older women are the majority. The study also revealed that there is no inherent difference in older people's capacities to produce food surpluses for the market and respond innovatively to cash cropping and livestock rearing opportunities.²²¹

Rural ageing has major implications for the composition of the rural labour force, patterns of agricultural production, land tenure, social organization within rural communities, and socio-economic development at large. The problem of an ageing agricultural labour force is that challenges such as environmental degradation, climate change and limited agricultural technology tend to affect older farmers more than their younger, healthier and better-educated counterparts. This is compounded by discrimination against older rural people in accessing credit, training, and other income-generating resources.

Processes such as diffusion of new agricultural technologies and introduction of improved seeds and tools often bypass older farmers, as many have neither the financial resources to buy additional inputs, nor the skills (for example, literacy) and energy to invest in adopting new practices. Because of gender divisions in agricultural production that influence opportunities to obtain credit and training, or to participate in market exchanges, older women are particularly disadvantaged. It follows that in countries where the agricultural labour force is ageing, there is an urgent need to adapt farming technologies and agricultural policies to the capacities and needs of older farmers.²²²

Living off the land in Peru.
Rural-to-urban migration of younger adults has contributed to an increasing proportion of older people in rural areas in developing regions.

Antonio Olmos/HelpAge International



Without an income I depend on my sons

"I live in Tyanglaphant Kirtipur Municipality in Kathmandu because my youngest son is working here. I used to be a farmer with a house and land in a village; I spent more than 70 years there. I brought up nine children, gave them an education and got them settled after marriage. My six daughters moved to their husbands' homes and my sons also married and moved to different cities for work.



Geriatric Centre Nepal/NEPAN

Now, there is no one to take care of my farm. When my wife died three years ago, I called my three sons and told them of my health problems. I divided my property among my sons. They decided to take care of me in turn and I now stay at one son's place for a year in rotation.

I find it difficult to adjust. I am now staying with my youngest son in Kathmandu and I feel lonely. I have not been able to visit my community in Gorkha for the last three years; I miss it very much. I feel homeless, even though I have a house, property and nine grown-up children. In Kathmandu I feel as if I am in jail.

I have no source of income. I depend on whatever the son I am living with provides for my pocket money. I have a piece of land as security for old age, but from that land I do not get anything. In this situation what can I give to my children when they come to get blessings from me for festivals?

In the city it is difficult, I do not have friends to share my feelings with and everything costs too much. In the village younger people respected me. I think of my property in the village and wonder if the house has fallen down due to lack of care."

Shrikant Pant, 81, Nepal

Ageing in urban areas

Migration has contributed to the rapid growth of cities. Already, more people worldwide are living in cities than in rural areas – and the move to cities is happening at a record pace.²²³

The combined effect of population ageing and urbanization means that in developing countries, the number of people over 60 living in cities may grow to over 900 million by 2050 – making up one quarter of the total urban population in developing countries.²²⁴

As major economic and social centres, cities offer prospects for improving quality of life. In principle, urban areas offer more education and employment opportunities, better health-care and social services, basic services such as water and sanitation and more recreational facilities, as well as greater access to information and new technologies. These are important considerations for older persons and their families, who may require such services for family members as they age. Proximity to neighbours in urban areas is often a welcome feature for older persons who live alone. In addition, well-planned cities are more likely to offer more housing and transportation options that facilitate the mobility of older persons, enabling them to participate actively in community life.²²⁵

Urban life also has negative aspects for older persons. Factors that affect health, such as heat waves and pollution that can bring on respiratory diseases, can be particularly dangerous for frail older people.²²⁶ While some older persons enjoy the rapid pace and excitement of urban life, others may be less tolerant of the noise pollution that is common in many large cities.

Challenges

Relatively little research has been conducted on migration in older age groups, and data on the subject are limited. Existing studies have focused mainly on one type of migration in later-life – retirement migration. In addition, studies tend to address the needs of older migrants in developed regions, and few have analysed movements between developing countries – so-called South-South migration. Furthermore, there is a dearth of studies on policy responses to “later-life migration”. In developing policies for older people, it is important that policymakers become more aware of the special needs of older migrants.

Many older migrants face disadvantages linked to their migrant status. In a number of developed countries, older migrants experience higher rates of poverty and more health problems than older nationals.²²⁷ The Survey of Health, Ageing and Retirement in Europe (SHARE), conducted in 2004, found that migrants had much poorer health than nationals in several European countries, including Denmark, France, Germany, the Netherlands and Switzerland.²²⁸ In the United States, the total personal incomes of older immigrants are about 20 per cent lower than those of older nationals.²²⁹

Language barriers can exacerbate problems associated with accessing services and increase social isolation. Studies indicate that anxiety and depression are more prevalent in older migrants than in older age native populations.²³⁰

Despite their numbers, older migrants are often over-looked in migration and social policy debates. Public policies to promote migrant integration have become more extensive than they were, but nonetheless tend to focus more on the needs of younger people.²³¹ It is often assumed that it is not worth investing in the integration of older migrants, either because they will return home after retirement or because they are “too old” to integrate.

Responses

In 2007, the Council of Europe took steps to better protect the human rights of older migrants by issuing a recommendation on the situation of older people in Europe to its 47 Member States. Recommendation 1796 (2007) urges States to sign and ratify the European Convention of Social Security (ECSS) to help older migrants to retain their rights to old-age pension

benefits when returning to their countries of origin. However, as of July 2011, only eight Member States had signed and ratified the convention (Austria, Belgium, Italy, Luxembourg, the Netherlands, Portugal, Spain, and Turkey).

The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families has been described by the United Nations as the most comprehensive international treaty on migrant worker rights. It is the only human rights convention to include references to age discrimination. However, its impact has been limited because only 46 Member States had ratified it by mid-2012, and none was a major migrant-receiving country.²³²

A number of countries have recently implemented policies and programmes to meet the needs of older people in rural areas. The 2005 Belize Rural Development Plan grants older persons in rural areas access to credit. In Bolivia, the least urbanized country in Latin America, most policies have a special section focusing on the needs of people in rural areas, for example, the *Renta Dignidad*, a social pension benefit, and the health insurance for older persons.

In 2006, Canada’s Federal, Provincial and Territorial Ministers Responsible for Seniors endorsed the Age-Friendly Rural and Remote Community Initiative. This aims to engage older persons and their communities in making their communities healthier and safer places. In Indonesia, the Law on the Protection of Sustainable Food Agricultural Areas of 2009 mainstreams older persons’ needs. In the Russian Federation, a federal law provides for the availability of medical supplies in rural areas, which applies especially to older persons.

Swiss minibus information tour

In 2005, the Swiss Foreign Minister launched a 15-month nationwide bus tour that disseminated information to later-life migrants about pension benefits and the country’s social and health systems. The “migration bus” worked with local organizations and institutions in 40 destinations where immigration has played a role.

Many older migrants did not know that they had the same entitlements as Swiss-born pensioners. In addition, promoters also hoped to raise awareness among the general population of the needs and contributions of older international migrants. Together these activities would spread accurate information, decrease poverty and improve the health status of older immigrants, help curb discrimination and aid the process of integration.

Source: Swissinfo, “Info bus for elderly immigrants hits the road”, 16 August, 2005. Available from www.swissinfo.ch/eng/Home/Archive/Info_bus_for_elderly_immigrants_hits_the_road.html?cid=4665954

Voices of older persons

Older men and women who took part in consultations for this report said they viewed migration with mixed feelings. The emigration of younger generations leaves them feeling isolated, although this is reduced by telephone contact. Many have young children in their care. Some feel that the departure of younger workers has helped to improve the employment situation of older people. Remittances sent by migrant workers help financially. However, if older people do not receive any remittances, their financial situation can be worse. The fact that a child is working abroad can mean that older men and women are denied welfare payments because it is assumed that they are receiving income from abroad.

“Most of the young people are shifting from villages to towns to seek employment.” *Tanzania*

“We don’t want to try our luck in the cities because we are afraid of living under the bridge and begging in the streets like older people we see on television.” *Philippines*

Improving livelihoods in rural China

There are approximately 400,000 older people-led associations in China. In 2009, the China National Committee on Ageing, the Shaanxi Provincial Committee on Ageing and HelpAge International started a three-year project to see if these associations could be strengthened to reduce poverty and improve the health of older men and women in rural China. Shaanxi is an under-developed western province and old-age poverty is widespread. There are five million older people in the province.

The project was evaluated in May 2012 by the China Agricultural University in Beijing and the results are impressive. Farming efficiency was improved and the income of the older people had risen substantially. People’s health status had also improved. More were visiting the doctor regularly, and some village doctors reported increased income. Training programmes boosted health workers’ understanding of older people’s issues and improved their health status.

As a result of the project, awareness among older people of local services and entitlements has increased. Many associations have leveraged outside resources from the health, poverty and agricultural departments of local governments. Leaders of older people’s associations said that the management of the clubs was more systematic, they were more active and membership had gone up.

Source: Liu Lin, Li Fan, Guo Chaonan and Yu Xu, “Results and impacts: Final evaluation report, Promoting older people’s participation in development in rural China”, College of Humanities and Development Studies and China Agricultural University, evaluation report prepared for China National Committee on Ageing, the Shaanxi Provincial Committee on Ageing and HelpAge International, May 2012.

Raised plots for easier access

The Food and Agriculture Organization has supported a number of projects to improve the nutritional security of vulnerable older people. For example, a project in Lesotho focused on increasing homestead vegetable production through the promotion of keyhole gardens. A keyhole garden, so called because of its shape, is a round, raised plot supported with stones and covered with layers of locally-made compost. A central basket, filled with grass and leaves, is used for irrigation. A small pathway leads to the central basket, allowing a person to reach all parts of the plot and work it without bending. Assessments in Lesotho showed that keyhole gardens significantly improved access to a variety of foods. They have been replicated in other parts of sub-Saharan Africa.

Source: United Nations Food and Agriculture Organization, Nutrition and HIV/AIDS: Keyhole Gardens in Lesotho (Rome, 2008). Available from www.fao.org/ag/agn/nutrition/docs/FSNL%20Fact%20sheet_Keyhole%20gardens.pdf

Ageing and environmental change

Climate change, the increasing risk of natural disasters and ageing are some of the biggest issues facing humanity this century. But links between them are rarely made. Older men and women are among the most vulnerable people to the impacts of natural disasters and environmental change. Their vulnerability is due to age-related issues such as chronic diseases, reduced mobility and strength, and impaired sight and hearing. High levels of migration leave them even more vulnerable, as they are often left behind to care for grandchildren in environmentally risky conditions.

This situation will only grow more precarious with climate change, population ageing, migration, continued environmental degradation and unsustainable resource use. Most of the world's older people are in developing countries where vulnerability to changes in climate and natural disasters is at its highest. In Ethiopia, for example, some older persons reported going hungry because there was less food due to declining crop yields, loss of pasture and the rising cost of food.²³³ Some lost assets and status in the community when their animals died as a result of the drought.

Older people also face life-threatening health risks during increasingly common heat waves, and are at greater risk of malaria and water-borne diseases.

Older persons have a unique role to play in sharing their knowledge and experience of managing changes in their environment. For example, in the Thar Desert in India, agriculture is extremely vulnerable to drought. In the absence of other occupations, agriculture remains the primary livelihood for most families. Agriculture in the Thar Desert would not be possible without the active contributions of older farmers who use their knowledge of seeds, watering of plants and crop protection methods, as well as their physical labour on farms. Older people have reintroduced the construction of farming dykes, called *khadins*. These dykes retain moisture from limited rainfall and result in a significant crop yield. The technology had been forgotten and has now been revived, providing great benefits to farmers.²³⁴

Older people often have much greater attachment to places and therefore a deeper understanding of the need to manage their environment. They are more likely to recognize the longer-term relationship between people and their livelihoods, well-being and the environment. For example, in Bolivia, which is prone to floods and drought because of the changing climate, older persons have used traditional knowledge of agricultural techniques known as *camellones*, raised island banks planted with a variety of fruits and vegetables. The banks retain water in times of water stress and

Families in the drought-affected Bolivian highlands have set up systems for conserving water and irrigating crops.



HelpAge International

protect crops from flooding in lowland areas. The banks' ponds are dug in between and populated with fish which helps to diversify the community's income and make it more adaptable and resilient to changing climate conditions.²³⁵

Similarly, older persons in Mozambique have built wells to improve access to water for irrigation and have planted drought-resistant plants such as cassava and sweet potato.²³⁶

In the Bolivian lowlands, a number of NGOs are working with the Chamani ethnic group to recover local knowledge on adaptive strategies, drawing on older people's considerable knowledge of environmental change and means of adaptation. For example, they are observing birds' nest-building sites to tell whether there is dry or wet weather ahead.²³⁷ In Kenya, older people forecast weather patterns using the sun and moon and by observing the trees.²³⁸

Despite older people's potential contribution, as well as their specific vulnerabilities, however, they continue to be excluded from debates on climate change and disaster risk reduction. Contrary to the common perception that, because the climate is changing, older people's knowledge is now obsolete, older people's experience of disasters and their knowledge of coping mechanisms can be critical to the development of local disaster risk-reduction and adaptation plans. Combining local knowledge with broader scientific knowledge is key to dealing with adaptation to climate change. It is also necessary to have a better understanding of the impact of climate change and economic migration on older farmers and on older persons' food security.

Protection in emergencies

“Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction.” (*Madrid Plan, para. 54*)

Each year, about 350 million people are affected by crises and disasters.²³⁹ Natural disasters are on the rise and the effects of climate change mean that the number of people affected by emergencies is predicted to rise dramatically in the next decade.

In emergencies, older people can contribute their knowledge and experience to emergency relief and rehabilitation efforts. They also face particular risks and should be identified as a vulnerable group. Yet the

Right to assistance

Older persons have the same right to access humanitarian assistance as other age groups. The humanitarian principle of impartiality means that humanitarian aid should be provided on the basis of need, so that particularly vulnerable groups receive appropriate assistance. It requires the needs of all potentially vulnerable people to be assessed and analysed, and assistance to be guided by this analysis. However, older persons have historically been overlooked in all stages of humanitarian work.

The lack of attention to older people was highlighted in a 2010 review of the Consolidated Appeals Process (CAP), which is used by humanitarian organizations to collaborate on appeals presented to the international community and donors. The review showed that fewer than 5 per cent of the projects proposed for recent crises made any reference to older people as a vulnerable group. Fewer than 1 per cent of proposed projects and only 0.2 per cent of funded projects included activities targeted towards older persons.²⁴²

Further research on humanitarian funding targeted at older persons and persons with disabilities through the CAP and Flash Appeals (for rapid-onset emergencies) in 2010 and 2011 showed similar results, with less than 1 per cent of humanitarian aid targeting these two groups.²⁴³

CAP has worked with HelpAge International to develop a training module for humanitarian aid coordinators for older people. In 2011, CAP started monitoring the use of targeted and mainstreamed indicators. By disaggregating data on an individual basis, CAP will hopefully ensure that the specific needs of groups such as older people are addressed.

Source: Jennifer Baird and others, *A Study of Humanitarian Financing for Older People and People Living with Disabilities, 2010-2011* (London, HelpAge International; Lyon, Handicap International, February 2012).

needs and capacities of older people continue to be widely overlooked in all stages of emergency responses.

The fact that people aged 60 and over now make up more than 11 per cent of the world's population means that a significant proportion of those affected by emergencies are likely to be from this age group. In some areas, high HIV prevalence, low birth rate, conflict and economic migration mean that much higher proportions of older people may be affected. Older people often make up a high proportion of those living in displacement camps. In the Gulu District of Northern Uganda, for example, 65 per cent of people still living in displaced persons' camps in 2009 were aged over 60.²⁴⁰

All humanitarian assistance should consider the contributions as well as the vulnerabilities of older people. Emergencies affect older people in different ways, depending on their individual circumstances and the nature of the emergency. Older people have different capacities and needs and they contribute in different ways to their communities. They should not simply be seen as passive, dependent recipients of aid. Many are working to support themselves or their families and require assistance to re-build their livelihoods after a crisis, particularly those who are primary caregivers for children.

Older people's experience of how communities have recovered from previous crises can contribute to effective response and recovery. Older men and women can give advice and contribute to peace and reconciliation measures, helping to improve the well-being of their families and communities.

Older persons can play a significant role in disaster risk reduction programmes, making preparations to protect themselves and their communities from natural disasters. This may be through hazard and vulnerability mapping, being trained in emergency distributions or providing post-disaster counselling. For example, in Bolivia, the local *Brigadas Blancas* (self-named “White Brigades” due to the colour of their hair) are being trained in prevention and disaster action planning. The White Brigades are responsible for registering and identifying vulnerable older people, recognizing risks, building an emergency preparedness plan, and participating in drills. They also work to reduce risks and take action during an emergency situation, identifying the needs of other older persons and helping to facilitate and access humanitarian aid.²⁴¹

A refugee in Dadaab, Kenya. A survey found that many older people in the camps were in need of nutritional support.

Benjamin Schilling/HelpAge International



Challenges

Older people also face particular risks in emergencies. They may have difficulty in reaching food and water distribution points or accessing temporary shelter. Many have common age-related conditions that, without medication, become life-threatening. In many cases, older people find themselves taking care of children whose parents are missing.

Older people also have specific nutritional needs for micronutrients, protein and food that is easy to digest, which are sometimes lacking in general food rations. Older persons are seldom screened for malnutrition or included in nutrition surveys or therapeutic feedings. A survey in Kenya in 2011 showed that up to 840 older people living in the Dadaab refugee camps were in need of nutritional support, yet no humanitarian agencies had focused on their needs.²⁴⁴

It is not enough to assume that older people will benefit from programmes targeting the general population, or adults specifically, or that they can always rely on family or community support. The idea that older relatives are always cared for by their extended families is incorrect. Migration and high HIV prevalence in areas such as sub-Saharan Africa have led to increasing numbers of “skipped-generation” households consisting of older people and children. Furthermore, emergencies cause confusion and social breakdown and can leave older people isolated.

Older refugees are more likely to experience social isolation. Many come from societies where older people are highly regarded for their wisdom and traditional knowledge, but are then resettled in areas where their social roles are diminished.²⁴⁵ Language barriers further

isolate older people who find learning new languages more difficult, making them more dependent on younger family members.²⁴⁶

Isolation is the biggest factor contributing to the vulnerability of older men and women, leaving them without access to services or information, and placing them at heightened risk of violence, including sexual and domestic abuse, exploitation, and discrimination. As with children, it is important that vulnerable older people who are separated from their families receive protection and access to family tracing and reunification programmes. For example, in Georgia in 2008, older people arrived in collective centres later than other members of their families and suffered delays in being reunited with them.²⁴⁷

Recent emergencies show that the risks for older people are not restricted to the developing world. Even in countries with developed disaster response and health systems, older people are at risk. For example, in the United States, older people comprised 15 per cent of the population of New Orleans when Hurricane Katrina struck in 2005,²⁴⁸ but they accounted for more than 70 per cent of the deaths from the hurricane²⁴⁹ and suffered significant health impacts for over a year afterwards.²⁵⁰

Data collected after the 2011 Japan earthquake show that those over 60 accounted for 31 per cent of the affected population, yet of those killed, 64 per cent were from this age group.²⁵¹ In addition, troops responding to the disaster discovered 128 older patients in a hospital in Futaba, just 10 km from Fukushima power plant, who seemed to have been left to fend for themselves.²⁵²

Shortage of data

Without the effective use of data disaggregated by age and sex, the specific needs of older people remain invisible. However, a study published in 2011 by Tufts University in the United States found almost no documented and published cases in which lead agencies collected age- and sex-disaggregated data properly, analysed the data in context and used those findings to influence programming.²⁵³ When assessment and monitoring data are disaggregated by age, they often only include “under-five” and “over-five” categories.

A global overview of internal displacement by the Internal Displacement Monitoring Centre and the Norwegian Refugee Council, published in 2012, shows that in only 11 countries did governments or partners collect data on internally displaced persons disaggregated by age. This limited the effectiveness of the responses that internationally displaced groups could count on. In only six of 50 countries did national policies make specific reference to older persons.²⁵⁴

Some agencies are taking steps to address this issue. The UNHCR specifically recognizes the vulnerabilities of older people in contexts of forced displacement, and has updated its community development policy to incorporate an age, gender and diversity strategy and a human rights-based and community-based approach. In addition, it is working to increase early identification and case management. For the latter action, UNHCR has made strides with its ProGres registration system which allows staff to disaggregate data to look at specific needs. ProGres is now in operation in 300 camps across 72 countries, serving over 5 million refugees.

The Cluster Working Group on Early Recovery (CWGER) for internally displaced persons, which released its guidance note on early recovery in 2008, incorporated the same approach, including collecting data disaggregated by age, sex, ethnicity, rural and urban residence, and disability.

Older people identify the most vulnerable

The devastating 2010 earthquake in Haiti left hundreds of thousands of people displaced in spontaneous camps throughout the island. The sheer scale of displacement made assessing needs and identifying the most vulnerable people living in camps an enormous challenge for the humanitarian community. For older people who were unable to reach distributions or registration points, this was a particular concern.

To ensure that assistance reached those most in need, HelpAge International employed a network of 208 older people living in 93 camps to act as “focal points” for the affected older population. Their roles included collecting data related to health needs and information on specific vulnerabilities (for example persons with disabilities), identifying and registering the most vulnerable for assistance, and delivering aid and support to those who were too frail to access assistance.

This model ensured that support reached the most vulnerable older people, who might not have been identified without using existing community knowledge

Frédéric Dupoux/HelpAge International



to confirm who was living in the camp and where. It also ensured that older people were active participants in the recovery, increasing their visibility and highlighting their vulnerabilities and capacities within the community.

Source: Marcus Skinner, “The roles of community networks in vulnerability assessment and response, HelpAge Haiti earthquake response”, internal report, HelpAge International, February 2011.

Global response

In the past 10 years, increasing attention has been drawn to older people's needs. The Sphere Humanitarian Charter and Minimum Standards in Disaster Response, first published in 1998 and reviewed in 2004, recognizes older people as a vulnerable group. In 2011, Sphere was revised again. The resulting guidance identifies the vulnerabilities of older people as an issue which cross-cuts all sectors of humanitarian response. In addition, it includes analysis of the varying vulnerabilities and capacities of different age groups, as well as specific guidance on NCDs.²⁵⁵

In 2008, a review by the Inter-Agency Standing Committee (IASC), a body made up of leading United Nations and NGO humanitarian agencies, representing the highest humanitarian policy forum, made a series of recommendations for responding to the needs of older people in emergencies. These recommendations were published as a brief for humanitarian actors.²⁵⁶

However, a further review in 2010 showed that little progress had been made. Further recommendations focus on improving needs assessment, building the capacity of humanitarian practitioners to integrate older people into humanitarian responses, working with donors to raise awareness of older people's needs and collaborating with organizations focusing on issues such as gender and disability.

Advances have also been made by humanitarian agencies. A significant step was the launch in 2004 of UNHCR's Age, Gender and Diversity (AGD) mainstreaming approach. In support of this work, UNHCR released, in 2007, an Age, Gender and Diversity Mainstreaming Accountability Framework to ensure that clear roles and responsibilities are laid down throughout the organization to achieve gender equality and respect for the human rights of refugees of all ages and backgrounds.²⁵⁷

Guidance materials on older people have also been produced by agencies including UNHCR, the International Federation of Red Cross and Red Crescent Societies, the Overseas Development Institute, and HelpAge International.

Government responses

Older people now have greater visibility in terms of policies and guidelines on emergency responses than they did 10 years ago. The challenge remains to systematically apply these standards.

Examples of national policies, plans or strategies on ageing which refer to emergency and disaster relief exist in Belize, Cambodia, Egypt, Saudi Arabia and South Africa. Assistance specific to the needs of older persons

is more likely to be provided, but is not guaranteed, if ageing is mainstreamed in national humanitarian aid and disaster relief plans and strategies. In Kenya, the 2009 draft National Policy for Disaster Management directly refers to older persons. Examples from other countries show a variety of provisions:

- The AusAID programme in Australia includes older persons as a vulnerable group.
- Guidelines for Evacuation Support of People Requiring Assistance During a Disaster were set up in Japan in 2005/2006.
- In Nigeria, there are ad hoc budget allocations in cases of emergencies to provide immediate short-term emergency relief for vulnerable groups, including older persons.
- In Serbia, a budget of about US\$6 billion was allocated for humanitarian aid to poor pensioners and implementation of a new law for social protection.
- In the United States, the Federal Emergency Management Agency directs some of its advice about emergencies at older persons through the Emergency Preparedness Initiative and the Preparing Makes Sense for Older Americans guide. Local emergency management offices also maintain registers of older persons.
- In Viet Nam, Decree 13/2010/ND-CP provides for humanitarian aid and disaster relief programmes targeted at older persons.

Voices of older persons

The lack of attention to older persons in emergencies was commented on by those who took part in the consultations for this report. Most of those who had been affected by emergencies said they had been given no priority in relief and evacuation, nor any special shelters.

"Last year (with the rains) houses fell and I heard that a lot of people had been helped. But they help children first, because after 70 people can die. Older people are not valued." Brazil

"The Government sent some relief materials during the last flood. But the distribution was poor and only strong people and youths could get any of the materials." Nigeria

"When Hurricane Mitch came nobody protected us. We just gathered on top of our house with the children at daybreak. The next day people came and looked for a way to take us out. They used sticks and boards and that way they pulled us out." Nicaragua

"Older people are not valued or supported. For instance, when famine relief maize was brought to our community, older people were listed but were told to wait until the rest got their share and then nothing was left for older people." Tanzania

Collecting data disaggregated by age

Experience after Cyclone Nargis struck Myanmar in 2008 shows how applying the principles of UNHCR's Age, Diversity and Mainstreaming Approach makes a difference.

The cyclone killed nearly 85,000 people. Approximately 54,000 people were missing and 20,000 injured. The Tripartite core group – ASEAN (the Association of Southeast Asian Nations), the United Nations and the Government of Myanmar – carried out three sectoral reviews that provided data to inform targeted assistance, determine future assessments and accelerate appropriate response and recovery activities.

Observing gaps in the review's information on protection, a HelpAge International expert worked with protection agencies to revise the monitoring questions used. The result was a more detailed analysis and the inclusion of data on older men and women.

The new format standardized the definition of an older person (aged 60 or over), and disaggregated protection data on older people by sex. It also ensured that questions were included on numbers of older people lacking documentation (essential for accessing health care). Age-inclusive questions enabled the protection agencies to measure the impact of Cyclone Nargis on older household heads' ability to earn a livelihood.

Source: HelpAge International, *Protecting Older People in Emergencies: Good Practice Guide* (London, 2012).

Help with collecting cash

The Kenya office of the World Food Programme (WFP) launched a cash programme in October 2010 for 3,700 food-insecure households affected by the drought. Cash was distributed through banks during the harvest season, when food from less drought-affected areas was available in markets.

The banks required recipients to prove their identity with a photo ID card before enrolling for the scheme. However, many older people had no ID cards. Moreover, many were unable to travel some distance to register for the scheme. To overcome these problems, WFP worked with the banks to allow people with no ID to choose a trusted family member to open an account on their behalf. WFP also sent staff to villages with bank representatives to enrol those who could not travel to registration points.

Source: Sheila Grudem, Chief, Humanitarian Policy and Transition Service, Policy, Planning and Strategy Division, World Food Programme (personal communication, 5 June 2012).

Supporting family caregivers

“Where the caregivers are older persons, provisions should be made to assist them; and where they are the recipients of care there is a need to establish and strengthen human resources and health and social infrastructures...”
(*Madrid Plan, para. 101*)

Most people reach a point in their lives when they can no longer look after themselves. Even in countries with well-developed formal care systems, most of the care of older people is provided by their families, especially by women. While many families want to support their older relatives, changing living arrangements and lifestyles are making this harder. New ways need to be found to support family caregivers and provide alternatives to family care. The Madrid Plan calls for the “provision of a continuum of care and services for older persons from various sources and support for caregivers” and for the provision of support for older caregivers, particularly older women.²⁵⁸

In many parts of the world – mainly in developing countries – the majority of older persons live with their children in multigenerational households.²⁵⁹ For the most part, if required, care is provided through informal arrangements by the husband or wife or adult children. In Thailand, for example, adult children and spouses care for 91 per cent of older persons.²⁶⁰ In developed countries, the picture is different. Co-residence with adult children is decreasing rapidly, so that in Japan, for example, co-residence with adult children or grandchildren decreased from 69 per cent in 1980 to 48 per cent in 2001.²⁶¹

Worldwide, the percentage of older persons co-residing with a child or grandchild varies between 4 per cent in Denmark and almost 90 per cent in Bangladesh.²⁶² Even within regions, there are huge differences; while in Guinea more than 85 per cent of older persons live with a child or grandchild, in Gabon only about 50 per cent do so.²⁶³ Similarly, in Europe, older Danes very seldom co-reside with their children and grandchildren (4 per cent), while 43 per cent of older Spaniards live with a child or grandchild.²⁶⁴

Informal care cannot be replaced by formal care; it is complementary.²⁶⁵ The burden of care on informal caregivers – emotional, physical and financial – can be heavy and the challenge for governments is to find ways to support them. Often, informal caregivers are older persons themselves. In Japan in 2002, almost 60 per cent of informal caregivers were aged 50 or older.²⁶⁶ This percentage can be expected to increase steeply over the coming decades as a consequence of population ageing.

In Myanmar, volunteers from older people's associations are providing care to older people in their homes.

Joanne Hill/HelpAge International



Challenges

There is very little research on informal caregivers in developing countries. Definitions and ways of measuring informal care vary widely, making it difficult to assess the extent of informal care or make comparisons. However, evidence from OECD countries shows that 8-16 per cent of adults provide informal care to friends or family members and about two thirds of caregivers are women.²⁶⁷

Caregiving can put a great strain on caregivers. They are at more risk of mental and physical illness, as well as financial pressures.²⁶⁸ Women, in particular, bear the financial penalty of taking time away from paid work, so that they earn less and consequently receive a lower pension.²⁶⁹ They also face the stress of balancing work and household duties. Women who are caring for both children and older family members are under particular pressure.

The proportion of caregivers who are older people themselves is growing. For example, in parts of Africa, millions of older people, especially older women, many of whom require care themselves, are supporting sick relatives and raising orphaned grandchildren. The stigma surrounding HIV can reduce the social support available to these caregivers, increasing their risk of burnout and isolation.²⁷⁰ The rising incidence of dementia is also placing more demands on family caregivers.

Government response

In the past 10 years, many countries, mainly in developed regions, have introduced policies and programmes to support informal caregivers. Australia, New Zealand and the United Kingdom have published national strategies for caregivers. Japan, Finland and Sweden have passed laws supporting caregivers and Hungary has developed a training programme for caregivers.

Some countries have also focused on helping caregivers balance paid work with caregiving duties. Canada, the Russian Federation, the Slovak Republic, Turkey and the United Kingdom have introduced caregiver allowances. Canada and Thailand have introduced tax benefits for caregivers.

To alleviate the stress of caregiving, some countries have implemented comprehensive long-term care systems designed to integrate the needs of both caregivers and care recipients.²⁷¹ Australia, Sweden and the United Kingdom have developed protocols for assessing caregivers' needs and identifying causes of stress.

Other policies include flexible working, family-care leave and financial support either to caregivers or care recipients. Counselling, training and information are also key to supporting caregivers and are often provided through the voluntary and non-governmental sector.²⁷² In countries with high rates of HIV, many NGOs provide group counselling, education and volunteer assistance to caregivers.

Sometimes there are problems putting policies into practice, however. For example, even when respite services are available, caregivers are often reluctant to use them because they are concerned about the quality of care, the impact of the disruption on the person they are caring for, or the cost.²⁷³

Eligibility criteria, such as defining who is the primary caregiver and measuring caregivers' work, can be difficult to assess and may be viewed as arbitrary.²⁷⁴ Restrictive criteria may prevent abuses, but can also limit uptake.²⁷⁵ In the United Kingdom, for example, fewer than 10 per cent of caregivers received the carer allowance in 2008.²⁷⁶

Examples of policies which aim to ensure a continuum of care include:

- In Australia, the Home and Community Care Act of 1985, which provides for assistance both directly and through caregivers, was revised in 2007 and the Carer Recognition Bill was passed in 2010. There are also a number of programmes, such as the National Respite for Caregivers Programme, the National Carer Counselling Programme and the Carer Advisory Service. Grants are also available for caregivers.
- In Canada, the Government offers caregivers a wide variety of support including financial assistance through tax measures. In 2011, the Government announced new supports for unpaid caregivers that include the creation of a new Family Caregiver Tax Credit and enhancements to the Medical Expenses Tax Credit and Infirm Dependant Tax.
- In Finland, the Act on Support for Informal Care of 2006 makes provision for a care allowance, services to support caregivers, including respite leave, and the persons being cared for. In 2004, Finland introduced a voucher system which allows caregivers to choose service providers.
- In Hungary, the One Step Forward Programme of 2009 offers training courses for caregivers and those who receive a care allowance. Other provisions are made through the national health insurance system.
- A number of legislative provisions have been made in Japan: the Act to Amend Part of Long-Term Care Insurance Act on Social Welfare Service for Elderly and the Act on Improvement of Treatment of Long Term Care Workers Aiming at Securing Human Resources of Long Term Care Workers (Act 44) were passed in 2008 to provide more support to caregivers because high rates of turnover had become a problem. A law on Elder Abuse Prevention and Caregiver Support was introduced in 2006.
- In New Zealand, the aim of the Caregivers' Strategy and Five Year Action Plan of 2005 is to provide support to caregivers and, in general, to ensure a continuum of care.
- Singapore encourages informal care arrangements and has a national grant for caregivers to enable them to undertake training.
- In the United States, there are financial resources for community-based programmes and services, such as adult day care or home health care.

Increasingly, community-care systems are being developed as an alternative or addition to family care. In Asia, for example, the growth of the older population and a decline in traditional family support as younger family members have moved away to work has left many older people to cope alone. In spite of these changes, the overall weight of the evidence shows that family support of older persons is still prevalent in both developing and developed countries.²⁷⁷

A volunteer-based programme launched in 2003 is helping to fill this gap in all 10 ASEAN countries. The programme is based on a model developed by HelpAge Korea and is funded by the Republic of Korea ASEAN Cooperation Fund. In some countries, care is provided by trained volunteers from a partner agency. In others, partner-agency volunteers collaborate with local older people's associations. Volunteers visit older persons each week to help with household activities, accompany them to shops or social activities, and provide friendship and company.

I give my mother my love

"My mother was my best friend and confidante, until one day almost nine years ago, I began to lose her. My family and I thought that it was depression, but after taking her to the doctor and several examinations we received the news: it was Alzheimer's.

I felt that the world collapsed over me. I could not accept that my sweet little mother would never be the same, that this disease would consume her and that the day would come when she would not know who I was.

I knew that all I could do was to give her all my love, understanding and support. I demonstrate this at every bath time, meal, change of clothes, in going for a walk and each hug, smile and kiss that I give her. I feel that life has given me the opportunity to give back a little, or a lot, of what she did for me since I was a girl.

It is very sad and hard, when you realize that this disease is advancing, to be left alone. Many friends and relatives do not know how to handle or bear this and choose to go away. But the true friends remain and some members of the family share the caregiving with love and commitment.

Personally, I must divide myself between being a caregiver-daughter, mother and worker. It has not been easy to obtain the balance but with God's help I have been able to cope with this. Nevertheless, and to be honest, fatigue does overtake me. I give thanks to Casa Sol (Sun House), a day-care centre that helps us to take care of her mornings and afternoons three days a week, and the Alzheimer Association of Costa Rica for their invaluable support.

She will never stop being my best friend. Although she does not remember me, I do know who she is and I will love her forever."

María Soledad Chaves Ortiz, Costa Rica, caregiver and secretary of the Alzheimer Association of Costa Rica

Source: Alzheimer's Disease International



Alzheimer's Disease International

Dementia care in the community

In Singapore, older people with dementia are usually placed in residential care early in the course of the disease. However, living in the community can be a viable option if a customized network of services is created. In 1996, the Hua Mei Centre for Successful Ageing, service arm of the Tsao Foundation, has run a care-management service led by a nurse and social worker team to enable frail older persons to live in the community.

Mr. LCK, 71, had epilepsy, glaucoma and dementia. Discharged from the hospital after treatment for a fall, he was referred to the Hua Mei Centre care managers, who helped him take his medication regularly and increased his daily meal deliveries.

A support network was created in collaboration with social service agencies. The home help who delivered his meals reminded Mr. LCK of his medical appointments, which he would otherwise forget, and the Lions Befrienders Senior Activity Centre kept a look-out to prevent him from wandering too far.

The care managers improved his financial situation, helping him to re-enrol for public financial assistance and working with the hospital social workers to apply for a waiver of his medical fees. While continuing to support Mr. LCK in the community for as long as possible, they also considered long-term care arrangements as his dementia progressed.

Source: Fiona Hon, Chua Hui Keng, Susan Teo and Wendy Khon, Tsao Foundation, "Home alone: providing care in the community", *Ageways 78* (London, HelpAge International, 2012).



Tsao Foundation

Voices of older persons

Older men and women who took part in consultations for this report reiterated that more support was required. Few were aware of any government financial support or training for caregivers, either for those who were caring for older people or for older persons who were caregivers themselves. Where support was available, lengthy application procedures discouraged some applicants. In some cases, older people's associations or NGOs provided nominal payments to caregivers.

"There are no programmes to help caregivers or to provide home care for older people." *Viet Nam*

"I also take care of two disabled children and I do not get any help." *Kyrgyzstan*

"When I took care of my husband, the health system assisted me with 20,000 pesos (US\$40) every month until he passed away." *Chile*

"If you are a caregiver and wish to receive a very small amount of money, you need to have many documents and overcome many bureaucratic barriers." *Ukraine*

"We did not expect nor receive any government assistance throughout the four years she was bed-bound." *Nigeria*

Exposing elder abuse and discrimination

“Professionals need to recognize the risk of potential neglect, abuse or violence by formal and informal caregivers both in the home and in community and institutional settings.” (*Madrid Plan, para. 107*)

While the mistreatment of older persons is not new, elder abuse has only recently become recognized as a form of abuse in its own right. There are insufficient data from developing countries to give any estimate of how widespread elder abuse is in these regions. However, WHO estimates that 4-6 per cent of older people in high-income countries have experienced some form of maltreatment at home.²⁷⁸ More cases are coming to light; however, elder abuse often remains hidden within families and few countries provide adequate measures to protect older people from abuse.

What exactly is elder abuse and how common is it? WHO defines elder abuse as an act of commission or of omission (neglect) that may be intentional or unintentional, and that may be of a physical nature, psychological (involving emotional or verbal aggression), financial or material, inflicting unnecessary suffering, injury or pain.²⁷⁹

However, definitions vary across countries and cultures, as well as service sectors, making it hard to measure the extent of elder abuse. Studies, reported cases, policies and interventions show that elder abuse is not considered a serious social problem in all countries of the world. More information is still needed on how different countries and cultures define elder abuse in order to develop and implement policies to prevent it.²⁸⁰

Abuse takes different forms in different social, economic, political and cultural contexts and is certainly not limited to any one context or region. Increasing dependence, isolation and frailty can make older people particularly vulnerable to violence, abuse and neglect. Physical abuse, including sexual abuse, is considered the most serious, but is also the least frequently reported by either victims or service systems. The most prevalent types of self-reported abuse are psychological and financial. Neglect, including self-neglect, is associated with care-dependent older people and their caregivers²⁸¹ and older people receiving adult protective services.²⁸²

Self-neglect occurs when older people engage in behaviour that threatens their safety, even though they are competent and understand the consequences of decisions. Self-neglect is also associated with mental impairment such as dementia, isolation, depression,

and alcohol abuse. The incidence of self-neglect is highest among women living alone.²⁸³ Professional interventions by social workers and/or nurses generally focus on building trust with the older person to allow some service aimed at reducing a dangerously unhealthy living situation, while still protecting the older person's autonomy.

In a study of elder abuse in Europe, WHO estimates that annually 4 million people aged 60 or over experience physical abuse, 1 million experience sexual abuse, 29 million experience mental abuse and 6 million experience financial abuse.²⁸⁴

A 2011 report from the Older People's Commissioner for Wales discusses abuse in hospitals. It cites examples of slow response to continence needs, sharing personal information in the hearing of others, staffing levels being too low to meet the requirements of older patients and staff's lack of knowledge of the needs of people with dementia.²⁸⁵

Some older people, for example, those with dementia become incapable of managing their personal and financial affairs. They are at risk of abuse by guardians appointed to protect their interests. For example, the US Government Accountability Office identified hundreds of allegations of physical and financial exploitation by guardians in the District of Columbia between 1990 and 2010. In 20 cases, guardians stole or improperly obtained US\$5.4 million in assets from 158 victims, many of whom were older people.²⁸⁶

In some cases, extreme violence and abuse against older people occurs as a result of traditional beliefs. Where belief in witchcraft is strong, older women are often targeted with witchcraft accusations and related violence. In Tanzania, for example, police reports from eight regions between 2004 and 2009 show that 2,585 older women were killed after being accused of witchcraft.²⁸⁷

Challenges

One of the main challenges, besides the provision of adequate age- and sex-disaggregated data, is the fact that elder abuse is a highly sensitive and often taboo subject, as its practice and its denial involves people in positions of trust – family members, officials and the wider community. Older people often do not want to speak about such experiences because they are seen as a threat to the prestige of the family or they are ashamed at being subjected to violence and exploited by their own children or other relatives.

For example, a study involving 5,600 older persons in 20 cities in India in 2012 found that 31 per cent of those interviewed reported facing abuse. Over half of those abused were maltreated for more than four years. Sons and daughters-in-law were the most common perpetrators. However, 56 per cent of those abused did not report the abusive act to anyone. The most common reason for not reporting was to uphold family honour.²⁸⁸

Elder abuse is not only a social problem, it is also a human rights violation, since one segment of the population is exclusively vulnerable to this type of abuse. Governments, therefore, have a responsibility to put in place special measures to ensure that this population group is not more at risk of violence than other groups – as they have for women, who are disproportionately vulnerable to gender-based violence.

Practical interventions with communities in northern Tanzania are helping to tackle the root causes of witchcraft accusations which have led to the maiming or killing of thousands of older women.



Exposing elder abuse in India

Nandwani, a 65-year-old widower, called HelpAge India's helpline to report a painful legal battle over property in which his son had been mistreating him. Spurred by such examples, HelpAge India launched an innovative campaign with high-profile media coverage to challenge the abuse of older people.

A survey by HelpAge India had found that 13 per cent of Delhi's older people felt trapped in their own homes. More than half the respondents said they faced harassment at home or knew someone who did, mostly inflicted by their adult children.²⁸⁹ Media coverage was complemented by awareness-raising, including car stickers and badges reading: "Say No to Elder Abuse". Older people were encouraged to network locally and check on each other and their families in order to detect crimes against them.

Within weeks the Delhi Police Commissioner announced the first-ever security drive for older people in the capital. He guaranteed home visits to every older person to undertake security audits and advise on protection measures such as door chains. He promised that the police would liaise with contractors installing security measures, to prevent older people from being targeted for fraud.

This was one of HelpAge India's most successful campaigns. The joint voice of civil society, decision-makers and older people themselves resulted in immediate action.

Source: Sonali Sharma, "Exposing elder abuse in cities in India", *Ageways* 74 (London, HelpAge International, 2010).

Government response

Few countries have national age-specific laws that protect older persons from abuse or mandate reporting of elder abuse. Some countries such as Japan and South Korea have national legislation that defines and mandates reporting of elder abuse, but provides no enforcement mechanism or penalty for failure to do so.

Overall, governments do not always provide older persons with adequate legal protection from violence and abuse: there is a lack of specific legislation, inadequate regulation of care services, absence of mandates to report on elder abuse, lack of means of redress for victims of elder abuse or ways to safely report abuse, and lack of measures to overcome prejudice against older people.

Examples of government response to elder abuse and discrimination include:

- In Argentina, a National Programme on Prevention of Discrimination and Abuse towards Older Persons was set up in 2007. There is also a forum for older persons within the National Institute Against Discrimination, Xenophobia and Racism.
- The Canadian Federal Elder Abuse Initiative (FEAI) (2008) has a budget of Can\$13 million over three years. The Initiative is also responsible for a national awareness campaign and for research and data collection. These actions are part of the New Horizons for Seniors Programme.
- Finland's activities are mainly focused on research. In addition to a European research project on the prevalence of elder abuse, there is another European research project of which Finland is part, Breaking the Taboo. It aims to empower health and social service professionals to combat family violence against older women.
- In Japan, a special law, the Elder Abuse Prevention and Caregiver Support Law, was passed in 2006.
- In the Russian Federation, the 2002 federal programme, Older Generation, provides for the development and implementation of a programme of legal education of senior citizens.
- In Serbia, since 2008, there has been a programme on the prevention of violence against older persons.
- In Singapore, a social centre has been set up to undertake frontline work on elder abuse and training on elder protection work has been established.
- The Department of Social Development in South Africa led a campaign on elder abuse awareness in 2009/10. The Government also provides financial support to the NGO, Action on Elder Abuse.
- In Uruguay, there are centres which provide multidisciplinary advice to the general public and older victims of abuse.

Some examples where elder abuse is mainstreamed into wider sectoral policies or legislation are:

- In Belize, older women were included in the Domestic Violence Law in 2008. An ombudsman also provides legal support.
- The Bolivia National Development Plan, To Live Well (2006-2010), aims to raise awareness about the rights of older persons and the relevant laws in order to eliminate mistreatment and discrimination. As in Belize, an ombudsman offers legal advice and support to older persons.
- In Finland, the Government has published recommendations for the prevention of interpersonal and domestic violence. Elder abuse is not directly addressed.
- The National Telephone Service for Crisis Management and Information in Hungary provides support to victims of abuse regardless of age. Since 2005, the Government has also provided shelters for victims of domestic violence in general.
- The issue of elder abuse is addressed in Kenya in the National Reproductive Health Policy of 2007 and the National Reproductive Health Strategy (2009-2015).
- In Kyrgyzstan, the national law on social-legal protection of victims of family abuse makes provision for older victims.
- In Mozambique, the National Five-year Plan 2010-2014 provides for the development of actions against physical and sexual abuse of older persons.
- In New Zealand, the Ministry of Health collaborated with a national NGO, Age Concern New Zealand, in the development of Family Violence Intervention Guidelines.
- The Singapore Family Violence Networking System includes seniors to ensure that older persons' concerns are addressed.
- In South Africa, the National Policy Guidelines for Victim Empowerment of 2009 mentions older persons as a priority target group and recognizes that they may need special assistance when accessing the judicial system.
- In Thailand, Article 307 and 398 of the Penal Code and the Domestic Violence Victims Protection Act of 2007 make reference to elder abuse.

Breaking the taboo

Violence and abuse of older women often occur in the immediate family but the sensitivity of the topic makes this even less visible in society than violence against younger women.

Breaking the Taboo is a collaboration between Austria, Finland, Germany, Italy and Poland with support from Belgium, France, and Portugal, co-financed by the European Commission and co-ordinated by the Austrian Red Cross. It is helping to raise awareness of professionals who work in community health and social services and equip them with skills to detect and act on abuse of older women.

The first phase of the project involved research exploring the key issues related to abuse against older women, the provisions that exist within health and social services to deal with these issues, and barriers to combating abuse. The findings were used to inform an international expert workshop and the development of guidance for dealing with violence of older women. Workshops were also carried out in Austria, Finland, Italy and Portugal with staff and managers of community health and social service organizations.

The success of this project has led to the launch of Breaking the Taboo Two, which aims to tackle the lack of clear organizational procedures for dealing with abuse of older women and enhance experience among professionals.

Source: Breaking the Taboo project, www.btt-project.eu/index.php?id=1

Voices of older persons

In consultations for this report, older persons said that elder abuse was common. They spoke of verbal abuse, being deprived of property and assets, and neglect and undignified treatment. They confirmed that elder abuse remained largely unreported to protect families' reputation. Sexual violence against older women, though rare, was not unknown, they said. More common crimes were break-ins and muggings. Some of those who took part in the consultations said they were afraid to go out alone because of the risk of attack. At the same time, however, many thought that governments were generally aware of the dangers faced by older people. Some governments had established special units to protect them.

"I have a problem with my house. My stand was allocated to a certain company. I complained to the Government about the issue and the new owner began threatening me with death. I have even reported this case to the police but no action has been taken." *Mozambique*

"A daughter collected the PATH [Programme of Advancement Through Health and Education] for her mother and stole the money." *Jamaica*

"I am scared to walk on my own in the dark outside." *Austria*

"I know so many older people who have been maltreated by their children who keep claiming that they will commit suicide if nobody helps. Older people live in fear and feel helpless as they cannot help their children." *Bosnia and Herzegovina*

Teresa Minja of the Tanzania Social Protection Network speaks to the United Nations Open-ended Working Group on Ageing about violence and abuse against older people.

Ina Voelcker/HelpAge International



Delivering the human rights of older persons

“The promotion and protection of all human rights and fundamental freedoms, including the right to development, is essential for the creation of an inclusive society for all ages in which older persons participate fully and without discrimination and on the basis of equality.” (*Madrid Plan, para. 13*)

The United Nations is taking steps to strengthen older people’s rights and making a rights-based approach to elder abuse more visible. Three important achievements have been made in the past two years.

In 2010, the Committee for the Elimination of all Forms of Discrimination Against Women (CEDAW) adopted a General Recommendation on older women and protection of their human rights. While not legally binding, this provides specific language related to the violation of the human rights of older women and how these can be remedied.

In 2011, the United Nations established the Open-ended Working Group on Ageing (OEWG), the first dedicated body created by the international community to address the human rights situation of older men and women and to consider a stronger protection regime. Pursuant to General Assembly resolution 65/182 article 28, the OEWG’s mandate is to consider the existing international framework, its gaps and ways to address these including, as appropriate, the consideration of further instruments and measures.²⁹⁰

A third encouraging step is the approval by the United Nations of World Elder Abuse Awareness Day as an international day on 15 June which was celebrated for

the first time in 2012. This represented the culmination of a multi-year campaign initiated by the International Network for the Prevention of Elder Abuse in 2006. It publicized activities around the world to raise awareness and promote public education on elder abuse.

Also important is the 2011 Report of the Secretary-General to the General Assembly on the follow-up to the Second World Assembly on Ageing,²⁹¹ the first report to focus entirely on the human rights situation of older persons. The report highlighted four clearly identifiable human rights challenges for older people across the globe: discrimination; poverty and inadequate living conditions; violence and abuse against older people; and lack of special measures, mechanisms and services for older people.

Prejudice against and stigmatization of older people, known as “ageism”, is widespread, yet seldom addressed as a form of discrimination. Discrimination suffered by older people often happens in combination with other factors, including disability, sex, health, socioeconomic condition, race, ethnicity, nationality, religion, and others.

Despite the fact that “age” is not explicitly listed as a prohibited ground of discrimination in most human rights treaties, these lists are illustrative. They include an open-ended category (for example “other status”), under which treaty monitoring bodies have tackled concerns about discrimination against older persons as well as violation of some specific rights.²⁹² Similarly, some special procedure mandate holders have devoted thematic reports to older people or have called attention to specific issues in their country mission reports.



Antonio Olmos/HelpAge International

Poverty and vulnerability of older people can be significantly reduced by social pensions, notes a report by the Special Rapporteur on extreme poverty and human rights.

Two general comments by treaty body mechanisms have clarified the application of human rights treaties to older people. The first one, General Comment No. 6, dates back to 1995 and was elaborated by the Committee on Economic, Social and Cultural Rights (CESCR), the body in charge of monitoring compliance of State Parties to the International Covenant on Economic, Social and Cultural Rights (ICESCR). General Comment No. 6²⁹³ clarified the scope of each of the rights contained in the ICESCR, as they apply to older people, such as, for example, the right to health, to adequate standard of living including adequate food and housing, and the right to social security.

The second general recommendation was adopted by the Committee on the Elimination of Discrimination against Women in 2010.²⁹⁴ General Recommendation No. 27 on older women and the protection of their human rights under the Convention on the Elimination of All Forms of Discrimination against Women acknowledged the gendered nature of ageing, and took due note of the impact of inequality throughout the life of women, which is often a result of unfair resource allocation, maltreatment, neglect and limited access to basic services.

Consistent with its General Recommendation No. 27, the Committee on the Elimination of Discrimination against Women has incorporated specific concerns of older women in many of its concluding observations in recent years. For example, the Committee has scrutinized State Parties about older women in a broad range of human rights areas where the situation of women erodes with age.

Among such issues, for example, the Committee has expressed concern for discrimination with respect to the ownership and inheritance of land by older women;²⁹⁵ has asked State Parties to conduct gender assessments of its social sector legislation and policies as well as of its cuts in the health-care budget, with particular attention to older women;²⁹⁶ and has urged State Parties to pay special attention to the needs of rural women, including older women, ensuring their participation in decision-making processes and full access to education, health services and credit facilities.²⁹⁷

In her 2010 annual report to the General Assembly, the Special Rapporteur on extreme poverty and human rights (former Independent Expert) gave a comprehensive analysis of the issue of non-contributory pensions for older people, as an important dimension of social security systems.²⁹⁸ Her report noted that social pensions consist of cash benefits received by people above a given age, which do not require prior compulsory contributions from beneficiaries, employers or the State. It stated that social pensions can significantly reduce poverty and vulnerability among older people, in particular for women, who live longer and are less likely to benefit from contributory systems.

In this report, the Special Rapporteur called on States to recognize that social pensions are critical elements for the progressive realization of the right to social security for older people.

The report also provided recommendations on how to ensure that non-contributory pensions comply with core human rights standards. Finally, it addressed the role of international assistance and cooperation in the field of social security.²⁹⁹

On a different yet equally important subject for older people, the Special Rapporteur on the right to the highest attainable standard of physical and mental health prepared a thematic study on realization of the right to health of older people in 2011.³⁰⁰ As mandated by the Human Rights Council, the study recognized that older people must receive support in order to remain physically, politically, socially and economically active for as long as possible. It recommended recognizing ageing as a lifelong process, and addressing the main pillars of the human rights-based approach to health, as well as key areas of concern such as prior informed consent for diagnosis, treatment and care. It also underlined the relevance of other human rights closely related to health, such as the right to information, the right to an adequate standard of living and the right to life.

Several human rights mechanisms have underscored the vulnerability of older people to violence and the importance of special measures of protection. For instance, the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment has likewise underscored that older people are among the highly vulnerable in general detention facilities and in psychiatric institutions.³⁰¹

The United Nations Secretary-General's report on the follow-up to the Second World Assembly on Ageing acknowledges the steps taken by some governments in designing or piloting policies in the health, social security or welfare systems.³⁰² However, the report also notes that the pace of progress is insufficient in light of the urgency of the challenges.

The report underlines several areas requiring a human rights-based approach and calls for structural responses such as comprehensive, targeted legal and institutional frameworks and effective and improved national systems of statistics and data collection. It points to the insufficient documenting and reporting of issues such as violence against older people in care institutions or financial exploitation, including fraud, arbitrary deprivation of property, theft and expropriation of land, property and goods. Adequate monitoring mechanisms, including for private actors, are particularly lacking.

An increasing number of older people across geographic regions face discrimination, isolation and neglect. Many older people live in poverty or extreme poverty, with limited or no access to any service and facing a range of other marginalizing factors. Without pensions, confronted by mounting medical costs, many are making the choice between hunger and health. Testimonies point to on-going situations of violence without redress mechanisms accessible to them. Briefly, without specific measures to guarantee inclusion and autonomy, dignity and equality, older people cease to exercise or enjoy their human rights.

During the last decade, the international community has become aware of the added value of integrating human rights in development initiatives. Universal human rights standards add effectiveness, credibility and quality to the processes and outcomes of policies and programmes.

Human rights and development share an ultimate objective of universal human well-being and dignity. Different yet complementary tools and strategies for achieving these objectives are essential. Just as mainstreaming ageing into global agendas has been flagged as necessary by various stakeholders, Regional Commissions and relevant United Nations agencies and entities, mainstreaming human rights into ageing programmes and plans of action requires serious consideration. Moreover, addressing the full range of human rights issues in legislation and policies and strengthening the international protection regime for older people with adequate instruments and mechanisms, subject to independent monitoring and accountability, can wait no longer.

Voices of older persons

During consultations on the issue of rights, it became evident that older persons had very little knowledge of what "rights" meant, what rights they were entitled to and should expect to receive. There were very few participants who understood their rights beyond that of franchise. While they had an opportunity to exert this right, as it was perhaps in the interest of political parties to get their vote, they mentioned difficulties in obtaining various other entitlements. There were complaints of age discrimination, elder abuse, pension payments delayed on flimsy grounds, denial of inheritance, non-availability of services at free health centres, particularly medical supplies and refusal of discounts for failure to produce documentary evidence of age. Older persons attributed the non-delivery of rights to a lack of government concern for their welfare because they were not being adequately represented in parliament and decision-making bodies.

"Not having a representative for older people in parliament is an abuse of our rights. Who speaks for us?" *Uganda*

“When asked about their rights, older people seemed not to understand them. The only right they mentioned was to be respected by the youth.” *Tanzania*

“We do not know what our human rights are, or what the Constitution is.” *Paraguay*

“We do not even know what our rights are!” *Bosnia and Herzegovina*

“All of us are members of some older people’s clubs, but we have never heard about the 2002 Madrid Plan.” *Chile*

“So many times, my rights were violated – in the bus, drugstores, hospitals, groceries. I was not able to enjoy a discount just because I forgot my senior citizens’ ID card.” *Philippines*

“There are particular policies and laws for women and children, and even rights for disabled people, but the Government never thinks about older persons. There are no laws or policies in our country to protect our rights.” *Bangladesh*

“The case for rights of older people is not accepted yet and therefore we need to rethink our approach – that older people need rights.” *Ireland*

“There needs to be an older people’s representative in the administration to address the rights of older people.” *Kenya*

Towards human rights of older persons in Latin America and the Caribbean

The San José Charter on the Rights of Older Persons, the final outcome of the 2012 Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, reaffirms the commitment to spare no effort to promote and protect the human rights and fundamental freedoms of all older people, to work to eradicate all forms of discrimination and violence and to create networks for the protection of older people with a view to the effective exercise of their rights.

Governments supported “the work of the Open-ended Working Group on Ageing and urge it to consider the feasibility of an international convention on the rights of older persons, and support the Working Group on Protecting the Human Rights of Older Persons of the Organization of American States so that it can make progress in developing an inter-American convention”.

Source: San José Charter on the rights of older persons in Latin America and the Caribbean, May 2012. Available from www.eclac.cl/celade/noticias/paginas/9/44929/CR_Carta_ENG.pdf

Ageing in the media

“Images of older persons as attractive, diverse and creative individuals making vital contributions should compete for the public’s attention.” (*Madrid Plan, para. 112*)

Population ageing is a significant success story, yet “a pervasive negative portrayal of ageing is contributing a slow and inadequate response to the challenges and a lack of understanding of opportunities”.³⁰³ A positive image of ageing and older persons is a central element of the Madrid Plan.³⁰⁴ The successful achievement of its objectives depends in large part on each society’s attitudes towards ageing and older persons – the more positive these attitudes, the easier the task will be. Policymakers are more likely to frame policies and vote resources for older persons if they themselves view older persons in a positive light.

Studies of the representation of older people in the media suggest that they are under-represented, and often portrayed inaccurately or stereotypically. For example, an article in the journal *Ageing and Society* in 2004 found that: “Older people were heavily under-represented, especially women and those of advanced old age. Older women and men were portrayed in traditional gender roles.”³⁰⁵

A more recent study of perceptions of people of different ages in the United Kingdom, commissioned by the British Broadcasting Corporation as chair of the Creative Diversity Network,³⁰⁶ shows that negative images of older people are felt to revolve around their perceived physical, social and mental incapacity, a reluctance to move with the times, and a tendency to complain. Their portrayal can also be seen as mocking in tone, occasionally insulting, and sometimes reliant upon outdated stereotypes. However, it was acknowledged that there are some positive images, which stress older people’s wisdom, expertise and experience, making them effective role models. The limited representation of middle-aged and older women on television was a key concern across all age groups.

A notable category of media coverage of old age is the type of story in which a particular older individual is presented as a praiseworthy deviation from the norm. Examples can be found in the archives of Global Action on Ageing, a non-profit organization that collects media coverage of ageing issues. They include a story from China headlined, “An 82-year-old man volunteered to pave a road,”³⁰⁷ and a story from the United States entitled, “At 89, she steps lively in the name of volunteering.”³⁰⁸ While appearing to be positive images of ageing, these stories rely on an assumption that the majority of older people are the opposite of the individuals featured.

News, television, film and advertising commonly feature stereotypes that show ageing only through a lens of decline and diminished value, emphasizing the “burdens” of growing old. Use of such stereotypes – and negative language about ageing – shapes, reinforces and reflects society’s attitudes and responses to growing older and, by extension, to population ageing. The result, in many cases, is a low expectation of ageing that has an impact on all areas of life.

Realistic images in Germany

In response to demographic change in Germany and the need for a new assessment of ageing, the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth has launched an initiative, “New images of ageing”, which aims to promote active ageing and to develop realistic and diverse images of old age and ageing.

The Ministry’s central concern is to help older people to live independently, to remain active and open to new experiences. Most older citizens do not want to withdraw from economic and social life. They want to remain active, and continue to share their experience and knowledge with other generations.

The Federal Government is supporting initiatives that focus on “Experience is the future” and “The economic potential of ageing”, as well as “Education in the second half of life”. Emphasizing the importance of sport and exercise for older people, it is also backing the movement “Network 50-plus”.

Source: Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, www.bmfsfj.de/BMFSFJ/Aeltere-Menschen/neue-bilder-vom-alter.html

Government response

A number of countries have national policies on ageing which include the promotion of positive images of older persons, such as Kenya, Mozambique, New Zealand, the Occupied Palestinian Territory and Saudi Arabia.

Examples of measures and actions to generate positive images of ageing include the appointment of an Ambassador for Ageing and the Senior Australian of the Year Award in Australia; the Double Ninth Festival and local Senior Citizens’ Day celebrations in China; the Day of the Elderly and the Week of the Elderly in Finland; the Award for the Elderly and the Elderly-Friendly Local Government Award in Hungary; the National Older Persons’ Day and the International Day of Older Persons in Indonesia; the National Day to Honour Grandparents in Lebanon; the award of a national honorary senior fellow and the Brain Bank Volunteer Project in Thailand; and various special programmes on the Vietnamese VTV addressing ageing.

Voices of older persons

Most of the older people who were consulted for this report stated that they are not well represented in the media, and that both old age and older people are often shown negatively.

“The television always shows older people in very difficult situations.” *Mozambique*

“The older people are shown in bright lights in the media; I do not feel I’m being discriminated against.” *Brazil*

“Older people are presented as helpless and useless.” *Moldova*

“In general, images of ageing are not so good. Everyone thinks that older people are stupid or have dementia – but not all of us are suffering from this.” *Austria*

“The image and language used by the mass media in connection with older people is degrading and sketchy.” *Chile*

Recording a radio programme in Haiti. Generally, older people are not well represented in the media.



Frédéric Dupoux/HelpAge International