Ageing in the Twenty-First Century:
A Celebration and A Challenge



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Antonio Olmos/HelpAge International

List of abbreviations

ASEAN	Association of Southeast Asian Nations
CAP	Consolidated Appeals Process
CELADE	Latin American and Caribbean Demographic Centre
CIESS	Inter-American Centre for Social Security Studies
ECA	Economic Commission for Africa
ECE	Economic Commission for Europe
ECLAC	Economic Commission for Latin America and the Caribbean
ESCAP	Economic and Social Commission for Asia and the Pacific
ESCWA	Economic and Social Commission for Western Asia
FAO	Food and Agriculture Organization
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organization
MDGs	Millennium Development Goals
NCDs	non-communicable diseases
OECD	Organisation for Economic Cooperation and Development
OHCHR	Office of the High Commissioner for Human Rights
SAGE	World Health Organization Study on Global Ageing and Adult Health
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UN Habitat	United Nations Human Settlements Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	World Food Programme
WHO	World Health Organization

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This is a special year for ageing. The international community is observing the tenth anniversary of the Second World Assembly on Ageing, which was held in Madrid to respond to the opportunities and challenges of ageing in the twenty-first century. At that time, Member States committed themselves to pursuing policies that would enable people everywhere to age with security and dignity. A comprehensive International Plan of Action on Ageing was adopted which defined objectives and actions to be taken by Governments, the international community, and civil society to help create a "society for all ages".

This report, a collaborative effort of the United Nations and other major international organizations working in the area of population ageing, sheds light on progress towards implementing this Plan. It utilizes both a quantitative approach analysing policies and actions, and a qualitative approach bringing the voices of older persons themselves into the heart of the discussion.

Population ageing can no longer be ignored. Globally, the proportion of older persons is growing at a faster rate than the general population. This reflects tremendous and welcome advances in health and overall quality of life in societies across the world. But the social and economic implications of this phenomenon are profound, extending far beyond the individual older person and the immediate family, touching broader society and the global community in unprecedented ways. On the positive side, population ageing has opened up new markets and brought us more experienced workers, a growing cadre of custodians of culture, and caregivers of grandchildren.

But it is also presenting major challenges, most notably ensuring the sustainability of pension funds and the ability of already overburdened health-care systems to serve much higher numbers of people. These implications, as well as the fact that new generations of older persons will be more educated, must be taken into account in policies and programmes that reflect changing age structures.

This timely report aims to raise awareness about the speed of population ageing and, more generally, about the experience of being old in our changing world. It recommends moving urgently to incorporate ageing issues into national development plans and poverty-reduction strategies. It also shows that abuse, neglect and violence against older persons are much more prevalent than currently acknowledged, and points the way towards more effective prevention strategies and stronger legislation that can protect their human rights.

The Second World Assembly on Ageing provided a framework for our response to the opportunities and challenges of ageing in the twenty-first century. We have achieved solid progress, but there are many challenges still to be addressed. And as the international community now embarks on an effort to articulate the post-2015 development agenda, it is clear that the issue of population ageing should be fully addressed as part of this process.

I thank the United Nations Population Fund for spearheading this ambitious project. Special thanks also go to the many United Nations entities and international organizations, in particular HelpAge International, that contributed to this publication. I recommend this report to a wide global audience to gain more insight into a topic which affects us all.



Ban Ki-moon



Foreword

Population ageing is a major trend with global implications.

With one in nine persons in the world aged 60 years or over, projected to increase to one in five by 2050, population ageing is a phenomenon that we can no longer ignore. Increasing longevity is one of humanity's greatest achievements. Indeed, population ageing is cause for celebration. The opportunities that this presents are as endless as the contributions that a socially and economically active, secure and healthy ageing population can bring to society.

Opportunities come with challenges, however. Population ageing presents social, economic and cultural challenges to individuals, families, societies and the global community. It is how we choose to address the challenges and maximize the opportunities of a growing older population that will determine the future of humankind.

This report, our contribution to the Madrid+10 review and appraisal process, takes stock of progress since the adoption of the Madrid International Plan of Action on Ageing in 2002.

Ageing in the Twenty-First Century: A Celebration and A Challenge is based on an assessment of progress since the Second World Assembly on Ageing in 2002 in the three priority areas identified in Madrid: development, health and well-being, and enabling and supportive environments. It reviews progress in policies and actions taken by governments and other stakeholders in response to Madrid's call for creating a society for all ages. Its unique feature is a focus on the voices of older persons themselves, captured through group discussions with older men and women in 36 countries around the world. The first-hand accounts and testimonies of older persons help to ensure that the perspectives of the older population are better understood and acted upon.

The report identifies gaps and proposes the way forward with recommendations to ensure an age-friendly world in which everyone, including older persons, is given the opportunity to contribute to development and share in its benefits, the voices of all age groups are heard, and all persons are included in decision-making that affects them. Ageing is a lifelong process that does not start at age 60. Today's young people will be part of the 2 billion-strong population of older persons in 2050. A better world for younger people today will mean a better world for older persons in 2050.

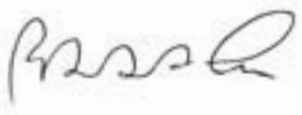
The report shows that there has been some important progress since Madrid. A number of countries have approved national policies, plans, programmes or strategies on ageing and older persons and some have approved age-specific legislation since 2002. But we know that policies and legislation alone are not sufficient to make a real change in the quality of life of older persons. Policies and legislation must be enforced so that older persons can enjoy their human rights, and programmes must be implemented and monitored to ensure that they reach those most in need.

We need all data to be disaggregated by age and sex, and we need more research on the situation of older persons to inform policy.

The report is the culmination of three years of work which the United Nations Population Fund (UNFPA) began with the United Nations Regional Commissions and HelpAge International by preparing an overview of available policies and legislation, data and research, and institutional arrangements relating to older persons.

This report is the product of a collaboration of over twenty United Nations entities and major international organizations working in the area of population ageing. We wish to thank the following United Nations agencies and organizations that collaborated with UNFPA in the preparation of this report: the Division for Social Policy and Development, and the Population Division of the United Nations Department of Social and Economic Affairs (UNDESA), the Food and Agriculture Organization (FAO), the International Labour Organization (ILO), the Office of the High Commissioner for Human Rights (OHCHR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), the United Nations Human Settlements Programme (UN Habitat), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the World Health Organization (WHO), the World Food Programme (WFP), and the five United Nations Regional Commissions – the Economic Commission for Africa (ECA), the Economic Commission for Europe (ECE), the Economic Commission for Latin America and the Caribbean (ECLAC), the Economic and Social Commission for Asia and the Pacific (ESCAP) and the Economic and Social Commission for Western Asia (ESCWA). We also wish to thank Global Action on Aging, HelpAge USA, the International Federation on Ageing, the International Network for the Prevention of Elder Abuse, and the International Organization for Migration for their inputs. And we thank the national organizations for making the consultations with older persons possible and the many teams that made the voices of older persons come alive.

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Babatunde Osotimehin
Executive Director, United Nations Population Fund

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Executive summary

Population ageing is one of the most significant trends of the 21st century.

It has important and far-reaching implications for all aspects of society. Around the world, two persons celebrate their sixtieth birthday every second – an annual total of almost 58 million sixtieth birthdays. With one in nine persons in the world aged 60 years or over, projected to increase to one in five by 2050, population ageing is a phenomenon that can no longer be ignored.

Ageing in the Twenty-First Century: A Celebration and A Challenge analyses the current situation of older persons and reviews progress in policies and actions taken by governments and other stakeholders since the Second World Assembly on Ageing in implementing the Madrid International Plan of Action on Ageing to respond to the opportunities and challenges of an ageing world. It provides many inspiring examples of innovative programmes that successfully address ageing issues and the concerns of older persons.

The report identifies gaps and provides recommendations for the way forward to ensure a society for all ages in which both young and old are given the opportunity to contribute to development and share in its benefits. A unique feature of the report is a focus on the voices of older persons themselves, captured through consultations with older men and women around the world.

The report, which is the product of a collaboration of over twenty United Nations entities and major international organizations working in the area of population ageing, shows that important progress has been made by many countries in adopting new policies, strategies, plans and laws on ageing, but that much more needs to be done to fully implement the Madrid Plan and fulfil the potential of our ageing world.

Population ageing

Population ageing is happening in all regions and in countries at various levels of development. It is progressing fastest in developing countries, including in those that also have a large population of young people. Of the current 15 countries with more than 10 million older persons, seven of these are developing countries.

Ageing is a triumph of development. Increasing longevity is one of humanity's greatest achievements. People live longer because of improved nutrition, sanitation, medical advances, health care, education and economic well-being. Life expectancy at birth is over 80 now in 33 countries; just five years ago, only 19 countries had reached this. Many of those reading this report will live into their 80s, 90s, and even 100s. At present, only Japan has an older population of more than 30 per cent; by 2050, 64 countries are expected to join Japan with an older population of more than 30 per cent. The opportunities that this demographic shift presents are as endless as the contributions that a socially and economically active, secure and healthy ageing population can bring to society.

Population ageing also presents social, economic and cultural challenges to individuals, families, societies and the global community. As United Nations Secretary-General Ban Ki-moon points out in the Preface to the report, "the social and economic implications of this phenomenon are profound, extending far beyond the individual older person and the immediate family, touching broader society and the global community in unprecedented ways". It is how we choose to address the challenges and maximize the opportunities of a growing older population that will determine whether society will reap the benefits of the "longevity dividend".

With the number and proportion of older persons growing faster than any other age group, and in an increasing range of countries, there are concerns about the capacities of societies to address the challenges associated with this demographic shift.

To face the challenges and also take advantage of the opportunities resulting from population ageing, this report calls for new approaches to the way that societies, workforces, and social and intergenerational relations are structured. These must be sustained by a strong political commitment and a solid data and knowledge base that ensure an effective integration of global ageing within the larger processes of development. People everywhere must age with dignity and security, enjoying life through the full realization of all human rights and fundamental freedoms. Looking at both challenges and opportunities is the best recipe for success in an ageing world.

The ageing transformation

A population is classified as ageing when older people become a proportionately larger share of the total population. Declining fertility rates and increasing survival at older ages have led to population ageing. Life expectancy at birth has risen substantially across the world. In 2010-2015, life expectancy is 78 years in developed countries and 68 years in developing regions. By 2045-2050, newborns can expect to live to 83 years in developed regions and 74 years in developing regions.

In 1950, there were 205 million persons aged 60 years or over in the world. By 2012, the number of older persons increased to almost 810 million. It is projected to reach 1 billion in less than ten years and double by 2050, reaching 2 billion. There are marked differences between regions. For example, in 2012, 6 per cent of the population in Africa was 60 years and over, compared with 10 per cent in Latin America and the Caribbean, 11 per cent in Asia, 15 per cent in Oceania, 19 per cent in Northern America, and 22 per cent in Europe. By 2050, it is expected that 10 per cent of the population in Africa will be 60 years and over, compared with 24 per cent in Asia, 24 per cent in Oceania, 25 per cent in Latin America and the Caribbean, 27 per cent in Northern America, and 34 per cent in Europe.

Globally, women form the majority of older persons. Today, for every 100 women aged 60 or over worldwide, there are just 84 men. For every 100 women aged 80 or over, there are only 61 men. Men and women experience old age differently. Gender relations structure the entire lifecourse, influencing access to resources and opportunities, with an impact that is both ongoing and cumulative.

In many situations, older women are usually more vulnerable to discrimination, including poor access to jobs and healthcare, subjection to abuse, denial of the right to own and inherit property, and lack of basic minimum income and social security. But older men, particularly after retirement, may also become vulnerable due to their weaker social support networks and can also be subject to abuse, particularly financial abuse. These differences have important implications for public policy and programme planning.

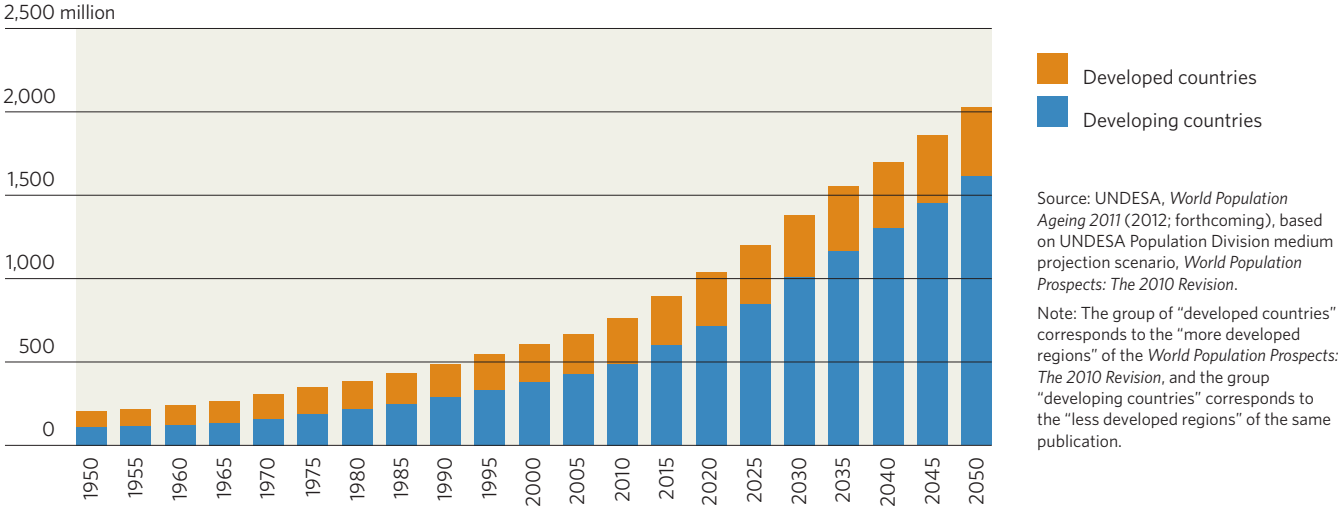
The older generation is not a homogenous group for which one-size-fits-all policies are sufficient. It is important not to standardize older people as a single category but to recognize that the older population is just as diverse as any other age group, in terms of, for example, age, sex, ethnicity, education, income and health. Each group of older persons, such as those who are poor, women, men, oldest old, indigenous, illiterate, urban or rural, has particular needs and interests that must be addressed specifically through tailored programmes and intervention models.

The Second World Assembly on Ageing

The Second World Assembly on Ageing, convened in Madrid, Spain in 2002, to address the challenges of rapid population ageing, adopted the Madrid International Plan of Action on Ageing which focused on mainstreaming older persons in development, advancing health and well-being into old age, and ensuring enabling and supportive environments.

The Madrid Plan calls for changes in attitudes, policies and practices to ensure that older persons are not viewed simply as welfare beneficiaries but as active participants in the development process whose rights must be respected. *Ageing in the Twenty-First Century: A Celebration and A Challenge* is a contribution to the ten-year review and appraisal of progress towards implementation of the Madrid Plan.

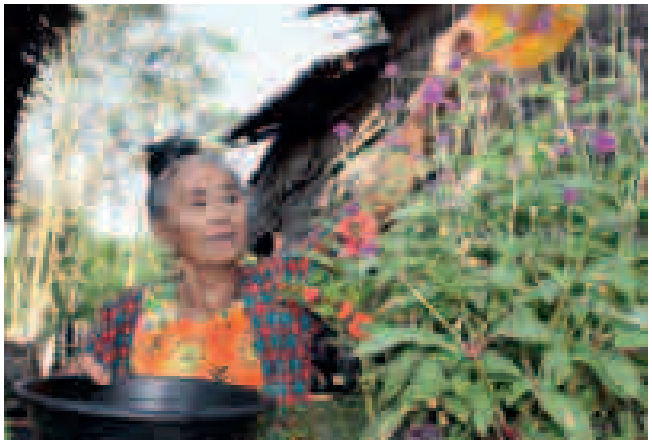
Number of people aged 60 or over: World, developed and developing countries, 1950-2050



Source: UNDESA, *World Population Ageing 2011* (2012; forthcoming), based on UNDESA Population Division medium projection scenario, *World Population Prospects: The 2010 Revision*.

Note: The group of "developed countries" corresponds to the "more developed regions" of the *World Population Prospects: The 2010 Revision*, and the group "developing countries" corresponds to the "less developed regions" of the same publication.

Growing flowers for sale in Myanmar.



Joanne Hill/HelpAge International

A key finding of this report is the incredible productivity and contributions of those aged 60 and over, as caregivers, voters, volunteers, entrepreneurs and more. The report shows that, with the right measures in place to secure health care, regular income, social networks and legal protection, there is a longevity dividend to be reaped worldwide by current and future generations.

The report makes the case for national and local governments, international organizations, communities, and civil society to fully commit to a concerted global effort to realign 21st century society to fit the realities of 21st century demographics. It points out that concrete, cost-effective advances will come from ensuring that age investment begins at birth.

Income security

Among the most urgent concerns of older persons worldwide is income security. This, together with health, is most frequently mentioned by older persons themselves. These issues are also among the greatest challenges for governments faced with ageing populations. The global economic crisis has exacerbated the financial pressure to ensure both economic security and access to health care in old age.

Investments in pension systems are seen as one of the most important ways to ensure economic independence and reduce poverty in old age. Sustainability of these systems is of particular concern, particularly in developed countries, while social protection and old-age pension coverage remain a challenge for developing countries, where a large proportion of the labour force is found in the informal sector.

Social protection floors must be implemented in order to guarantee income security and access to essential health and social services for all older persons and provide a safety net that contributes to the postponement of disability and prevention of impoverishment in old age. There is no solid evidence that population ageing per se has undermined economic development or that countries do not have sufficient resources to ensure pensions and health care for an older population. Nevertheless, globally, only one third of countries have comprehensive social protection schemes, most of which only cover those in formal employment, or less than half of the economically active population worldwide.

While pensions, and particularly social pensions, are an important end in themselves, since they make a big difference in the well-being of older persons, they have also been shown to benefit entire families. In times of crisis, pensions can constitute the main source of household income, and often enable young people and their families to cope with the shortage or loss of employment.

Access to quality health care

In order to realize their right to enjoy the highest attainable standard of physical and mental health, older persons must have access to age-friendly and affordable health-care information and services that meet their needs. This includes preventive, curative and long-term care. A lifecourse perspective should include health promotion and disease prevention activities that focus on maintaining independence, preventing and delaying disease and disability, and providing treatment. Policies are needed to promote healthy lifestyles, assistive technology, medical research and rehabilitative care.

Training of caregivers and health professionals is essential to ensure that those who work with older persons have access to information and basic training in the care of older people. Better support must be provided to all caregivers, including family members, community-based carers, particularly for long-term care for frail older persons, and older people who care for others.

The report points out that good health must lie at the core of society's response to population ageing. Ensuring that people, while living longer lives, live healthier lives will result in greater opportunities and lower costs to older persons, their families and society.

Enabling environments

An age-friendly physical environment that promotes the development and use of innovative technologies that encourage active ageing is especially important as people grow older and experience diminished mobility and visual and hearing impairments. Affordable housing and easily accessible transportation that encourage ageing in place are essential to maintain independence, facilitate social contacts and permit older persons to remain active members of society.

More must be done to expose, investigate and prevent discrimination, abuse and violence against older persons, especially women who are more vulnerable. There has been some progress in promoting the human rights of older persons, notably discussions centring on the development of international human rights instruments that specifically address older persons.

The way forward

In many parts of the world, families have the main responsibility for the care and financial support of older dependants. The resulting costs can be extreme for working-age generations, often affecting their savings capacity, employability and productivity. However, private transfers from family can no longer automatically be considered as the only source of income for older family members.

The report shows how living arrangements of older people are changing in tune with changes in societies. Family sizes are decreasing and intergenerational support systems will continue to be exposed to important changes, particularly in the years to come. There are significant numbers of "skipped-generation" households consisting of children and older people, especially in rural areas, as a result of rural-to-urban migration of "middle-generation" adults. Consultations with older persons around the world point to many cases in which older persons provide assistance to adult children and grandchildren, not only with childcare and housework, but also with substantial financial contributions to the family.

The report stresses the need to address current societal inequalities by ensuring equal access of all segments of the population to education, employment, health care and basic social services that will enable people to live decently in the present and save for the future. It calls for strong investments in human capital by improving the education and employment prospects of the current generation of young people.

Population ageing presents challenges for governments and society, but need not be seen as a crisis. It can and should be planned for in order to transform these challenges into opportunities. This report lays out a compelling rationale for investments that ensure a good quality of life when people age and suggests positive solutions, which are feasible even for poorer countries.

The voices of older persons who took part in consultations for this report reiterate a need for income security, flexible employment opportunities, access to affordable health care and medicines, age-friendly housing and transportation, and elimination of discrimination, violence and abuse targeted at older people. Again and again, older persons point out that they want to remain active and respected members of society.

The report challenges the international community to do much more on ageing in the development sphere. There is a clear rationale for explicit development goals on ageing underpinned by capacity development, budgets and policies along with improved research and analysis on ageing based on timely and good quality data. As countries prepare to chart a course beyond 2015, population ageing and policy responses to the concerns of older people must be at the heart of the process. In a rapidly ageing world, explicit development goals related to the older population, notably absent in the current Millennium Development Goals framework, must be considered.

Ten priority actions to maximize the opportunity of ageing populations

1. Recognize the inevitability of population ageing and the need to adequately prepare all stakeholders (governments, civil society, private sector, communities, and families) for the growing numbers of older persons. This should be done by enhancing understanding, strengthening national and local capacities, and developing the political, economic and social reforms needed to adapt societies to an ageing world.
2. Ensure that all older persons can live with dignity and security, enjoying access to essential health and social services and a minimum income through the implementation of national social protection floors and other social investments that extend the autonomy and independence of older people, prevent impoverishment in old age and contribute to a more healthy ageing. These actions should be based on a long-term vision, and supported by a strong political commitment and a secured budget that prevents negative impacts in time of crisis or governmental changes.
3. Support communities and families to develop support systems which ensure that frail older persons receive the long-term care they need and promote active and healthy ageing at the local level to facilitate ageing in place.
4. Invest in young people today by promoting healthy habits, and ensuring education and employment opportunities, access to health services, and social security coverage for all workers as the best investment to improve the lives of future generations of older persons. Flexible employment, lifelong learning and retraining opportunities should be promoted to facilitate the integration in the labour market of current generations of older persons.
5. Support international and national efforts to develop comparative research on ageing, and ensure that gender- and culture-sensitive data and evidence from this research are available to inform policymaking.
6. Mainstream ageing into all gender policies and gender into ageing policies, taking into account the specific requirements of older women and men.
7. Ensure inclusion of ageing and the needs of older persons in all national development policies and programmes.
8. Ensure inclusion of ageing and the needs of older persons in national humanitarian response, climate change mitigation and adaptation plans, and disaster management and preparedness programmes.
9. Ensure that ageing issues are adequately reflected in the post-2015 development agenda, including through the development of specific goals and indicators.
10. Develop a new rights-based culture of ageing and a change of mindset and societal attitudes towards ageing and older persons, from welfare recipients to active, contributing members of society. This requires, among others, working towards the development of international human rights instruments and their translation into national laws and regulations and affirmative measures that challenge age discrimination and recognize older people as autonomous subjects.

Introduction

Population ageing is a major global trend that is transforming economies and societies around the world.

It is one of the most important demographic megatrends with implications for all aspects of our societies. Ageing is already having a far-reaching impact on living arrangements and the way that societies and economies work. The process of change towards more aged societies is inevitable. Ageing is happening in different regions and in countries at various levels of development. It is proceeding at a faster pace in developing countries, where social protection systems are weak and institutional development is still work in progress.

Ageing is a triumph of development. People can now live longer because of improved nutrition, sanitation, medical advances, health care, education and economic well-being. Being able to lead fulfilled and active lives in our later years has benefits not only for individuals but for society as a whole. But as the number and proportion of older persons are growing faster than any other age group, and in an increasing range of countries, there are concerns regarding the capacities of societies to address the challenges associated with these demographic shifts.

In order to face these challenges and also take advantage of the opportunities resulting from population ageing, this report calls for new approaches to the way that we structure our societies, our workforces, and our social and intergenerational relations. These need to be sustained by a strong political commitment and a solid data and knowledge base that ensure an effective integration of global ageing within the larger processes of development. People everywhere must age with dignity and security, enjoying life through the full realization of all human rights and fundamental freedoms. Looking at both challenges and opportunities is the best recipe for success in an ageing world.

Ten years ago, the General Assembly of the United Nations made a breakthrough by adopting by consensus the Madrid International Plan of Action on Ageing which put population ageing at the centre of the development agenda. The Madrid Plan and its Political Declaration set out a comprehensive agenda with core recommendations grouped under the priority directions of older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments. Its purpose was to guide governments, the United Nations and civil society to face the challenges and fulfil the enormous potential of population ageing in the 21st century. Critical to the success of the Madrid Plan and its Political Declaration was to promote the human rights of older persons as an essential foundation to ensure the delivery of "a society for all ages".

Article 5 of the Madrid Plan's Political Declaration states: "We reaffirm the commitment to spare no effort to promote democracy, strengthen the rule of law and promote gender equality, as well as to promote and protect human rights and fundamental freedoms, including the right to development. We commit ourselves to eliminating all forms of discrimination, including age discrimination. We also recognize that persons, as they age, should enjoy a life of fulfilment, health, security and active participation in the economic, social, cultural and political life of their societies. We are determined to enhance the recognition of the dignity of older persons and to eliminate all forms of neglect, abuse and violence."

Ten years later, what has changed? This landmark report, with contributions from United Nations agencies, United Nations Regional Commissions, international non-governmental organizations and 1,300 older people from 36 countries, provides an insight into the changing situation of older persons across the world. It offers policy guidance based on up-to-date evidence to support the need to shift to more age-inclusive development.

A key message from the report is that, despite significant progress in the development and implementation of policies and programmes focusing on older persons in many countries of the world, there is still work to be done in mainstreaming ageing into relevant policy domains. Age discrimination, limited access to health care, poverty and lack of income security in old age persist. One of the more important conclusions of the report is that national legislation and international instruments are needed to promote the inclusion of older persons in the development process, to protect their human rights, including rights to health and to income security, and to promote their contributions to society.

Chapter 1 of the report provides an overview of population ageing and its economic and social implications. It describes the aims of the Madrid Plan and discusses the lack of protection afforded to older persons, due to the absence of comprehensive human rights instruments.

Chapter 2 analyses the changing situation and role of older persons over the past ten years. It looks at the challenges of providing income security in old age and how employers are recognizing the benefits of an ageing workforce. It describes emerging health and long-term care challenges, particularly the global increase in non-communicable diseases, highlighting the need for sustainable systems of care as well as healthier behaviours throughout life. It looks at enabling and supportive environments, especially the elimination of discrimination, abuse and violence. It points out that as people age, the physical environment, including adequate housing and transportation, becomes increasingly important. The report also analyses the particular vulnerabilities of older persons in humanitarian situations.

Chapter 3 reviews progress in policies, legislation, data and research, as well as institutional arrangements on ageing. There is a section for each United Nations Regional Commission providing data on ageing, highlighting the key issues in the region, describing regional processes for implementing and reviewing the Madrid Plan and setting out recommendations.

Chapter 4, the voices of older people, is a key component of this report. It summarizes findings from consultations with 1,300 older men and women in 36 countries from all regions of the world and from a survey completed by the participants. Older persons themselves share their experiences and describe how their lives have changed and what they expect from policymakers.

Chapter 5 summarizes the main findings, including the results of consultations with older people. It outlines key recommendations and follow-up actions with an agenda for action to secure "a society for all ages".

Finally, the Appendices provide detailed statistics on population ageing and set out a proposed list of minimum indicators for tracking progress in implementing the Madrid Plan.

Older people in Bangladesh discuss how to monitor implementation of the Madrid Plan.



Abu Riyadh Khan/Resource Integration Centre



Chapter 1:
Setting the scene

In 1950, there were 205 million persons aged 60 or over in the world.[1]
By 2012, the number of older persons had increased to almost 810 million.
It is projected to more than double by 2050, reaching 2 billion.

Global population ageing

Currently there are 15 countries with more than 10 million older persons, seven of these being developing countries. By 2050, 33 countries are expected to have 10 million people aged 60 or over, including five countries with more than 50 million older people. Out of these 33 countries, 22 are currently classified as developing countries.

The population aged 60 or over is growing at a faster rate than the total population in almost all world regions. Globally, the population aged 80 years or over is growing faster than any younger age group within the older population. The population of centenarians, those aged 100 years or over, is growing fastest.

Table 1 provides some of the available data on population ageing which are discussed in this chapter. It shows that life expectancy at any age is expected to increase and indicates the rapid pace of population ageing.

Table 1: Global ageing indicators

Life expectancy	2011/12	2050 projection
Life expectancy at birth by sex (men/women)	67.1 / 71.6	73.2 / 78.0
Life expectancy at 60 by sex (men/women)	18.5 / 21.6	20.9 / 24.2
Life expectancy at 80 by sex (men/women)	7.1 / 8.5	8.3 / 9.8
Population		
Number of people aged 60+	809,742,889	2,031,337,100
Number of people aged 80+	114,479,616	402,467,303
Number of people aged 100+	316,600	3,224,400
Percentage of people aged 60+	11.5	21.8
Percentage of people aged 80+	1.6	4.3
Sex ratio: Number of men aged 60+ per 100 women aged 60+	83.7	86.4

Source: UNDESA, Population Division (2012). Prepared by the Population and Development Section on the basis of data from UNDESA, *World Population Prospects: The 2010 Revision* (New York, 2011), and UNDESA, *World Population Ageing and Development 2012, Wall Chart* (2012; forthcoming) www.unpopulation.org, and UNDESA, Population Division, *World Population Ageing: Profiles of Ageing 2011* (New York, 2011), CD-ROM.

Frédéric Dupoux/HelpAge International

Our ageing world

The ageing of the world population is progressive and rapid. It is an unprecedented phenomenon that is affecting nearly all countries of the world. As long as fertility continues to fall or remains low and old-age mortality keeps on declining, the proportion of older people will continue to increase.

The numbers are staggering. In the past ten years alone, the number of people aged 60 or over has risen by 178 million – equivalent to nearly the entire population of Pakistan, the sixth most populous country in the world. And in China alone, the estimated number of older people in 2012 is 180 million.

The number of people who turn 60 each year worldwide is nearly 58 million, equivalent to almost two persons every second. In 2012, people aged 60 or over represent almost 11.5 per cent of our total global population of 7 billion. By 2050, the proportion is projected to nearly double to 22 per cent. By 2050, for the first time there will be more older people than children under 15 (Figure 1).[2] In 2000, there were already more people aged 60 or over than children under 5.[3]

What is ageing?

When talking about ageing, it is essential to distinguish between population or demographic ageing as "the process whereby older individuals become a proportionately larger share of the total population"[4] and individual ageing, the process of individuals growing older. This individual process of ageing is multidimensional and involves physical, psychological and social changes. While this report refers to individual ageing in terms of health and well-being and experiences of later life, the main focus is on population ageing.

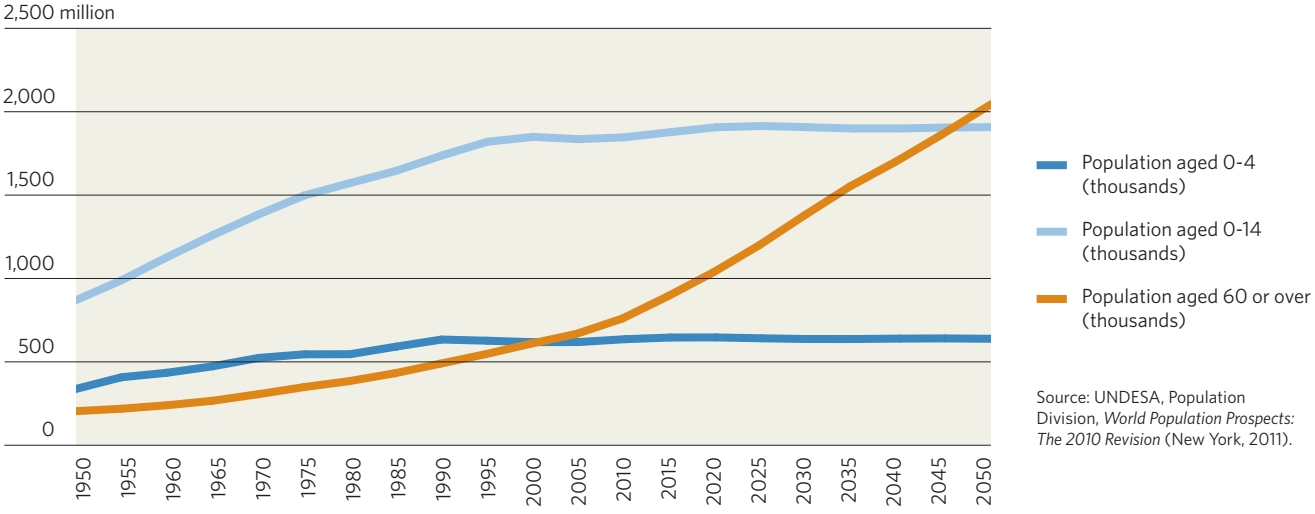
Who is old?

The United Nations uses 60 years to refer to older people. This line, which divides younger and older cohorts of a population, is also used by demographers. However, in many developed countries, the age of 65 is used as a reference point for older persons as this is often the age at which persons become eligible for old-age social security benefits. So, there is no exact definition of "old" as this concept has different meanings in different societies.

Defining "old" is further challenged by the changing average lifespan of human beings. Around 1900, average life expectancy was between 45 and 50 years in the developed countries of that time. Now, life expectancy in developed countries reaches 80 years.

There are other definitions of "old" that go beyond chronological age. Old age as a social construct is often associated with a change of social roles and activities, for example, becoming a grandparent or a pensioner. Older persons often define old age as a stage at which functional, mental and physical capacity is declining and people are more prone to disease or disabilities.

Figure 1: Population aged 0-4, 0-14 and aged 60 or over, 1950-2050



Source: UNDESA, Population Division, *World Population Prospects: The 2010 Revision* (New York, 2011).

Discussions with older people in South Africa, for example, showed that they associated old age both with experience gained in life and increasing dependence on others. Chronological definitions of old age were not viewed as so important in signifying old age as changes in physical and mental capacity.[5]

Older persons are a highly diverse population group, in terms of, for example, age, sex, ethnicity, education, income and health. It is important to recognize this in order to adequately address the needs of all older persons, especially the most vulnerable.

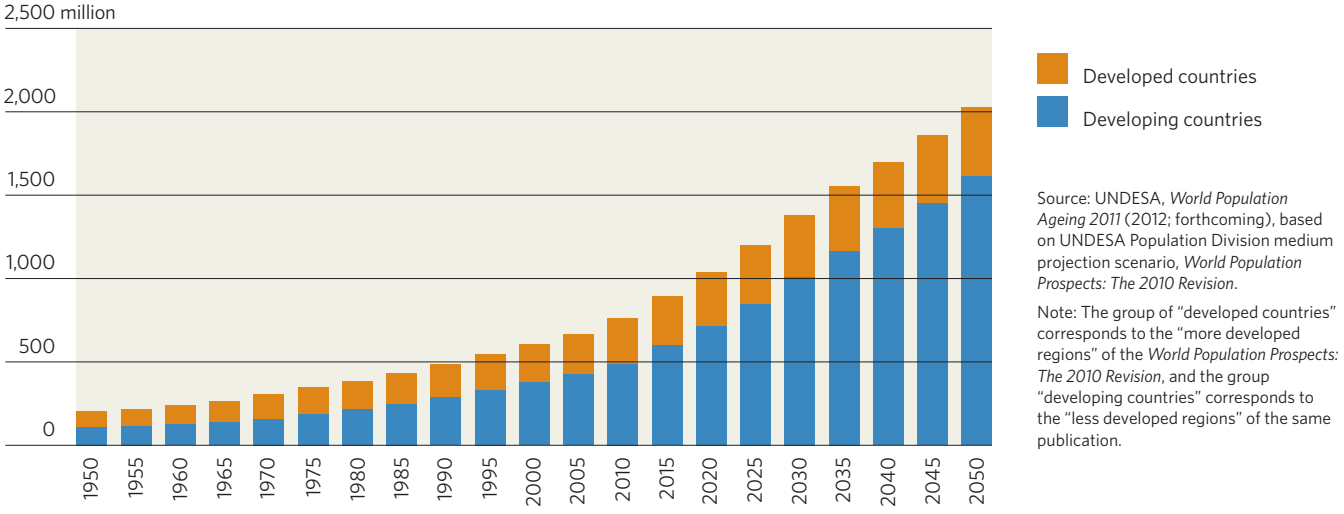
Why is the world ageing?

Population ageing is occurring because of declining fertility rates, lower infant mortality and increasing survival at older ages. Total fertility dropped by half from five children per woman in 1950-1955 to 2.5 children in 2010-2015, and it is expected to continue to decline. Life expectancy at birth has risen substantially across the world; it is not just a developed world phenomenon. In 2010-2015, life expectancy is 78 years in developed countries and 68 years in developing regions. By 2045-2050, newborns can expect to live to 83 years in developed regions and 74 years in developing regions.

While overall the world is ageing, there are differences in the speed of population ageing. It is happening fastest in the developing world (Figure 2). Today, almost two in three people aged 60 or over live in developing countries, and by 2050, nearly four in five will live in the developing world.

Around 1900, average life expectancy was between **45** and **50** years in the developed countries of that time. Now, life expectancy in developed countries reaches **80** years.

Figure 2: Number of people aged 60 or over: World, developed and developing countries, 1950-2050



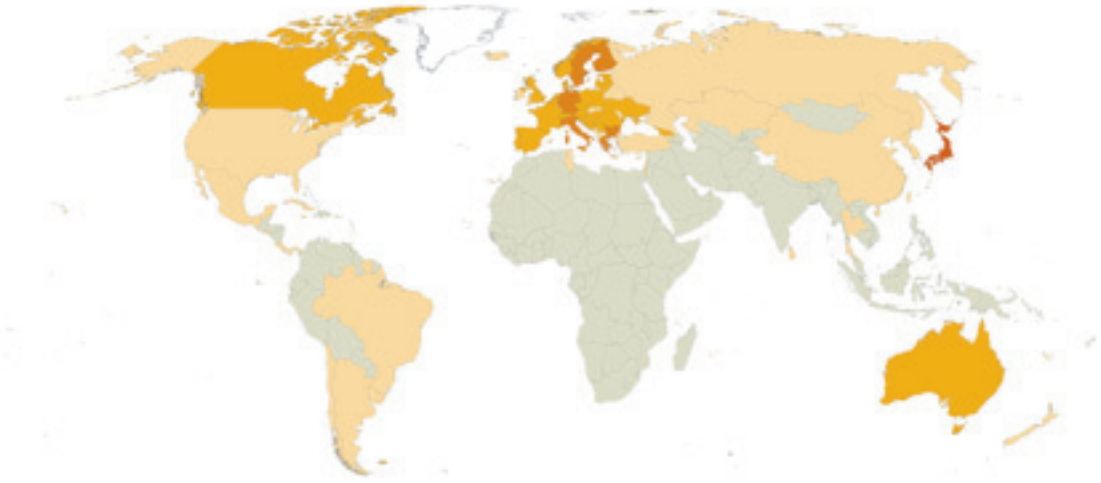
Source: UNDESA, *World Population Ageing 2011* (2012; forthcoming), based on UNDESA Population Division medium projection scenario, *World Population Prospects: The 2010 Revision*.

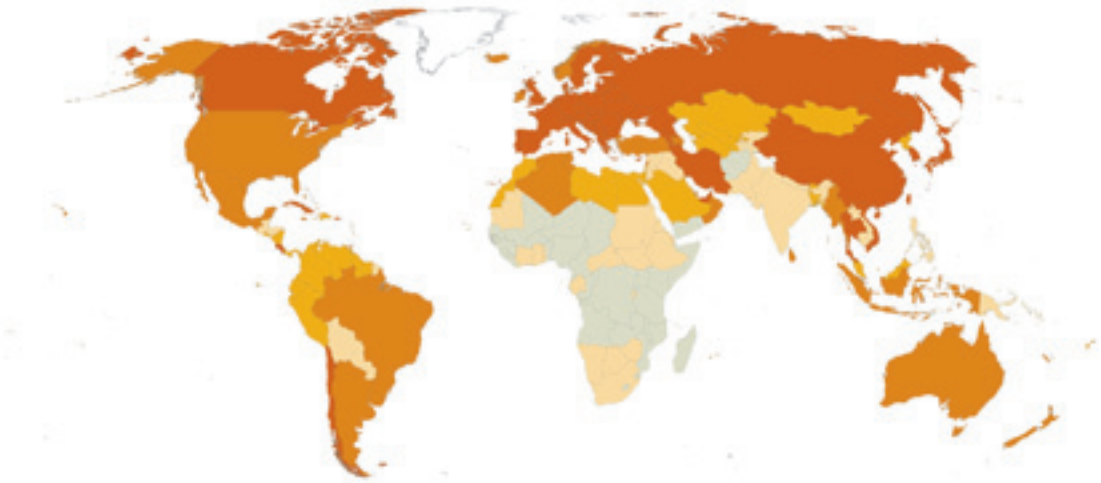
Note: The group of "developed countries" corresponds to the "more developed regions" of the *World Population Prospects: The 2010 Revision*, and the group "developing countries" corresponds to the "less developed regions" of the same publication.

There are marked differences between the percentages of older people in different regions. In 2012, 6 per cent of the population in Africa was 60 years and over, compared with 10 per cent in Latin America and the Caribbean, 11 per cent in Asia, 15 per cent in Oceania, 19 per cent in Northern America, and 22 per cent in Europe.

By 2050, 10 per cent of the population in Africa will be 60 years and over, compared with 24 per cent in Asia, 24 per cent in Oceania, 25 per cent in Latin America and the Caribbean, 27 per cent in Northern America, and 34 per cent in Europe.

Map 1: Proportion of population aged 60 or over in 2012 and 2050





Source: UNDESA, *Population Ageing and Development 2012, Wall Chart* (2012; forthcoming).

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

There are also marked sub-regional and national differences in population ageing that are associated with different stages of the demographic transition, above all, the speed with which fertility and mortality decline is ageing populations. Japan is currently the only country in the world with more than 30 per cent of its population aged 60 or over. By 2050, there will be 64 countries where older people make up more than 30 per cent of their population.

Even though at global and regional level, migration is a minor factor in population ageing, at national level it often has an impact on age structure. As younger generations leave in search of work, the proportion of older people in rural areas becomes higher in both developing and developed regions. As most of the developed world is urbanized and most of the developing world still has a high proportion of the population living in rural areas, the proportion of older people by area at the global level is higher in urban than in rural areas (Figure 3).

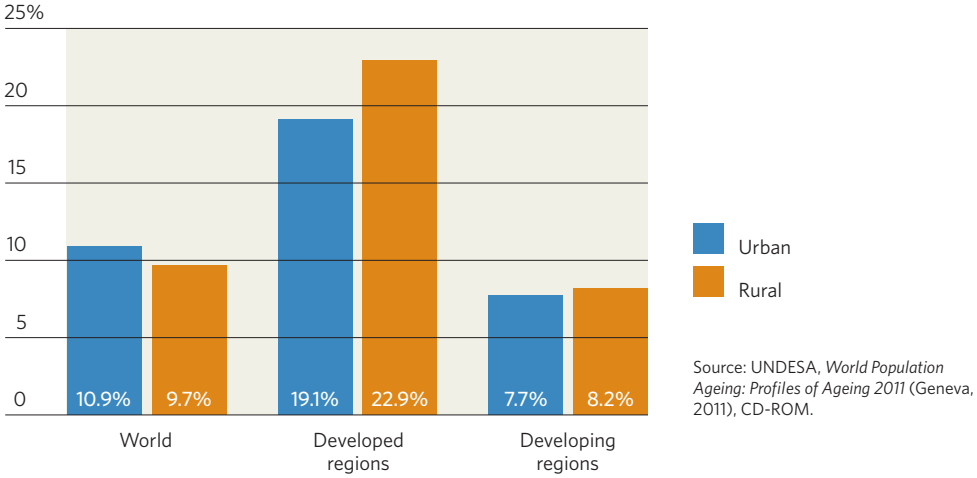
What is longevity versus life expectancy?

Although the terms "longevity" and "life expectancy" are often used interchangeably, their meaning is not strictly the same. Life expectancy refers to the average number of years that a population or a sub-population with certain characteristics is expected to live, usually under the assumption that age-specific death rates will continue the same in the future. Longevity usually refers to individual survival. But demographers also use it to refer to some other characteristics of survival in populations, such as the maximum lifespan.

The maximum (recorded) lifespan refers to the largest number of years lived by any individual that has been confirmed on the basis of actual data. This number increased from 103 in 1798 to 110 years in 1898, 115 years in 1990, and 122.45 years since the French woman who held the record died in 1997. Because these are extreme values, it is to be expected that, as time goes on and more cases become available for study, the record will eventually be broken. But there is also a more structural effect. It has been clear for some time now that the probabilities of death, rather than increasing indefinitely with age, approach a limit at the very highest ages. In addition, the survival chances of the very oldest persons have been improving in recent decades. This means that, theoretically, the extension of the human lifespan can continue.[6]

While the maximum lifespan refers to exceptionally long-lived individuals, another longevity concept has to do with the modal age at death. Under this concept, life expectancy can be seen as consisting of two components: one is the typical age up to which individuals can survive under ideal circumstances, if they are protected from all preventable causes of death. Of course, this age will still vary between individuals because of their genetic predisposition and not everybody will reach the maximum lifespan. The other component has to do with all the factors that can cause individuals to die before this theoretical limit, including infant and child deaths which have a large negative effect. In the ideal case, where everybody survives up to their maximum lifespan, the life table of the population would be almost rectangular, that is, almost no deaths up to age 80 or 90, and then a sudden and very steep decrease as individuals reach their individual longevity limit.

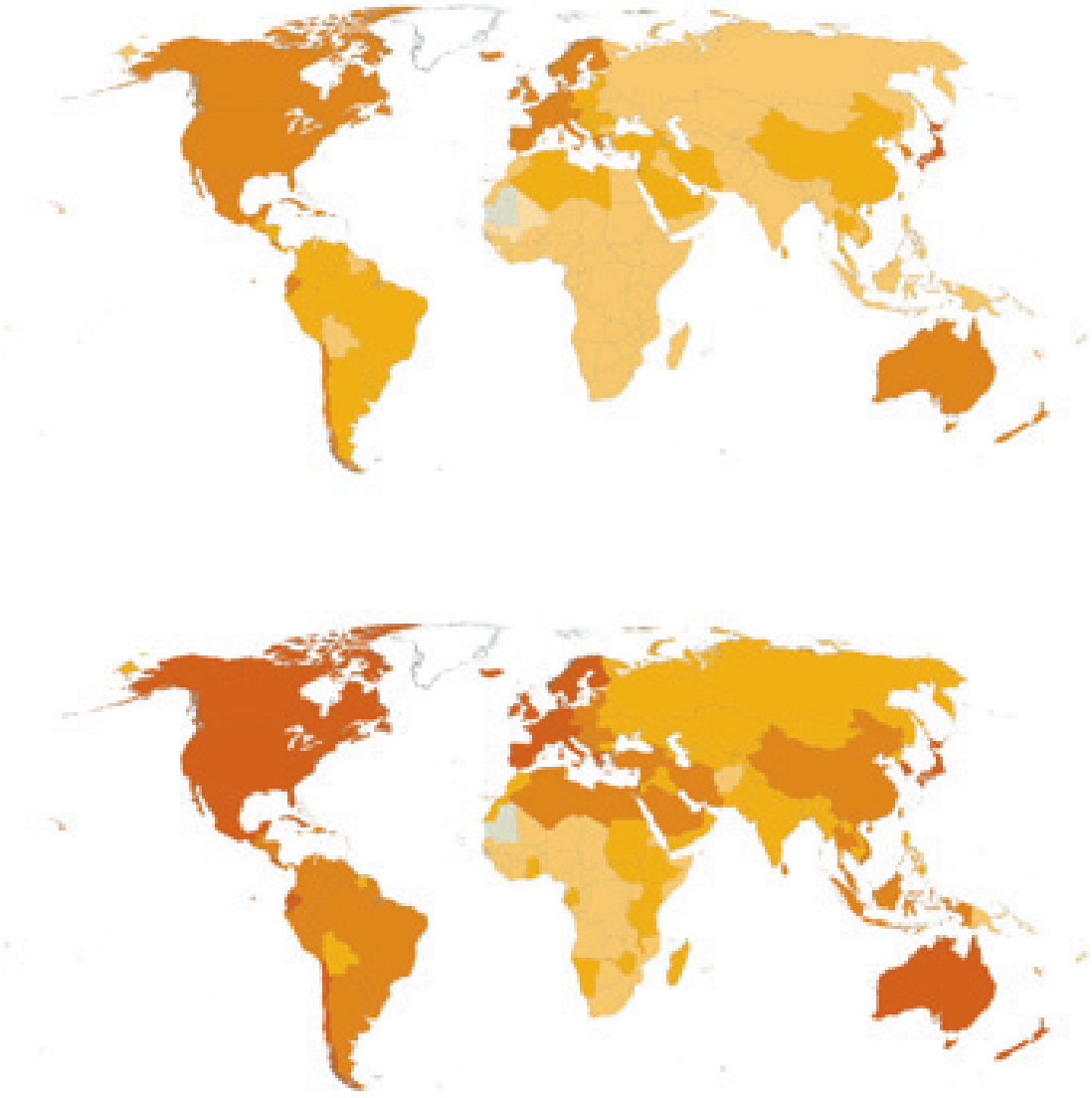
Figure 3: Percentage of the population aged 60 or over in rural and urban areas in 2005



Source: UNDESA, *World Population Ageing: Profiles of Ageing 2011* (Geneva, 2011), CD-ROM.

Actual life tables do not exhibit this pattern but there has been a tendency towards greater "rectangularization" as more and more preventable causes of death have been eliminated. Longevity (operationally defined as the age at which the largest number of deaths occurs, that is, the modal age at death) also changes over time, but not as much as the life expectancy. In the case of Switzerland, for example, the secular increase of life expectancy since the 1870s is explained by the increase in both longevity and rectangularity, each responsible for about 50 per cent of the increase.[7]

Map 2: Life expectancy at age 60 in 2010-2015 and 2045-2050



Source: UNDESA, *World Population Ageing: Profiles of Ageing 2011,* (New York, 2011), CD-ROM.

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

The difference between current life expectancies and longevity is currently about five to seven years in most industrialized countries, but as life tables become more rectangular, this difference will diminish. In developing countries, however, the difference can still be considerable. In Ethiopia, for example, the female life expectancy was estimated by the World Health Organization (WHO) at 56 years in 2009,[8] but according to the same life table, the modal age at death was as high as 75 years.

The difference in life expectancy at birth between the regions with the highest and lowest life expectancy, is 31 years. There also are big variations in life expectancy at age 60 between developed and developing regions (Table 2). At age 60, a woman in Western Africa can expect to live for another 16 years. On the other hand, a 60-year-old woman in Northern America can expect to live another 25 years.

The phenomenon of the "oldest old"

The older population itself is ageing. The number of persons aged 80 or over (often referred to as the "oldest-old") has been increasing more rapidly than the older population as a whole (Figure 4). The number and proportion of centenarians is growing even faster. Globally, 1.6 per cent of the population is now aged 80 or over and the proportion is projected to rise to 4.3 per cent by 2050, reaching 402 million.[9]

Celebrating a 100th birthday in Canada. The number of centenarians is increasingly rapidly.



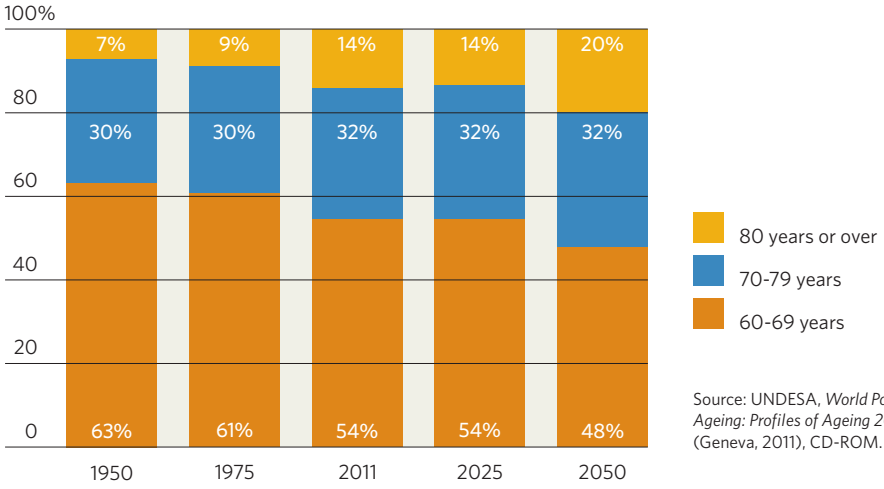
George Pawliczko

Table 2: Life expectancy at age 60 in developed and developing countries

	Life expectancy at age 60 2010-2015	
	Men	Women
Developed countries	21	25
Developing countries	18	20

Source: UNDESA, Population Division (2012). Prepared by the Population and Development Section, on the basis of data from UNDESA, *World Population Prospects: The 2010 Revision* (2011), and UNDESA, *World Population Ageing and Development 2012*, Wall Chart (2012; forthcoming). Available from www.unpopulation.org

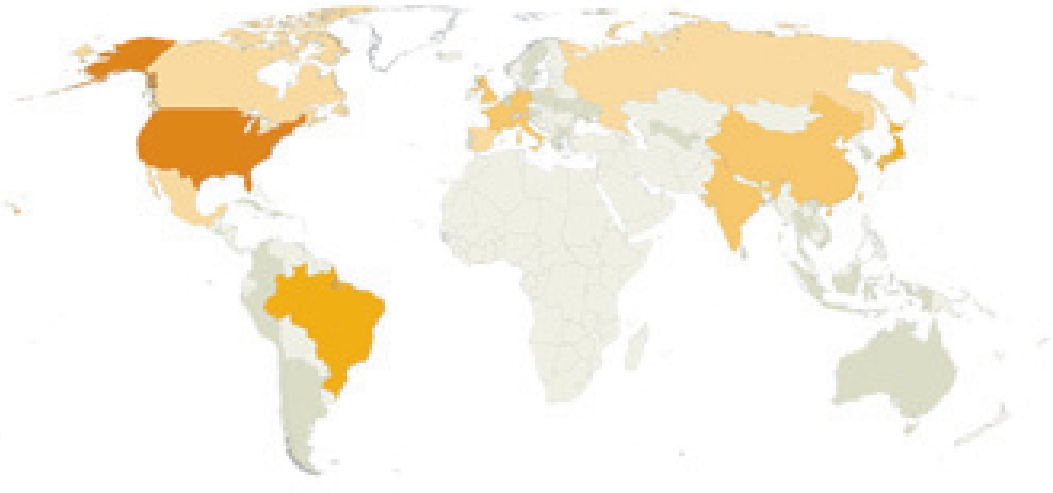
Figure 4: Distribution of population aged 60 years or over by broad age group: World, 1950-2050

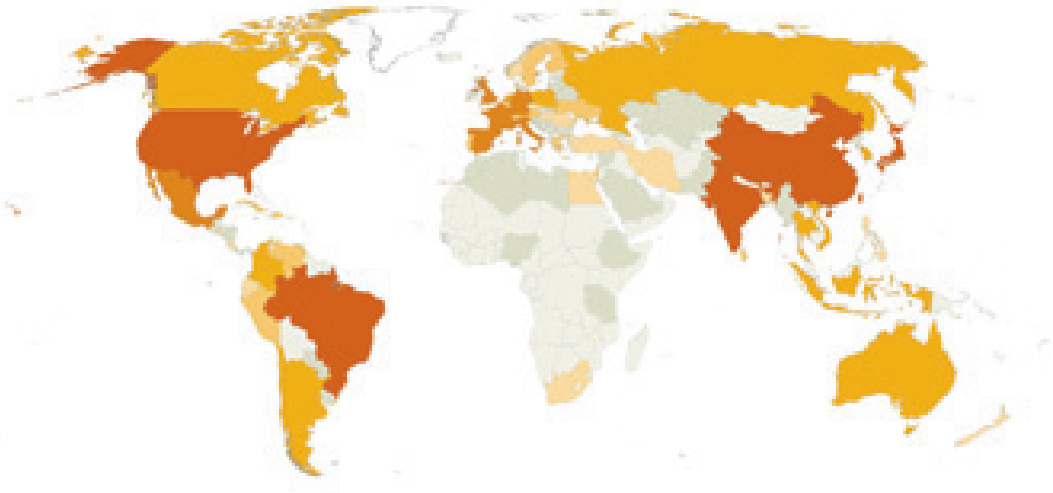


Source: UNDESA, *World Population Ageing: Profiles of Ageing 2011* (Geneva, 2011), CD-ROM.

The number of centenarians in the world is projected to increase from fewer than 316,600 in 2011 to 3.2 million in 2050. For example, in the United Kingdom, there are projected to be half a million centenarians by 2066[10] and one third of babies born in 2012 can expect to celebrate their 100th birthday.[11] In China, there are currently 14,300 centenarians. This number is expected to increase to 262,500 persons aged 100 or over by 2050. In Japan, there are already 49,500 centenarians and by 2050, this number is expected to increase to 617,000, of whom 500,000 will be women. This means that nearly 1 per cent of Japan's population will be aged 100 years or over by mid-century.[12]

Map 3: Number of centenarians by country in 2011 and 2050





Source: UNDESA, *World Population Ageing: Profiles of Ageing 2011*, (New York, 2011), CD-ROM.

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

The implications of increasing life expectancy in the age distribution of the population are being felt in developing regions too. Until now, there have been more people aged 80 years or over in developed countries. By 2025, the balance will have shifted. By 2050, it is projected that there will be more than twice as many people aged 80 years or over in developing regions, at 280 million, compared with 122 million in the developed regions.

Gender differences

Women tend to live longer than men, with the result that there are more older women worldwide than older men. In 2012, for every 100 women aged 60, there were 84 men. The proportion of women rises further with age. For every 100 women aged 80 or over worldwide, there are only 61 men. The so-called "feminization of ageing", particularly the relatively large proportion of the "oldest old" who are women, has important implications for policy. Women and men differ on several issues that are relevant for ageing policies. They have different health and morbidity patterns and women usually have lower income but larger and better family support networks.

With whom do older persons live?

Living arrangements of older people are changing with modernization of societies.[13] Family sizes are decreasing and intergenerational support systems are changing. Living in a multigenerational household is still the norm in developing countries. However, there are significant numbers of "skipped-generation" households consisting of children and older people, especially in rural areas, as a result of rural to urban migration of "middle-generation" adults. In some countries this trend is exacerbated by international migration. There is also a large number of "skipped-generation" households in areas with a high incidence of HIV.[14]

Living independently, that is either alone or with a spouse only, is rare among older people in developing countries, but is the dominant living arrangement in developed countries. Globally, 40 per cent of the world's older population live independently, with no discernible difference by sex. Almost half of women living independently live alone. By contrast, only a minority of older men live alone (Figure 5).

The difference in the proportion living independently between developed and developing regions is remarkable. Older persons who live independently represent almost three-quarters of all older persons in developed regions, compared to a quarter of all older persons in the developing regions. It is important to stress that living alone or just with a spouse in developed countries could be an indicator of economic independence, while in developing countries it could also be a source of insecurity and vulnerability.

Figure 5: Percentage of people aged 60 or over living independently (alone or with spouse only), latest available data



Source: UNDESA, *World Population Ageing 2011* (2012; forthcoming), based on UNDESA Population Division medium projection scenario, *World Population Prospects: The 2010 Revision.*

Note: The group of "developed countries" corresponds to the "more developed regions" of the *World Population Prospects: The 2010 Revision,* and the group "developing countries" corresponds to the "less developed regions" of the same publication.

Older women

Men and women experience old age differently. Older women tend to have stronger social networks than men and there is evidence that mothers are more likely than fathers to receive material and emotional support from their adult children.[15] Older women are also more likely than older men to be caregivers of children or sick relatives, particularly in families affected by migration or illness. Men's greater economic role means that loss of earning power can have negative consequences for their roles in society after they have retired. Traditional roles in the household can result in older men becoming more isolated once they retire from their jobs.

Both older men and older women may face age discrimination. However, older women also face the cumulative effects of gender discrimination throughout their lives, including less access to education and health services, lower earning capacity and limited access to rights to land ownership, contributing to their vulnerability in older age.

A combination of age and sex discrimination also puts older women at increased risk of violence and abuse. Despite significant progress in the development of international legal norms, standards and policies, data on elder abuse of women are very limited. In general, a lack of key indicators and data disaggregated by age and sex is a barrier to improving programmes and designing laws and policies that respond effectively to the different situations of older women and men.

Older women are more likely to be widowed than older men and less likely to remarry.



Kate Holt/HelpAge International

Currently, in many countries, older women have lower levels of education than older men because as girls they were denied the opportunity to go to school or dropped out before completing their education. In developing countries, an average of 58 per cent of women aged 65 or over are illiterate, compared with 34 per cent of men in the same age group.[16] Lower educational levels, particularly in older women, seriously limit the ability of older persons to obtain information, access services or take part in social, economic or political activities. For example, one study in Latin America and the Caribbean found that low literacy was associated with low levels of participation in cancer screening.[17]

Given the fact that the level of education of the current generation is higher than the previous ones, future generations of older persons are expected to be increasingly better educated, a very positive trend that will counterbalance the challenges created by a rapid increase in the aged populations. However, most developing countries, today and in the near future, will have to deal with a high proportion of illiterate older persons, particularly women. Improving literacy in the current generation of older women is an essential policy component, not only for their own well-being but also to enable them to better support the education of younger generations.

There is an urgent need to incorporate older women's and men's health issues into health policies. Although, on average, women live longer than men, they are also likely to live more years in ill health.[18] Multiple pregnancies and inadequate support in childbirth, as well as inequalities earlier in life, such as poor access to health care, and lower educational and income levels, contribute to health problems in older age. Older women also face specific age-related health issues. Increases in life expectancy have led to more women living beyond the menopause, increasing the risk of hormone-related conditions such as osteoporosis which is associated with higher risk of fractures in older women.

The loss of a spouse can also make women more vulnerable. Older women are more likely to be widowed than older men and are less likely to remarry than men who are widowed. As the status of women in many societies is linked to the status of their husbands, widows and unmarried older women can become particularly vulnerable to poverty and social exclusion.

While the emphasis in incorporating gender concerns into policies and programmes related to ageing is typically on the vulnerabilities of older women, a more balanced perspective that recognizes gender as a potential marker of vulnerability for various aspects of well-being is needed to address both male and female disadvantages.[19]

The challenges of population ageing

Population ageing has significant social and economic implications at the individual, family, and societal levels. It also has important consequences and opportunities for a country's development. Although the percentage of older persons is currently much higher in developed countries, the pace of population ageing is much more rapid in developing countries and their transition from a young to an old age structure will occur over a shorter period. Not only do developing countries have less time to adjust to a growing population of older persons, they are at much lower levels of economic development and will experience greater challenges in meeting the needs of the increasing numbers of older people.

Financial security is one of the major concerns as people age. It is an issue for both older persons and a growing challenge for families and societies. Population ageing is raising concerns about the ability of countries to provide adequate social protection and social security for the growing numbers of older persons. In many countries, the expectation is that the family will take care of its economically dependent older members. While some families support their older relatives, others are not in a financial position to do so in a way that does not affect their own economic situation. Older persons who do not have family to support them are especially vulnerable.

Informal support systems for older persons are increasingly coming under stress, as a consequence, among others, of lower fertility, out-migration of the young,[20] and women working outside the home. There is an increasing consensus that countries must develop social protection systems that cover at least the basic needs of all older persons. Ensuring a secure income in old age is seen as a major challenge for governments facing fiscal problems and competing priorities. Some countries are increasingly worried whether they will be able to pay for pensions and whether they will ultimately be able to prevent a rise of poverty in old age, particularly in countries where the majority of older persons are employed in the informal sector.

While many developed countries and some emerging economies are challenged with an ageing workforce and ensuring the sustainability of pension systems, most developing countries have to establish their systems now when the challenge is less acute and when the fiscal space available for social policies is increasing as a consequence of the "demographic dividend".

Health is another major concern for older persons. The demographic transition to an ageing population, accompanied by an epidemiological transition from the predominance of infectious diseases to non-communicable diseases, is associated with an increasing demand for health care and long-term care. Although not an inevitable outcome of growing old, the numbers of older people affected by mental health problems are increasing due to population ageing. Their management has become an increasing concern for both developing and developed countries.

Maintaining good health and access to health care is a core concern of older people everywhere. In many developed countries quality of care and rising health-care costs are major issues related to population ageing.

The rationale for investing public resources in older people

There is a range of powerful social justifications for devoting public resources to the challenges that ageing brings:

- Older people are a valuable and productive economic resource that should not be stifled by outmoded public policies such as mandatory retirement or other disincentives to work beyond certain ages.
- Inherent in the challenge of population ageing are huge opportunities, because older people who live healthy lives can continue to be productive for longer than in the past.
- On ethical and humanitarian grounds, devoting resources to older people is arguably the right thing to do, the fair thing to do and a just thing to do.
- Older people have a fundamental human right to make claims on social resources, such as health care. These claims are grounded in and justified by international law, for example, in the 1948 Universal Declaration of Human Rights.
- The formation of social capital and societies that are cohesive, peaceful, equitable, and secure requires that we attend to the needs of all groups, especially the most vulnerable, such as older people. Doing so will strengthen societal and cross-generational cohesion.
- Governments have a natural and fundamental role to play in the health sector, for everyone, including older people, because unregulated markets do a poor job of achieving socially desirable and economically efficient levels of health provision. Infectious disease puts communities at risk, health providers can use their informational advantages to exploit health consumers, and problems of moral hazard and adverse selection exist.

Reproduced with kind permission from World Economic Forum, Global Agenda Council on Ageing Society, *Global Population Ageing: Peril or Promise?* (Geneva, 2012).

The Madrid International Plan of Action on Ageing aims for people everywhere to be able to age with security and dignity.



Zivot 90

Many developing countries are challenged by a double cost burden: the costs related to infectious diseases may still be high while population ageing and the rising number of non-communicable diseases are putting additional pressure on resource-strained health-care systems.

Poor conditions earlier in life place older people at risk of serious health problems and adversely affect their health and vitality. The understanding that the living environment, working conditions, nutrition and lifestyle choices in younger years influence our health in older age should be a key ingredient for policies and programmes with an intergenerational focus. As populations age, it is critical that health systems and the training of health professionals at all levels are adjusted to meet the requirements of older people, and that ageing is recognized within diagnostic, curative and rehabilitative care programmes within the formal health system, especially at primary and community level.

Ensuring enabling and supportive environments as people grow older is a significant challenge, so that older persons can age actively and participate in the political, social, economic and cultural life of society. This means that living arrangements, including housing and transportation are age-friendly, to ensure older persons can "age in place" and remain independent for as long as possible.

Older persons who find themselves in conflict situations, natural disasters – including those resulting from climate change – and other humanitarian emergencies, are particularly vulnerable. When younger generations migrate to cities or abroad, older persons are often left behind without traditional family support. Older people are often the victims of neglect, violence and abuse because of increasing dependence.

The Madrid International Plan of Action

The priority directions are:

1. Older persons and development
2. Advancing health and well-being into old age
3. Ensuring enabling and supportive environments

Under each of the priority directions there are a number of issues, objectives and recommendations for action – as follows:

Older persons and development

Issue 1: Active participation in society and development (2 objectives, 13 actions)
Issue 2: Work and the ageing labour force (1 objective, 14 actions)
Issue 3: Rural development, migration and urbanization (3 objectives, 20 actions)
Issue 4: Access to knowledge, education and training (2 objectives, 14 actions)
Issue 5: Intergenerational solidarity (1 objective, 7 actions)
Issue 6: Eradication of poverty (1 objective, 8 actions)
Issue 7: Income security, social protection/social security and poverty prevention (2 objectives, 13 actions)
Issue 8: Emergency situations (2 objectives, 18 actions)

Advancing health and well-being into old age

Issue 1: Health promotion and well-being throughout life (3 objectives, 27 actions)
Issue 2: Universal and equal access to health-care services (4 objectives, 22 actions)
Issue 3: Older persons and HIV/AIDS (3 objectives, 9 actions)
Issue 4: Training of care providers and health professionals (1 objective, 3 actions)
Issue 5: Mental health needs of older persons (1 objective, 10 actions)
Issue 6: Older persons and disabilities (1 objective, 10 actions)

Ensuring enabling and supportive environments

Issue 1: Housing and the living environment (3 objectives, 17 actions)
Issue 2: Care and support for caregivers (2 objectives, 14 actions)
Issue 3: Neglect, abuse and violence (2 objectives, 12 actions)
Issue 4: Images of ageing (1 objective, 8 actions)

Source: United Nations, *Political Declaration and Madrid International Plan of Action on Ageing* (New York, 2002).

The response: The Madrid International Plan of Action on Ageing

The Second World Assembly on Ageing, held in Madrid, Spain in 2002 produced a bold, rights-based and policy-relevant Political Declaration and Plan of Action on Ageing to manage the challenges of population ageing in the 21st century. Both were adopted later in the same year by consensus by the General Assembly of the United Nations. The Political Declaration and Plan of Action address major issues that are most pertinent to the well-being of older people around the globe and suggest concrete policy actions in the three priority areas of older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments.

The Madrid Plan was preceded by two international documents on ageing: the Vienna International Plan of Action on Ageing and the United Nations Principles for Older Persons. The first international instrument on ageing, the Vienna Plan, was adopted by the first World Assembly on Ageing in 1982, convened in recognition of "the need to call worldwide attention to the serious problems besetting a growing portion of the populations of the world".[21] The focus of the Vienna Plan was on developed countries where the implications of population ageing were already recognized and well established.[22]

In 1991, the United Nations General Assembly adopted the United Nations Principles for Older Persons and encouraged governments to incorporate them into their national programmes whenever possible. The 18 United Nations Principles, which seek to ensure that priority attention will be given to the situation of older persons, address the following five areas: independence, participation, care, self-fulfilment and dignity of older persons. These two documents were reaffirmed at the Second World Assembly on Ageing at which governments also recognized that population ageing is increasingly an issue in developing countries.

By adopting the Madrid Plan, governments agreed for the first time on the need to link ageing with human rights. This happened at a time when the human rights approach to development was gaining increasing importance on the international stage as, for example, during the International Conference on Population and Development held in Cairo in 1994 and the Fourth World Conference on Women held in Beijing in 1995. The Political Declaration affirms the commitment to the promotion and protection of all human rights and fundamental freedoms, including the right to development.

There is a shift away from viewing older persons as welfare beneficiaries to active participants in the development process, whose rights must be respected, protected and guaranteed. The Madrid Plan includes a specific recommendation to include older persons to be "full participants in the development process and also share in its benefits".[23] The Plan covers 18 areas of concern to older people and makes 239 recommendations for action. Its overall objective is to enable a "society for all ages" with a broad aim "to ensure that people everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights".[24]

The Madrid Plan, like the Millennium Declaration, recommends to "reduce the proportion of persons living in extreme poverty by one half by 2015".[25] Nevertheless, the Millennium Development Goals (MDGs) in their current form do not explicitly respond to the issues of ageing populations. A review of MDG reports since 2005 undertaken by the United Nations Development Programme (UNDP), revealed no mention of the situation of older people or any intervention geared towards them. The Madrid Plan, however, acknowledges that older persons have an important part to play in the achievement of the MDGs and should benefit from interventions designed to achieve them.

The Madrid Plan also calls for the integration of a gender perspective into all policies, programmes and legislation and recognizes the differential impact of ageing on women and men. The Madrid Plan emphasizes the relationship between gender and ageing, positioning older women as both agents and beneficiaries of socio-economic progress. Following the recommendations of the Madrid Plan supports older women's empowerment, for example, through adult literacy programmes, self-help groups, access to credit and help with accessing entitlements.

An important innovation relating to the implementation of the Madrid Plan is that governments, the United Nations system and civil society agreed to participate in a "bottom-up" participatory approach to its review and appraisal that uses qualitative methods of data collection, in addition to relying on the more traditional quantitative data describing the socio-economic living conditions of older people. This is the first time that this approach has been used at the United Nations to evaluate the implementation of a global plan of action.

The bottom-up review and appraisal promotes the inclusion of views from groups that may have been previously excluded from traditional sources of information. It has several key components: awareness raising and advocacy; assessment of needs and setting of targets; gathering of information; distillation of local findings into policy-relevant formats; and adjustment of policies and programmes in accordance with the conclusions and recommendations of the review and appraisal.

A comprehensive set of indicators for the review and appraisal of the Madrid Plan to assist the "bottom-up" approach was developed by the United Nations Programme on Ageing of the Department of Economic and Social Affairs. It includes both 1) instrumental indicators that focus on quantitative evaluation of the availability, scope and coverage of programmes and policies that have been adopted to address issues of population ageing and improve the well-being of older people and 2) outcome indicators that attempt to identify positive or negative changes in the quality of life as well as in socio-economic conditions and in the health of older people.[26]

A minimum set of indicators that all countries could use in their reporting of progress for future review and appraisal cycles of the Madrid Plan was agreed during an expert meeting convened by the United Nations Population Fund, in cooperation with the United Nations Programme on Ageing and the World Health Organization, and with the participation of the International Labour Organization (ILO), the United Nations Population Division, the Regional Commissions and regional experts (see Appendix 2).

Human rights matter for older persons

From a human rights perspective, the large numbers and proportions of older persons are compelling. They point to a large sector of the population that is highly vulnerable to neglect, isolation and abuse. They strike a chord about age as a ground for discrimination in accessing social services, for example, or in combination with other grounds such as sex, disability or health status. They bring to light older persons' plight and underscore the urgent need for comprehensive human rights-based legislation, as well as policies and services to guarantee their inherent dignity and ensure the enjoyment of all their rights. But most importantly, this demographic shift reminds legislators, policymakers and the global community at large that human rights do not end at age 60 or 65.

As the United Nations High Commissioner for Human Rights, Ms. Navanethem Pillay notes: "We must all accept the inevitability of ageing; what we do not have to, and must not, accept is that old age brings with it lesser access to, and enjoyment of, the full range of human rights."[27]

The Political Declaration and the Madrid Plan continue to be the sole international instrument on ageing. There is no binding international human rights instrument specifically devoted to older persons. Even though there are various obligations vis-à-vis older men and women implicit in most core human rights treaties, to date, the body of work done by international human rights mechanisms on ageing and their monitoring of the situation of older people is relatively limited and scattered.

Age as a prohibited ground for discrimination is only explicitly included in one international human rights treaty, that on migrant workers, and there is little understanding of how general human rights standards apply in the specific context of ageing. Critical issues for older persons such as elder abuse, long-term care and autonomy have yet to be fully understood from a human rights perspective. Older people's enjoyment of rights such as equal recognition before the law, access to effective remedies and freedom from torture or other cruel, inhuman or degrading treatment have received little attention.

As a result, few governments include any information on how they guarantee the rights of older persons in their periodic reports monitoring compliance with human rights treaties. Data in these reports are rarely disaggregated by age and discrimination against older people remains hidden. Attention has been limited to a narrow range of economic and social rights, for example, the rights to health and to an adequate standard of living.

When the law was passed we started to live

"The situation has changed for older people in my country since the Law for the Rights of Older People *(Estatuto do Idoso)* was approved [in 2003]. Even after the Policy for Older People was adopted, older people abandoned their sandals and their rocking chairs and started having a life. Now we are supported by the law. We can demand our rights.

Overall, there has been a change in the way society sees older people. Now what we need are jobs and respect in the streets. Holes in the street are the biggest enemy of the older person. That is why falls prevention classes are so important. I used to have terrible falls, I even bruised my face. After going to classes I've never fallen again. Another thing is that the bus drivers are not prepared. The buses should always stop at the curb but they don't – the companies are not worried.

Now we are better respected. It is good to be able to buy half-price tickets for the theatre and concerts. Before, we couldn't go because it was too expensive. Now it is affordable and the bus pass is free too. Even buses between cities are free. I feel fortunate to have this life, I realize not everyone is so fortunate.

I used to avoid going to the bank. I kept my money at home. We older people did that because we couldn't face waiting at the bank for hours. Sometimes we just gave up and went home because the lines were too long, but now there are priority lanes for older people.

We need to end the separation between older and younger people. We can share experiences with each other, which is very exciting. Younger people are starting to better understand older people. They are learning that we also have the right to sing, to dance, to talk.

There are still many things left to do, but a lot has improved."

Maria Gabriela, 90, Brazil



InterAge Consulting in Gerontology

Some regional human rights instruments refer to older persons or old age as, for example, Article 17 of the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Culture and Social Rights (the "Protocol of San Salvador"), which entered into force in 1999. This article stated that "[e]veryone has the right to special protection in old age".[28] Other regional instruments referring to older persons are the African Charter on Human and Peoples' Rights (1981), the Arab Charter on Human Rights (1997) and the Charter of Fundamental Rights of the European Union (2000).

At regional level it has also been recognized that these standard human rights instruments are not sufficient. In three regions, namely the Inter-American region, Africa and at the level of the Council of Europe, regional instruments that articulate in more detail how human rights apply to older persons are being developed. At international level, an Open-ended Working Group on Ageing was established in 2011 to address the human rights situation of older men and women and consider a stronger protection regime. In Latin America, both in the Brasilia Declaration of 2007 and in the San José Charter of 2012, there is recognition of the need for a convention on the human rights of older persons.[29]

Age-related discrimination is one of the most frequent challenges faced by older persons in the exercise of their human rights, in developed and developing countries alike. Even though certain cases of reasonable and proportionate differences in treatment on the grounds of age are permitted, there are circumstances in which old age is the basis for denial of services, limitation on accessing benefits, performing activities or exercising rights. Many older people are acutely aware of discrimination due to age, while others are unaware of their rights and wrongly accept this treatment as part of being old. This is an area, as will be shown later, where important changes are taking place in many countries of the world.



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]

Peter Caton/HelpAge International

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 – Generationspartei 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



COSE

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.

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 Mentesnot 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 multi-generational 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.



Help Age 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 lifecourse.

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 poverty[55] recommended that States recognize that

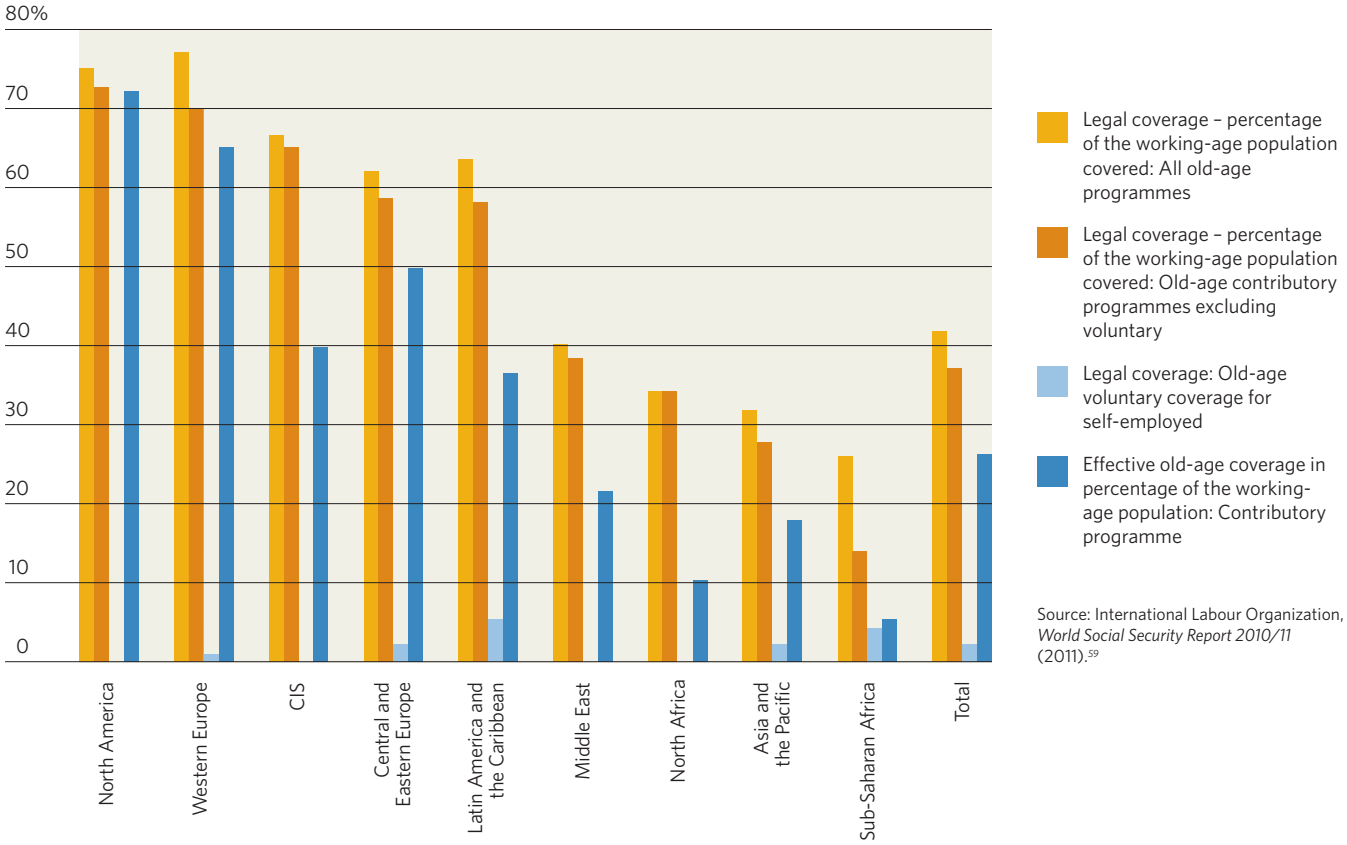
social (non-contributory) pensions are critical to reducing extreme poverty and achieving the right to social security for older persons. Social security in old age is in line with the human rights framework and is more than a policy option for governments; it is every State's duty stemming from human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

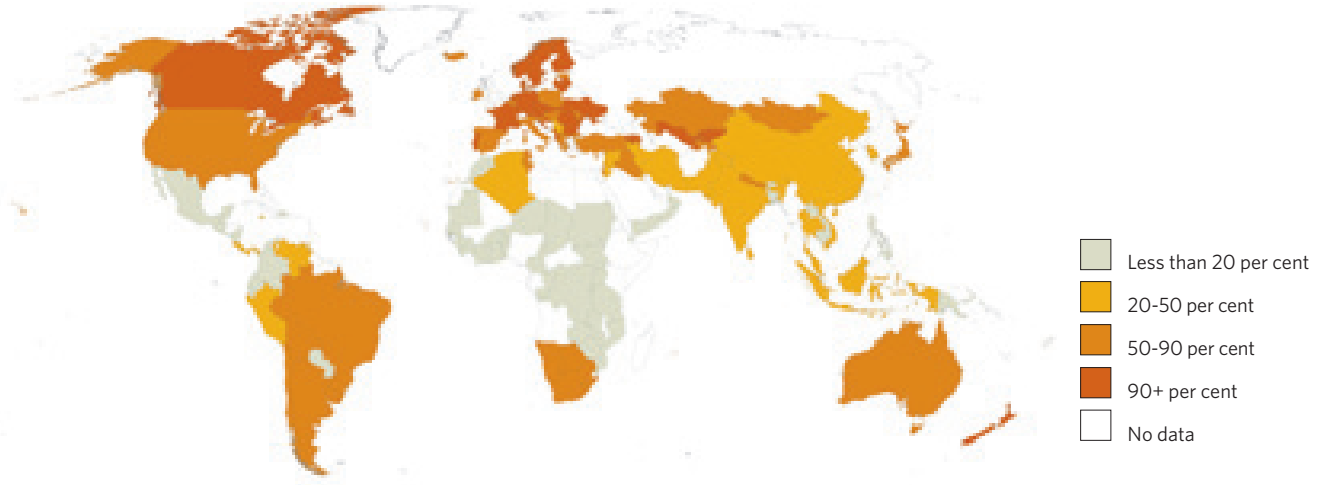
Receiving a pension, however, is a privilege that few older people enjoy. Globally, just one in five of today's older population has a pension, and these figures are lowest in poorer countries.[60] Again, there are huge regional variations. In most OECD countries, almost the entire population over retirement 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)



Source: International Labour Organization, *World Social Security Report 2010/11* (2011).[59]

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.

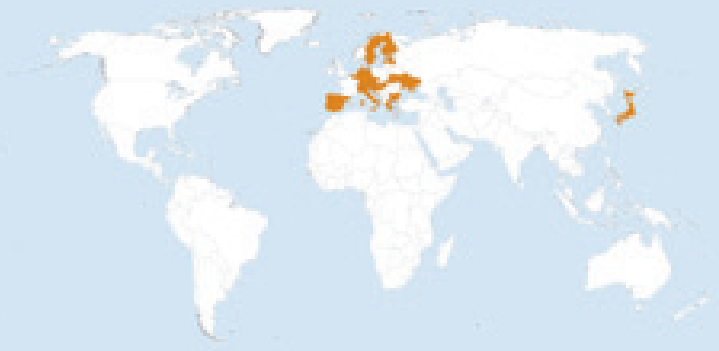
China is in the process of rolling out a major rural pension system that – though not strictly a social pension – includes provision of non-contributory benefits that cover older people today who have made no contributions.[74] Due to the number of older persons in China, at the global level the impact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

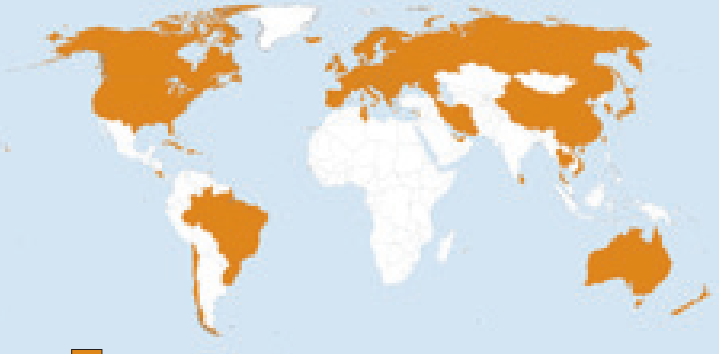
Social pensions make a big difference to the well-being of older people, particularly the poorest, even where benefits are relatively modest. A universal pension in the Yucatan, Mexico, with a value equal to only 5 per cent of average income was found to increase visits to the doctor by 22 per cent.[76] 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 coverage[92] 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]

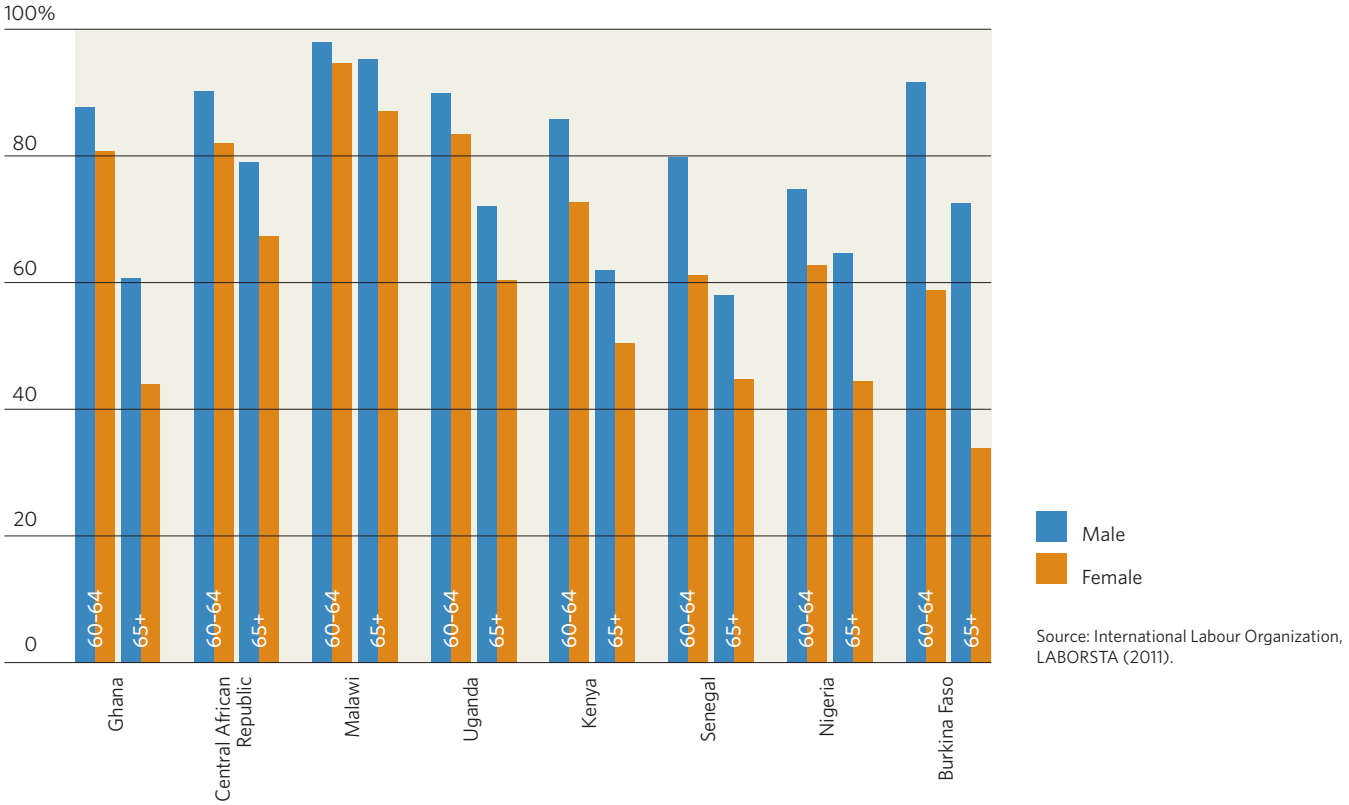
According to ILO calculations,[112] in sub-Saharan Africa men are able to reduce their economic activity rates only slightly as they get older – by up to 20 per cent. Women nearly everywhere play essential roles in old age, doing work that is not recognized by labour-force surveys as "employment", such 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



Source: International Labour Organization, LABORSTA (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 use[120] 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*

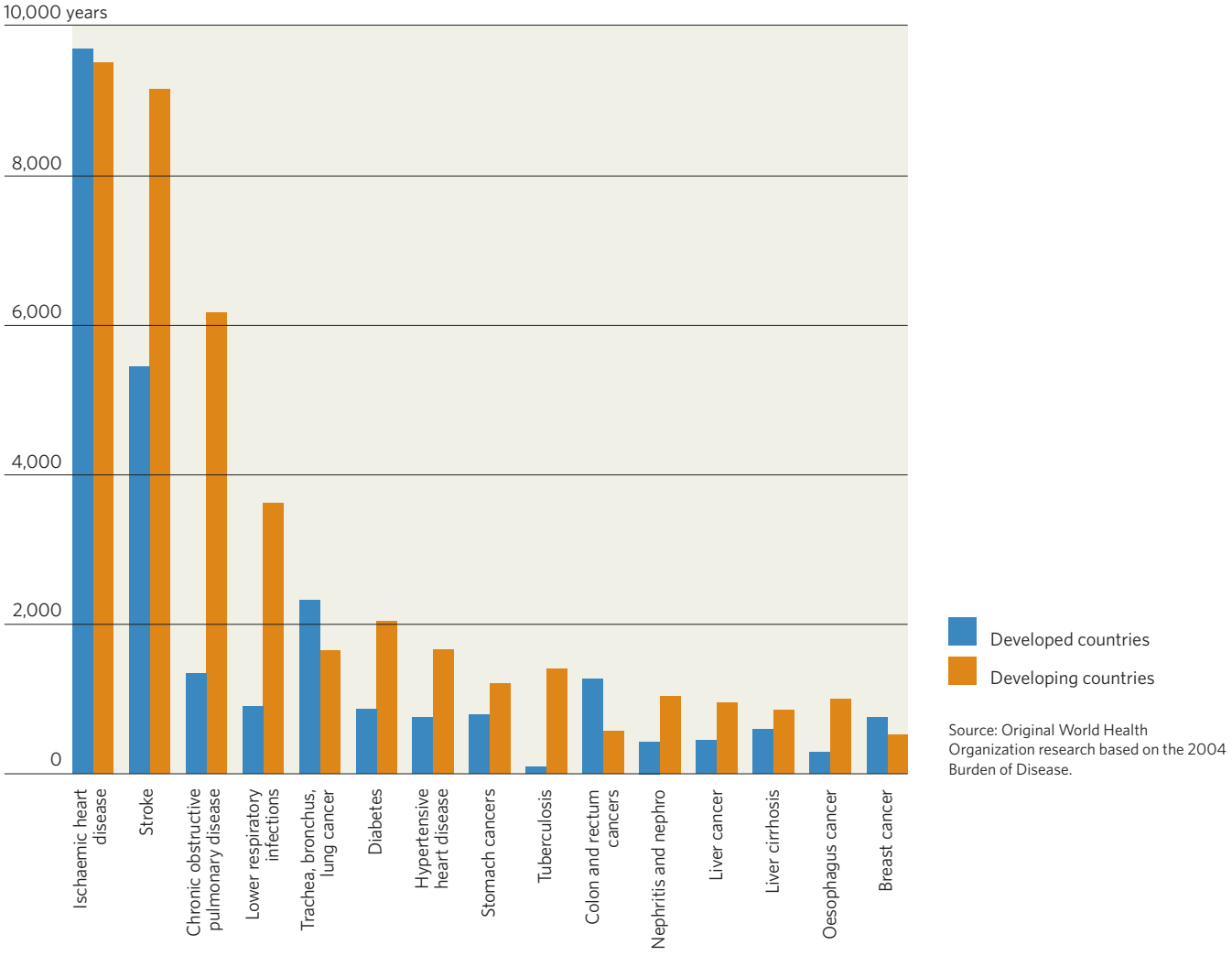
Advancing health into old age

"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



Source: Original World Health Organization research based on the 2004 Burden of Disease.

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.

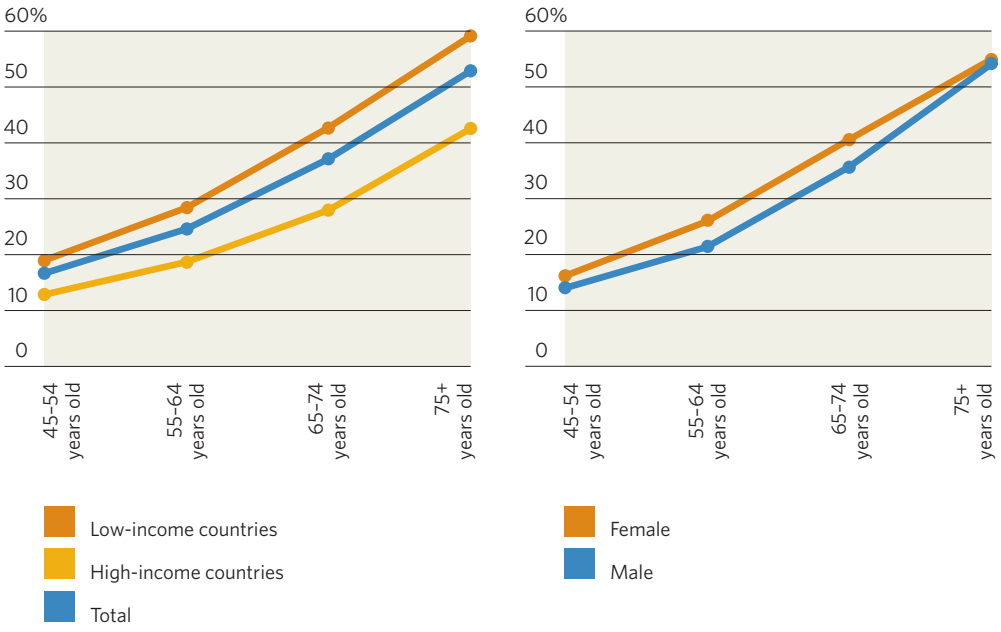
Source: World Health Organization, Health statistics and health information systems, www.who.int/healthinfo/global_burden_disease/metrics_daly/en

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

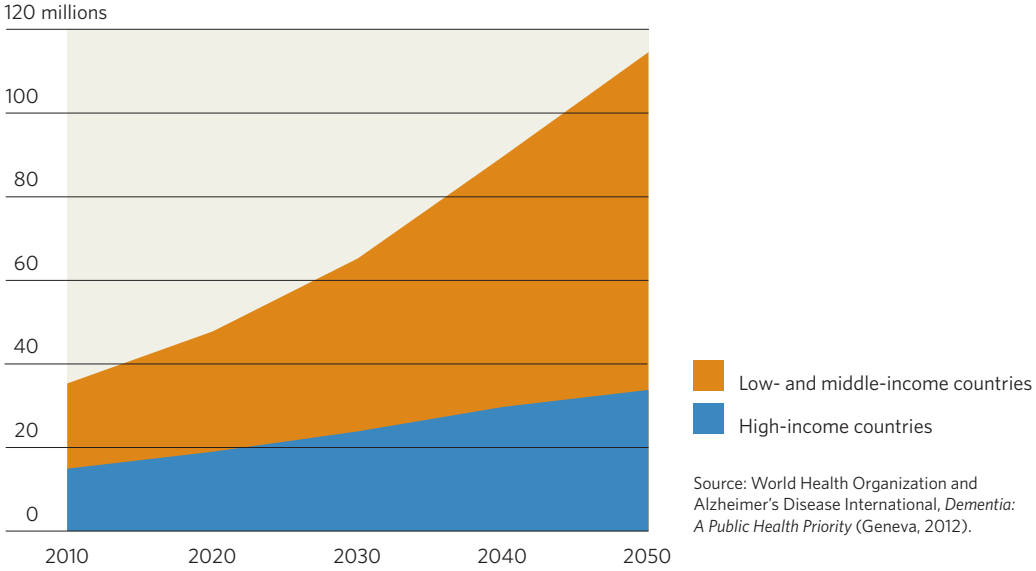
International conferences organized by Alzheimer's Disease International highlight the need to respond to growing numbers of people with dementia.



Alzheimer's Disease International

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



Source: World Health Organization and Alzheimer's Disease International, *Dementia: A Public Health Priority* (Geneva, 2012).

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.ilcjapan.org/f_issues/0603.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]

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*

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).

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 AUGE 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 Sweden[162] 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*



Peter Caton/HelpAge International

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

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=RlyP9aDiij8

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]



Antonio Olmos/HelpAge International

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.

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 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]

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



HelpAge International

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 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]

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).

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 hurricane[249] 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.

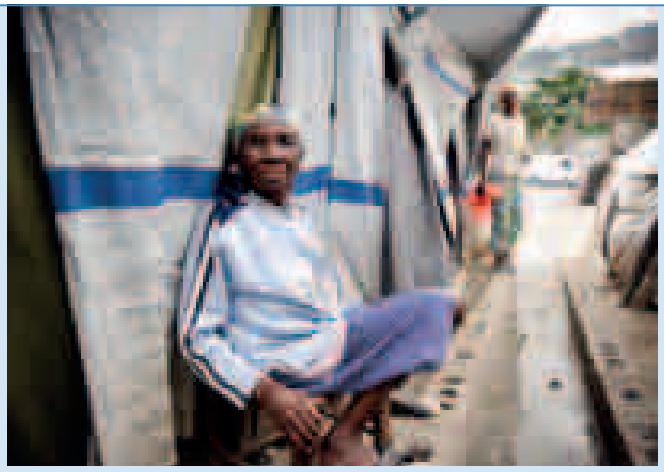
The Cluster Working Group on Early Recovery (CWGER) for internally displaced persons, which released its guidance note on early recovery in 2008, incorporated the same approach, including collecting data disaggregated by age, sex, ethnicity, rural and urban residence, and disability.

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 though 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.

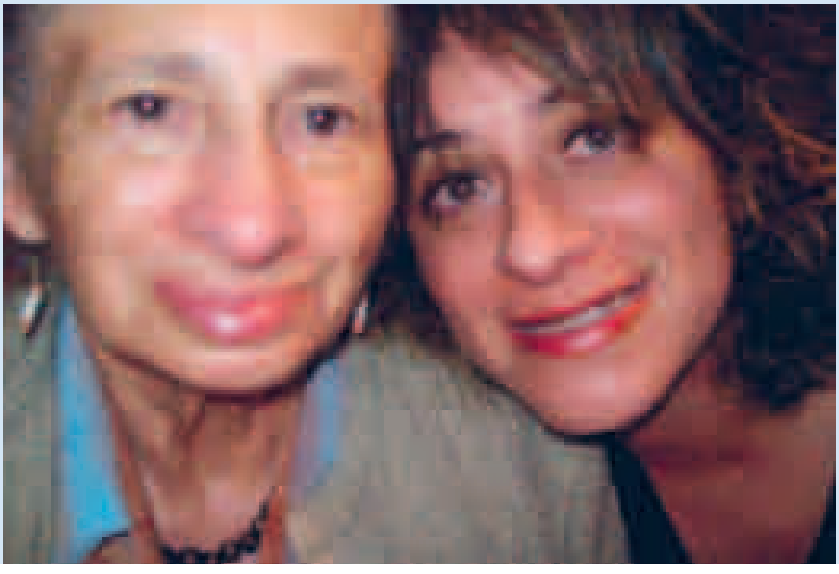
It is very sad and hard, when you realize that this disease is advancing, to be left alone. Many friends and relatives do not know how to handle or bear this and choose to go away. But the true friends remain and some members of the family share the caregiving with love and commitment.

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 caregivers[281] 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.



Jeff Williams/HelpAge International

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. 6[293] 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 Aging, 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



Chapter 3:
A review of progress

The Madrid Plan made provision not only for international and national implementation but also for its systematic review. The United Nations Commission for Social Development reviews and appraises the Madrid Plan every five years and encourages Member States and the Regional Commissions to evaluate both ageing-specific policies and ageing-mainstreaming efforts.

This chapter reviews progress in terms of national policies and legislation, data and research and institutional arrangements relating to older people that have been introduced since 2002. This review is followed by a summary from each United Nations Regional Commission of key data on ageing, key issues concerning older people, progress in implementing regional strategies and recommendations for further action.

What is mainstreaming?

Paragraph 15 of the Madrid Plan states: "Mainstreaming ageing into global agendas is essential. A concerted effort is required to move towards a wide and equitable approach to policy integration. The task is to link ageing to other frameworks for social and economic development and human rights". It is clear that successful adjustment to an ageing world will depend on both ageing-specific and ageing-mainstreaming approaches.

Ageing mainstreaming is the integration of older people's issues into wider national policymaking. Mainstreaming should lead to the inclusion of the needs of people of all ages into the wider policymaking process. For example, for mainstreaming to be successful, it is critical that both policymakers and policy implementers view mainstream policy questions such as basic services, poverty eradication, provision of health services, or housing through the lens of the Madrid Plan priority directions and recommended actions. This will ensure that policymaking is inclusive of older people and builds "a society for all ages".

Wang Jing/HelpAge International

Global review of national action

A global review of national policies and legislation, data and research and institutional arrangements relating to older persons was carried out by UNFPA and HelpAge International in 2010/11 in preparation for this report. This review was based on information obtained from 133 countries on age-specific policy changes and detailed case studies of 32 countries focusing on ageing-mainstreaming activities.[1] A review of reports from the United Nations Department of Economic and Social Affairs (UNDESA) was also undertaken to provide further information for this section.

The following findings focus on the information provided by these global reviews. They show that there has been important progress in various areas. The review also points to significant differences in responses to ageing between developed and developing countries. Developed countries have concerns about rising costs of health care, provision of long-term care and the sustainability of existing pension systems. Developing countries are more concerned about ensuring that there is fiscal space for putting in place social policies relating to health and income security, and the impact of demographic changes on poverty reduction.

Policies, plans, programmes and strategies on ageing

Since 2002, at least 57 countries have approved and published national policies, plans, programmes or strategies on ageing and/or older people. Ten have pending drafts or proposals for such policies which are awaiting approval. In those countries where no evidence for a policy, plan, programme or strategy was found, evidence for the inclusion of specific articles on older people, old age or ageing within their national constitution was found for 11 countries.

Table 1: Examples of age-specific legislation approved since 2002

Austria	Federal Law on the Promotion of Affairs of the Older Generation (latest amendment 2009)
Brazil	Law for the Rights of Older Persons (Law 10741 of 2003)
El Salvador	Law on Comprehensive Care for Older Adults Act (717 of 2002)
Honduras	Comprehensive Protection Law for Older Persons (Decree 199 of 2006)
India	Senior Citizens Act 2007
Madagascar	Protection of Older People's Rights (Law 2008/030 of 2008)
Mexico	Older Adults Rights Act 2002
Nepal	Senior Citizens Act 2007 and Senior Citizens Regulation 2009
Nicaragua	Law for Older Persons 2010
Paraguay	Law for Older Persons (Law 1885 of 2002)
Peru	Law of Older Persons (Law 28803 of 2006)
Philippines	Expanded Senior Citizens Act 2010
South Africa	Older Persons Act 2006
Thailand	Older Persons Act 2003
United Kingdom	Age Discrimination Act 2006
Uruguay	Law on the Integrated Promotion of Older Persons (Law 17796 of 2004)
Viet Nam	Law on Elderly 2010 Law to Eliminate all Forms of Discrimination and Violence to Older People

At least 17 countries have approved age-specific legislation since 2002 (see Table 1). Eight of these countries are in Latin America and the Caribbean, five in Asia, and two each in Africa and Europe. In addition, there are age-related laws such as, in Germany, the Act on Occupations in Geriatric Nursing, which was approved in 2003, and laws on caregiver allowances. In some countries, such as the Dominican Republic, legislation of this type was approved before 2002, although regulations for this law were only spelled out in 2004 as result of advocacy activities generated by the Madrid Plan.

Other countries are working on similar legislation. In Bolivia, for example, a draft bill on the rights of older persons is under consideration, and in Pakistan, a Senior Citizens' Bill is pending. This list of age-specific legislation excludes any legislation on social security, health or social care into which ageing is mainstreamed. In many countries, ageing and older people are mainstreamed into pension legislation, long-term care laws and other legislation.

Despite observing progress in policy development, the review points out that there is still scant evidence of resource allocation to support implementation of policies on ageing. A better way of reviewing implementation would be to check directly with the "user", as the bottom-up approach to review and appraisal of the Madrid Plan recommends. One clear recommendation for the future is for reporting on the provisions of the Madrid Plan to be focused more specifically on older people.

Voices of older persons

Many participants in the consultations for this report said that government initiatives to improve their lives had brought discernible changes for the better. However, others felt that there had been no change, or, indeed, a worsening of their situation.

Older people's comments underscore the findings of the global review, which concludes that changes in policy provisions alone are not sufficient to successfully implement commitments on ageing.

"The State is establishing social institutions addressing our needs. There is a geriatrician in every clinic. Pensions are paid regularly and have been indexed in line with inflation." *Belarus*

"There has been an increase in the pension for veterans of the Chaco War, free health care, and food security programmes for indigenous and peasant families." *Paraguay*

"The Government has tried to improve facilities for older people in the last 10 years, such as providing concessions on train fares and additional tax benefits." *India*

"The Government promised to provide free medical care for all older people but there are several challenges including long queues and the non-availability of drugs." *Tanzania*

"Yes, of course, more priority is given by the Government to our views and needs. They are thinking about how to employ older people for longer and there are also sponsored seniors' clubs." *Austria*

"What has improved a lot legislation-wise has been the establishment of the Law for Older Persons. This is a big advancement." *Brazil*

"We are now much more assured that the Government is listening to older people, especially through the Age Demands Action campaign." *Ghana*

"Before, there were nurses for the village who used to come to ask about our health but now they have stopped. We do not have discounts on medicines, we buy everything ourselves in very expensive drugstores." *Kyrgyzstan*

"Even though older people have benefited directly or indirectly from other development works undertaken by local government in the past 10 years, we haven't seen efforts made by the Government to assist older people." *Ethiopia*

"The Government has distributed free mosquito nets and health services ... and there is also a water source, two boreholes and a dam." *Tanzania*

"As far as transportation is concerned, we have an improved road now, constructed by the Government, which has made transportation much easier. We are able to go anywhere, to the town and the cities." *Tanzania*

"Life was so difficult 10 years ago. We did not have a school or a health centre nearby, and it was difficult to get to the main road ... now we can get to the main road in less than an hour and it is easier to access health care." *Cambodia*

"In the last 10 years, the Government has provided clean water sources ... and also public toilets to ensure good hygiene." *Uganda*



Meeting of an older people's association in Pakistan.

HelpAge International

Institutional arrangements

A variety of institutional arrangements – units, departments and processes – serve as instruments for mainstreaming ageing into government action. These bodies usually reside in ministries of labour, health, social affairs, work and pensions or the like. Their objective is to ensure that governments develop a coherent response to ageing. Institutional arrangements can also include inter-departmental, inter-agency and inter-ministerial bodies, and national focal points on ageing. The Madrid Plan recommends both national focal points and coordinated inter-ministerial arrangements to ensure that ageing is mainstreamed across a range of sectoral departments.

The Elderly Fund, Thailand

The Elderly Fund, following the Older Persons Act, was established in Thailand in 2004. It provides financial support, in particular, for activities of older people's groups, clubs or networks as well as for occupational promotion and development activities. Specific objectives of the fund include supporting programmes that aim to promote education, health, social living, participation and volunteering of older people; providing financial assistance to abandoned or abused older people; providing loans to older people; and supporting organizations involved in counselling or legal support to older people.

Source: Ministry of Social Development and Human Security Thailand, Thailand Implementation of the Madrid International Plan of Action on Ageing 2010, Bureau of Empowerment for Older Persons.

In some countries, responsibilities for ageing issues are not clearly ascribed to a coordinating body and there is no consistent or coordinated approach to ageing. In at least 58 countries there are specialized bodies within ministries or departments. In many other countries, responsibilities lie with more than one ministry, although often they do not seem to be clearly assigned.

In addition to governmental institutions, many countries have set up councils, committees or commissions that often serve as advisory bodies to governmental institutions. These bodies are considered to be a first step towards ensuring that older persons' views will be taken into account in policymaking.

Availability of data and research

Data are essential for evidence-based policy formulation. While censuses and household surveys collect information on individuals' sex and age, data disaggregated by these variables are not always made available for further analysis and research.

In at least 70 countries, there is evidence of institutions being led or financed (at least in part) by governments to conduct research on ageing or older people. Most of these are universities, although some countries have national centres on ageing research.

The review also showed that in at least 52 countries, special reports, longitudinal studies and surveys on the older population have been produced and published by government institutions.

Table 2: Examples of surveys and reports on ageing or older persons

Country	Survey on ageing or special reports
Armenia	Survey on Ageing, Ministry of Labour and Social Issues, 2008
Austria	Transition from Working Life to Old-Age Pension, 2006
Botswana	An Assessment of the Needs and Care of the Elderly in Botswana, 2006
Chile	Analysis of Pensioners and Their Home Carers, SENAMA, 2007
China	Survey of the Aged Population in Urban and Rural China, 2010
Costa Rica	Longevity and Sustainable Aging Study, CRELES, 2007
Czech Republic	Ageing Report, 2009
Dominican Republic	The Effect of Ageing on the Population Structure and the Impact of Migration on these Changes, National Statistics Office
Ecuador	Study on the Social Protection of Older Persons, National Bureau of Statistics
Egypt	Profile of the Old in Egypt, Prime Minister's Office, 2008
Finland	The Welfare and Services of the Finns, Prime Minister's Office, 2009
Germany	German Ageing Survey, 2008
Indonesia	Profile of the Older Population in Indonesia, National Commission, 2010
Ireland	Report of the Working Group on Elder Abuse, 2010
Jordan	Older People in Jordan, 2007
Lebanon	National Report on Services Available to Older People in Lebanon, Ministry of Social Affairs and UNFPA, 2010
Mexico	Older People in Mexico; the Social Demographic Profile, INEGI, 2005
Myanmar	The Elderly Population in Myanmar: Trends, Living Conditions, Characteristics and Prospects, 2005
Oman	Report on the Situation of the Older Population in Oman, Ministry of Social Development
Saudi Arabia	National Study on Elderly Health in Saudi Arabia, 2009
Spain	The White Book of Active Ageing, 2011
Sweden	National Survey of the Elderly Population's Living Conditions, 2005
Thailand	Situation of the Elderly in Thailand, Annual Report
Turkey	State of the Elderly People in Turkey and National Plan of Action on Ageing, 2007
Ukraine	Survey of Ukrainian Pensioners, 2010

Regional issues and responses

The United Nations Regional Commissions are playing a lead role in providing technical support to governments in implementing and monitoring the Madrid Plan. As a first step, most have developed regional implementation strategies (except for the Economic Commission for Africa, where this was undertaken by the African Union). The Regional Commissions have also supported governments to develop national implementation strategies and conduct the bottom-up review and appraisal. However, financial and human resources to undertake this work are limited and these activities demand far more resources.

The regional implementation strategies are as follows:

- ECA region: 2002 African Union Policy Framework and Plan of Action on Ageing
- ECE region: Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002
- ECLAC region: 2003 Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing
- ESCAP region: 2002 Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 for Asia and the Pacific
- ESCWA region: Arab Plan of Action on Ageing to the Year 2012

As called for by the Madrid Plan, all the regional implementation strategies make recommendations to mainstream gender into ageing policies and programmes. Each of the plans emphasizes the importance of using sex-disaggregated data to analyse the needs of older women and to understand the differential impact of policies on older men and women.

Economic Commission for Africa (ECA)[2]

Key facts[3]

- Currently, there are 59.7 million people aged 60 or over representing 6 per cent of the population in Africa.
- By 2050, there will be 215 million older people representing 10 per cent of the regional population.
- In 2012, 5 million people in Africa were aged 80 or over. This will increase to 22.5 million (1 per cent) by 2050.
- On average, a man aged 60 can expect to live another 16 years, while a woman aged 60 can expect to live another 18 years.
- Among those aged 80 or over, there are seven men per 10 women.
- The number and proportion of older people is increasing in all countries despite the impact of the HIV epidemic.
- The life expectancy gap between women and men is three years, with women having a life expectancy at birth of 59 and men of 56 years.
- Out of the top 40 countries with the lowest average life expectancy at birth, 39 are found in Africa.
- Worldwide, more than 35.8 million people aged 60 and above live in countries with an average life expectancy at birth of lower than 60. Of the 36 countries in which they live, all except Afghanistan are in Africa.
- While the majority (82 per cent) of older men are married, only about half of older women have a spouse alive.

Key issues in the region

Ageing in Africa is occurring against a background of immense economic and social hardship. The economic situation of many older persons is precarious. The majority of older people in Africa live in rural areas where there is often very little access to services and markets. A significant proportion are subsistence farmers who rely on human power.

While family ties remain strong, traditional support systems have changed. Migration of younger adults and the impact of HIV and AIDS have led to a rise in the number of "skipped-generation" households consisting of older people and children. Much of the responsibility for caring for family members living with HIV and for orphaned children falls on older women, most of whom receive little or no formal support.

In a few countries, including the Democratic Republic of Congo, Kenya, Somalia and South Sudan, land disputes and displacement have taken place as a result of instability, insecurity or climatic factors such as drought and flooding. Disasters can have a lasting effect on the older population. The loss of crops resulting from recurrent drought has forced some older people to become engaged in daily labour, often physically demanding work such as carrying goods. In some parts of Africa, seasonal food shortages are common and affect everyone. In many cases, distribution of food within the household disadvantages older people.

Given the low proportion of formal sector employment in many countries, very few older persons have access to a pension. Only a minority of countries provide non-contributory pensions. Older women are particularly at risk of poverty and exclusion because of the discriminatory nature of statutory and customary laws that restrict their access to land and property in most countries, and the cumulative effect of lifelong sex discrimination.

Access to health services and medicines are key concerns for older people. There is a shortage of care providers and health professionals with specialist training in older people's issues. HIV infection is increasing in older persons as anti-retroviral drugs have enabled people to live longer with the virus. There are now an estimated 3 million people aged 50 or older living with HIV in sub-Saharan Africa alone.[4]

While in sub-Saharan Africa older people are traditionally regarded as bearers of wisdom and knowledge, urban society is weakening these cultural ideas, and respect for older persons is being eroded.[5] There is a tendency to portray ageing as a negative experience and older people as weak and uneducated. In some countries such as Burkina Faso, Kenya, Malawi and Tanzania, older persons, especially older women, have been subject to extreme forms of violence and abuse including attacks and killings related to witchcraft allegations.[6]

The African Union Policy Framework and Plan of Action on Ageing

The 2002 African Union Policy Framework and Plan of Action on Ageing provides a guide for Member States to develop national policies and programmes. It identifies 13 key areas of concern to older people, including: rights; information and co-ordination; poverty; health; food and nutrition; housing and living environments; family; social welfare; employment and income security; crises, emergencies and epidemics; ageing and migration; education and training; and gender.

The Plan makes 29 recommendations and 184 specific recommendations to address these issues. Most importantly, it calls for the recognition of the rights of older people and their active participation in society and development.

Regional preparations for the second review and appraisal

In 2011, a strategy for the preparation of the second review and appraisal of the Plan was approved at a workshop for policymakers organized by ECA and UNDESA to support national and regional capacities for the implementation of the Madrid Plan.

The meeting showed that although there have been many country-level activities such as seminars, workshops and surveys related to ageing and older people, there is a shortage of documentation, research, policies and national action plans by governments.

As well as supporting debate on ageing and development in Africa, ECA will continue to help countries formulate and implement policies and programmes on ageing, identify areas where progress has been made, and document and share best practice. ECA is also helping to establish networks on ageing and development, identify national focal points, undertake regional training programmes and organize expert group meetings.

A family in Tanzania, which is one of seven countries in the region that have adopted national policies on ageing.



Jeff Williams/HelpAge International

Progress on specific policy issues: National responses

Seven countries have adopted national policies on ageing since 2002 – Ghana, Kenya, Mozambique, South Africa, Tanzania, Tunisia and Uganda – although only Kenya, South Africa and Tanzania have evidence of allocating budgets.

Eight countries – Cameroon, Ethiopia, Malawi, Mozambique, Senegal, South Africa, Tunisia and Uganda – have established specialised bodies or included ageing issues within a ministry.

The Kenya Hunger Safety Net Programme was started in 2008 with funding from the United Kingdom Government to deliver long-term, guaranteed cash transfers to the poorest and most vulnerable 10 per cent of the population. Tanzania specifically includes older people in its 2005 poverty reduction strategy, the National Strategy for Growth and Reduction of Poverty, known as the MKUKUTA.

A number of countries in southern Africa have started social protection schemes to tackle vulnerability and poverty including social pensions, agricultural subsidies and emergency relief. Lesotho introduced a government-sponsored old-age social pension in 2004, as did Swaziland in 2005. Mozambique has piloted an extension of a government food subsidy and cash transfer scheme which started in 2008.

In Kenya, Mozambique and South Africa, older people's health care has been mainstreamed into general health policy. In Kenya, both the National Reproductive Health Strategy (2009-2015) and the National Health Sector Strategic Plan (2005-2012) show evidence of mainstreaming. In Mozambique, the National Health Policy of 2007 and in South Africa, the National Health Charter of 2005 and the National Health Act of 2003 include older people as a vulnerable group that may, "subject to resources", be eligible for free health care. South Africa made additional provisions through the Older Persons Policy of 2006, which contains measures to make cataract surgery affordable for all older persons and offers free transport for older people to state-health facilities.

In Mozambique, older people are included in the National Strategic Plan for HIV/AIDS 2005-2009. In South Africa, HIV and AIDS are addressed in the South Africa Older Persons Policy of 2006. The Kenya AIDS Strategic Plan (2009/10-2012/13) also refers to older people, although this category is limited to people aged 50 to 64.

Besides extending its wide-ranging social grant scheme, the South African Government has introduced a number of programmes promoting active ageing and the prevention and management of age-related chronic diseases. In addition, the Older Persons Act of 2006 contains provisions to maintain and promote the status, well-being, safety and security of older persons, recognize the skills and wisdom of older people and encourage their participation in community activities. The South Africa Social Housing Act of 2008 addresses the issue of housing for older people in rural areas, providing subsidies to recipients of the old-age grant. The South African Charter on the Rights of Older Persons was launched in 2011, complementing the goals of the 2006 Older Persons Act.

South Africa also provides an example of how governments can promote intergenerational solidarity. In 2009, the Department of Arts and Culture launched the National Archives Oral History Project to document women's stories and strengthen the relationship between the youth and older people. Organizations such as the World Youth Alliance Africa are also helping people to acknowledge the important role that older persons have in the development of younger generations and to realize that we are all members of an ageing society.

Some advances have been made in strengthening protection of older women. For example, the Tanzanian Government's 2003 National Policy on Ageing includes a specific objective to challenge customs that are harmful to older women and the 2005 National Strategy for Growth and Reduction of Poverty, MKUKUTA, has a target to eradicate all forms of abuse and discrimination against women.

A widow running a market stall in Uganda.



Antonio Olmos/HelpAge International

South Africa's National Archives Oral History Project

"The year 2006 marked the national celebration of the 50th anniversary of the 1956 Women's Anti-pass March to the Union Building here in Pretoria. On 8 August last year we were here to launch the Gamohle/National Archives Oral History project which has as one of its objectives the documenting of the stories related to that historic march. We are here again today to conclude this project and to assess the information gathered during this period." In designing the Oral History Project, Northern Flagship Institution (NFI), Gamohle and the National Archives focused on gathering the stories of women who participated in the 1956 march, skills development, and strengthening the relationship between the youth and older people.

Source: Gamohle National Archives Oral History Project. www.polity.org.za/article/sa-botha-gamohle-national-archives-oral-history-project-14092007-2007-09-14 (accessed 18 January 2011).

Regional responses

In 2008, in Namibia, the first-ever Social Policy Framework for Africa was adopted at the first African Union Conference of Ministers in charge of Social Development. The Framework recommends fully implementing the 2002 Africa Policy Framework and Plan of Action on Ageing, which includes promoting the rights of older persons through national legislation, supporting older people through social protection, and developing intergenerational programmes. The chapter on social protection highlights the emerging consensus that a "minimum package" should include essential health care and benefits for older people, children and people with disabilities.

In 2006, 13 countries of the African Union adopted the Livingstone Call for Action, which called on governments to put together costed social cash transfer plans within two to three years.[7] Social protection strategies and pilot projects have since been developed in, for example, Ghana, Malawi, Uganda and Zambia. The challenge now is to allocate sustainable resources to scale up these programmes.

Some advances have also been made in recognizing older people's human rights. In April 2012, a Protocol on the Rights of Older Persons to the African Charter on Human and Peoples' Rights was considered by the 51st session of the African Commission on Human and Peoples' Rights and deferred for reconsideration in the 52nd session. This follows the 2005 Protocol on the Rights of Women, which specifically recognizes the rights of widows and special protection for older women.

During the last 10 years, there has been limited research on ageing in Africa, which makes comparative analysis with the rest of the world difficult. Registration of births and deaths and reliable censuses still challenge some countries.[8] Organizations such as the African Research on Ageing Network (AFRAN) and the Albertina and Walter Sisulu Institute of Ageing in Africa at the University of Cape Town, as well as the Africa Region of the International Association of Gerontology and Geriatrics (IAGG), formed in 2009, are improving data collection to inform decision-making, enhance planning and promote a better understanding of ageing issues.

Economic Commission for Africa recommendations

To accelerate progress in implementing the Madrid Plan, national policies need to be financed and implemented and ageing issues mainstreamed into national development frameworks and poverty reduction strategies.

More research is urgently needed to support policy formulation, particularly on demographics, the effectiveness of current policies and programmes, the socioeconomic situation of older women and men, health issues and coverage of existing services, impact of HIV, and the effectiveness of formal and informal social protection systems.

International cooperation is needed to support research, strengthen institutional capacity and deliver interventions. Mechanisms are also needed for older persons, civil society and the private sector to engage with the public sector to inform decision-making.

Priority areas for action include the following:

- Support community-based programmes to improve food security, shelter and access to basic services in households headed by older persons, especially for older people who are no longer able to engage in productive activities.
- Design and implement universal pensions to tackle poverty of older people and their dependants. These will also stimulate productivity in rural areas where the majority of older persons live.
- Improve health services for older people, including training more health workers in age-related health issues.
- Provide households affected by HIV with dedicated support and encourage collection of HIV data on persons over the age of 49.
- Address violence and abuse of older people, particularly older women's protection and right to inheritance.
- Support awareness-raising and advocacy campaigns and involve the media to promote positive attitudes towards ageing and older persons.

Economic Commission for Europe (ECE)[9]

Key facts[10]

- In 2012, 166 million people were aged 60 years and over, representing 22 per cent of the total population in the region.
- 242 million people (34 per cent of the total population) are expected to be aged 60 years and over in 2050.
- In 2012, 4.4 per cent (32.5 million) of the population were aged over 80. This will increase to 9.3 per cent (67 million) by 2050.
- Older women are more likely to live in poverty (22 per cent in 2008, compared with 16 per cent of older men).[11]
- In 2009, 37.8 per cent of women aged 55-64 were employed compared with 54.8 per cent of men in this age group.[12]
- Out of the four age groups surveyed in six countries – Kazakhstan, Macedonia, Moldova, Serbia, Tajikistan, Ukraine – older people (age 65 and older) experience the highest levels of social exclusion, at 45 per cent compared with a 31 per cent average for all age groups, with the highest levels in Moldova and Tajikistan.[13]

Key issues in the region

The UNECE region, which covers 56 countries in Europe, North America and Asia, as well as Israel, is particularly diverse in terms of political and socioeconomic contexts and demographics. Overall, it faces rapid ageing as a result of low (and in some cases further declining) levels of fertility and decreasing mortality.

Over the last five years, life expectancy at birth and at age 65 has increased notably across the region, by an average of one year and half a year respectively. However, life expectancy at age 65 varies considerably across the region. For men, it ranges from nearly 11 years in Kazakhstan to 18 years in Iceland, and for women, from 14 years in Moldova to 22 years in France.[14]

The recent global economic crisis has raised questions about the sustainability of social security systems throughout the region, from Canada to Serbia. This has led to an increase in poverty, unemployment and social exclusion, making it more important to provide sustainable old-age social security, health care and long-term care systems.

High migration flows have been characteristic of emerging economies. In some of these countries, remittances make up a substantial part of GDP. Migrants are mostly working-age people migrating to Western Europe or the Russian Federation, resulting in large numbers of older persons and children staying behind, often without family members to support them. The narrowing contributors' base is putting additional stress on the social security systems of these economies, while remittances are mainly used for private consumption and only to a very limited extent feed into their budgets.

Across the region, public pension systems are under increasing pressure because of the growth in the number of older people and the longer time spent in retirement due to increasing life expectancy. The economic crisis has put further pressure on pension systems. Lack of economic growth, budget deficits and debt crises, as well as financial instability and low employment, have made traditional pension systems increasingly unsustainable. As a consequence, many governments in the region have reformed, or are considering reforming, their pension systems. Some countries have moved from defined benefit to defined contribution systems or established mandatory funded schemes.

Extending working life is seen as another answer to the pressures on public pension systems. Many countries have taken measures to increase participation of older workers, for example, by raising the official retirement age, restricting the possibility of taking early retirement or introducing measures to encourage later retirement. Public opinion polls in Europe, however, show little support for extending working lives by increasing the retirement age.

Older people in the region often retire early, not through choice but because of external factors including negative attitudes towards older workers, age discrimination in the workplace or discriminatory hiring practices, insufficient training and retraining opportunities, and unhealthy and unsafe work places. Several countries now have legislation prohibiting discrimination based on age in general or specifically in the labour market.

Given rapid population ageing and the increasing number and proportion of the "oldest old", there is a growing demand for long-term care in the region. Particularly in the 27 Member States of the European Union, there is a shift away from residential care towards ambulatory, home-based and community-based care. However, frail and dependent older persons and their relatives often face problems such as difficulties in paying for services, inadequate quality of services or a lack of support for family caregivers. A continuum of care is often not provided and end-of-life care is seen as unsatisfactory.[15]



Residents and staff of a care home in Austria.

Sabine Degen

Regional Implementation Strategy

In 2002, following the adoption of the Madrid International Plan of Action on Ageing, governments gathered in Berlin to discuss and adopt the UNECE Regional Implementation Strategy. This strategy contains ten commitments to:

- mainstream ageing into all policy fields
- ensure full integration and participation of older persons in society
- promote equitable and sustainable economic growth in response to population ageing
- adjust social protection systems in response to demographic changes and their social and economic consequences
- enable labour markets to respond to the economic and social consequences of population ageing
- promote life-long learning and adapted educational systems
- strive to ensure quality of life at all ages and maintain independent living including health and well-being
- mainstream a gender approach in an ageing society
- support families that provide care for older persons and promote intergenerational and intragenerational solidarity among their members
- promote regional exchange and cooperation to achieve these commitments.[16]

The UNECE Population Unit serves as the secretariat to the regional implementation process, working through a network of nationally-appointed focal points on ageing. The Population Unit organized the first review and appraisal of the Regional Implementation Strategy in 2007.

At the ministerial conference, the culminating event of this first review in León, Spain in November 2007, Member States expressed the need to establish a more formalized intergovernmental body to guide activities around the Madrid Plan and its Regional Implementation Strategy. Consequently, the UNECE Executive Committee established the Working Group on Ageing. UNECE is currently the only region that has an established intergovernmental body on ageing.

The Working Group on Ageing is focusing on four main areas: preparation of policy briefs with good practice examples; monitoring implementation of the Regional Implementation Strategy, including developing indicators to measure progress; supporting capacity development; and analysing intergenerational relationships. At its 4th meeting in March 2011, the UNECE Executive Committee agreed to renew the Working Group on Ageing's mandate for a further three years.

Enjoying an active older age in Serbia.



Amity

Support to national governments

UNECE has supported national governments to implement the Madrid Plan in a number of ways. Since 2002, the UNECE Population Unit has been collaborating with the European Centre for Social Welfare Policy and Research in Vienna, Austria, to assess the availability of data, research, policies and institutional arrangements on ageing and to develop a set of indicators for measuring progress in implementing the Regional Implementation Strategy. These cover demography, income and wealth, social protection and the labour market, as well as long-term care issues.

The Generations and Gender Programme,[17] administered by the UNECE secretariat, is an important source of data on demographic trends and processes in the region, providing evidence for policymaking. Currently 19 countries across the region are taking part in a three-yearly survey of 18-79 year-olds to collect data on issues such as the distribution of care responsibilities and household tasks within families, and on loneliness. The programme supports a database containing national and regional data on health, pensions, education, tax systems, unemployment and other factors that influence demographic trends, and also helps to monitor progress in implementing the Madrid Plan.

UNECE has published a series of policy briefs on issues such as mainstreaming ageing, promoting participation of older people in society, developing age-friendly employment policies, strengthening health promotion and disease prevention, and images of older people.[18]

More specifically, the UNECE Working Group on Ageing has worked with Armenia and the Republic of Moldova to prepare road maps on mainstreaming ageing. Drawing on reviews of existing policies and programmes and consultations with a broad range of stakeholders, including older people and their representatives as well as governments, these recommend specific actions for individual countries, and provide models for other countries.

In both countries, active civil society groups have played an important role in addressing the needs of older people at grassroots level and in feeding their experiences into policy-making processes. The road maps recommend ways to coordinate stakeholder inputs into more established policy forums and mainstream ageing-related issues in different ministries. The road maps also suggest training for health and social service staff who are in direct contact with older persons, encouraging the media to acknowledge the contributions of older people, and investing in monitoring and evaluation systems to track progress in implementing ageing policies.

Regional preparations for the second review and appraisal

The Working Group on Ageing has been coordinating the second review and appraisal of the Regional Implementation Strategy. For this, 34 of the 56 UNECE countries have reported on progress. The national reports fed into a synthesis report prepared by UNECE. The process culminated in a Ministerial Conference on Ageing in Vienna in September 2012 with the theme "Ensuring a society for all ages: Promoting quality of life and active ageing".

Progress on specific policy issues: National responses

Most countries in the region have recognized the need to address ageing as an opportunity as well as a challenge. Fifteen countries have established national policies on ageing since 2002, although only seven have allocated budgets. Fifteen governments have established ministries or commissions.

More specifically:

- Eighteen countries have begun to equalize the retirement ages of men and women, many of which were prompted by the European Court of Justice ruling that differential retirement ages are illegal and unconstitutional.
- Finland has developed a number of research projects focused on older women, including an elder abuse prevalence study and a project that empowers health and social-service professionals to tackle family violence against older women.
- In 2006, Albania developed a National Strategy on Gender Equality and Domestic Violence, which emphasizes a commitment to gender equality across all generations.
- As part of its pension reform process, the Government of the United Kingdom conducted a comprehensive Gender Impact Assessment to analyse the differential impact of the proposed reforms on men and women saving for retirement. This resulted in a decision to reward unpaid caregiving responsibilities through the state pension system.
- In 2008, Canada launched a three-year Federal Elder Abuse Initiative to raise awareness of elder abuse and available support, including a media campaign, resources for frontline workers, and elder abuse prevention projects.

On a regional level, the 2012 European Year for Active Ageing and Solidarity between Generations has been organized under the auspices of the European Commission to raise awareness of how older people can be better included as active members of society and to tackle negative perceptions. It has also provided a framework to address issues such as pressures on the stability of pension systems and the need to provide adequate health care and social services.[19]

Economic Commission for Europe recommendations

Many challenges remain to mainstream ageing into all policy processes. Particular efforts are needed in the following areas:

- Promote longer working lives and older workers' ability to work. This includes making the transition from work to retirement more flexible, for example, by allowing older workers to work fewer or more flexible hours, as well as promoting lifelong learning and healthy living.
- Promote participation, non-discrimination and social inclusion of older people by supporting opportunities for them to engage in social networks and by putting in place more measures to combat discrimination and abuse. Ensure that the special needs of certain groups of older people, for example, those with a migrant background, are taken into account.
- Create an enabling environment for health, independence and ageing with dignity. This requires more effort to be put into preventative health care throughout life, combined with appropriate care and support for older people. Promote "age-friendly" environments and home-care services to enable older people to go on living independently as long as possible.
- Stimulate solidarity between generations by encouraging positive aspects of ageing to be highlighted in the media and the capacities of people of different ages to be better recognized.

Economic Commission for Latin America and the Caribbean (ECLAC)[20]

Key facts[21]

- In 2012, 63.1 million people were aged 60 years or over, representing 10 per cent of the total population in the region.
- 187 million people (25 per cent of the total population) are expected to be aged 60 years and over in 2050.
- In 2012, 2 per cent (9.3 million) of the population were aged 80 or over. Between 1950 and 2050, the proportion of the "oldest old" will increase from 0.4 per cent to 6 per cent (41.4 million) of the total population. By 2075, one in 10 people will be 80 years or over, outnumbering even those under 10 years.
- The population of Latin America and the Caribbean is ageing more quickly than in the developed world. By 2050, the region is expected to have aged to the same degree as developed regions have aged today.
- Prospects show that the number of older people will exceed – for the first time – that of children by the year 2036. Nevertheless, the region is strikingly heterogeneous. For example:
  - Cuba, Martinique and the United States Virgin Islands are among the countries and territories that are farthest along the population ageing process: in 2010 the number of older persons was almost the same as the number of children under 15.
  - In Belize, Bolivia, French Guiana, Guatemala, Haiti, Honduras, Nicaragua and Paraguay, the ageing index (the number of persons 60 years old or over per 100 children under age 15) is forecast to be below 70 in 2040; this is substantially lower than the projected sub-regional averages.
- In Latin America and the Caribbean, already approximately one in eight men aged 60 years and over is aged 80 years or over. The estimate for women is one in six.

Key issues in the region

A common element that runs through the region is inequality. Inequalities in old age can be deepened if there are no appropriate interventions to reverse them. The challenge lies in breaking away from the traditional view that ageing is a problem, and to turn it into an opportunity. This requires concerted and effective action from public authorities and citizens.

In most of the countries in the region, the majority of older persons have no old-age pensions to protect them against the risk of income loss as they age. Furthermore, employment-based social security coverage is unequal, increasing the likelihood that future generations will lack economic protection. One way to avoid an old age without economic protection is to join the labour market and look for income-generating alternatives. Nevertheless, this tends to offer few economic advantages and little security. Consequently, families tend to be one of the main mechanisms for absorbing economic risk during old age, not only by means of informal cash transfers but also by providing services that, if procured in the market, would be too costly for most older persons living in the region.

Health-care systems have been slow to adapt to the increased demand resulting from demographic, epidemiological and technological changes. This translates into escalating health-care costs and spending and the lack of universal access to timely and good-quality health services. Health-care coverage is uneven, and even if older people have health insurance they may be unable to go to a medical facility when they need to. As the current generation of older people becomes less self-sufficient, they worry about access to medicines at an affordable price, to effective health-care services that meet their needs, and to supervised long-term care that respects their fundamental rights and freedoms as they become more dependent.

The demographic transition is changing the structure of families. The percentage of households containing older persons is increasing as the population ages. Up to now, families have provided their older members with emotional, economic, social and health-care support, shouldering responsibility for care and social integration. However, families are shrinking, family structure has become more diverse and varied in recent decades, and families are overburdened by the need to take on new responsibilities as the State grows weaker. The institution of the family is overwhelmed and, without adequate support, will be hard-pressed to perform all the duties that have fallen to it.

Regional Strategy for Implementation in Latin America and the Caribbean

In 2003, ECLAC and the Government of Chile organized the first Regional Intergovernmental Conference on Ageing, which took place in Santiago in November 2003. At the conference, the Member States of ECLAC adopted the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing.

In 2007, the second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, Towards a Society for All Ages and Rights-based Social Protection, was organized jointly by ECLAC and the Government of Brazil and held in Brasilia in December 2007. The outcome was the Brasilia Declaration, which was endorsed in June 2008.

Regional preparations for the second review and appraisal

The first preparatory event of the Third Regional Intergovernmental Conference on Ageing (Costa Rica, 2012) was the Regional Meeting for the Follow-Up to the Brasilia Declaration and the Promotion of the Rights of Older People, organized jointly by the Latin American and Caribbean Demographic Centre (CELADE), the Population Division of ECLAC and the Government of Chile. It was held in Santiago in November 2011.

The second event was the International Forum on the Rights of Older People, held in Mexico City in March, 2012. It was organized by the Government of Mexico City, through the Institute for the Care of Older Persons in Mexico City, and CELADE.

The Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean was organized by ECLAC and the Government of Costa Rica in May 2012 in San José. The San José Charter on the Rights of Older Persons is the final outcome of the conference. In this document, government representatives also reaffirmed their 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.

In addition to supporting the work of the Open-ended Working Group on Ageing and the Working Group of the Organization of American States, delegates urged considering the feasibility of both an international and an inter-American convention on the rights of older people and the possibility of appointing a special rapporteur responsible for the promotion and protection of the human rights of this age group.

A day centre user in Jamaica.



Neil Cooper/HelpAge International

Likewise, they committed to strengthen the protection of the rights of older people by means of differentiated and preferential treatment, as well as the endorsement of special protection laws, priority attention to older people in administrative and judicial procedures, and benefits provided by the State.

Governments will also seek to design public policies and programmes that raise awareness of the rights of older people and their participation in civil society organizations and councils.

Countries also agreed to improve social protection systems so that they effectively meet the needs of older persons and foster the universal right to social security and health, by creating services to provide older people with health care, while promoting their independence, autonomy and dignity.

In the San José Charter, delegates especially highlighted the obligations of States to eradicate the multiple forms of discrimination which affect older people, with particular emphasis on gender-based discrimination, and on delivering priority and preferential attention to older people in emergency situations and following natural disasters.

Country representatives decided to rename the conference, which will henceforth be called the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean.

Finally, it was resolved that the San José Charter constitutes the contribution of Latin America and the Caribbean to the 51st session of the Commission for Social Development of the United Nations Economic and Social Council, which will be held in February 2013.

Progress on specific policy issues

Work and old age: One of the most substantial steps forward since 2002 is the growing number of countries seeking to eradicate age-based discrimination in employment by means of affirmative action or a specific ban on discriminating against any worker on the grounds of age (Brazil, El Salvador, Mexico, Paraguay, Peru and Uruguay). In some cases, job training is available (Chile, Colombia, El Salvador, Honduras, Mexico, Panama, Puerto Rico and Uruguay). In other cases, there are databases and information on jobs for older people (El Salvador, Mexico and Puerto Rico). Some countries have also promoted access to entrepreneurship loans (Brazil, Costa Rica, El Salvador, Honduras and Peru). Funding for productive initiatives can come from many sources, including direct subsidies (Belize) and competitive funding (Chile, Honduras, Mexico, Paraguay).

Social security: A number of countries, including Argentina, Brazil, Chile and Uruguay, have a long history and considerable experience of providing social security and coverage of formal pension systems is more extensive. One of the most significant advances since 2002 has been the decision to broaden access to social security by creating non-contributory pension programmes for older persons. Belize recently expanded its special non-contributory pension scheme to assist those most in need. In 2009, 65 per cent of the 4,297 beneficiaries were women. In Guatemala, the economic contribution programme has, since 2005, been providing pensions for older adults not covered by social security. In Bolivia, the *Renta Dignidad* (Decent Income) programme, created in 2007 to replace the old Solidarity Bonus (BONOSOL), provides all people aged 60 or over with a monthly income of 200 bolivianos (US$29). In 2009, Panama began giving a bonus to people aged 70 or over with no retirement or other pension coverage. The same year, El Salvador established a basic pension for people aged 70 or over with no pension or remittance income.



A street vendor selling cakes and biscuits in Peru.

Antonio Olmos/HelpAge International

Since 2011, Peru's National Solidarity Assistance Programme, *Pensión 65*, has provided a monthly income of 125 nuevos soles (US$47) to households with one older member and 250 nuevos soles (US$94) to those with two older people. In 2012, Venezuela rolled out its Greater Love Mission programme, which is expected to cover more than 675,000 older people this year. Similar initiatives are under way in Anguilla and the Bahamas.

Health-care plans and insurance: Health-care institutions focused on older persons are becoming increasingly active players, as can be seen from the growing number of older people in health-care plans and programmes. New kinds of insurance have been created, or the way that existing insurance regimes work has been improved.

In October 2011, Ecuador's Ministry of Public Health announced its 2011-2013 Inter-Institutional Plan of Action for the Health of Older People, Including Active and Healthy Aging. Also in 2011, the Ministry of Public Health of Uruguay rolled out its National Health Promotion Strategy (ENPS) with a chapter devoted to older people. There are also initiatives in the English-speaking Caribbean (the Bahamas, for example, has implemented a national plan for healthy ageing), but they differ in the conditions covered and in how they are organized.

On the insurance front, Bolivia set up the Health Insurance for Older Adults system (SSPAM) in 2006 under law No. 3323, providing access for people aged 60 or over who are permanent residents and have no other health insurance. More recently, in 2012, Chile took a big step forward when it eliminated the 7 per cent health-care contribution for pensioners; this is expected to benefit nearly one million older persons.

Access to and regulation of essential drugs: Noteworthy drug access programmes for older people are in place in Antigua and Barbuda, Argentina, Belize, the British Virgin Islands, Costa Rica, Cuba, Dominica, the Dominican Republic, Mexico, Paraguay, Saint Vincent and the Grenadines, and Venezuela. Nicaragua´s Ministry of Health recently committed to restore the health benefits that older persons had lost when the minimum pension from the Nicaraguan Social Security Institute was discontinued, and to implement a plan in the country's 153 municipalities to guarantee better care for older people and provide drugs and prostheses.

Long-term care: The English-speaking Caribbean has a longer tradition of home-care services (Anguilla, Antigua and Barbuda, Antilles, Aruba, the Bahamas, Barbados, Dominica, and Trinidad and Tobago, among others). Countries have been venturing into the residential-care policy area, but vast challenges remain to be met in the coming years. Many countries have tended to focus on regulating long-term care facilities (including Antilles, Argentina, Aruba, Chile, Costa Rica, Cuba, the Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Panama, Trinidad and Tobago, and Uruguay). In most cases, though, regulation is weak and usually relegated to administrative measures. A detailed review shows that most regulations fail to fully guarantee the fundamental rights and freedoms of older people, leading to recurring complaints that the guaranteed rights of residents are violated.

Human resources in health care: Health systems face a shortage of specialized medical professionals, compounded by emigration of health-care workers from the English-speaking Caribbean. To address this shortage, some countries have university-level specialization in geriatrics (Chile, Costa Rica, Dominican Republic, Mexico and Venezuela). An interesting approach is taken at the Raúl Blanco Cervantes hospital in Costa Rica: in addition to training professionals, it coordinates an extension programme involving geriatric services throughout the country. Another fairly usual approach – and one that usually achieves broader coverage – is to provide health professionals with training in geriatrics and gerontology (Antilles, Argentina, Belize, Brazil, Chile, Cuba, and El Salvador).

Training for caregivers: This is more common in the English-speaking Caribbean countries. Most of the States examined have initiatives in this area, including Aruba, Belize, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago). Such training is less commonly available in Latin America, where existing programmes do not always have an institutional framework or are sporadic or small in scope.
Other examples of training programmes are Argentina's National Home-Care Programme and Cuba's schools for caregivers in the community.

Citizen participation: Since 2007, there have been some outstanding examples of countries opening and/or enhancing opportunities for older people's participation. Costa Rica established a consultative forum made up of leaders from across the country who are consulted on actions taken by national institutions. Chile's Law No. 19.828, enacted in 2002, created regional committees for older adults in Chile, comprising government authorities and representatives from civil society organizations, among others. Nicaragua's process is more recent, beginning in January 2012 under law No. 720. Uruguay has developed its National Institute for Older Adults (*Inmayores*) and created a Consultative Council with representatives from organizations of older persons.

Some countries have encouraged older people to participate in designing national plans that concern them directly. In Brazil, the National Conference on the Rights of Older People has been bringing together more than 1,000 participants every two years since 2003 to define policy guidelines. Bolivia deployed a consultation strategy for its national plan on ageing to be drafted and validated jointly with organizations of older persons. Uruguay consulted older people when drafting its National Plan for Old Age and Ageing, as did the Dominican Republic with its 2010-2030 National Development Strategy and Peru with its 2006-2010 National Plan for Older Adults.

One new development is the creation of organizations of older adults to advocate for their own rights. Some examples are the National Association of Older Adults of Bolivia (ANAMBO), the National Association of Older Adults (ANAMH) in Honduras, the Association of Independent Retirees and Pensioners (AJUPIN) in Nicaragua, and the Older Adult Network (REDAM) in Uruguay. There are also strong older adult movements in Guatemala, Honduras, Paraguay, Peru, Puerto Rico and Venezuela that have won passage of targeted legislation in their favour or blocked regressive measures impacting on their rights.

Elder abuse: Prior to 2007, violence against older persons was dealt with mainly through prevention campaigns. The scope of action is far broader now and ranges from specific protocols (policy guidelines for preventing abuse and defending the rights of older people in Peru) and new institutions (a prosecutor for older people in the Dominican Republic) to special programmes (Argentina's programme for preventing discrimination, abuse and mistreatment of older persons). There are also a growing number of socio-legal services (Bolivia, Brazil and Peru). Unlike other spheres of action, these services are not as widespread in the English-speaking Caribbean countries, with the exception of Trinidad and Tobago, where there is a help desk for reporting cases of abuse and guidelines are in place for preventing mistreatment at long-term care facilities.

A notable development is the work being done by the Government of the Federal District of Mexico City, which has a network for preventing, detecting and addressing violence against older people that operates in close cooperation with social organizations. In 2005, it launched an inter-institutional group for preventing, detecting and addressing violence against older persons, comprising 10 institutions that are currently drafting a care protocol. An agency specialized in caring for older people who have been victims of violence was created in April 2010.

Housing, transport and accessibility: Most housing-related action in Latin America targets sectors of the population living in poverty. Uruguay is one of the countries that has made the most progress. Law No. 18.340, enacted in 2001, established the first housing benefits for retirees and pensioners. These benefits were expanded in 2006, when a rent subsidy was created; the subsidy was enhanced in September 2009 by executive order 397/009. There are many initiatives along these lines in the English-speaking Caribbean countries. Some provide direct transfers (subsidies) for home improvement (Saint Lucia, Saint Vincent and the Grenadines). Others lend government-owned housing free of charge or provide low-rent housing (Aruba, the Bahamas). Others provide services to maintain housing in good repair, such as cleaning services, basic household items and discounted utility rates (the Bahamas and Barbados).

Only a few countries and territories offer free transport; others just offer discounts (Argentina, Aruba, Belize, Brazil, British Virgin Islands, Chile, Guatemala, Puerto Rico and Venezuela). But many of these programmes are facing management challenges or involve considerable red tape that sometimes discourages older people. The most noteworthy public accessibility interventions have to do with strategies for inclusion in cities, although they are limited to a few countries (Argentina, Aruba, Colombia, Honduras, Mexico, Paraguay, and Peru).

Economic Commission for Latin America and the Caribbean recommendations

- Strengthen structures that manage pensions, which in some cases are outside the traditional scope of social security institutions. Design solid tools to select beneficiaries and provide transparency in the allocation of benefits. Move towards greater coverage and improve the quality of services.
- Expand coverage and access to health care. Concentrate efforts on promoting personal autonomy in old age, both for people with some level of dependence and for those at risk.
- Make urgent improvements in regulating long-term care institutions to protect the rights and freedoms of older people who use these services. Ensure that issues such as mental health, HIV and women's health are incorporated into the public health agenda.
- Expand efforts to promote the full inclusion of older people in society and remove the barrier of generational segregation.
- Pay special attention to designing care for older persons and integrating social services as a pillar of social protection, paying attention to promoting gender equality and respect for older people's decisions.

A great-grandmother in Viet Nam, which is one of 21 countries in the region that have adopted national policies on ageing.



Mayur Paul/HelpAge International

Economic and Social Commission for Asia and the Pacific (ESCAP)[22]

Key facts[23]

- The number of older people in the Asia-Pacific region is rising at an unprecedented rate. It will triple from 453 million in 2012 to 1.26 billion by 2050.
- By 2050, one in four people in the region will be over 60 years old.
- By 2050, in East and North-East Asia, more than one in three people will be older than 60 years.
- Women constitute the majority (53.5 per cent) of the population aged 60 or older in the region.
- Women represent an even greater majority (61 per cent) of the "oldest old" population (80 years and older).

Key issues in the region

The Asia-Pacific region is at the forefront of the global phenomenon of population ageing. While increasing longevity is a positive outcome of social, economic and technological development, the rapid pace of ageing has profound and far-reaching social, economic and political implications.

A large number of older persons have to grapple with income insecurity due to a lack of social protection and accumulated assets. Only about 30 per cent of the older population in the region receives some form of pension. Older women are more vulnerable to poverty than older men due to a combination of relative disadvantage throughout their lives, including lower educational levels, limited participation in the formal sector and the continued reliance on women in many societies to provide unpaid caregiving and other work.

While there is still a strong tradition of family and community support for older persons, changing family structures combined with migration are resulting in the gradual weakening of informal support systems. Yet most countries' health-care and social support systems have limited capacity to meet the need for geriatric care services. Few have been adapted to address the range of chronic conditions facing older people. Such conditions require a multidisciplinary continuum of care, including specialized diagnostic and therapeutic care.

In addition, there is an increasing need for age-friendly environments, including housing, infrastructure and public facilities, to enable older persons to remain active members of society and the economy.

The demographic transition will present significant challenges to economic systems, which will have to adapt to a shrinking labour force, rising health care and pension costs and necessary economic restructuring. Reforming policies and institutions will be vital to sustain economic growth and prevent a decline in standards of living. While population ageing poses serious economic challenges, the adaptation of systems and practices to extend working lives, for example, through age-friendly employment policies and flexible retirement arrangements, will be critical.

Countries may benefit from a "second demographic dividend", by creating opportunities for an extended economic life by investing in human capital, infrastructure and public services. Reviewing legislation that restricts longer working lives and perpetuates age discrimination in all spheres of society would be among key solutions to the challenges of population ageing.

Elder abuse and violence is an under-reported issue which has received limited attention. It is a sensitive issue, often considered a matter for families that should be dealt with without involving others, particularly formal agencies and institutions. This is compounded by the fact that in many societies, older people may tolerate abusive situations to avoid conflict with their families, often because of a lack of alternative support mechanisms.

Older people's needs are often overlooked in the context of the HIV epidemic. While the size of the older population infected by HIV is relatively small, many older persons, who are parents of adults living with HIV and grandparents of young orphans, are adversely affected emotionally, economically, or socially.

Older people are particularly vulnerable in emergency situations, including natural disasters. Yet their needs, as well as their knowledge and capacity to contribute, have been largely overlooked by programmes on disaster-risk reduction and humanitarian assistance.

Shanghai Implementation Strategy

ESCAP serves as the intergovernmental platform in Asia and the Pacific to strengthen regional cooperation and enhance government capacity to design and implement policies that empower and protect older people.

In its efforts to develop a regional response to the demographic transition, ESCAP convened a regional meeting in Macau that led to the endorsement in 1999 of the Macau Declaration and Plan of Action on Ageing for Asia and the Pacific.

ESCAP has actively promoted the Madrid International Plan of Action on Ageing and supported governments in their efforts to review and appraise its implementation. In 2002, the Shanghai Implementation Strategy was developed as an outcome of the Asia-Pacific Seminar on Regional Follow-up to the Second World Assembly on Ageing.

The Strategy provided governments with guidelines on the implementation of the Madrid Plan. Five years after the adoption of the Madrid Plan, ESCAP convened a High-level Meeting on the Regional Review of the Madrid International Plan of Action on Ageing in Macao, China in 2007. Member States shared their experiences and adopted recommendations for action to address key challenges in the Asia-Pacific region.

In supporting country efforts to implement the Madrid Plan, ESCAP has provided a significant regional platform for governments, non-government organizations, research institutions and the private sector to share knowledge and identify good practices and solutions to address the concerns of older persons and the challenges of population ageing. This has included a strong focus on the health dimension of the demographic transition. A regional seminar on health promotion and active ageing was jointly convened by ESCAP and HelpAge International in Bangkok in 2010, and a Regional Forum on Elderly Care Services in Asia and the Pacific was convened by ESCAP and Zhongshan College, Nanjing, China in 2011.

Regional preparations for the second review and appraisal

ESCAP is supporting Member States to prepare for the second review and appraisal of the Madrid Plan, providing regional analysis, a regional platform for sharing national experience and good practices, and direct technical assistance to governments upon request.

In recognition of the unprecedented pace of the demographic transition in the Asia-Pacific region, Member States of ESCAP adopted resolution 67/5 in May 2011 on full and effective implementation of the Madrid International Plan of Action on Ageing in the Asia-Pacific region. The resolution called on ESCAP Member States to conduct national reviews and appraisals using a bottom-up participatory approach, incorporate a gender perspective into all policy actions on ageing, and strengthen the empowerment and legal protection of older people, in particular of older women. Following this resolution, ESCAP decided to convene an Asia-Pacific intergovernmental meeting to review the implementation of the Madrid Plan and provide a regional input into the global review.

In preparation for an analysis of progress in implementing the Madrid Plan in the region, ESCAP conducted a survey of governments in 2011 on the development of policies and programmes concerning older people over the past decade. ESCAP also encouraged the participation of all key stakeholders, including civil society organizations, in the preparatory process. In 16 countries, civil society organizations, with support from the HelpAge network, arranged consultations with older women and men to reflect the voices of older people in the process, as shown in Chapter 4 of this report. The consultations will feed into the national review and appraisal processes through a variety of means, such as engagement of government officials in the consultations and sharing of the findings with the government.

To further support governments in identifying priorities related to population ageing, ESCAP conducted a Preparatory Meeting for the Asia-Pacific Intergovernmental Meeting on the Second Regional Review and Appraisal of the Madrid International Plan of Action on Ageing in Beijing in November 2011. The meeting, attended by experts from governments, research institutions, civil society and international organizations, facilitated the exchange of national experiences and identified policy gaps in the implementation of the Madrid Plan.

These forums provided valuable inputs for the second regional review and appraisal of the Madrid Plan. The regional process culminated in an Asia-Pacific Intergovernmental Meeting on the Second Review and Appraisal of the Madrid International Plan of Action on Ageing in Bangkok in September 2012. Member States reflected on challenges and opportunities of population ageing in the region, reviewed progress in implementing the Madrid Plan, and identified solutions to address the common challenges of population ageing, including policy options and strategies on empowerment and protection of older persons. The outcome of the Asia-Pacific Intergovernmental Meeting will feed into the global review of the Madrid Plan in 2013.

In July 2012, ESCAP's Subregional Office for East and North-East Asia organized a Symposium on Building Sustainable Ageing Societies. The objectives of this meeting were to build a platform for sharing experience and good practices in building sustainable ageing societies, promote communication and cooperation among policymakers in Asia and discuss the strategies for dealing with ageing in the context of ICPD+20 (International Conference on Population and Development+20), the Millennium Development Goals and the review of the Madrid Plan.

Progress on specific policy issues

With the impact of population ageing already being felt in the region, governments are aware of the need to prepare for a society with an increasing proportion of older people. To date, 21 countries – Australia, Bangladesh, Cambodia, China, Fiji, India, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Maldives, Mongolia, New Zealand, Nepal, Republic of Korea, the Philippines, Samoa, Sri Lanka, Thailand, Turkey and Viet Nam – have introduced national policies on older persons.

Twelve countries – China, Democratic People's Republic of Korea, India, Indonesia, Japan, Mongolia, Nepal, the Philippines, Republic of Korea, Sri Lanka, Thailand and Viet Nam – have passed national laws on older persons. Eight countries – Indonesia, Kiribati, Palau, Papua New Guinea, Singapore, Sri Lanka, Thailand and Viet Nam – have established special bodies on ageing within ministries.

Several countries have made progress in improving social protection and care for older people. For example, from 2009, the Government of Thailand has made a basic universal social pension available for persons over 60 years of age. This has been modified over time. In 2011, the amount was raised from a flat 500 baht (US$16) a month to a progressive rate according to a person's age. Further improvement is underway under the UN Social Protection Floor Initiative co-sponsored by the ministry concerned. Furthermore, an Elderly Fund was established to provide financial support for activities organized by older people's groups.

A couple in India, one of 12 countries in the region to have passed national laws on older persons.



George Pawliczko

In Cambodia, the 2011 National Social Protection Strategy includes older people as a target group, with measures including old age pensions and promotion of older people' associations.

The Government of China initiated a new pension system for its rural population in 2009 and a new pension system for urban residents in 2011. China is also developing comprehensive policy measures to improve care of older people, including promotion of home-based and community-based care services. China's 12th Five-Year Plan (2011-2015) includes the establishment of a comprehensive care and social service system for older people as a national priority.

In addressing gender concerns of ageing, the Republic of Korea, in its Second Basic Plan on Low Fertility and Aging Society, pointed to the need to develop a policy on employment that can tap into the professional knowledge and skills of older women as well as on the expansion of pension rights for older women.

Australia's first National Male Health Policy, released in 2010, aims to improve health for all males and achieve equal health outcomes for population groups of males at risk of poor health. It recognizes that older men have much to offer their peers and younger generations through their friendship, skill-sharing, mentoring, and father and grandfather roles. The National Male Health Policy also supports initiatives with a focus on older men's health. Under the policy, "Men's Sheds" (community meeting places for men) were promoted through the Australian Government Shed Development Programme to address social isolation of older men. A significant number of older Australian men participate in Shed activities which include manual skills training, presentations on male health issues and information sharing on employment, well-being and community activities.

At a sub-regional level, the ASEAN Strategic Framework for Social Welfare and Development (2011-2015) includes older people as one its four priorities. It identifies five thematic areas: social pensions, promoting active and healthy ageing and community care approaches, self-care approach to health, older people's associations, and strengthening policy and programming.

Economic and Social Commission for Asia and the Pacific recommendations

Overall, there is a need to strengthen implementation and monitoring of the Madrid Plan to ensure that the rights of older persons across the region are protected and enhanced. Many countries have identified coordination of policies and programmes on ageing as a major challenge. The establishment of a national mechanism to oversee work on ageing, if none exists, can address this issue. It is critical to allocate adequate budgetary support for the work of the national coordination body, as well as the implementation of national policies and action plans on ageing.

From family to community: Providing long-term care in North-East Asia

North-East Asia is the fastest ageing sub-region in the world. In 2010, six countries alone – China, Democratic People's Republic of Korea, Japan, Mongolia, the Republic of Korea and the Russian Federation – accounted for 31 per cent of the world's population aged 65 years and above. Within the sub-region, one in 10 persons was 65 years old or above in 2010. The proportion is projected to become one in five persons by 2025, and one in three persons by 2050.

While the number of older persons is increasing, the number of multigenerational households is declining with the rise of nuclear families. As a result, the tradition of family members taking care of older relatives has waned and the question of how to provide long-term care for older persons has gained urgency. The challenge is how to create societies where older persons can age in security and dignity.

Community holistic care

The concept of "community holistic care" has emerged and is continuing to evolve. The idea is that older people will be taken care of by others living in the vicinity, whether they are related to them or not. In Musashino City, a municipality of Tokyo, the local government and residents, including older people themselves, have created an environment where older persons have easy access to the short-term and long-term care that they need, even if they are living alone.

In the community, there are several day-care and activity centres, each set up and run by citizens with financial support from the local government. Older persons can visit these centres to interact with others, learn new skills or simply enjoy hobbies. There may also be short-stay houses and clinics in the vicinity to assist older persons needing medical care, as well as older persons' homes for those who choose to live in these. Older people living in their own homes can take advantage of community buses. There are stops at every block so that they do not have to walk far if they want to visit friends, shop for groceries or go to the

More specific recommendations are:

- Develop more comprehensive and universal social protection systems. This means introducing or expanding contributory pensions for informal sector workers and non-contributory pensions for those who may not be able to participate in any contributory pension plan, as well as other income support schemes to provide protection against poverty in old age.
- Promote productive and active ageing, recognizing the role of older people and supporting their full participation in the development process. Take advantage of the opportunities that population ageing presents to engage in the formal, informal and voluntary workforce and identify how best to benefit from older people's skills and experience.
- Support the development of older people's associations as an effective community mechanism for hearing the voices of older people, building livelihood security, improving health care, facilitating meaningful participation of older persons and supporting disaster responses.
- Enhance capacity to meet rising demands for health and social services for older people and for age-friendly environments, including housing, infrastructure and public facilities. Consider the development of a portable accreditation system. Also consider providing financial assistance for caregivers to ensure that they are sufficiently supported and that care and support for older persons is not compromised by financial pressures on caregivers.
- Give particular attention to older people living with and affected by HIV and AIDS, including those who are caregivers for children who are orphaned or living with HIV.
- Ensure that the needs of older persons are included in disaster risk reduction and emergency responses. More importantly, work towards building resilient societies and communities in which all age groups have roles.
- Give greater attention to the gender dimension of ageing. In particular, support older women in their role as primary caregivers, address the health conditions of older women, and reduce their vulnerability to poverty, social isolation and violence and abuse.
- Strengthen public and private partnerships in order to provide and coordinate the role of the private sector in the so-called "ageing industry" in several areas, particularly in long-term care insurance.
- Collect and analyse data disaggregated by sex, disability and socioeconomic status as well as age, as this is a key gap in monitoring the implementation of the Madrid Plan.

hospital. In addition, local residents can receive training as community volunteers to assist older persons who have dementia, so that there is a wider network of support and understanding of the disease and its symptoms.

Such an environment provides a choice of care and services for older persons that can meet their changing needs as they age and cater to their diverse abilities, needs and lifestyles. In some countries, for example, China, Japan and the Republic of Korea, networks of researchers are studying how to advance "community holistic care". This concept is being progressively implemented in some local municipalities and pilot communities.

Older persons' initiatives for "ageing in place"

Another emerging trend in North-East Asia is for older-persons-to-be to plan their own "ageing in place" while they are still young. Some people prefer to design a future residence in which they live alone but in a community of like-minded people. Some people form a group, and share with the architect their preferences about the design of residences, communal gardens, and other common areas and facilities. Then they move into the community, where they decorate their own rooms, collectively plant vegetables, herbs and flowers, engage in creative activities, or make arrangements for income-earning activities, working from home.

Empowering older persons

As the traditional system of family care for older persons wanes and other options for long-term care become available, the challenge shifts to that of enabling older people to make their own choices. For happy ageing, older men and women need to be able to make their own decisions about where, how and with whom to live, whether in an older persons' home, in institutional care, in a group home, or in their own home. Many older persons, who have depended on their spouses or other family members for decision-making for a long time, find it difficult to make choices. Therefore, persons need to be empowered from an earlier age to make their own decisions.

Source: Prepared by the ESCAP Subregional Office for West and North-East Asia, 2012.



A woman in a Gaza refugee camp with her physiotherapist.

Sarah Marzouk/HelpAge International

Economic and Social Commission for Western Asia (ESCWA)[24]

Key facts[25]

- In 2012, people aged 60 and above represented 7 per cent of the population, numbering 17.6 million older persons.
- The number of older people is expected to increase in almost all countries. By 2050, 19 per cent of the population of Western Asia will be aged 60 or over.
- In almost all countries in the region (except Iraq, Jordan, Occupied Palestinian Territory, Syria and Yemen) older persons are projected to make up about one quarter (between 22 and 36 per cent) of the total population by 2050.
- Average life expectancy at birth was 71 years for men and 75 years for women in 2005-2010. It is expected to rise to approximately 77 years for men and 81 years for women in 2045-2050.
- Older women outnumber older men. In 2012, for every 100 women aged 60 years or above there are 85 older men.

Key issues in the region

The Arab region is witnessing a range of demographic transitions which have given rise to the phenomenon of a "youth bulge". However, with the exception of the six Gulf Cooperation Council countries, various economic challenges have diminished the window of opportunity created by a lower population dependency rate. As the demographic transition progresses, the higher incidence of poverty among older people is likely to continue, posing a critical challenge, given that older people already constitute a higher proportion of poor people in the region.

Life expectancy in the region has been increasing. However, this does not mean that older persons are living healthy lives. Most are living with poor health. Non-communicable diseases (NCDs) account for more than eight years in the longevity gap between Western Asia and populations with the highest average life expectancies at birth. At just under 73 years, life expectancy at birth in the region lags approximately 10 years behind that in the "longest-lived" populations.

For those working in the state sector, the statutory retirement age is 60 years, although there are exceptions in a few countries. For example, judges, academics, and researchers in Egypt can extend their working lives to 70 years of age. However, issues of retirement age, and early retirement options, are subject to varying civil

service policies across sectors and countries in the region, according to national priorities.

A lack of old-age pension schemes and social assistance programmes means that many men and women continue to work in old age, mainly in the informal sector and agriculture. Formal pension systems are restricted to the government sector, and, in some countries, to the private sector, leaving people who have worked in the agricultural and informal sectors without any pension rights.

There is still a strong tradition of family support for older persons in the region. However, increasing labour migration of younger family members and the fact that more women are working means that there are fewer people to care for their older relatives.

The provision of care for older people remains inadequate. In general, Arab countries still adopt a welfare-based approach based on an individual's needs, rather than a developmental approach that seeks to empower older people. Charities and religious organizations play a big role in providing care.

Policies that cover the care of older persons are fragmented and uncoordinated. They do not target older people directly but as part of a package of measures targeting vulnerable groups including poor people, people with disabilities and widows.

Home care and other home-based services for older people are not widely available. Where these are available, they are expensive and beyond the means of most families. Care homes for older people are not widespread, and in some cases they still carry a social stigma. At the same time, there are specific government programmes to provide care and support services that target families caring for older persons.

Governments across the region are upgrading health-care services and infrastructure to cover a wider segment of the population, including older people. More training is being provided for specialist personnel. Nevertheless, as demand grows, there is still a shortage of qualified care providers. Consequently, health care for older persons remains inadequate, with many older people having difficulty accessing services, especially in rural areas.

There is little training for health and social workers in health-care issues specific to older people and there are no specific centres providing specialized health care for older people. Health insurance schemes do not provide universal coverage for older people. Health-care resources in the region are mostly directed towards communicable diseases. On a more positive note, however, Bahrain, Oman and Saudi Arabia have started a system of mobile clinics for older people, which are also staffed by social workers.

Older women are especially vulnerable because of the male-dominated culture. Widows are not encouraged to remarry, although remarriage by widowers is encouraged. The financial situation of older widows is generally poor compared with that of other demographic groups. Many have to work to meet their basic needs, usually in the informal sector under poor conditions. Gender discrimination occurs in many respects, especially health care, where women are given lower priority throughout their lives.

Participation in public life and legislative activities is generally low in the older population. When it exists, it is usually based on individual political and economic power and relates to their respective capacity to engage in public life affairs.

In most countries, special facilities for older persons, including housing and transportation, are not available.

Arab Plan of Action on Ageing to the Year 2012

The Madrid Plan was preceded by the Arab Plan of Action on Ageing to the Year 2012. This was adopted at a preparatory meeting for the Second World Assembly on Ageing in Lebanon in February 2002 and was based on national reports and programmes on ageing.

The Arab Plan calls on countries to implement significant issues raised by the Madrid Plan at the regional and country levels. It has the same three priority directions as the Madrid Plan, covering older people and development, advancing health and well-being, and ensuring enabling and supportive environments. It also includes other age-related issues of concern in the region. The Plan calls for a particular emphasis on health care and other support to improve the well-being of older women.

Regional preparations for the second review and appraisal

ESCWA has carried out four activities to support the second review and appraisal of the Madrid Plan. It has prepared a policy brief describing the links between ageing and other trends in the region, the consequences of population ageing and the challenges facing older people. The brief advocates for mainstreaming ageing into development planning to reinforce social equity.

The Commission has also prepared a demographic profile of the Arab countries to serve as a reference for policymakers. This discusses the implications for development of the changing age structure in the region. It analyses the distribution of the population across various age groups, indicating changes in the support ratio, accompanied by a discussion of the window of economic opportunity and the anticipated percentage increase in GDP. The profile document also examines the gender dimension of ageing and the exclusion of older people in media coverage of the recent Arab uprisings.

The Commission has provided guidelines to governments for preparing national reports for the review of the Madrid Plan. In December 2011, the Commission organized a meeting in Lebanon for government representatives and members of academic and research institutions to discuss the national reports, identify obstacles faced by Member States in implementing the recommendations of the Madrid Plan and make recommendations for implementing it.

These activities give special focus to the gender dimension of ageing and its importance when formulating national strategies for older people. Based on the results of these activities, the Commission is preparing a regional report assessing countries' progress in developing, implementing, monitoring and evaluating national strategies for older persons, which will be presented at the 51st session of the Commission for Social Development in 2013.

Progress on specific policy issues

Eight countries – Bahrain, Egypt, Jordan, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia and Syria – have adopted national policies on ageing since 2002. However, none of these has a budget attached. In general, little information can be found on any government action relating to older people and ageing.

Eight countries – Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Qatar and Saudi Arabia – have set up national committees on ageing, which include representatives of both the public and private sectors. These committees are all headed by the Minister of Social Affairs, except in Syria, where the committee is headed by the Minister of Health.

The main areas of policy development relate to income support and health care. Iraq, Jordan and Qatar, for example, have issued directives for the financial support of the poorest older people including free health insurance and monthly allowances. Egypt, Jordan, Oman, Qatar and Yemen have expanded health insurance to cover the poorest older persons. Other initiatives include tax exemptions or fee reductions for transport, cultural visits and entertainment in Egypt and Lebanon, issuing directives on mobility and accessibility to public premises in Egypt and Jordan, and issuing directives on establishing homes and clubs for older people in Jordan and Iraq.

Kuwait has expanded welfare provisions to cover disability and poor health. Social security schemes and pension funds have been upgraded in Iraq, Jordan, Lebanon, Oman and Qatar. A new pension law has been drafted in Lebanon designed to expand the social protection scheme favouring older persons.

Although the national policies on ageing of Egypt and Saudi Arabia refer to emergency and disaster relief, there is no evidence of mainstreaming older people's issues into policies and programmes on humanitarian aid or disaster relief in the Occupied Palestinian Territory, despite the ongoing conflict.

Civil society organizations are very influential in the region. In most countries, welfare institutions associated with the Ministry of Social Affairs have established agreements with hospitals to expand their facilities to include medical treatment of poor older people, while initiating ad-hoc welfare support programmes to cover associated expenses.

Some countries have introduced programmes promoting intergenerational solidarity, involving older persons in teaching students and vice versa through literacy programmes, promoting a spirit of volunteerism and strengthening social cohesion.

In some countries, programmes to support older women have been established. For example, Jordan has initiated programmes that seek to empower older women. The Saudi Arabian Government provides financial help for older widowed and divorced women as well as free health care in public hospitals. In Bahrain, these groups of women are offered financial help and those who need care are admitted to nursing homes or given appropriate home care within the social welfare scheme.

In Lebanon, the 2011 Social Pact Project of the Ministry of Social Affairs highlights the importance of giving priority to vulnerable population groups, including older women, in the formulation of development plans and programmes.

Several Arab countries are working to establish a solid dataset on the conditions of older people, disaggregated by sex, in order to identify the specific needs of older women and propose strategies to improve their situation, in the light of the increasing importance and the pressure to develop policy responses to the demographic transition in the region.

Economic and Social Commission for Western Asia recommendations

The demographic "window of opportunity" carries a responsibility to various groups in society, particularly older people. Countries in the region are devising policies and programmes to respond to this responsibility, working towards the social well-being of the population across different age groups. Specific recommendations to address issues of older people include:

- Collect and analyse data on older persons disaggregated by age and sex, area of residence (rural and urban areas) and socioeconomic level.
- Strengthen coordination between governments, non-governmental organizations and the private sector in service delivery for older people.
- Ensure older people's involvement in decision-making at all levels, in particular in developing policies relating to older persons.
- Coordinate across different sectors to integrate ageing issues into social, health and economic policies, incorporating a gender perspective.
- Provide support to families to care for older persons, for example, in the form of subsidies or tax reductions.
- Ensure health insurance for older people, including preventive and rehabilitative health care.

A grandmother in Lebanon, which is one of eight countries in the region to have set up national committees on ageing.



Jenny Matthews/Age UK

- Include geriatric medicine as a major component of the curriculum in medical schools.
- Improve the housing and living environments of older persons. Encourage age-friendly and accessible housing designs and ensure easy access for older people to public buildings and spaces. Improve transportation for older persons, for example, by providing special seats and lower fares.
- Develop employment policies that increase older people's participation in the formal system and reduce the barriers that they may face in the workplace.
- Strengthen the institutional and legal infrastructure necessary for the implementation of the Madrid Plan through the establishment of national committees on ageing and focal points on ageing within ministries.
- Acknowledge the problem of rural ageing and its social, economic and human rights implications for the cohesion of Arab society. Expand and adapt health care, housing and social services to meet the needs of older persons in rural areas.


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Chapter 4:
The voices of older persons

"You are talking of a Second World Assembly on Ageing. What happened to the first? We were never consulted, yet you tell us a Plan of Action to address our situation emerged. Who made it?" *Older woman, Zimbabwe*[1]

When the International Plan of Action on Ageing was adopted in Madrid in 2002, United Nations Secretary-General Kofi Annan reminded Member States that this was the first time that "Governments agreed to link questions of ageing to other frameworks for social and economic development and human rights, most notably those agreed at the United Nations conferences and summits of the past decade".[2] He also noted that "the real test will be implementation".[3] The question of implementation is at the heart of the Madrid Plan's accountability process, including its 10-year review and appraisal.

The Madrid Plan explicitly asks that there be consultation with older women and men in assessing implementation and impact. In 2005, Member States endorsed a "bottom-up, participatory approach" for its review and appraisal. This approach highlights the importance of promoting older persons' participation in reviewing and appraising the Plan.[4]

This chapter gives a flavour of older persons' views on the Madrid Plan's impact.[5] It draws on the opinions and experiences of 1,300 older men and women from 36 countries[6] (Table 1). This project is the first comprehensive assessment of older people's experiences using primarily qualitative but also quantitative methods. Consultations with older people were conducted across all regions using a consistent methodology. The aim was to focus on the perspectives of older persons themselves, enabling them to identify gaps and to propose ways forward. In addition to the consultations, most of the participants also completed a questionnaire which provides further insights into their experiences of ageing.

One process

As a contribution to this United Nations-endorsed bottom-up review and appraisal process, UNFPA and HelpAge International collaborated with a number of organizations to conduct consultations with older persons around the world. These consultations took place between mid-2011 and early 2012. The aim was to document participants' quality of life, explore if and how their lives had changed since the Second World Assembly on Ageing, and whether they had noticed improvements in the key areas outlined in the Plan – in particular: ensuring that older people are included in development initiatives; advancing health and well-being into old age; and creating enabling and supportive environments. The consultations also sought to ascertain the extent of participants' knowledge of the Madrid Plan and government actions.

The intention was to highlight older persons' main areas of concern through in-depth analysis and put forward their recommendations. These recommendations inform the overall findings of this report and are offered to policymakers as a contribution to more age-sensitive national policymaking. This approach acknowledges that older people have the capacity and legitimacy to contribute to society and reinforces the need to facilitate their participation in decision-making processes.

Frédéric Dupoux/HelpAge International

Methodology

The data gathering combined three approaches. The principal method was group discussions (consultations), which were undertaken in both rural and urban areas and focused on the key issues covered in the Madrid Plan. In addition, basic socio-demographic data on the participants and insights into their experiences of ageing were collected through a survey. Individual interviews were conducted and a selection of these testimonies can be found throughout this report. HelpAge International, with the support of UNFPA, developed two manuals to guide these activities and ensure that the same methodology was used in all countries.

The consultations took place at sub-national level with an average of four consultations in each country, in both rural and urban areas. Participants were identified either by local organizations of older people or by those that work with older people. The participants were also asked to consider the experiences of older people who were too frail to attend the discussions.

The main selection criterion for inclusion in the consultations was for the participant to be of pensionable age or aged 60 years or over. Generally, the participants were selected through convenience sampling, a non-probability sampling method. Each consultation aimed to include similar numbers of men and women. In countries where mixed-sex groups were not seen as culturally appropriate, an equal number of consultations with men and women were carried out. Potential participants were approached through organizations of older people, the majority of which are part of the HelpAge network. Details of the methodology can be found in Appendix 4.

Global survey on ageing

The global survey included questions on basic socio-demographic data and older people's experiences of ageing, addressing particularly issues highlighted in the Madrid Plan. Out of the total number of 1,300 participants, 1,150 completed the survey.

Participant profile

The findings from the quantitative data in the survey reveal that:

- Almost half of the respondents are aged between 65 and 74 years (48 per cent). About one quarter are under 65 (26 per cent) and another quarter are over 75 (25 per cent). One per cent either did not reply or responded "don't know".
- Sixty per cent of the respondents are women and 40 per cent are men.
- The majority (53 per cent) are married, 34 per cent widowed, 8 per cent single and 4 per cent fit none of these three categories.
- The majority of the respondents (48 per cent) have between two and four adult children. Another 34 per cent report having five or more adult children, 10 per cent have one child and 7 per cent, no children.
- Twenty-five per cent of the older persons have 10 or more grandchildren or great-grandchildren. Thirty per cent have between five and nine and 33 per cent, between one and four. Eleven per cent do not have any grandchildren or great-grandchildren.
- Seventy-seven per cent of the respondents own their own houses.
- Respondents' educational level varies widely: 17 per cent have less than three years of primary schooling, while 21 per cent attended college or university. About 29 per cent had finished primary school and 27 per cent completed secondary school.
- Two thirds of the respondents are members of associations, clubs or organizations for older persons.

Table 1: Countries in which consultations were undertaken

Africa	Ethiopia, Ghana, Kenya, Mozambique, Nigeria, Tanzania, and Uganda
Asia and the Pacific	Bangladesh, Cambodia, Fiji, India, Indonesia, Kyrgyzstan, Nepal, Philippines, Sri Lanka, Thailand, Viet Nam, and Turkey
Latin America and the Caribbean	Belize, Bolivia, Brazil, Chile, Jamaica, Nicaragua, Paraguay, and Peru
Eastern and Southern Europe	Belarus, Bosnia and Herzegovina, Moldova, Serbia, and Ukraine
Other developed countries	Austria, Canada, Germany, and Ireland

Older persons' responses to the Madrid Plan

Older persons' responses to issues highlighted in the Madrid Plan are summarized in Table 2. The findings show that age discrimination is widely recognized and experienced by a considerable proportion of the respondents. A third of the respondents worked in paid employment in the last month. Two thirds wish they had the opportunity to work for money. About half of the older persons worry about their financial situation and face problems in paying for basic necessities and services. Two thirds of the respondents (66 per cent) rate their current health status either as fair (44 per cent), bad or very bad (22 per cent). One third find it hard or very hard to access health care. In general, half of the participants are satisfied or very satisfied with their lives.

Table 2: Results of the global survey on older persons' experiences of ageing

Issue	Percentage of respondents
Rights/Inclusion	
Recognition of age discrimination % of people aged 60+ who believe that age discrimination exists in older people's everyday lives	67
Experience of age discrimination % of people aged 60+ who report having experienced age discrimination in the past year	37
Fear of violence % of people aged 60+ who report being afraid of personal violence	43
Respect % of people aged 60+ who believe they are treated with respect	49
Use of technology % of people aged 60+ using a mobile phone	61
Financial security	
Work % of people aged 60+ in paid employment in the last month	33
Willing to work % of people aged 60+ wanting to work for money if they had the opportunity	66
Income constraints % of people aged 60+ finding it difficult or very difficult to pay for basic services	53
Cash worries % of people aged 60+ finding themselves always or very often worried about problems with money	47
Health and well-being	
Fair health status % of people age 60+ reporting their current health status as fair	44
Bad health status % of people age 60+ reporting their current health status as bad or very bad	22
Health-care accessibility % of people aged 60+ finding it difficult or very difficult to access health care when they need it	34
Loneliness % of people aged 60+ feeling they are always or very often lonely	16
Life satisfaction % of people aged 60+ being satisfied or very satisfied with the way they live	47

Highlights of the consultations

The consultations give an insight into the extent to which older people are included or otherwise in their society, community and family, their experience of poverty, their desire to participate in policy processes, and the high priority they ascribe to the provision of basic services.

Participation and contributions

Despite the acknowledgement in the Madrid Plan that it is essential for older persons to be empowered "to participate meaningfully in all stages of policy development, implementation, monitoring, review and appraisal",[7] there is a resounding lack of knowledge of the Madrid Plan and policies, rights and entitlements that could lead to improvements in the experience of old age in all countries. Such knowledge can provide a way for older persons to be involved in local decision-making. This can bring tangible results, as, for example, in rural Ethiopia, where older people are reported to play leading roles at community level and act as a bridge between the government, NGOs and the community.

The consultations show that older men and women see voting in elections as essential for political participation, and that they are aware of their growing political power as their numbers increase. Participants say that they feel that more attention is now given to ageing issues. However, in developing countries, particularly in rural areas, improvements in living conditions over the past 10 years are most often attributed to improved physical infrastructure – water, roads, the building of health clinics and schools – rather than to the implementation of ageing-specific policies.

Participants place great emphasis on reciprocity within families and communities. Most of those consulted work in some way to support their families and communities as well as themselves. They value both caring and being cared for by others, including neighbours, friends, children and grandchildren. The majority indicated that they feel a lack of support in providing care, however. On this issue, there were no striking differences between rural and urban communities.

Overall, the consultations reveal older people's enthusiasm for working through organizations of older people. They value engaging in such groups because it brings both economic and social benefits, such as increased well-being and a sense of worth, as well as enhanced political recognition and greater community and family respect. In some cases, older persons report that they often felt lonely before joining a group and have been happier since they joined. Some say that the activities of older persons' groups have increased their involvement in local decision-making. In a rural area of Serbia, for example, members of an older persons' group succeeded in obtaining home health care, a general practitioner and a pharmacy for their village.

Income security

Participants describe the difficulties that older people encounter in finding productive employment, often as a consequence of age discrimination, and also of general high levels of unemployment, health problems, and a lack of qualifications or poor working conditions. When applying for jobs, they are often told that they are too old. In some cases, those working for the government say that they are forced to retire. Some participants also feel that their qualifications are not sufficient or that they should not expect to be employed while the younger generation also faces unemployment. Older people in developing countries also report problems in accessing credit as they grow older. These experiences are common in both rural and urban communities.

The development of social protection – especially regular pension payments and access to health care – is singled out as the key improvement since 2002. Older persons see pensions as very important for reducing older people's vulnerability and that of their families. However, few have access to a pension, except in the more developed countries. Pensions are particularly valued in those developing countries where universal pensions or free access to health care have been introduced. Pension recipients explain how the whole family benefits from these basic social protection mechanisms. For example, in Brazil, an older woman explains that five people depend on her pension. Many participants, however, report difficulties in accessing pensions, even where schemes are in place. These difficulties may derive from having assets, receiving remittances, or being physically unable to collect the pension. Pension recipients are also concerned that the recent rapid inflation in prices of food, consumer goods and services in many countries is eroding the value of pensions.

Health in older age

Overall, participants note improvements in health promotion initiatives and in the general provision of, and access to, health-care services. However, they continue to face problems relating to the cost of health-care services and medicines, and to the length of waiting lists. In all regions, the rising cost of medicines, medical consultations, home care and transport are highlighted as a source of stress and anxiety. Participants described short-sighted policies – for example, providing free health consultations but requiring payment for expensive basic medicines which are often not stocked in regular pharmacies or at health-care centres.

When discussing barriers to accessing health care, many participants, particularly in developing countries and the countries of Eastern and Southern Europe, refer to a lack of medicines and equipment to treat and diagnose age-related diseases. They also say that they often experience the behaviour of health professionals as a barrier to receiving the health care they need. In many cases, they are told that their health issue is "part of the old-age disease", which cannot be treated, or that they are seen as a burden.

Enabling and supportive environments

When discussing the physical environment, participants say that the most pressing issue is the safety and accessibility of public transport, which allows them to visit family and friends and access services. Many participants express dissatisfaction with the state of the roads, bus services and the cost of public transport. However, even when transport is free, which they see as a great improvement, many of those taking part in the consultations speak about bus drivers who lack respect for them, sometimes ignoring them and even leaving them behind when they are standing at the bus stop. The cost and accessibility of local transport also remain major concerns in rural and urban areas alike.

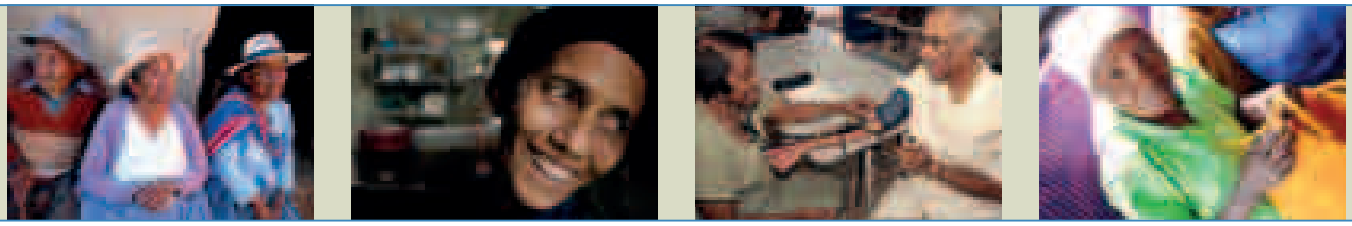
Further exploration of the issue of age discrimination and images of ageing reveals examples of abuse, mainly by family members, ranging from violent disputes over property and assets to neglect when an older person is dependent on the care of others. Many participants also express concern that they do not feel respected by their family or wider society. They would like their contributions to receive more recognition and they value being respected and, for example, being given priority in public places.

A seamstress from Sri Lanka with a sewing machine bought with a loan from her older people's association. Older people speak of difficulties in accessing credit.



Mayur Paul/HelpAge International

Reports from participants indicate that older women are at particular risk of discrimination, including cases of killings related to allegations of witchcraft. The majority of participants also feel that the media generally does not project an appropriate image of older people and often portrays them in a negative light.



The findings in detail

Participation and contributions

Awareness of the Madrid Plan

The consultations indicate that many participants have little or no knowledge of the Madrid Plan and its provisions.

"Madrid plus 10? What is that? The only thing we know is that Madrid is the capital of Spain." *rural Paraguay*

"A Plan of Action on Ageing is a new phrase for me. I've never heard about this before." *urban Austria*

Most of those who have heard of the Madrid Plan do not know its details. Some are aware that the Plan is some kind of international policy document for older persons, but do not know what its content is or how it is relevant to them.

"I know about the Madrid Plan from newspapers I read and workshops I have attended but I do not know much about it." *rural Nepal*

Leaders of older people's organizations are more likely to have heard of the Madrid Plan. They may also use it when working with members of their association or club to seek action on ageing at local level. Advocacy action associated with the International Day of Older Persons on 1 October has been helpful in spreading knowledge of the Madrid Plan and seeking concrete changes in line with its provisions. An example is the global Age Demands Action (ADA) campaign, now running in nearly sixty countries (see box on page 38).

"I came to know about the Madrid Plan after participating in celebrations of 1st October." *urban Ethiopia*

"We heard about the Madrid Plan through the recent Age Demands Action activity held in September 2011." *Jamaica*

The process of consultation also helps to share information about the Plan. Some participants recommend that civil society and governments empower them to participate further in the Madrid Plan's bottom-up review and appraisal through knowledge-sharing at local level about its policies and programmes. They point out that effective dissemination also depends on translating its provisions and those of national action plans into local languages.

Participating in elections

Across all regions, many older persons involved in the consultations assert that their participation in elections is crucial to exercising their rights as citizens; it is their opportunity to have a say and influence decision-making.

"Yes, we all participated in the last election because we want someone who listens to our voice." *urban Ethiopia*

"I think my vote counts a lot; this is because I have my choice." *rural Ghana*

"We all voted because we wanted to choose a good leader." *rural Cambodia*

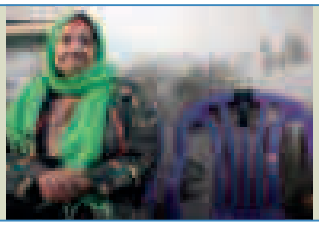
"If you don't vote you are letting someone else decide for you." *Brazil*

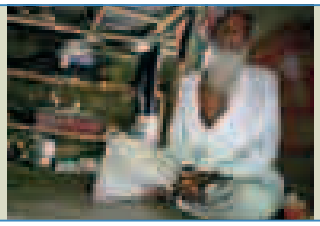
"I feel that during elections it is my opportunity to complain." *urban Canada*

Nonetheless, the experience of participants in some countries is that politicians listen to older people before the election but soon forget about their promises.

"During the elections, older people voted in large numbers, thinking that the new leaders would help us. However, we are still awaiting assistance from them. We only get to see politicians during campaign time." *urban Kenya*

"Only during the election campaigns do politicians pay any attention to the issues of the people living in villages." *rural Serbia*



In Kyrgyzstan, older people raised another issue – the incentives offered by political parties before elections.

"We took part in the election and now we are using the electric kettle, have eaten the cakes and have used the 500 soms that they gave to us." *rural Kyrgyzstan*

Although they accept these presents, they do not let these sway their opinions.

"We accept everything that the parties give us and then vote for the candidate that we think is good." *rural Kyrgyzstan*

Growing influence of older people

In countries where older people are a significant and increasing part of the electorate, participants feel that this gives them more leverage.

"Older people should take a stand before the next election.... In each district, we should develop a manifesto which is presented to the candidate." *Belize*

"Now we are more integrated in life, in decisions – in politics." *rural Austria*

"Older people make up around 11 per cent of the population but 18 per cent of the electorate." *urban Ireland*

"As there are so many older people in society the political parties can't vex them." *urban Germany*

Despite this, a participant from Ireland notes that their electoral power is weakened by a lack of unity.

"The only problem with the grey vote is that it is not coordinated strongly enough." *rural Ireland*

Attention given to ageing

Although the majority of those consulted do not know about the Madrid Plan and its provisions, many think that there are improvements in attention to ageing, both in communities and among government officials.

"Older people's concerns have now become an issue to be discussed in the community, and among concerned parties and stakeholders, while in earlier times nobody was raising this as an important subject. So now we see positive signs." *urban Ethiopia*

"The Government has made things easier than 10 years ago. We have a nearby health centre, where we get basic treatment at reasonable cost. We have easy access to our ward commissioner office (local government) and they listen to us – we can sit there." *rural Bangladesh*

"Measures are being taken to remove barriers – disabled people receive subsidies and special pensions, and special day-care centres have been created by the Territorial Centre of Social Services." *Belarus*

In Northern Europe and Western Europe, older participants consider that the increased attention given to older people and ageing is

"because of the increased numbers of older people. They need our votes." *rural Austria*

The evidence of improvement is particularly striking in Latin America and the Caribbean, where older people especially value access to social clubs, alongside free health care and food programmes.

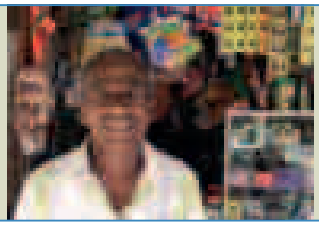
"I feel there is dedication now. There are dances and groups, and people want to take part. These weren't there before. Now there are more opportunities." *Brazil*

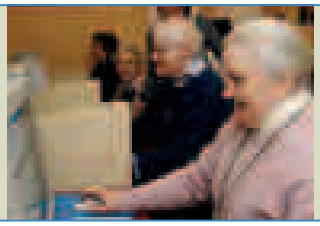
In Brazil, the majority of participants further highlight the role of the Law for Older Persons (*Estatuto do Idoso*) which they say has improved the lives of older people in many ways.

"One of the achievements is the Law for Older Persons. This is something that didn't exist before. It is an improvement." *urban Brazil*

In some countries, participants acknowledge that activities which help them to organize, such as the Age Demands Action campaign (ADA), are improving their access to policymakers:

"We are now encouraged to take part in local governance. Through ADA we are able to engage policymakers at local level." *rural Ghana*



In Eastern and Southern Europe as well as in Central Asia, many participants feel that conditions are deteriorating, with reflections that in the past:

"Everything was better." *rural Serbia*

They indicate that the economic reforms have made it more difficult for them to access basic services, which were formerly provided free.

"Before we used to get sent to resorts. Now the trade unions still collect money but they have forgotten about us." *urban Kyrgyzstan*

"All the changes have worsened our situation. Before we could benefit from more subsidized medicines, now we need to pay for so many things despite the fact that we all have free medical insurance." *urban Moldova*

Benefits from infrastructural improvement

Many participants welcome governmental attention to ageing and the fact that their votes are gaining more weight, although the type of changes they mention as most significant are general infrastructural improvements, rather than age-specific policy changes. They identify roads, water and sanitation as especially important to their well-being. This is particularly true for Africa, and Asia and the Pacific. New roads make for easier and quicker access to health-care facilities and markets to sell products. Clean water, improved sanitation and pest control also contribute to better health.

"We now have a good road network. We can easily be rushed to the hospital for medical attention. Previously we drank from the stream but now we have potable water to drink." *rural Ghana*

"The Government has improved sanitation by encouraging toilet construction. Trapping of tsetse flies is also done by the Government to protect community members from disease." *rural Uganda*

"The road has made a huge difference in our lives. Now that it is here, we can take sick people to the health centre. I think some people's lives have been saved by this road." *rural Cambodia*

Older people's contributions to families and communities

Grandparents as caregivers

In all regions, in developing and developed countries alike, participants view caring for grandchildren as a crucial contribution. This role assumes added significance where both parents are working or studying. In some areas, older persons are looking after adult children with HIV and bringing up orphaned grandchildren.

"Many of us are looking after our grandchildren while their parents have to study or are in the cities." *rural Nigeria*

"Older people have the burden of taking care of orphans or grandchildren. Due to HIV, there is an increased burden for us." *urban Kenya*

"We, the older women take care of the children as well as doing housework like cooking, cleaning, and washing." *urban Bangladesh*

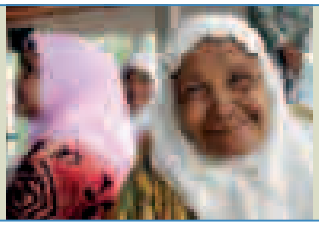
"I take care of my grandchildren. In my community I try to give them all my support and share my time with them." *Chile*

"We look after our grandchildren so our daughter won't experience this 'new discrimination' of our time – against women with children. My wife lost her job because she was having a child." *rural Austria*

In cases where the parental generation has emigrated, participants often care for the children who remain behind.

"Compared to 10 years ago there is a change, in that the young people migrate to work, leaving the older people behind to take care of their grandchildren. They have to work instead of taking a rest in order to help their children earn money." *rural Viet Nam*

"Children leave and it is the grandparents who have to provide physical care, food and so on for the grandchildren." *Belize*






Some also refer to the shifting relations between generations caused by migration.

"Young people leave their families and older people have to raise their grandchildren.... Family ties are broken as younger ones are seeking jobs in other countries." *urban Ukraine*

From Africa and Asia there is evidence that older people continue to play an important role in providing guidance and advice and maintaining harmony in the family.

"We settle family disputes and marital issues and even take care of our grandchildren when their parents are away for work." *urban Ghana*

"Older people are like a watchdog in the family. When there are any problems or a crisis, they guide the whole family in the right direction with their life experiences." *urban Sri Lanka*

"On the one hand, it is hard work to take care of our grandchildren. On the other hand, the parents who went to Argentina or Spain send money. But when they succeed, they come here and take their children, so we are left alone, first without children, and then without grandchildren, which kills us." *Paraguay*

Lack of support for older caregivers

Little information on the extent of support for caregivers is available from participants in Latin America and the Caribbean, or in Northern and Western Europe and Canada. However, evidence from other regions shows that older men and women rely on informal support from their community when caring for sick children, grandchildren or other older people.

"There is no direct assistance for older people who care for those living with HIV or orphans." *urban Mozambique*

"There are no programmes or support for caregivers in particular, but the older people's association here helps people who have grandchildren at home and gives them loans for medicine and other things." *rural Cambodia*

"Caring for the infirm and infants in the family is mostly based on the experience of the family elders. The practices are more self-taught by experience and age rather than systematic training. The younger generation does not possess these skills, particularly in the area of geriatric care." *rural India*

"I am an older woman caring for two grandchildren and their disabled father. I applied several times for social aid for the father of the children and every time I was refused." *rural Moldova*

Supporting the community

Those who took part in the consultations consider older persons to be a valuable asset to the community because of their traditional knowledge, which can help to guide younger generations.

"An older person is a community treasure, so you get many community members dropping in to see you about welfare." *rural Nigeria*

"We share our wisdom, knowledge and experience with family members and the general community. My family sits with me to share the pros and cons before making any decision collectively." *rural Fiji*

Older persons' role in providing traditional remedies extends beyond the family.

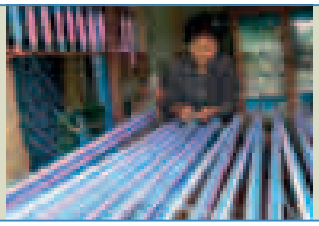
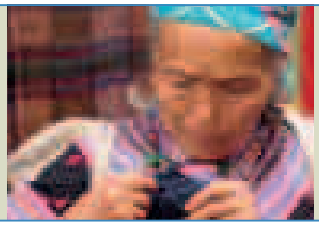
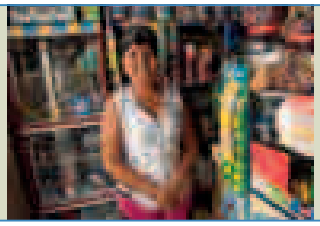
"We support community members by giving them traditional herbs when they are sick since we know the curative herbs." *rural Uganda*

Evidence from Africa and Asia indicates that participants see conflict resolution as another important contribution made by older people:

"Conflict resolution in the family and community, and even at regional and country level, is mainly taken care of by older people." *rural Ethiopia*

"We have been involved in development activities like drinking water schemes, school buildings, community conflict resolutions, electrification, temple building, road construction and so on." *urban Nepal*

"When young people quarrel, older people solve the problems." *urban Kyrgyzstan*

Older men and women also assist through volunteering, including helping other older people and teaching children and adults.

"We volunteered ourselves to help in the construction of our Senior Citizens Multipurpose Centre until its completion." *urban Philippines*

"We hold after-school classes to assist children and even adults with their studies." *Jamaica*

"Without older people, the villages we live in would not have water, roads and light. We achieved all of this in the last 12 years through our activism, and through being organized in older people's groups and volunteering." *rural Bosnia and Herzegovina*

Recognizing older people's contributions

Participants have mixed views about how far their contributions are recognized by society and governments. Generally, they feel that recognition is highest at family or community level.

"Our contribution is valued only within the family." *rural Kyrgyzstan*

"Our contributions are recognized at the community level but not at national level. Our deeds are not publicized through the media." *rural Nepal*

Participants mention specific situations in which older people's contributions are well recognized.

"The local authority respects the contributions by older people, especially during funerals, and the solidarity that has been created in the community. Their initiative is also cited as a good practice on many occasions." *urban Mozambique*

Others say that their contributions are not valued, however.

"Older people are not valued and supported." *urban Tanzania*

"The younger generation does not value the contribution of older people. They consider we are trying to advance backward cultures." *urban Ethiopia*

In Latin America and the Caribbean, participants feel that their contributions are recognized to some extent but less than they deserve to be.

"Some officials will say 'thank you', but there are few concrete incentives." *Belize*

The key role of older persons' organizations

Organizations of older people show tangible results in enhancing the well-being of their members and also in bringing general improvements to their communities. In all countries, especially in Asia, participants say that older people's organizations make a significant difference in their lives.

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

"We all were born under this system and were managed like animals, and we cannot get rid of this situation. But if we don't organize ourselves, the only right we will have will be the right to go to the cemetery." *rural Paraguay*

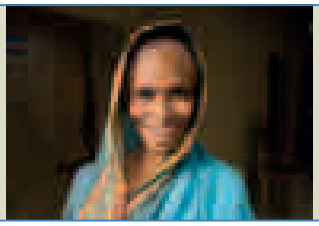
"We managed to obtain home health care, a general practitioner's office and a pharmacy in our village. If you do not protest and you are old, you will not get anything." *rural Serbia*

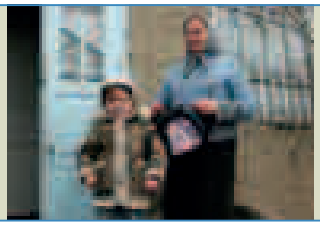
The participants see working with older people's associations as an opportunity to participate in decision-making about, for example, community services or social activities.

"Socially, older people play leading roles at community level and are a bridge between the government, NGOs and the community in all necessary aspects, political and social, and in realizing development interventions and so on." *rural Ethiopia*

"Older people are indeed now involved in most decisions in the community. We now handle issues that hitherto were going to the chiefs and opinion leaders." *rural Ghana*

"When they are preparing development plans, wards and municipal authorities invite us to give our suggestions." *urban Nepal*






"Older people were also invited to participate in the development of the budget for the Department of Health. They allocated a budget for the anti-flu and pneumonia vaccines for older people and for the training of home caregivers" *urban Philippines*

"We discussed many times during meetings of our older persons' support group ... that the village lacks a family doctor ... we raised this issue with representatives of the Ministry of Health.... After a while a new family doctor was employed." *rural Moldova*

In Latin America, in particular, older persons have more opportunities to participate in social educational activities.

"We, who have reached the age of 60 and over, have the chance to take a number of courses, and participate in workshops. This has changed my life. I used to stay at home on my own, but now I am not lonely anymore." *Brazil*

"There are many courses and possibilities of education for older people, but there are no chances to get a job." *Chile*

From Kyrgyzstan there is evidence that where an officially recognized organization is lacking, older people jointly participate in discussing relevant issues.

"We have our own community but it's not an official association. It is very important for older people. If there are problems – for example, water issues – older people gather and solve them." *rural Kyrgyzstan*

Exclusion remains an issue

Despite these positive developments, some participants feel ignored and rarely have a chance to participate in any activities for older people.

"This is the first time anyone would ask older people of this community to come together to have their views heard." *urban Nigeria*

"We usually attend meetings but we are not given a chance to contribute as they think we have nothing valuable to contribute." *urban Tanzania*

"Never in our lives have we been consulted by the Government in relation to our needs." *rural Philippines*

Some older women feel that they are excluded from decision-making other than within their families.

"Male participants are involved in traditional matters but in most cases female participants are involved within their families. They are excluded from matters that are beyond the family issues." *rural Tanzania*

"I have never been consulted about any decisions outside my family, because they do not like to ask us as women what we think." *rural Cambodia*

Financial security

The challenge of finding paid employment

In all regions, older people find it difficult to gain access to the formal labour market.

"The Government has established a few welfare schemes for older people but no initiatives have been taken to create work opportunities that affect the ability of older people to have decent work." *rural Bangladesh*

"In the past 10 years, there has been no change in the jobs for older people in this community." *rural Viet Nam*

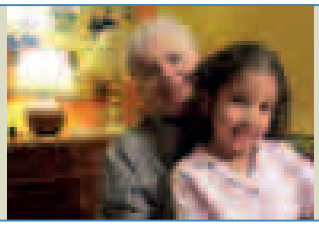
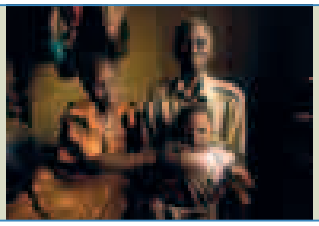
"There are many older people who want to work, but they don't because there are only a few positions." *urban Brazil*

Barriers to employment are often a consequence of age discrimination. The most common reason in all regions is felt to be age discrimination on the part of the employer, which is often supported through national, age-discriminatory legislation.

"It is difficult for older people to get employment. During colonial times, older people could get employed. Nowadays, we are discriminated against. The work goes to younger people." *rural Kenya*

"There is strong age discrimination. Even though we are able to, we are not allowed to work." *rural Philippines*

"We can still contribute and work to earn after the age of 55 years. We want to continue working but due to the compulsory retirement age, we are forced to retire." *urban Fiji*



"I apply here, I apply there and you know what they tell me? 'You are over the employment age'." *Belize*

"Because a person's turned 65, that doesn't mean you are done." *Jamaica*

"Older employees are forced out of their jobs to be replaced by younger workers." *urban Austria*

Women experience further discrimination based on their sex.

"A common perception is that women work less than men, which prohibits women from getting jobs outside their own household." *rural Bangladesh*

Participants acknowledge that there are occasions when people who are over the retirement age are encouraged to continue working, as this older woman from Moldova testifies, or when they have the means to afford courses.

"We have a very good school director and every year she tells me, 'If you can and want to work, then continue your classes'. I am lucky to be employed after I've retired." *urban Moldova*

"After I retired, I decided to use some of my pension to improve my knowledge. I was the oldest person in the course but I didn't feel any discrimination on the grounds of my age. After the course, I got a job at a private clinic and I am very satisfied. Nobody asks me how old I am; everybody appreciates my knowledge and skills." *urban Serbia*

The impact of the wider economy

External economic factors are recognized as having an impact on older people's ability to find productive employment. In countries where there is high unemployment, especially among young people, participants think that they should not seek employment, but rather leave the jobs for younger people. This is mentioned across all regions, with the exception of African countries.

"There are no jobs even for youth, not to mention older people." *urban Kyrgyzstan*

"You wouldn't be so cheeky as to look for work when there are so many young people looking for work." *rural Ireland*

"How can we work? Our children cannot even find a job." *rural Ukraine*

In rural areas, as, for example, in a village in Moldova, the general lack of business activity is making it impossible for older people to find jobs.

"Employment of older people in our village is basically impossible. There are no businesses here." *rural Moldova*

In Chile, one participant notes that older people's competitiveness in the market is reduced by cheap, imported products.

"The only way to work is to have a personal business.... It is hard to commercialize our products because the market is full of cheaper foreign products." *Chile*

Health issues and employment

Health problems, a lack of qualifications and poor working conditions further hinder access to productive employment. In Africa, older people mention health problems and loss of strength as obstacles in their efforts to obtain productive employment.

"I was told by the doctor not to work due to health problems. This is the letter from the doctor." *rural Mozambique*

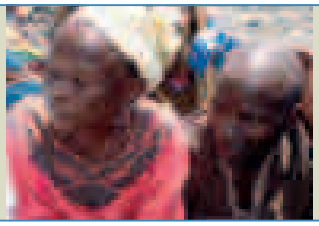
"I was working as a caterer and due to exposure to the heat, I developed a visual problem. I cannot see well, not to speak of working." *urban Ghana*

The consultations show that while older women continue to work in the household, older men seem to face more difficulty in continuing to work in physically demanding jobs because of their declining strength and a lack of alternative employment.

"At our age we can no longer work to earn an income. I personally worked as a mining engineer when I was young and as a result I developed a spinal chord problem." *urban Ghana*

"Older men meet more difficulties than older women. We still have the housework and other small jobs to do. We could do any job and not be afraid of losing face, while older men could not." *urban Viet Nam*



"Older women can do many things. We do a lot of things older man can't do. We can continue most of our activities while men often cannot continue working as builders when they get old." *rural Philippines*

Skills and access to training

Even older persons who are able and willing to work find that a lack of qualifications presents another barrier to continued employment.

"Older people are not skilled and thus cannot perform modern types of jobs." *rural Nepal*

"First, there is the economic factor that doesn't allow you to get a job; second, there is the age factor [as they want] those who are 20 to 35 years old, because when you turn 36 you are considered an older person. And they also ask for experience. They ask for a CV and I get scared." *Nicaragua*

"I worked all my life in a family home, but I have no qualifications, so I don't have job opportunities." *urban Brazil*

Participants report a lack of training opportunities which could help them to get productive employment.

"If I knew how to operate the garment-making machinery, to prepare leather products, or at least knew how to check the product quality, this would be more beneficial for me." *rural Bangladesh*

"Women involved in groups got training in cottage industries (candle making and making plates out of leaves). Men did not receive any kind of training. They want the Government to provide them with agricultural training at the Institute of Agriculture at Rampur." *rural Nepal*

In some cases, participants also mention that the work which is available is not age-friendly and working conditions are not flexible enough.

"It was very difficult to get work in the area ... and some of the available jobs are not age-friendly." *rural Ethiopia*

"Older people are not looking for formal employment because they are frail and tired already, but they probably would be interested in being employed if employers offered flexible working hours and shorter shifts." *Belarus*

However, a few exceptional circumstances are mentioned which improve older people's chances of getting paid employment.

"There are more jobs here now because all of our young people are in Thailand." *rural Cambodia*

"The availability of work has increased with the growth of the number of businesses." *urban Ukraine*

Not all participants see the availability of jobs due to outward migration of younger generations as a benefit to their well-being, however.

"The youth are all leaving our country. If there was no unemployment, our lives would be better. There are no people who work in the fields – that's why food products are so expensive." *rural Kyrgyzstan*

"It would help to create employment in the region to keep the middle generation here." *rural Moldova*

Access to credit

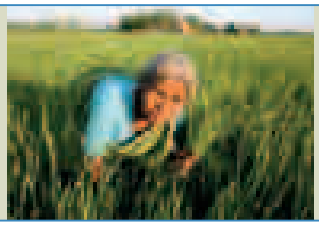
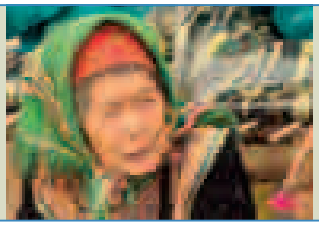
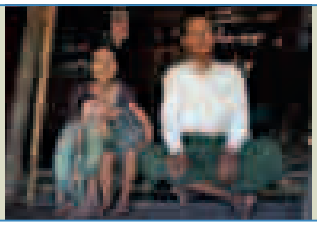
Participants report that in many cases they experience problems in accessing credit. Older people feel disadvantaged in comparison to younger people when it comes to obtaining credit.

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

"Financial services are available but they are for the young." *rural Indonesia*

"A year ago, I asked the bank for a loan, but when they saw my identity card they said 'no'. I also have an account with another bank but when I turned 75 they did not lend me money anymore." *Chile*

"I said I was a pensioner. I filled in all the forms and then, when you mention that you are over 60, the system rejects them – you can't access credit.... They didn't give me a loan. Retirement is synonymous with 'you will die soon'." *urban Nicaragua*


Older people are also reportedly taken advantage of as guarantors for younger people.

"We cannot get bank loans because we are too old, but we can be loan guarantors. So the banks, knowing the financial situation of younger generations, usually take us as guarantors and do not inform us that those young people are not able to pay off the loans. We become victims and pay off other people's loans for years." *urban Bosnia and Herzegovina*

In Bangladesh, women are often prioritized in accessing credit, although one participant alleged that men benefit from this.

"Women are the vehicle for men to borrow money from NGOs, since NGOs only provide credit to women." *urban Bangladesh*[8]

Poverty and the value of pensions

Those who took part in the discussions suggest that old age is often experienced as a time of worries about poverty as income declines. Relatively few older people have access to any kind of pension, except in the more developed countries. They are aware of the importance of having their own income in old age, and when this is not available, they express frustration.

"If we could get a pension or cash benefit ... we would be able to fulfil our basic needs ... and this is crucial to enhance our confidence and respect from the community." *rural Ethiopia*

"People who can afford to pay their own expenses are more respected. If I do not have money, can I beg for it? No, I would be ashamed." *urban Paraguay*

"The pension reflects the image of older people. If the pension is low we cannot talk about a good life and well-being of older people." *rural Moldova*

When older people have access to pensions they are generally satisfied with the system of disbursement.

"I started receiving my pension two years ago. I have bought bricks to build my house. I can access basic needs more easily." *rural Uganda*

"Social pensions have brought visible changes in older people's life and dignity." *rural Bangladesh*

"In the past, housewives who did not work did not have a pension. Now they do." *Chile*

"I have a shelter, I can afford food. I have enough money – the Old Age Security is not much but it is enough. My health isn't too bad either, so I have no worries." *urban Canada*

Access to pensions

Older people often report having difficulties in accessing pensions. The participants in all but the developed countries find the procedures for applying difficult, requiring them to fill in forms and submit documentation. They also say that they encounter discrimination in determining eligibility.

"We are eligible for the LEAP[9] cash transfer yet we do not know the procedure for accessing it. We have brought this to the notice of the Department of Social Welfare so many times but nothing seems to happen." *urban Ghana*

"I want the Government to reduce the legitimate age for the social allowance from 80 to 70, or at least 75, because older people at 70 years and above already need a lot of help and support." *urban Viet Nam*

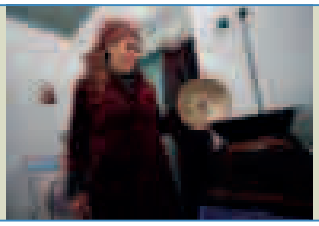
Ownership of basic assets, such as a refrigerator, may render an applicant ineligible for the benefit, irrespective of how low their income is.

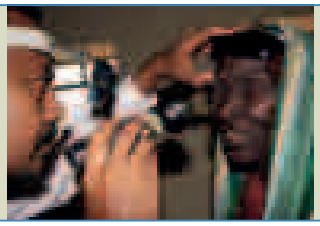
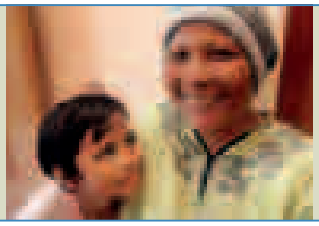
"I was deemed ineligible as a result of the means test for a non-contributory pension because I have a stove, a radio, a TV and a refrigerator. But I have no food, I have no money." *Belize*

The physical effort required to claim the pension can also be taxing.

"Queuing for long hours to collect our monthly pension salary with no protection from the sun or a seat, with no priority given to older people, has been a problem for a long time." *rural Ethiopia*

"Sometimes you are required to travel to the capital city for what they claim to be verification that you are not dead. Such trips are always traumatic.... I have friends and relatives who have died while in the endless queue for their pensions." *urban Nigeria*



"Pension fund officers treat older people very rudely. Last month my sister was at the local pension fund office. As she came into the office, nobody offered her a seat. She had to stand during the meeting, while the officer was sitting!" *urban Ukraine*

Pensions and inflation

Pensions, if available at all, are generally felt to be too low, especially with rising prices for food and other basic needs.

"Income among older people has reduced; it is difficult to find an older person with enough money to meet their needs in this community." *rural Uganda*

"The rising cost of living and lack of options for poor older people to sustain their life are becoming a serious problem.... They are unable to cope with the changes and ... many of them are forced to come out onto the street and beg." *urban Ethiopia*

"Older people in general have skills in agriculture, but there are fewer jobs available for us. So the income of older people is decreasing. Also the value of money is decreasing, so we cannot buy things which we could buy 10 years ago." *rural Nepal*

The diminishing value of the pension due to inflation is a common concern for older people in all regions, in urban as well as in rural areas.

"Many years ago, older people could have bought a car or a house or gone on long holidays with their retirement grants and pensions but now it is completely different. We can just pay for basic goods and services. I am not even talking about going to a concert or the cinema." *urban Turkey*

"When I retired my pension was high enough to meet all my needs; and now I have to think what I can permit myself." *Belarus*

"The pension is getting smaller and the costs are rising." *rural Germany*

Access to basic services

Participants report that older people are often unable to pay for basic necessities, even if they are in receipt of a small pension, and fear that their situation will deteriorate once they are not able to work anymore.

"We go to supermarkets as if we are going to a museum; there is everything we need but we cannot afford anything." *urban Kyrgyzstan*

"We feed people here at the senior citizens club and ask them to make a contribution of $2.00 but a lot of people don't have this." *Belize*

"Up to now we have been able to maintain our house, but when we are too old, we will not be able to work. Will our house fall apart? What is going to happen when my husband and I cannot work anymore?" *Paraguay*

"You need medicines and those are so expensive that your pension is far from covering them. After buying medicines almost nothing remains to survive on by noon. How can we speak about living till the next month?" *rural Bosnia and Herzegovina*

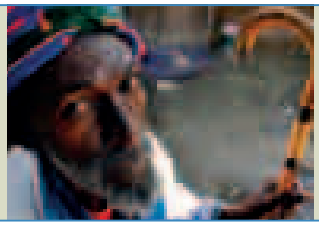
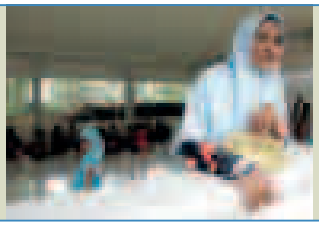
"We are on our way into poverty." *rural Austria*

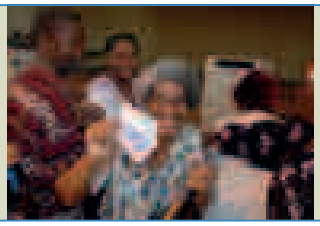
Many participants say that they are poor because they were not in formal employment throughout their lives. This applies particularly to women. In Northern and Western Europe, and Canada, older women are thought to be at higher risk of poverty because they have never worked in paid employment or have worked in low-paid jobs.

"The fact that poverty in older age has increased is often focused on women. In our generation many women didn't work and they raised their children, so that now they don't get much pension." *rural Germany*

The employment situation of adult children often has a direct impact on older people's financial situation. Participants note that there are older people whose children are unemployed who use their small pensions to support their children and grandchildren or, in extreme cases, even go on the street to beg.

"There are five people at home and they all depend on my pension. None of my children works. There are older people who contribute to their families, and children and grandchildren live with the older person and depend on them." *urban Brazil*



"We really suffer because our children are so desperate. Nowadays it is quite normal to meet older people who beg to help their children and who sink into depression and even think about committing suicide." *urban Bosnia and Herzegovina*

"Our children get low salaries so we have no choice but to give them our pension." *rural Kyrgyzstan*

"Our children cannot help us financially so we have to help them with our small pensions." *rural Ukraine*

Where children have migrated in search of employment, participants mention the benefits of receiving remittances, although often they are too low.

"Besides our own income we also receive financial support from our children who work overseas." *rural Indonesia*

"All of my children live in Argentina and they send me money. I am 79 years old and do not want to work anymore. But the remittances I receive are not enough to improve my income because the Argentinean peso has fallen. So I have to eat tapioca and onions, and do not eat meat at all." *urban Paraguay*

However, having migrant children also has a negative financial impact in the form of difficulties in obtaining social benefits, in addition to the emotional strain.

"The authority says: 'Why do you need social benefits? Your children are working in Russia.'" *rural Kyrgyzstan*

"There will be nobody to bury us; there are no young people in the village." *rural Serbia*

Some participants therefore suggest that the government should ensure that there is employment for younger people so that they do not need to migrate.

"I would ask the Government for employment policies for small producers so that our children can stay in the country." *rural Paraguay*

Health in old age

Improving care

In all but the developed regions, where the topic of health promotion was not taken up by the participants, older people recognize governments' efforts to spread knowledge and information to promote healthy lifestyles and improve general health-care provision.

"Health officials teach us about hygiene, use of latrines, and cleanliness inside the house." *urban Mozambique*

"We have trainings from various government ministries, including how to ensure your drinking water is clean and knowing your HIV status." *urban Kenya*

"The Government has campaigned to encourage people in the community, including older people, to remain healthy by providing them with knowledge about food choices." *Thailand*

"Now there is much information on health and health care such as the 'Listen to Your Body' programme on television, and the hotline for health consultations." *urban Viet Nam*

"I think it was somewhat worse in the past, now it is a bit better. You have the family health programme. The programme worker comes often and checks our blood pressure. He also told my neighbour to get a better house, because hers is dangerous." *urban Brazil*

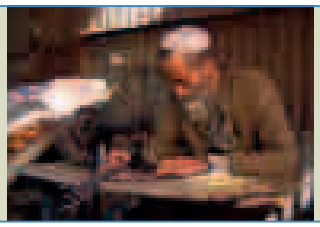
"There are some activities to prevent disease such as organized walks. It is good for our health." *urban Peru*

The evidence from all regions suggests a general satisfaction with health-care services, although there is only very limited evidence to support this statement from Asia and the Pacific. The participants there often feel that much more needs to be done to address their health needs.

"Lots of government and private health institutions were established and constructed, improving the availability of health service in our locality even in the rural areas." *urban Ethiopia*

"Health-care practitioners are paying more attention to older people than before." *rural Ghana*



"In the past there was only one health centre in the whole district but now every community has its own health station. Older people don't have to go far to have their health checked. This is a big change. Health check-ups are provided free to the poor, including poor older people and even older people with a pension." *rural Viet Nam*

"In the area of health, now there is more support, thanks to the Government. Before, there was no attention.... Nowadays they treat us the same as other people. They treat us well. Before, it was not like that." *urban Bolivia*

"Some medical firms care for us well, others poorly; and others offer regular attention. But at least the pensioners receive medical attention. It is not excellent but we receive it." *Nicaragua*

"Health services and in general our health system have improved over the last 10 years. I feel safe and well cared for." *urban Austria*

The high costs of care

Despite these improvements, many older people still report experiencing problems in accessing health care, particularly because of the high cost of services.

"Lack of adequate medicines and health professionals in government health facilities and high cost of services charged by private health institutions made the services unaffordable and inaccessible for the majority of older people." *rural Ethiopia*

"Almost all older people find health-care costs extremely expensive, and, for this reason, many of them do not go to the doctor if they are ill." *rural Moldova*

"It is written in our Constitution that everybody has the right to free medical care but in reality we have to pay if we need to have tests or even just a medical examination. Medicines are very expensive for us." *urban Ukraine*

Access to affordable medicines is the most often reported problem.

"Doctors prescribe medicines for us and we have to go out to the private pharmacies to buy the medicines which are quite expensive." *rural Kenya*

"No matter if a person is 85 years old or disabled, there is no support for them. They have to pay for medicines like any other person." *rural Kyrgyzstan*

"People have stopped going to the health centre because it's useless. The doctor gives me a prescription but I don't have the money to buy the medicine." *urban Philippines*

"OK, you go with your JADEP [Jamaica Drugs for the Elderly Programme] card to some of the pharmacies and they tell you they don't have the drug ... and a person who doesn't have this card goes ... and gets the medication ... because with the JADEP card we pay less for the drug." *Jamaica*

"The medicines are very expensive and you cannot find those which are on the list of free medicines. So you need to pay for them." *rural Serbia*

Long waiting lists are also cited as a common issue, mainly in developing countries.

"Our health situation is very bad because when you go to the hospital you will spend about seven to eight hours before you can see a doctor. This is very bad." *urban Ghana*

"Sometimes we have to wait in long queues to get health care, in the sun or in the rain." *urban Brazil*

"At the regional hospital, if you are on the waiting list, you will have to wait for three months, unless you have an acquaintance working there." *Paraguay*

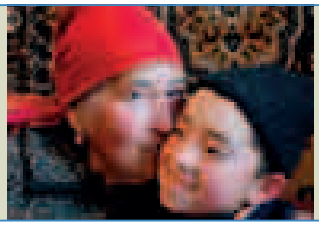
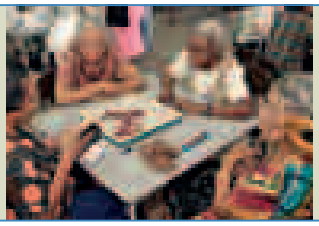
Difficulty in reaching health-care facilities, especially because of transport costs, is another issue that is often mentioned.

"Sometimes you have to make a lot of effort to get to the health centre as your legs hurt due to age. I stop eating to have enough money for the mototaxi. But then nothing remains for the prescription. And then sometimes I am even scared that I will have an accident on the way." *urban Peru*

"Here is how it is. It is 7 kilometres from the village to the nearest doctor, either on foot or by tractor, and then to the nearest pharmacy in town another 6 kilometres. How can an old man of over 70 years do that?" *rural Serbia*

In some countries, there is pessimism about the future availability of health services.

"The prices of health-care services have also been increased in the last 10 years. That is why we are not so optimistic about the health-care system in Turkey." *urban Turkey*



"They have become more economical with the level of care. To begin with, it worked out very well for us but now they are very conscious about their money." *rural Germany*

"The health card was introduced in 2002 and then in 2008 it was withdrawn for all people over a certain income. It used to be for everybody over 70 regardless of income. Now there is also a charge for prescriptions." *urban Ireland*

Lack of attention to age-related health issues

A few participants highlight a lack of medicines to treat age-related diseases and of facilities to diagnose or treat them.

"Medicines are available in the health centre but for older people these are usually painkillers, antibiotics or malaria medicine. You will not find medicine for diabetes, hypertension or other age-related diseases." *urban Uganda*

"The local health centres or hospitals do not have the facilities to measure my blood sugar. They cannot even advise me what to do." *rural Bangladesh*

The attitudes of health professionals are often experienced as a barrier to receiving appropriate health care. Age discrimination, neglect and a lack of training in age-related diseases leading to weak diagnosis are the most frequently identified problems with health professionals, both in hospitals and in health centres. This is not reported in Northern and Western Europe or Canada.

"Hospitals are not very helpful to you when you are old; they treat you as if you are a burden." *rural Nigeria*

"In the government hospital there is a separate counter for older people but it is not functioning and always remains closed. Older people suffer in the long queue to get medicines.... Even though there is a system, the benefit does not accrue to the older people because of neglect." *urban India*

"My wife has many diseases; I often take her to the hospital. She has got tinnitus now. When we came to see the doctor in the hospital this doctor said, 'Your disease is the old-age disease, it is incurable.' This is irresponsible." *urban Viet Nam*

"The serious problem for me is with ambulances. I call them when I feel bad. They first ask me how old I am. If I say I am over 70 they say 'We cannot send an ambulance, you had better treat yourself'." *rural Kyrgyzstan*

"We have no medical experts who specialize in older people. Nowadays one doctor treats everybody in the same way, or does not treat us at all. You go to them already knowing that they will not help you." *urban Bosnia and Herzegovina*

However, some participants gave more positive examples.

"Recently, the doctor explained to me some things about my heart; he explained how to take the drugs. It seems to me that he knows what he is doing." *urban Peru*

Especially in Asia and the Pacific, older people report that they are generally well treated due to the culture of respect for older people.

"The staff members at health centres are very good. They know how to respect us and they do not make us wait for too long when we are sick." *peri-urban Cambodia*

Mental health issues

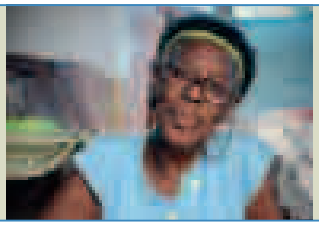
The consultations indicate that mental health care for older people is not receiving sufficient attention, except in developed countries. Participants report an overall lack of special services for mental illnesses and even a worsening situation of care.

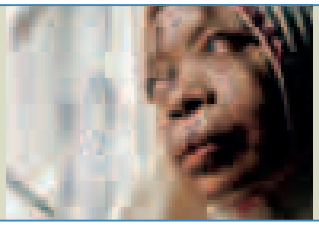
"In the case of a mental health issue we know that a person has to go to the hospital but when we go to the hospital they do not register the cases of older people." *urban Mozambique*

"There is no special treatment or care for older people with mental health issues." *rural Cambodia*

"People who are more dependent or who have more serious physical or mental health issues have more difficulties. For them there has been no improvement, because there is no social care support." *Paraguay*

In some developed countries, participants indicate that there is a change for the better in the treatment of those who have a mental illness.



"People with mental disorders are treated as human beings nowadays." *rural Germany*

"If someone in this care home has a psychological problem, he or she can talk to our psychologist." *urban Austria*

Some also recognize that, with the increasing number of older people, it will be challenging to afford appropriate care for them.

"There are people who are not treated properly and their condition gets worse. The system can't afford this because of population ageing." *urban Canada*

In some countries, older people reportedly think that mental illnesses are caused by evil spirits, so that those affected are shunned.

"We believed our old mother's illness was caused by evil spirits and we consulted local healers and prayers. But she did not recover." *rural Nigeria*

"Mental health problems carry stigma, resulting in exclusion from the community." *Fiji*

"Generally, many believe older people who have mental diseases are insane. We have no idea about the support that the state or local government gives to older people who have mental diseases and to the caregivers who are members of their family." *urban Turkey*

In some cases, health-care professionals are said to understand dementia as an unavoidable consequence of age, which cannot be treated.

"Once I discussed my dementia with the doctor at the community health clinic and she told me: 'It is very natural and normal. This is due to your old age; don't be concerned about it.' She didn't suggest anything for me." *rural Bangladesh*

In contrast, especially in Asia and the Pacific, participants asserted that consideration is shown by the community towards those older people suffering from a mental illness.

"There is no special treatment or care for people with mental health issues, but they are pitied and treated with special consideration by community members." *rural Cambodia*

Enabling and supportive environments

Transportation

Many participants still express dissatisfaction with the quality of public transport. Concern is voiced about the safety and accessibility of transport, both physically and financially, as well as the coverage of bus services.

"The only affordable means of transport are the motorcycle taxis, and yet they are so dangerous, with people falling and breaking their bones all the time." *urban Nigeria*

"Public transport, such as buses, does not provide access for disabled older people. The bus services are also not available in the interior parts of the country, but they are the only economical means to travel to hospitals." *rural Fiji*

"Public transport doesn't reach all parts of the community; it's hard for older people to get into the city." *rural Austria*

In those countries where the cost of transport is high, older people are said not to benefit from positive changes:

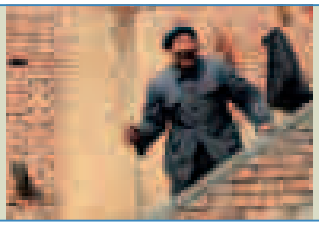
"There is improvement in the transportation sector but, for older people, the problem remains unsolved due to the type and structure of the transport available and the cost of fares." *urban Tanzania*

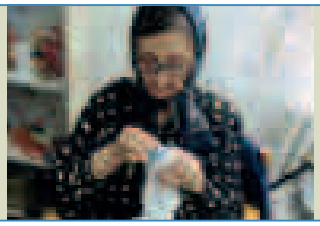
Older people often report that they are ignored when standing at bus stops and left behind when the bus leaves. The participants note that this is worse when the older person is frail.

"The drivers see us to be wasting their time in boarding the bus and this situation sometimes compels them to leave us behind." *urban Ghana*

In Ukraine and Brazil, another reported reason that older people are ignored is their exemption from paying for the ticket. Bus companies know they would not lose money by leaving the older people behind.

"The buses go more regularly, but the drivers swear when there are too many pensioners in a bus because they may travel for free." *rural Ukraine*



"There is no respect in public transportation either. When we are alone at the bus stop the buses do not stop, they go to the outer lane. They pretend they don't see us. Particularly if you are holding the free pass." *urban Brazil*

Nonetheless, where public transport is free, as, for example, in Brazil and Mozambique, this is often mentioned as a great improvement.

"I think there has been an improvement, particularly in transport here in São Paulo. I almost never went out of the house before, but now I take five, six or seven buses. This is because we have the free bus pass for older people." *urban Brazil*

However, access to free transport is not always easy. In Mozambique, for example, access to free transport depends on production of an identity card, which is costly to obtain.

"We have identity cards now because an NGO assisted us, but it is difficult to have this card without money." *rural Mozambique*

Attitudes of young people

Many participants wish that they were shown more respect. They acknowledge the importance of having good relations with their children and grandchildren. They express dissatisfaction with the level of respect given to them by the younger generation.[10] According to some participants, older and younger people live in different worlds. Although they feel that respect shown to older people has declined since their young days, it is difficult for them to say if, in the past, the respect was based mainly on fear.

"The respect and care of the young generation towards older people is not at a satisfactory level." *urban Sri Lanka*

"I do not know if people were more respectful in the past, or more fearful. For example, I was afraid of my mother, it was a combination of fear and respect." *Paraguay*

"I feel that my grandchildren value me now as they are young, but when they become grown-ups nobody knows what will happen then. Sometimes my daughter tells me, 'Mama, don't interfere, this is my life, and I can cope with my problems by myself'." *urban Ukraine*

In Eastern and Southern Europe, older people report that usually their contributions are recognized but that the younger generation shows little appreciation or respect.

"Most of the time older people feel recognized for the support we give as volunteers. But it's true that often the younger generation does not respect the work and contribution of older people." *urban Moldova*

In other developed countries, such as Austria, older people experience a lack of interest in their contributions, particularly among young people.

"People of our community, especially the younger ones, are not interested in our possible contributions, such as our knowledge and lifetime experiences." *urban Austria*

However, there is a feeling that the value of their voluntary work is being increasingly recognized.

"Volunteering is receiving more and more recognition in society." *urban Germany*

Experiences of social exclusion and discrimination

In general, participants attach great importance to being respected by society, family and outsiders alike.

"Our right is to be respected by youth and the community in general." *urban Tanzania*

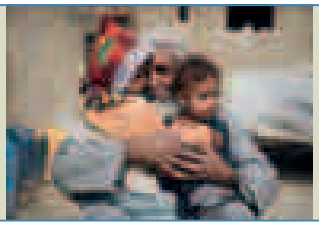
"I take most pleasure from conveying my knowledge to the young ones. They consider me as equal to them in that process. My age is irrelevant to them." *urban Serbia*

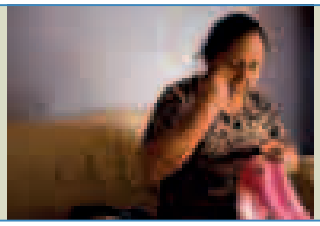
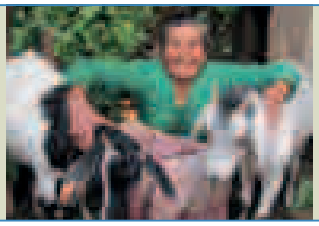
For many, the reality is different, however.

"How can we say we are respected when we are called witches?" *rural Mozambique*

"As you grow older, you have to come to terms with your role as a lesser citizen who can be seen, but not heard." *rural Nigeria*

"Older people are treated as if they are derelicts." *Jamaica*



In various aspects of daily life, older men and women report being disrespected, especially by younger people, and treated in unpleasant ways.

"Older people are not valued and 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 in the end nothing was left for us." *urban Tanzania*

"Not even children respect older parents. They don't give them enough food, even though we help them in the household. The children eat better food outside but don't have enough for their own parents." *rural Philippines*

"Now, as we are old, nobody notices us. We have no privileges; we are not shown any respect. It's the same in shops, at doctors, at the post office. We are worthless to them." *rural Bosnia and Herzegovina*

"I have experienced young teenagers shouting horrible things at me." *rural Austria*

Older people often realize the decline in respect when using public transport, as that is when they are most likely to come into contact with younger people.

"We are pushed and shoved on boarding the bus and the youth do not spare us a seat." *rural Mozambique*

"Before students would be very courteous, now I see more and more older people having to ask for a seat on the bus or the driver would have to ask for them." *urban Canada*

"I cannot remember someone giving up his or her seat in the bus to an older person." *urban Germany*

Still some respect

Exceptions are also reported, however, especially in developed countries.

"I feel respected, yes. Every month when I go to the capital to get my medicine I use public transport and I am always offered a seat. There is no single case when I haven't been offered a seat." *rural Moldova*

"I'm always puzzled when someone helps an older person on public transport. That's really an exception." *urban Germany*

"Younger people treat me with a lot of respect; they open the door for me and offer me a seat on the bus." *rural Austria*

In Asia and the Pacific, and in Latin America and the Caribbean, there are also more reports of older people being generally satisfied with the level of respect shown to them by younger people.

"Respect for older people is still very high in Indonesia." *urban Indonesia*

"People of all ages in society respect and honour older people." *Thailand*

"There is not so much violence in our community. People know how to respect older people, so they would not dare to hit us." *rural Cambodia*

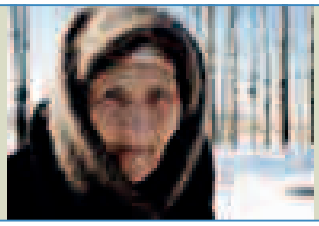
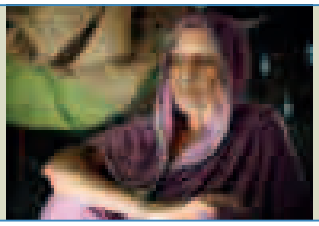
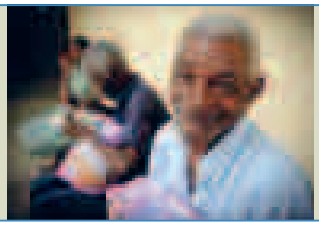
"Over the past 10 years in general there has been a shift in the way people see older people.... Before, they did not exist. Now people are looking at us. There is more room for older people, they have more visibility; they are included." *urban Brazil*

Abuse and neglect at home

Elder abuse is reported fairly widely. It can take the form of verbal abuse, appropriation of property and assets, violence, neglect and demeaning treatment in daily life. Even in Asia and the Pacific, where participants generally felt respected, they are of the opinion that neglect of older people is on the increase.

"Neglecting older people is on the increase now and older people are isolated from their children in old age homes." *urban India*

"I and my husband want to live in the Centre for the Elderly because we cannot stand our son anymore. I have suffered a lot from his psychological violence. We cannot do what he wants. When I could not stand it anymore, I reported this to the police, but they said they would only intervene when my son beats me." *urban Viet Nam*


"Physical abuse by caregivers takes place in older people's homes. There is also emotional abuse." *Jamaica*

"Our family is careless; they don't care for us; they don't see that our documents are updated." *urban Bolivia*

"I think elder abuse occurs usually in the home where the parents disagree with the children and tension builds up. I would never live with my children." *urban Canada*

Property grabbing

In Africa and some other regions, participants report particular concern about land and property grabbing by younger family members – sometimes even involving killing.

"Abuse of older people by families, mainly adult children, by misappropriating their property, including land, livestock and farm produce, is a serious problem." *rural Ethiopia*

"Older people's land is grabbed and at times they are killed in order to take over their property." *rural Uganda*

"My own children fought with me over the ownership of the land. They told me, 'This is Daddy's land, it was bought with money Daddy had earned'." *rural Philippines*

"Families take advantage of older people when it comes to inheritance. They force them to sign over their property documents to them.... It's so sad." *Belize*

"I know a family where the daughter abuses her old mother, takes her money, and doesn't want to care for her, telling her 'I hope you die soon'." *rural Ukraine*

Older women's vulnerability

Participants referred to instances of serious maltreatment and crimes against older women, including rape. In some areas, these are often related to witchcraft accusations.

"The youth take drugs and then rob older persons' households and some cases of rape have been reported." *urban Uganda*

"We are called witches due to our old age. We suffer a lot because we do not have anyone to support us, even when we are sick. When we used to work everything was fine but now our children do not give us food and instead call us witches." *rural Mozambique*

"Particularly older mothers and mothers-in-law are in a terrible situation.... They are getting less food compared to other family members, experience physical torture and never get medicines or medical care when they are sick." *rural Bangladesh*

"Our neighbour had bad children who did not take care of her so she died. We had helped her with food, when she was locked up and hungry. My son brought her bread but her children quarrelled with him." *rural Kyrgyzstan*

At the same time, however, some participants note improvements in personal security, especially for older women. The evidence for this is particularly strong from Tanzania, where NGOs have implemented specific programmes in response to issues related to witchcraft beliefs.

"For the last 10 years, the village government, local militia and the community police have been strengthened to make sure that older women live in peace and harmony." *rural Tanzania*

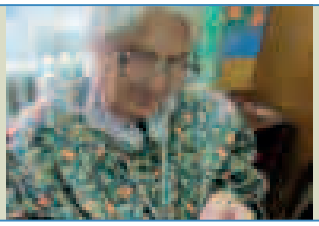
"In our community things have changed. In the past, some older women were abused, for example, they were isolated, sent threatening letters and sometimes even killed. But now, they are protected, respected and able to obtain their rights. This is possible because of a rights awareness programme." *rural Tanzania*

Barriers to tackling abuse

Feelings of shame are often seen as a barrier to tackling elder abuse. In Asia and the Pacific, some participants say that elder abuse remains largely unreported to safeguard the family's status.

"The issue of abuse does not go outside of the family for the sake of family prestige and out of fear." *rural Nepal*

"Older people suffer abuse in silence." *rural Fiji*






Another barrier to tackling abuse – the fear of being abused repeatedly until justice is done – is also reported. An older woman from Moldova points out:

"The problem is that if you are abused and you speak out, until the police come, you are in even greater danger.... They also know that justice is so slow that they can be abused many times in the meantime." *rural Moldova*

The consultations show that older people are victims of crime and many avoid going out because they are afraid of being attacked. The most common experience is robbery, mainly when walking in the street.

"There is still a problem of safety because many older people are attacked when leaving the bank. They know the person is old and goes to the bank to get money." *urban Brazil*

"We can't walk freely in the streets because of crimes." *Belize*

"Nearly every day the papers report some theft of objects of value from older people. It is really scandalous that older people become victims of theft or violence only because of their frailty." *urban Germany*

"When I'm walking home from church, I don't feel safe." *urban Canada*

Participants also report that older people are discriminated against or taken advantage of as consumers, as two examples from Bosnia and Herzegovina show.

"After 65 you cannot get travel insurance. If in an exceptional case you get it, you pay double." *rural Bosnia and Herzegovina*

"As consumers we are often abused. As we do not have much money we look for discounts. We often get attracted by big displays of items with discounts, but the details are in such small print that we cannot read them and in the end we pay a lot." *urban Bosnia and Herzegovina*

Media images of older people

Many participants feel that the media does not often reflect an appropriate image of older people. Old age and older people are more often than not portrayed in a bad light.

"What you hear about often in the press are the deaths of older people sleeping rough or queuing for long hours." *urban Nigeria*

"I have never experienced situations of elder abuse or neglect nor heard abuse from people around me. We only see this kind of story in the media, especially through television and newspapers." *Thailand*

"Older people are shown in advertisements but in the media the older individual is still a poor thing, a discriminated poor thing." *urban Brazil*

"Television shows older people only when an older woman is assaulted, when an indigenous older person is sick or when there is some other problem." *urban Paraguay*

"The mass media ignores older people's problems." *rural Ukraine*

"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." *urban Austria*

There are, however, some indications that positive images are becoming more common.

"Today there are also positive images. And I think the positive images are prevailing." *urban Brazil*

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Recommendations and key lessons

The experiences shared by the participants led to a number of recommendations on how to improve older persons' well-being in their communities. The following recommendations are based on the core findings from the consultations.

- Establish and support organizations of older persons, and enable older persons to participate fully in decision-making and claim their entitlements
- Promote a better understanding of older persons' contributions and encourage older persons to participate in cultural, economic, political and social life, including lifelong learning
- Mainstream ageing and older persons into all relevant policy areas, including those related to infrastructural development
- Eliminate age discrimination in access to employment and credit
- Provide training opportunities for people as they age
- Protect older people's right to basic services, including pensions, and ensure that systems to access these are age-friendly
- Ensure that older women's vulnerability to income insecurity is considered within social protection policies
- Recognize the impact of labour migration of adult children on older parents and create economic and social conditions that lessen the need to migrate in search of work
- Provide access to adequate and affordable quality health and social care, including to medication, preventative measures and mental health care
- Promote education and training programmes for health-care professionals, including gerontology and geriatrics
- Train bus drivers to address older persons' specific needs and ensure that an efficient and transparent system for the provision of free transportation is in place
- Encourage a more realistic portrayal of older persons in the media that emphasizes older persons' contributions
- Prohibit age discrimination, neglect and elder abuse through legislation and put in place efficient reporting mechanisms and awareness-raising campaigns
- Address older women's vulnerability to discrimination, neglect and abuse within existing and new legislation for women
- Mainstream gender into legislation for older persons



Wang Jing/HelpAge International

Recommendations arising from the consultations with older people include promoting a better understanding of older people's contribution.

Based on these recommendations, a few key points should be taken into consideration in future decision-making at all levels.

- **Older persons' participation in decision-making:** The consultations demonstrate the tangible results of older people's involvement in local decision-making through their organizations. Furthermore, the concerns raised by the participants show how their contributions to policy design and implementation could lead to more effective policies. Short-sighted policies could be avoided by involving older persons in decision-making processes. Examples from the consultations include: providing free health consultations but only limited access to the required medication; and the construction of homes for poor older people that are far away from their families and communities.
- **An age-inclusive approach to stakeholders:** While the primary focus of the consultations was on action at government level, the participants recognize that all stakeholders need to become more active in addressing population ageing and age-related issues. Many of the recommendations can be taken forward and implemented by stakeholders at all administrative levels. The lack of knowledge and awareness of older people's issues among various stakeholders, including the participants' families, was highlighted in relation to issues ranging from basic service provision to the portrayal of older people in the media. For example, many older people report experiencing problems in accessing their entitlements because health-care professionals prioritize younger patients under the misconception that the older people cannot be helped any more.
- **Mainstreaming ageing and older persons:** The consultations show that older people are aware of the impact of past living conditions, including socioeconomic and health status, on their current well-being. They also acknowledge that they benefit from general development activities, for example, the building of a road, the provision of employment opportunities for younger persons or free education for children. Improved roads provide older people with opportunities to trade their products and easier access to basic services and access to hospitals in emergencies. Free education for their children and grandchildren alleviates older people's worry about being able to afford the costs of education. It also has longer-term benefits when these children and grandchildren are able to get better jobs and cease to be dependent on grandparents' support.

The range of opinions and views of these 1,300 older people provides an overview of their experiences, priorities and what they think works and what does not. This project is the first comprehensive assessment of older people's experiences using qualitative and quantitative methods. Such assessments should be at the heart of the review and appraisal process of the Madrid Plan at every level. Only older people themselves can know what really helps them.



Chapter 5:
The way forward

"Older persons must be full participants in the development process and also share in its benefits." *Madrid Plan, para. 16*

Summary and conclusions

Population ageing is a megatrend that is transforming economies and societies around the world. It is a cause for celebration and a major opportunity for all. Older people's activism shines throughout this report, and their increasing economic weight is a growing political reality. The report shows the wealth of productivity, contributions and leadership of those aged 60 and over. It demonstrates that, with the right measures in place to secure health care, regular income, social networks and legal protection as we age, there is a "longevity dividend" to be reaped by current and future generations.

Older persons are the world's fastest growing population group, amid rapidly changing family structures and the possibility of declining family support systems. During 2010-2015, the annual growth rate for the population aged 60 years or over (3.2 per cent) was almost three times that recorded for the total population (1.1 per cent). In the coming decades, the gap between these two growth rates is expected to widen. Already there are 33 countries with an average life expectancy at birth of 80 years or more, and 316,600 centenarians. The lived experience of older women and men varies according to age group, life experience, living conditions and gender, but there is also diversity in the situation of older people within and between countries, depending on the stage of each country's demographic transition and societal development.

Population ageing is not just a developed world concern. It is happening fastest in developing countries, including in those that also have a large youth population. Investing in young people's education and employment will improve well-being and quality of life as they age. Our shared future is one where there will be more older persons than children. Worldwide, it is predicted that, by 2050, there will be more people aged 60 and over than children under 15. In China, this will happen in less than 10 years, by 2020.

The issue of the growing numbers of older women in relation to men, particularly in the "oldest old" age group, is raised in this report. Gender relations structure the entire lifecourse, influencing access to resources and opportunities, with an impact that is both ongoing and cumulative.

There is a thread of concern running through the report about the multiple discrimination experienced by older persons, particularly older women, including access to jobs and health care, subjection to abuse, denial of the right to own and inherit property and lack of basic minimum income and social security. These concerns are compounded by the on-going problem of lack of data.

Political will is necessary to ensure that ageing is a time of opportunity for all. Social and intergenerational equity should be the guiding principles of national policies. It is unacceptable that millions of older people continue to live in poverty, lacking income security, health care, access to basic services, support in emergencies and the full enjoyment of their human rights. The expected growth of the population of older persons should not be an excuse not to act but rather seen as a call to action. A well supported old age is in the interest of all generations. Taking a lifecourse approach across all public policy domains – that is, explicit recognition by policymakers that the vast majority of citizens will live to old age – will bring concrete benefits to all ages and the economies in which they live.

The 2002 Madrid International Plan of Action on Ageing gives clear recommendations to ensure that older people's issues are integrated into the development process. It urges Member States and United Nations agencies to mainstream ageing throughout their policies and programmes and to allocate budgets for this. The last 10 years have seen important progress by many countries in adopting new policies, strategies, plans and laws on ageing, but much more needs to be done to implement the Madrid Plan and fulfil the potential of our ageing world.

This report presents many inspiring examples of innovative programmes in many areas that support older persons. These programmes have worked and they can be replicated and adapted elsewhere to bring older people to where they want to be – in the mainstream of society.

As life expectancy increases, the roles of older people are changing. Development must take account of the process of ageing and reinforce the opportunities it brings.

The need to challenge age discrimination

Contributors to this report – both technical experts and older people themselves – agree that living longer requires affirmative measures to ensure that older age is experienced as a time of opportunity rather than a time of life to be feared. Older persons, as contributors and participants, must be included in the policy process. All people, now and in the future, in all countries, must be able to age with dignity and security, enjoying the full realization of all human rights and fundamental freedoms to lead fulfilled and active lives.

The opinions and lived experience of older women and men provide a clear guide to what must be done. Older persons who took part in consultations for this report emphasized the importance of care-receiving and caregiving and their engagement with the communities in which they live. They stressed the importance of having a regular and secure income to support themselves and their families, including, for many, access to lifelong education, employment, credit and business opportunities. They called for more responsive health services and better trained health providers. They talked of the value they placed on participation and self-organization and of their ideas and hopes for the future.

But this report also shows that ageing can be a source of stigma, which contributes to age discrimination. Many people fear the ageing process and old age itself. Sixty-seven per cent of those surveyed for this report said they believed that age discrimination exists in older people's everyday lives. Fifty-three per cent said that it was very difficult to pay for essential services. Old age may be experienced as a time of opportunity and positive contributions, but it can also be experienced, often by the same person, as a time of increasing vulnerability and lack of protection. Frailty and loss of physical and mental faculties can place older persons in situations of insecurity and exclusion. This makes them vulnerable to attitudes and behaviour that can lead to the toleration of human rights abuse in old age.

The challenge of protecting the human rights of older people requires a change in attitudes to ageing, political action and specific instruments to help end discrimination and human rights abuse. Progress towards the development of global, regional and national instruments to guarantee the human rights of older persons is increasingly considered a priority in many countries. At global level, the possibility of a Convention on the Human Rights of Older Persons is gaining increased visibility among the international community working on ageing issues.

The need to ensure income security for all

Among the most urgent concerns of older persons worldwide is income security. This, together with health, is most frequently mentioned by older persons themselves and these issues are also among the greatest challenges for governments faced with ageing populations. The global economic crisis has exacerbated the financial pressure to ensure both economic security and access to health care in old age.

Poverty and inequality are two major concerns in relation to ensuring income security in older ages for all. The current pattern of high, and in many countries, increasing inequalities,[1] especially inequalities in access to decent employment, a steady income and adequate health care among people of productive age, can potentially have a major impact on inequality in later life. Without addressing the root causes of societal inequalities and ensuring equal access of all segments of the population to education, employment, health care and basic social services that will enable people to live decently in the present and save for the future, any progress already made towards improving the lives of older persons will be derailed. Without investment in human capital by improving the education and employment prospects of the current generation of young people, investment in policies, programmes and institutional arrangements that cater for older persons may be in jeopardy.

Investments in social security systems are seen as one of the most important ways to ensure economic security. Sustainability of social security systems is of particular

concern in developed countries, while social protection and old-age pension coverage remain a challenge for developing countries, where a large proportion of the labour force is found in the informal sector. While private transfers from family members were typically expected to provide a significant source of income for older persons, changing family structures may result in lower levels of support in the future.

According to some researchers, there is no evidence that population ageing has undermined economic development and that countries do not have sufficient resources to ensure pensions and health care for an older population. Nevertheless, globally, only one third of countries have comprehensive social protection schemes, most of which only cover those in formal employment, or less than half of the economically active population worldwide. While social pensions are an important end in themselves since they make a big difference in the well-being of older persons, they have also been shown to benefit entire families.

The report points to the need for policy change to build stable protection schemes for an increasing number of older persons. Questions of solidarity, accessibility, affordability and sustainability will need to be addressed when considering the options available to ensure a minimum level of protection for all people after a certain age.

The need to ensure access to quality health care

In order to realize their right to enjoy the highest attainable standard of physical and mental health, older persons must have access to affordable health care and services that meet their needs. This includes preventive and curative care and rehabilitation. A lifecourse perspective should include health promotion and disease prevention activities that focus on maintaining independence, preventing and delaying disease and disability, and providing treatment. Policies are needed to promote lifelong health, assistive technology, rehabilitative care, promotion of healthy lifestyles, and supportive environments. Training of caregivers and health professionals is essential to ensure that those who work with older persons have access to information and basic training in the care of older people.

The report points out that good health must 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. The report describes a four-point strategy to foster healthy and active ageing throughout the lifecourse that focuses on promoting healthy behaviours at all ages, early detection and quality care to minimize the consequences of chronic disease, creating physical and social environments that foster the health and participation of older persons, and changing social attitudes to encourage their participation.

Campaigning for a pension in Paraguay.



Dirección General de Adultos Mayores

The need for budget allocation to develop, implement and evaluate evidence-based policies

While there has been substantial progress in adopting new policies and legislation on ageing and mainstreaming ageing into existing legal and policy frameworks, the evidence suggests that implementation and budget allocation is still incomplete. Accountable budgets are necessary to support policies. There is also a need for capacity development in government, academic and voluntary-sector institutions to enable the formulation, implementation and monitoring of policies and interventions. Concrete, accountable, gender-sensitive and funded actions to ensure key commitments of the Madrid Plan are still needed across all its key policy domains. Ageing must be mainstreamed across all policy sectors and action on ageing can no longer be subordinate to other issues.

Contributors to this report agree that there must be improvements in data collection and analysis as well as more research to ensure effective monitoring of the Madrid Plan. The evidence shows that the absence of national and sub-national data on poverty, health, inclusion and contributions of older people may be systematically excluding them from development plans and public policy provision.

Surveys, indicators and monitoring mechanisms that have a cut-off at around age 49, such as those reporting on HIV and violence, are outdated and discriminatory. The small number of older persons covered in household surveys does not permit meaningful analysis of the older population. Adjustments are needed to ensure that ageing is no longer the "missing dimension" or "blind spot" in data collection and that action on ageing forms part of the future development agenda.

Although there are new programmes that include both cross-sectional and longitudinal surveys on ageing, the lack of adequate data on the situation of women and men in later life is common in most of the developing world. This results in unacceptable levels of exclusion from basic services and exposure to violence and abuse. Indeed, the data gap on age is singled out as an issue that urgently needs to be rectified to improve understanding and to deliver more inclusive policies and programmes.

In other areas, the development of a global response to information needs (demographic and health surveys, for example) has been seen. It becomes clear from this report that a similar effort needs to be developed in the area of ageing. A global survey on older persons that provide comparative information should be developed.

The need for explicit development goals on ageing in the post-2015 agenda

Programmes to achieve the MDGs are not explicitly including older people. Poverty data are still not disaggregated by age and mainstream poverty processes do not overtly include older persons, despite the provisions of the Madrid Plan and the inclusive approaches to development called for by the Millennium Declaration.

As the international community prepares to chart a course for post-2015, it is essential to ensure that population ageing and the concerns of older persons are part of the process. In a rapidly ageing world, explicit development goals related to the older population, notably absent in the MDG framework, should be considered. These can be elaborated on the basis of the three priority directions of the Madrid Plan: 1) ensure that older persons are integrated into the development process and are poised to be an asset rather than a burden to society, 2) support healthy ageing and economic well-being in old age, and 3) promote enabling and supportive environments for older persons. It is imperative that ageing issues are included in national development frameworks and poverty-reduction strategies in order to ensure a "society for all ages".

Surveys, indicators and monitoring mechanisms that have a cut-off at around age 49, such as those reporting on HIV and violence, are outdated and discriminatory.

A grandmother in Myanmar prepares food for the family.



Joanne Hill/HelpAge International

Capacity development for an ageing world

Capacity development is essential to prepare for the challenges and opportunities of an ageing world. The United Nations Population Fund is working on a capacity development strategy to respond to the training needs at global, regional and national levels. This includes an assessment of the training needs in each region, the extent to which the needs are currently being met by existing institutions, and recommendations for building capacity in each region to facilitate formulation, implementation and monitoring of policies and programmes to address the challenges of population ageing.

National level

At national level, policymakers and planners are among the first cadres that need to be trained to ensure the formulation and implementation of sound policies and programmes that effectively meet the needs of older persons. Government ministries that address ageing issues should be strengthened and sufficient resources should be budgeted for the training of staff and the implementation of programmes. Training centres should be established or existing institutions should be utilized to offer training programmes and to provide a venue for the exchange of experiences.

Policymakers should be trained not only in the demographics of population ageing, but also in such areas as the social and financial implications of ageing and health and well-being in old age. They should also receive training in age-, gender- and culture-sensitive programme planning, implementation, monitoring and evaluation.

Medical and nursing schools should offer specializations in gerontology and geriatrics and universities should be encouraged to offer undergraduate and graduate programmes and degrees in these fields. Service providers, including health-care professionals and social workers, should receive training in medical and social care for older persons. This should be done at the primary health-care level as well as at the secondary and tertiary levels. Informal caregivers, family members and volunteers who care for older persons should be able to access training in the care of the aged. Those who work with older persons should be trained in detecting and reporting elder abuse and discrimination.

Regional and global levels

Global and regional institutions and research centres should coordinate and cooperate to promote the Madrid International Plan of Action on Ageing and provide guidance in policy formulation, implementation, monitoring and evaluation of the Madrid Plan.

Training centres should be established in each region within easy reach of major cities to provide policymakers, government officials, researchers, academics, health-care professionals and social work personnel who work with older persons with a venue for the exchange of experiences, good practices and lessons learned. Such centres should organize training programmes, conferences, and expert meetings that address the particular needs of the region. They should support collection of quantitative and qualitative data on the status of older persons and research in the social and financial implications of population ageing.

Training of trainers' programmes should be developed for implementation at national training and research institutes. Training modules should be developed to address specific priority areas of ageing. Global and regional institutions should encourage comparative research and networks of good practices. They should also consider developing virtual training sites for participants who may find it difficult to travel abroad for training. International organizations that address ageing issues also have a role to play in capacity development.

Members of an older people's association in Kenya take a vote.



Kate Holt/HelpAge International

Recommendations

Ten priority actions to maximize the opportunity of ageing populations

1. Recognize the inevitability of population ageing and the need to adequately prepare all stakeholders (governments, civil society, private sector, communities, and families) for the growing numbers of older persons. This should be done by enhancing understanding, strengthening national and local capacities, and developing the political, economic and social reforms needed to adapt societies to an ageing world.

2. Ensure that all older persons can live with dignity and security, enjoying access to essential health and social services and a minimum income through the implementation of national social protection floors and other social investments that extend the autonomy and independence of older people, prevent impoverishment in old age and contribute to a more healthy ageing. These actions should be based on a long-term vision, and supported by a strong political commitment and a secured budget that prevents negative impacts in time of crisis or governmental changes.

3. Support communities and families to develop support systems which ensure that frail older persons receive the long-term care they need and promote active and healthy ageing at the local level to facilitate ageing in place.

4. Invest in young people today by promoting healthy habits, and ensuring education and employment opportunities, access to health services, and social security coverage for all workers as the best investment to improve the lives of future generations of older persons. Flexible employment, lifelong learning and retraining opportunities should be promoted to facilitate the integration in the labour market of current generations of older persons.

5. Support international and national efforts to develop comparative research on ageing, and ensure that gender- and culture-sensitive data and evidence from this research are available to inform policymaking.

6. Mainstream ageing into all gender policies and gender into ageing policies, taking into account the specific requirements of older women and men.

7. Ensure inclusion of ageing and the needs of older persons in all national development policies and programmes.

8. Ensure inclusion of ageing and the needs of older persons in national humanitarian response, climate change mitigation and adaptation plans, and disaster management and preparedness programmes.

9. Ensure that ageing issues are adequately reflected in the post-2015 development agenda, including through the development of specific goals and indicators.

10. Develop a new rights-based culture of ageing and a change of mindset and societal attitudes towards ageing and older persons, from welfare recipients to active, contributing members of society. This requires, among others, working towards the development of international human rights instruments and their translation into national laws and regulations and affirmative measures that challenge age discrimination and recognize older people as autonomous subjects.

Specific actions according to the Priority Directions of the Madrid Plan

Older persons and development

- Support older people's engagement in national policymaking and local decision-making
- Invest in older people's associations
- Promote opportunities for life-long learning
- Include older persons in poverty-reduction strategies to reduce by half the proportion of older people living on less than $1.25 a day and reduce by half the proportion of older persons who suffer from hunger and malnutrition
- Eliminate mandatory retirement and encourage older persons who can and want to work to go on doing so
- Promote older persons' right to decent work through policies that support a healthy and productive working life, including training and more flexible working patterns
- Ensure that the needs and capacities of older persons are systematically included in humanitarian and emergency response situations
- Facilitate the integration of older migrants, refugees and displaced persons within their new communities and assist older persons who stay behind when family members move to cities or abroad

Advancing health and well-being into old age

- Ensure the lifecourse approach to health and non-communicable diseases and encourage health promotion for all ages
- Adapt age-friendly, affordable primary and secondary health-care services to promote healthy ageing and deliver care in the home
- Include older people in HIV and AIDS prevention, care and treatment programmes and support them in their role as caregivers
- Provide priority programmes with accountable budgets to secure older persons' access to basic social services including water and sanitation
- Provide geriatric and gerontological training in schools of medicine and social work

Ensuring enabling and supportive environments

- Introduce, implement and monitor national legislation to protect and promote the rights of older persons and to end age discrimination
- Expose, investigate and work to prevent abuse and violence against older persons
- Promote positive images of ageing, particularly through the media
- Provide support to caregivers of older persons, including family members and community care programmes, and to older people who care for others
- Promote age-friendly cities where housing, transportation and the living environment take into account the needs of older persons

Capacity building, research and data

- Provide training for policymakers to sensitize them to rapid population ageing and the need to address the concerns of older persons
- Establish a national ministry or office on ageing with a separate budget and ensure a multi-sectoral approach and coordination with other ministries
- Support the development of national surveys that map and monitor the situation of older persons in all its dimensions
- Disaggregate all data (from census, surveys or administrative data) relating to older persons by age and sex
- Develop age-inclusive indicators for the post-2015 process
- Strengthen mechanisms at international level to drive the implementation of the Madrid Plan

"As the international community now embarks on an effort to articulate the post-2015 development agenda, it is clear that the issue of population ageing should be fully addressed as part of this process." *Ban Ki-moon*

Appendix 1:
Indicators of ageing and older persons: World, regions, countries, 2012 and 2050

		Number (thousands) aged 60+		Percentage of total population aged 60+		Number (thousands) aged 80+	
Country or area*	**Notes**	**2012**	**2050**	**2012**	**2050**	**2012**	**2050**
World		**809,743**	**2,031,337**	**11.5**	**21.8**	**114,480**	**402,467**
More developed countries	a	279,287	418,326	22.4	31.9	55,917	122,051
Less developed countries	b	530,455	1,613,011	9.1	20.2	58,563	280,416
Least developed countries	c	46,389	181,568	5.3	10.5	3,937	18,583
Africa		**59,782**	**215,249**	**5.6**	**9.8**	**5,005**	**22,468**
Eastern Africa	**1**	**16,632**	**63,796**	**4.9**	**8.2**	**1,435**	**5,993**
Burundi		412	1,707	4.7	12.5	33	129
Comoros		33	148	4.2	8.7	3	12
Djibouti		51	202	5.6	12.5	3	16
Eritrea		228	1,199	4.1	10.4	16	77
Ethiopia		4,633	17,695	5.4	12.2	364	1,719
Kenya		1,829	8,435	4.3	8.7	177	702
Madagascar		1,061	4,888	4.8	9.1	105	589
Malawi		776	2,555	4.9	5.1	57	206
Mauritius	2	156	400	11.9	29.3	19	95
Mayotte		7	58	3.3	11.8	1	10
Mozambique		1,263	3,606	5.2	7.2	105	390
Réunion		106	276	12.3	25.5	18	80
Rwanda		496	2,247	4.4	8.6	42	179
Somalia		433	1,637	4.4	5.8	31	145
Uganda		1,379	5,420	3.9	5.8	124	430
United Republic of Tanzania	3	2,331	8,858	4.9	6.4	195	875
Zambia		642	1,882	4.6	4.2	53	152
Zimbabwe		785	2,556	6.0	12.4	88	181
Middle Africa		**6,042**	**21,799**	**4.5**	**7.8**	**461**	**1,737**
Angola		802	3,338	4.0	7.9	58	278
Cameroon		1,111	3,638	5.4	9.5	96	316
Central African Republic		272	823	6.0	9.8	24	62
Chad		534	1,878	4.5	6.9	36	131
Congo		235	814	5.6	9.3	22	80
Dem. Republic of the Congo		2,942	10,771	4.2	7.3	208	804
Equatorial Guinea		34	136	4.5	9.1	3	18
Gabon		104	363	6.6	13.0	13	44
Sao Tome and Principe		9	38	5.2	12.6	1	3
Northern Africa		**16,668**	**62,483**	**7.7**	**19.4**	**1,574**	**8,515**
Algeria		2,631	12,200	7.2	26.2	282	1,713
Egypt		7,034	24,884	8.4	20.2	632	3,478

Percentage of total population aged 80+		Sex ratio (men per 100 women), 2012		Life expectancy at birth, 2010-2015		Life expectancy at age 60, 2010-2015		Percentage currently married, 60 or over			
2012	2050	60+	80+	Men	Women	Men	Women	Men	Women	33, 34	
1.6	**4.3**	**84**	**61**	**67**	**72**	**18**	**22**	**81**	**50**		
4.5	9.3	75	52	75	81	21	25	78	47		
1.0	3.5	89	71	66	69	18	20	82	50		
0.5	1.1	86	81	58	60	16	17	85	38		
0.5	**1.0**	**84**	**70**	**56**	**59**	**16**	**18**	**82**	**50**		
0.4	**0.8**	**83**	**73**	**56**	**58**	**16**	**18**	**83**	**34**		
0.4	0.9	69	55	50	53	15	16	79	21	A	
0.3	0.7	86	66	60	63	15	17	85	41	B 35	
0.4	1.0	84	65	57	60	15	16	87	33	A	
0.3	0.7	64	44	60	64	13	17	..	..		
0.4	1.2	87	74	58	62	16	18	87	33	B	
0.4	0.7	84	79	57	59	17	18	86	40	A	
0.5	1.1	90	91	65	69	18	19	75	33	A	
0.4	0.4	83	75	55	55	16	18	86	43	A	
1.4	7.0	78	54	70	77	17	21	80	33	A	
0.4	2.0	112	108	74	82	22	24	..	..		
0.4	0.8	77	64	50	52	16	17	86	32	A	
2.1	7.4	82	68	74	82	22	24	71	39	A	
0.4	0.7	84	66	54	57	16	17	83	31	A	
0.3	0.5	85	73	50	53	15	16	..	..		
0.3	0.5	82	73	54	55	16	17	75	36	B	
0.4	0.6	82	72	58	60	17	18	81	36	B	
0.4	0.3	81	71	49	50	16	17	83	31	A	
0.7	0.9	75	71	54	53	17	19	83	32	A	
0.3	**0.6**	**83**	**67**	**49**	**52**	**15**	**16**	**81**	**30**		
0.3	0.7	83	68	50	53	15	16	81	44	C	
0.5	0.8	85	73	51	54	16	17	79	28	B	
0.5	0.7	80	66	48	51	15	16	74	37	B	
0.3	0.5	84	66	49	52	14	16	85	16	C	
0.5	0.9	86	76	57	59	16	18	75	26	A	
0.3	0.5	81	64	47	51	15	16	83	29	A	
0.4	1.2	111	78	50	53	15	16	77	29	C	
0.8	1.6	92	72	62	64	18	19	76	41	B	
0.7	1.1	76	71	64	66	17	18	52	29	B	
0.7	**2.6**	**87**	**71**	**69**	**73**	**17**	**20**	**89**	**43**		
0.8	3.7	84	65	72	75	18	20	94	51	A	
0.8	2.8	85	68	72	76	17	20	87	35	A	

Country or area*	Notes	Number (thousands) aged 60+ 2012	Number (thousands) aged 60+ 2050	Percentage of total population aged 60+ 2012	Percentage of total population aged 60+ 2050	Number (thousands) aged 80+ 2012	Number (thousands) aged 80+ 2050
Libyan Arab Jamahiriya		447	2,018	6.9	23.0	44	290
Morocco		2,806	9,503	8.6	24.2	283	1,439
Sudan	4	2,613	10,018	5.7	11.0	193	987
Tunisia		1,112	3,652	10.4	28.9	138	584
Western Sahara		25	207	4.4	23.0	2	24
Southern Africa		**4,444**	**9,603**	**7.6**	**14.3**	**369**	**1,334**
Botswana		135	326	6.6	13.0	11	32
Lesotho		140	254	6.3	9.1	16	19
Namibia		139	482	5.9	13.4	13	59
South Africa		3,964	8,401	7.8	14.8	324	1,211
Swaziland		66	140	5.4	8.3	5	12
Western Africa	**5**	**15,996**	**57,568**	**5.0**	**7.7**	**1,167**	**4,889**
Benin		435	1,764	4.7	8.1	36	165
Burkina Faso		648	3,131	3.7	6.7	33	216
Cape Verde		37	147	7.2	23.3	7	23
Côte d'Ivoire		1,237	4,016	6.0	9.9	93	360
Gambia		64	328	3.5	8.1	3	19
Ghana		1,530	5,865	6.0	11.9	137	675
Guinea		534	1,924	5.1	8.4	44	173
Guinea-Bissau		87	265	5.5	8.3	6	18
Liberia		186	757	4.4	7.8	13	54
Mali		569	2,509	3.5	6.0	30	145
Mauritania		163	714	4.5	10.1	8	50
Niger		640	2,718	3.8	4.9	26	190
Nigeria		8,800	28,939	5.3	7.4	680	2,514
Senegal		507	2,360	3.9	8.2	20	127
Sierra Leone		222	831	3.6	7.5	5	35
Togo		335	1,298	5.3	11.7	29	122
Asia		**446,974**	**1,252,588**	**10.5**	**24.4**	**52,926**	**232,127**
Eastern Asia		**237,507**	**521,949**	**15.0**	**34.5**	**31,595**	**125,103**
China	6	180,690	439,206	13.3	33.9	20,449	98,339
China, Hong Kong SAR	7	1,398	3,477	19.4	37.4	279	1,201
China, Macao SAR	8	70	314	12.4	38.1	11	80
Dem. People's Rep. of Korea		3,321	6,128	13.5	23.2	294	1,076
Japan		39,967	45,005	31.6	41.5	8,777	15,898
Mongolia		172	837	6.1	20.5	20	118
Republic of Korea		8,123	18,320	16.7	38.9	1,114	5,808
South-Central Asia	**9**	**138,728**	**473,859**	**7.6**	**19.1**	**13,511**	**63,506**
Afghanistan		1,258	5,130	3.8	6.7	71	336
Bangladesh		10,288	43,582	6.8	22.4	1,127	5,763

Percentage of total population aged 80+		Sex ratio (men per 100 women), 2012		Life expectancy at birth, 2010-2015		Life expectancy at age 60, 2010-2015		Percentage currently married, 60 or over			
2012	2050	60+	80+	Men	Women	Men	Women	Men	Women	33, 34	
0.7	3.3	98	74	73	78	18	22	95	46	A	
0.9	3.7	88	74	70	75	17	20	91	41	A	
0.4	1.1	89	77	60	64	16	18	89	56	A	
1.3	4.6	93	87	73	77	18	21	90	48	B	
0.3	2.6	129	103	66	70	16	18	84	54	C	
0.6	**2.0**	**69**	**43**	**53**	**54**	**14**	**18**	**76**	**37**		
0.5	1.3	78	55	54	51	16	18	77	39	A	
0.7	0.7	67	61	50	48	15	17	78	31	A	
0.5	1.6	76	64	62	63	17	19	77	33	A	
0.6	2.1	68	41	53	54	14	18	76	37	A	
0.4	0.7	76	56	50	49	15	17	78	35	A	
0.4	**0.7**	**89**	**77**	**54**	**56**	**15**	**16**	**86**	**39**		
0.4	0.8	71	55	55	59	16	17	86	39	A	
0.2	0.5	68	60	55	57	15	15	91	50	C	
1.3	3.6	65	59	71	78	17	22	79	43	A	
0.5	0.9	117	101	55	58	16	17	80	34	B	
0.2	0.5	110	110	58	60	13	14	92	62	B	
0.5	1.4	94	83	64	66	18	19	76	29	A	
0.4	0.8	86	71	53	56	16	17	87	39	C	
0.4	0.6	86	70	47	50	15	16	..	..		
0.3	0.6	82	68	56	59	15	16	79	31	A	
0.2	0.3	70	69	51	53	13	14	92	48	B	
0.2	0.7	76	67	57	61	14	15	91	27	B	
0.2	0.3	94	90	55	56	14	15	70	49	A	
0.4	0.6	89	76	52	53	15	17	88	38	A	
0.2	0.4	87	92	59	61	13	14	95	59	B	
0.1	0.3	97	153	48	49	11	11	84	45	B	
0.5	1.1	85	72	56	59	16	18	80	35	C	
1.2	**4.5**	**90**	**69**	**69**	**72**	**18**	**21**	**82**	**51**		
2.0	**8.3**	**91**	**64**	**73**	**77**	**19**	**22**	**80**	**60**		
1.5	7.6	95	70	72	76	18	21	79	61	A	
3.9	12.9	90	66	80	86	23	28	82	52	A	
1.9	9.7	109	56	79	84	22	25	84	49	A	
1.2	4.1	63	21	66	72	14	19	..	..		
6.9	14.6	79	53	80	87	23	29	84	55	A	
0.7	2.9	76	53	65	73	16	20	70	33	B	
2.3	12.3	77	43	77	84	21	26	87	44	A	
0.7	**2.6**	**93**	**85**	**65**	**68**	**17**	**18**	**84**	**41**		
0.2	0.4	98	83	49	49	14	15	83	38	C	
0.7	3.0	96	112	69	70	18	18	91	28	B	

Country or area*	Notes	Number (thousands) aged 60+ 2012	Number (thousands) aged 60+ 2050	Percentage of total population aged 60+ 2012	Percentage of total population aged 60+ 2050	Number (thousands) aged 80+ 2012	Number (thousands) aged 80+ 2050
Bhutan		54	232	7.2	24.1	6	28
India		100,213	323,092	8.0	19.1	9,249	44,218
Iran (Islamic Republic of)		5,934	28,208	7.8	33.1	825	3,852
Kazakhstan		1,683	4,163	10.3	19.6	187	625
Kyrgyzstan		351	1,346	6.4	17.3	51	192
Maldives		23	126	7.0	31.2	2	20
Nepal		1,995	7,859	6.4	16.9	161	897
Pakistan		11,698	43,305	6.5	15.8	1,142	4,605
Sri Lanka		2,741	6,366	12.9	27.4	335	1,414
Tajikistan		351	1,507	5.0	14.0	50	221
Turkmenistan		327	1,332	6.3	20.1	41	177
Uzbekistan		1,814	7,610	6.5	21.5	263	1,156
South-Eastern Asia		**53,152**	**183,259**	**8.8**	**24.1**	**5,771**	**33,165**
Brunei Darussalam		27	139	6.5	23.1	3	29
Cambodia		951	3,612	6.6	19.0	68	386
Indonesia		20,834	74,703	8.5	25.5	1,995	13,279
Lao People's Dem. Republic		387	1,581	6.1	18.9	37	174
Malaysia	10	2,437	8,850	8.3	20.4	179	1,463
Myanmar		4,122	13,566	8.5	24.5	401	1,759
Philippines		5,905	23,633	6.1	15.3	464	3,393
Singapore		814	2,308	15.5	37.8	104	790
Thailand		9,600	22,620	13.7	31.8	1,279	5,381
Timor-Leste		58	211	4.9	7.0	3	19
Viet Nam		8,018	32,037	8.9	30.8	1,236	6,493
Western Asia		**17,587**	**73,522**	**7.3**	**18.6**	**2,048**	**10,353**
Armenia		469	885	15.1	30.2	90	194
Azerbaijan	11	855	2,886	9.1	24.9	123	484
Bahrain		52	579	3.8	32.2	4	76
Cyprus	12	191	438	16.9	32.5	30	96
Georgia	13	847	1,128	19.7	35.4	146	258
Iraq		1,625	8,351	4.8	10.0	152	840
Israel		1,189	2,712	15.5	22.5	231	702
Jordan		378	1,801	5.9	18.2	35	215
Kuwait		117	1,150	4.1	22.3	11	113
Lebanon		462	1,308	10.8	28.0	55	217
Occupied Palestinian Territory	14	191	1,019	4.5	10.5	14	120
Oman		132	1,080	4.5	28.9	14	134
Qatar		42	729	2.2	27.9	2	92
Saudi Arabia		1,411	9,812	4.9	21.8	174	1,000
Syrian Arab Republic		1,330	5,966	6.3	18.1	147	943
Turkey		7,133	23,793	9.6	26.0	734	3,933

Percentage of total population aged 80+		Sex ratio (men per 100 women), 2012		Life expectancy at birth, 2010-2015		Life expectancy at age 60, 2010-2015		Percentage currently married, 60 or over			
2012	2050	60+	80+	Men	Women	Men	Women	Men	Women	33, 34	
0.8	2.9	107	87	66	70	18	19	73	56	A	
0.7	2.6	92	82	64	68	16	18	83	40	A	
1.1	4.5	102	114	72	75	20	20	90	50	A	
1.1	2.9	55	27	62	73	14	19	79	37	A	
0.9	2.5	70	57	64	72	15	19	76	35	A	
0.8	5.0	111	146	76	79	20	21	76	48	A	
0.5	1.9	81	73	68	70	17	18	88	71	B	
0.6	1.7	105	108	65	67	17	18	81	48	A	
1.6	6.1	85	80	72	78	19	22	87	66	A	
0.7	2.1	77	52	65	71	16	21	81	46	A	
0.8	2.7	73	48	61	69	15	19	77	36	B	
0.9	3.3	79	54	66	72	17	20	83	37	B	
1.0	**4.4**	**81**	**65**	**69**	**73**	**18**	**20**	**82**	**44**		
0.8	4.8	113	84	76	81	21	24	86	52	A	
0.5	2.0	64	43	62	65	16	17	87	50	A	
0.8	4.5	83	66	68	72	17	19	84	38	A	
0.6	2.1	82	68	66	69	16	18	83	46	A	
0.6	3.4	97	83	73	77	18	20	86	50	B	
0.8	3.2	83	68	64	68	16	18	73	39	B	
0.5	2.2	79	58	66	73	16	19	80	49	B	
2.0	12.9	90	68	79	84	22	25	84	51	A	
1.8	7.6	83	67	71	78	19	22	81	52	B	
0.3	0.6	90	76	62	64	15	17	75	46	A	
1.4	6.2	74	62	73	77	20	23	85	44	A	
0.8	**2.6**	**85**	**64**	**71**	**75**	**18**	**21**	**87**	**47**		
2.9	6.6	64	50	71	77	18	22	82	42	B	
1.3	4.2	75	59	68	74	16	20	81	38	A	
0.3	4.2	127	94	75	76	18	19	88	41	A	
2.7	7.1	86	67	78	82	20	24	86	57	A	
3.4	8.1	66	46	71	77	17	22	84	38	B	
0.5	1.0	73	40	68	73	17	20	89	45	A	
3.0	5.8	80	58	80	84	23	26	80	46	A	
0.5	2.2	103	105	72	75	19	20	92	49	B	
0.4	2.2	164	289	74	76	18	18	91	38	A	
1.3	4.6	84	78	71	75	17	20	88	50	A	
0.3	1.2	94	68	72	75	17	20	90	43	A	
0.5	3.6	138	87	71	76	16	19	85	38	A	
0.1	3.5	245	122	79	78	22	21	93	45	A	
0.6	2.2	110	75	73	76	19	20	93	53	A	
0.7	2.9	94	80	74	78	19	21	93	57	A	
1.0	4.3	83	67	72	77	18	21	86	48	B	

Country or area*	Notes	Number (thousands) aged 60+ 2012	Number (thousands) aged 60+ 2050	Percentage of total population aged 60+ 2012	Percentage of total population aged 60+ 2050	Number (thousands) aged 80+ 2012	Number (thousands) aged 80+ 2050
United Arab Emirates		114	4,417	1.4	36.3	6	505
Yemen		1,050	5,471	4.1	8.9	80	432
Europe		**166,397**	**241,828**	**22.5**	**33.6**	**32,542**	**67,079**
Eastern Europe		**58,280**	**83,805**	**19.8**	**32.6**	**9,660**	**16,762**
Belarus		1,799	2,574	18.9	32.2	320	510
Bulgaria		1,848	1,984	25.0	36.3	308	418
Czech Republic		2,419	3,639	22.9	34.2	405	834
Hungary		2,324	2,979	23.4	32.2	415	649
Republic of Moldova	15	592	898	16.8	33.8	83	165
Poland		7,830	12,322	20.4	35.3	1,427	2,699
Romania		4,489	6,681	21.0	36.0	732	1,394
Russian Federation		26,498	39,338	18.6	31.2	4,272	7,514
Slovakia		1,005	1,827	18.3	34.9	157	373
Ukraine		9,476	11,563	21.1	32.1	1,541	2,206
Northern Europe	**16**	**23,089**	**34,102**	**23.0**	**29.9**	**4,658**	**10,192**
Channel Islands	17	37	54	24.0	35.6	6	18
Denmark		1,334	1,756	23.9	29.7	234	545
Estonia		311	399	23.2	32.4	61	94
Finland	18	1,396	1,766	25.8	31.5	266	570
Iceland		57	124	17.5	28.8	12	36
Ireland		781	1,735	17.1	28.7	134	445
Latvia		519	651	23.2	34.2	100	146
Lithuania		701	904	21.3	32.2	133	213
Norway	19	1,077	1,759	21.7	29.0	225	546
Sweden		2,409	3,342	25.4	30.6	501	1,038
United Kingdom		14,436	21,568	23.0	29.6	2,979	6,527
Southern Europe	**20**	**37,820**	**58,533**	**24.2**	**37.7**	**8,234**	**17,759**
Albania		443	1,010	13.7	33.8	56	219
Bosnia and Herzegovina		755	1,192	20.2	40.4	113	287
Croatia		1,057	1,331	24.1	34.5	186	339
Greece		2,823	4,188	24.7	36.0	604	1,189
Italy		16,436	22,725	27.0	38.4	3,761	7,659
Malta		95	152	22.7	36.7	14	39
Montenegro		117	186	18.4	30.8	16	39
Portugal		2,606	3,792	24.4	40.4	528	1,083
Serbia	21	2,015	2,833	20.5	32.2	342	572
Slovenia		479	732	23.5	36.7	91	207
Spain	22	10,601	19,687	22.7	38.3	2,469	5,982
TFYR Macedonia	23	362	639	17.5	34.0	48	126

Percentage of total population aged 80+		Sex ratio (men per 100 women), 2012		Life expectancy at birth, 2010-2015		Life expectancy at age 60, 2010-2015		Percentage currently married, 60 or over			
2012	2050	60+	80+	Men	Women	Men	Women	Men	Women	33, 34	
0.1	4.2	292	112	76	78	20	21	93	31	A	
0.3	0.7	84	74	65	68	16	18	89	49	A	
4.4	**9.3**	**72**	**49**	**73**	**80**	**20**	**24**	**77**	**45**		
3.3	**6.5**	**58**	**37**	**66**	**76**	**16**	**21**	**79**	**38**		
3.4	6.4	53	32	65	76	14	21	81	39	A	
4.2	7.7	72	57	70	77	17	21	79	47	A	
3.8	7.8	74	47	75	81	19	23	76	43	A	
4.2	7.0	64	43	71	78	17	22	75	36	B	
2.3	6.2	67	43	66	73	15	19	81	40	B	
3.7	7.7	68	44	72	81	18	23	80	41	A	
3.4	7.5	71	52	71	78	17	22	78	44	B	
3.0	6.0	53	32	63	75	15	21	78	36	A	
2.9	7.1	67	43	72	80	17	22	87	43	A	
3.4	6.1	54	35	64	75	15	20	79	37	A	
4.6	**8.9**	**82**	**57**	**78**	**82**	**21**	**25**	**71**	**46**		
4.2	11.9	85	57	78	82	21	25	..	..		
4.2	9.2	86	58	77	81	21	24	69	48	A	
4.6	7.6	55	34	70	80	17	23	71	33	A	
4.9	10.2	79	49	77	83	22	26	67	44	A	
3.5	8.3	91	69	80	84	23	26	68	52	A	
2.9	7.4	88	60	78	83	22	25	69	50	A	
4.5	7.7	54	32	69	79	17	22	71	35	A	
4.0	7.6	55	36	67	78	16	22	75	39	A	
4.5	9.0	86	57	79	83	22	26	69	47	A	
5.3	9.5	87	60	80	84	22	26	63	46	A	
4.7	9.0	84	60	78	82	22	25	73	47	A	
5.3	**11.4**	**78**	**56**	**78**	**83**	**22**	**26**	**81**	**50**		
1.7	7.3	91	65	74	80	19	24	89	56	A	
3.0	9.7	77	56	73	78	18	22	..	..		
4.2	8.8	70	43	73	80	18	23	80	41	A	
5.3	10.2	81	68	78	83	22	25	86	54	B	
6.2	12.9	78	53	79	85	22	26	81	48	B	
3.3	9.3	82	56	78	82	21	24	66	37	B	
2.6	6.4	77	65	73	77	18	21	82	43	A	
4.9	11.5	76	57	77	83	21	25	84	53	B	
3.5	6.5	80	66	72	77	18	21	78	47	A	
4.4	10.4	73	39	76	83	20	25	81	50	B	
5.3	11.6	79	58	79	85	22	27	80	51	B	
2.3	6.7	80	56	73	77	18	21	82	60	B	

Country or area*	Notes	Number (thousands) aged 60+ 2012	Number (thousands) aged 60+ 2050	Percentage of total population aged 60+ 2012	Percentage of total population aged 60+ 2050	Number (thousands) aged 80+ 2012	Number (thousands) aged 80+ 2050
Western Europe	**24**	**47,208**	**65,388**	**24.9**	**33.9**	**9,990**	**22,366**
Austria		1,991	3,075	23.6	36.5	416	1,026
Belgium		2,582	3,584	23.9	30.9	571	1,109
France		15,036	22,067	23.7	30.5	3,560	7,256
Germany		21,866	28,037	26.7	37.5	4,351	10,069
Luxembourg		100	209	19.1	29.6	20	59
Netherlands		3,803	5,470	22.8	31.9	684	1,831
Switzerland		1,812	2,919	23.4	37.1	384	1,007
Latin America and the Caribbean		**63,064**	**187,869**	**10.5**	**25.0**	**9,361**	**41,426**
Caribbean	**25**	**5,194**	**12,019**	**12.3**	**25.4**	**829**	**2,974**
Aruba		17	31	15.4	30.0	2	9
Bahamas		39	125	11.1	28.1	4	27
Barbados		47	89	17.2	33.7	8	23
Cuba		2,013	3,881	17.9	39.2	343	1,310
Dominican Republic		942	2,875	9.3	22.2	157	637
Grenada		10	28	9.7	29.1	2	5
Guadeloupe	26	83	155	17.9	32.5	17	55
Haiti		688	2,168	6.7	15.3	56	217
Jamaica		303	666	11.0	25.9	56	174
Martinique		85	140	20.8	36.5	17	50
Netherlands Antilles	27	33	78	16.3	39.4	5	19
Puerto Rico		691	1,152	18.5	31.5	130	317
Saint Lucia		17	57	9.6	27.7	3	12
St. Vincent and the Grenadines		11	27	9.9	24.0	2	5
Trinidad and Tobago		152	407	11.3	31.6	18	78
United States Virgin Islands		25	28	22.6	29.9	3	10
Central America		**14,409**	**49,361**	**9.0**	**22.9**	**2,180**	**10,447**
Belize		19	98	5.8	18.5	3	17
Costa Rica		486	1,788	10.1	29.8	75	425
El Salvador		610	1,611	9.7	21.2	108	335
Guatemala		979	3,710	6.5	11.7	128	546
Honduras		509	2,203	6.4	17.0	73	355
Mexico		11,046	37,098	9.5	25.8	1,684	8,210
Nicaragua		393	1,663	6.6	21.2	60	304
Panama		366	1,191	10.1	23.2	48	254
South America	**28**	**43,461**	**126,490**	**10.8**	**25.9**	**6,351**	**28,005**
Argentina		6,150	12,615	15.0	25.0	1,087	2,642
Bolivia (Plurinational State of)		746	2,486	7.3	14.8	73	357
Brazil		21,650	64,686	10.9	29.0	3,158	15,047
Chile		2,409	6,088	13.8	30.3	392	1,682

Percentage of total population aged 80+		Sex ratio (men per 100 women), 2012		Life expectancy at birth, 2010-2015		Life expectancy at age 60, 2010-2015		Percentage currently married, 60 or over		
2012	2050	60+	80+	Men	Women	Men	Women	Men	Women	33, 34
5.3	**11.6**	**80**	**52**	**78**	**84**	**22**	**26**	**77**	**49**	
4.9	12.2	77	49	78	84	22	26	75	42	B
5.3	9.6	80	53	77	83	21	25	74	49	A
5.6	10.0	78	53	78	85	22	27	77	49	A
5.3	13.5	80	51	78	83	22	25	77	49	A
3.9	8.3	83	52	78	83	21	25	77	45	A
4.1	10.7	85	54	79	83	22	25	75	50	A
5.0	12.8	81	54	80	85	23	27	79	50	B
1.6	**5.5**	**82**	**65**	**72**	**78**	**20**	**23**	**74**	**42**	
2.0	**6.3**	**86**	**71**	**70**	**75**	**20**	**23**	**69**	**41**	
1.6	8.6	77	59	73	78	18	22	72	42	A
1.2	6.2	75	45	73	79	18	23	69	34	A
3.1	8.8	75	48	74	80	19	23	59	33	B
3.1	13.2	90	74	77	81	22	24	68	44	B
1.5	4.9	96	89	71	77	21	24	71	38	A
1.9	4.8	75	53	74	78	19	22	58	30	B
3.6	11.5	77	59	76	84	22	26	63	36	A
0.6	1.5	84	72	61	64	16	17	74	39	A
2.0	6.8	88	61	71	76	20	22	57	36	B
4.2	13.1	75	55	77	84	22	26	62	38	A
2.4	9.8	77	60	74	80	20	23	67	37	A
3.5	8.7	76	61	75	83	21	26	72	44	A
1.7	5.6	77	65	72	78	18	23	65	40	A
1.4	4.2	87	64	70	75	17	20	63	34	A
1.3	6.0	68	40	67	74	16	21	64	37	B
2.9	11.1	80	55	77	83	20	26	69	39	B
1.4	**4.8**	**87**	**67**	**74**	**79**	**21**	**23**	**75**	**44**	
0.9	3.2	91	78	75	78	21	23	76	52	A
1.6	7.1	91	76	77	82	22	25	72	45	B
1.7	4.4	75	68	68	77	21	23	72	39	A
0.8	1.7	87	71	68	75	20	22	79	48	B
0.9	2.7	91	72	71	76	20	23	74	44	A
1.5	5.7	87	66	75	80	21	23	76	45	B
1.0	3.9	86	69	71	77	20	23	71	36	B
1.3	5.0	93	77	74	79	21	23	68	43	B
1.6	**5.7**	**80**	**63**	**71**	**78**	**20**	**23**	**74**	**41**	
2.6	5.2	73	48	72	80	19	24	69	39	B
0.7	2.1	82	66	65	69	17	19	70	46	B
1.6	6.8	81	67	71	77	20	23	78	41	B
2.3	8.4	80	57	76	82	21	25	72	43	B

Country or area*	Notes	Number (thousands) aged 60+ 2012	Number (thousands) aged 60+ 2050	Percentage of total population aged 60+ 2012	Percentage of total population aged 60+ 2050	Number (thousands) aged 80+ 2012	Number (thousands) aged 80+ 2050
Colombia		4,364	14,668	9.2	23.7	549	3,151
Ecuador		1,398	4,624	9.4	23.7	204	971
French Guiana		18	80	7.5	15.8	2	16
Guyana		53	172	7.0	22.4	6	35
Paraguay		533	1,806	8.0	17.5	67	299
Peru		2,729	8,799	9.2	22.7	358	1,704
Suriname		51	146	9.6	23.8	6	28
Uruguay		628	1,003	18.5	27.4	129	246
Venezuela (Bolivarian Republic of)		2,731	9,316	9.1	22.3	321	1,826
Northern America	**29**	**67,597**	**120,797**	**19.3**	**27.0**	**13,556**	**35,911**
Canada		7,215	13,524	20.8	31.0	1,408	4,221
United States of America		60,361	107,239	19.1	26.6	12,146	31,681
Oceania		**5,928**	**13,006**	**15.7**	**23.5**	**1,089**	**3,456**
Australia/New Zealand		**5,326**	**10,697**	**19.5**	**28.9**	**1,041**	**3,164**
Australia	30	4,481	9,073	19.6	28.9	883	2,662
New Zealand		845	1,623	18.9	28.6	158	502
Melanesia		**494**	**1,998**	**5.4**	**12.0**	**36**	**228**
Fiji		74	206	8.4	20.2	5	36
New Caledonia		32	89	12.4	25.9	5	21
Papua New Guinea		345	1,499	4.8	11.1	23	149
Solomon Islands		29	139	5.1	12.0	2	14
Vanuatu		14	65	5.6	12.7	1	8
Micronesia	**31**	**48**	**151**	**8.7**	**20.8**	**4**	**30**
Guam		21	54	11.6	22.2	2	12
Micronesia (Fed. States of)		7	20	6.4	14.5	1	2
Polynesia	**32**	**61**	**161**	**8.9**	**18.7**	**8**	**34**
French Polynesia		28	88	10.0	26.5	3	18
Samoa		14	28	7.6	12.6	2	7
Tonga		8	18	8.0	12.7	1	3

Notes

* Countries or areas listed individually are only those with 100,000 inhabitants or more in 2010; the rest are included in the regional groups but are not listed separately.

a. More developed regions comprise Europe, Northern America, Australia/ New Zealand and Japan.

b. Less developed regions comprise all regions of Africa, Asia (excluding Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

c. The least developed countries are 48 countries, 33 in Africa, 9 in Asia, 5 in Oceania plus one in Latin America and the Caribbean.

1. Including Seychelles.

2. Including Agalega, Rodrigues, and Saint Brandon.

3. Including Zanzibar.

4. Including Southern Sudan which voted in favor of independence, but was not an official UN Member State as of May 2011.

5. Including Saint Helena, Ascension, and Tristan da Cunha.

6. For statistical purposes, the data for China do not include Hong Kong and Macao, Special Administrative Regions (SAR) of China.

7. As of 1 July 1997, Hong Kong became a Special Administrative Region (SAR) of China.

8. As of 20 December 1999, Macao became a Special Administrative Region (SAR) of China.

9. The regions Southern Asia and Central Asia are combined into South-Central Asia.

10. Including Sabah and Sarawak.

11. Including Nagorno-Karabakh.

12. Including Northern-Cyprus.

13. Including Abkhazia and South Ossetia.

14. Including East Jerusalem.

15. Including Transnistria.

16. Including Faeroe Islands, and Isle of Man.

Percentage of total population aged 80+		Sex ratio (men per 100 women), 2012		Life expectancy at birth, 2010-2015		Life expectancy at age 60, 2010-2015		Percentage currently married, 60 or over		
2012	2050	60+	80+	Men	Women	Men	Women	Men	Women	33, 34
1.2	5.1	80	64	70	78	20	22	68	39	A
1.4	5.0	89	76	73	79	21	24	69	48	B
0.7	3.1	101	54	73	81	18	24	46	29	A
0.7	4.6	76	53	67	73	17	21	63	35	B
1.0	2.9	95	76	71	75	20	22	76	46	A
1.2	4.4	87	71	72	77	20	23	77	54	A
1.2	4.6	79	59	68	74	17	20	56	32	A
3.8	6.7	69	49	74	81	19	24	72	40	A
1.1	4.4	89	72	72	78	20	22	68	36	B
3.9	**8.0**	**81**	**57**	**76**	**82**	**22**	**25**	**75**	**48**	
4.1	9.7	85	61	79	83	22	26	76	50	A
3.8	7.9	80	57	76	81	22	25	75	48	A
2.9	**6.3**	**88**	**67**	**75**	**80**	**22**	**25**	**73**	**50**	
3.8	**8.5**	**89**	**67**	**80**	**84**	**23**	**26**	**73**	**50**	
3.9	8.5	89	67	80	84	23	26	72	50	A
3.5	8.8	88	67	79	83	22	25	76	53	A
0.4	**1.4**	**84**	**58**	**63**	**67**	**14**	**18**	**75**	**50**	
0.5	3.5	91	71	67	72	15	19	76	44	A
1.8	6.2	92	60	74	80	19	24	66	39	A
0.3	1.1	81	51	61	66	14	17	75	52	C
0.4	1.2	92	85	67	70	16	18	74	51	B
0.5	1.6	103	103	70	74	17	19	77	57	B
0.8	**4.1**	**92**	**69**	**71**	**75**	**18**	**21**	**79**	**48**	
1.2	5.0	91	79	74	79	19	22	82	52	B
0.7	1.7	89	70	68	70	17	18	71	37	B
1.1	**4.0**	**89**	**63**	**71**	**77**	**17**	**21**	**72**	**50**	
1.1	5.6	96	75	73	78	18	22	68	48	A
1.0	3.1	82	56	70	76	16	21	79	49	A
1.4	2.4	76	52	70	75	16	21	78	55	A

17. Refers to Guernsey, and Jersey.

18. Including Åland Islands.

19. Including Svalbard and Jan Mayen Islands.

20. Including Andorra, Gibraltar, Holy See, and San Marino.

21. Including Kosovo.

22. Including Canary Islands, Ceuta and Melilla.

23. The former Yugoslav Republic of Macedonia.

24. Including Liechtenstein, and Monaco.

25. Including Anguilla, Antigua and Barbuda, British Virgin Islands, Cayman Islands, Dominica, Montserrat, Saint Kitts and Nevis, and Turks and Caicos Islands.

26. Including Saint-Barthélemy and Saint-Martin (French part).

27. Refers to Curaçao, Sint Maarten (Dutch part), Bonaire, Saba and Sint Eustatius.

28. Including Falkland Islands (Malvinas).

29. Including Bermuda, Greenland, and Saint Pierre and Miquelon.

30. Including Christmas Island, Cocos (Keeling) Islands, and Norfolk Island.

31. Including Kiribati, Marshall Islands, Nauru, Northern Mariana Islands, and Palau.

32. Including American Samoa, Cook Islands, Niue, Pitcairn, Tokelau, Tuvalu, and Wallis and Futuna Islands.

33. Letter indicates reference year: A: 2005 or later; B: 2000 to 2004; C: 1999 or earlier.

34. Persons in the category "currently married" include, where possible, also those in consensual unions or "living together" in DHS questionnaire.

35. Aged 55 years or over.

Source: UNDESA, Population Division (2012). Prepared by the Population and Development Section on the basis of data from UNDESA, *World Population Prospects: The 2010 Revision*, and UNDESA, *World Population Ageing and Development 2012, Wall Chart* (2012; forthcoming). www.unpopulation.org

Appendix 2: Minimum list of indicators for tracking progress in implementation of the Madrid International Plan of Action on Ageing

Note: Older persons refers to those aged 60 years and over.
Please ensure that all quantitative indicators are calculated by rural/urban residence, poverty status and other relevant national classifications.
Age refers to five-year age groups.

Basic demographic indicators

Indicator	Source of data
1. Number and proportion of older persons aged 60 years and over in the population by age/sex	Population census Household survey
2. Proportion of older persons living in urban areas, by age and sex	Population census Household survey
3. Rate of population growth of older persons by age	Population census
4. Proportion of older persons living alone by age and sex	Survey
5. Proportion of older persons by type of living arrangement by age and sex	Population and housing census Survey
6. Proportion of older persons who are migrants by type of migration (national, international) by age and sex	Population census Ministry of the Interior Department of Commerce Ministry of Labour Ministry of Foreign Affairs Ministry of Justice/Border Patrol Immigration records Survey

Priority direction I: Older persons and development

Outcome indicators	Source of data
1. Proportion of the population living below national poverty line by sex (ages 15-59 and 60 and over)	Survey Population census
2. Proportion of the population living below international poverty line ($1.25/day) by sex (ages 15-59 and 60 and over)	Survey Population census
3. Literacy rate, disaggregated by age/sex, benchmarked against literacy rate of adults aged 25 to 59 years	Population census Survey Ministry of Education UNESCO statistics UNICEF statistics
4. Highest educational attainment of older persons, disaggregated by age/sex, benchmarked against highest educational attainment of adults aged 25 to 59 years	Population census Survey Ministry of Education School records UNESCO statistics
5. Proportion of older persons covered by some form of old age income security programme (contributory or non-contributory) by age/sex and poverty status	Ministry of Labour NGO information Survey
6. Labour force participation of older persons, disaggregated by age/sex	Population census Ministry of Labour Labour force survey

7. Unemployment rate of older persons benchmarked against the labour force under 60 years of age	Ministry of Labour Labour force survey Trade union statistics Central Bank
8. Proportion of older persons providing and receiving support (e.g., monetary, care, etc.) to younger members of family/ community neighbourhood) by age/sex	Survey Community-based organization information NGO reports Research reports
9. Proportion of older persons living in households with access to telephone, land line or cell, or personal computer, by age/sex	Population and housing census Household survey Telephone company records
10. Proportion of older persons reported voting in last election benchmarked against proportion for general population	Survey Electoral register Ministry of Justice Government reports

Instrumental indicators	Source of data
11. Inclusion of specific needs of older persons in all phases (preparedness, relief and reconstruction) of humanitarian and disaster relief programmes	Government disaster response agency records Red Cross/Red Crescent records NGO information Donor records
12. Number of national level organizations of older persons represented in government policymaking processes	Government information Parliamentarian reports NGO information Community-based organization information
13. Inclusion of issues of older persons relating to the three priority areas of the Madrid Plan (development, health and enabling environments) in national and sectoral development plans, including poverty reduction strategies	National development plans Poverty Reduction Strategy Papers
14. Existence of statutory retirement age	Ministry of Labour Social security/pension department Trade union records
15. Existence of universal pension	Ministry of Labour Social security/pension department Trade union records
16. Existence of policies facilitating employment of older persons (no age-discrimination, special tax incentives for employment of elderly, etc.)	Ministry of Labour Ministry of Justice NGO information

Priority direction II: Advancing health and well-being into old age

Outcome indicators	Source of data
1. Life expectancy: a) at birth b) at age 60 c) at age 80 disaggregated by sex	Ministry of Health WHO statistics National Human Development Report Epidemiological surveillance Survey

2. Disability-free life expectancy: a) at birth b) at age 60 c) at age 80 disaggregated by sex	Ministry of Health WHO statistics National Human Development Report Epidemiological surveillance Survey
3. Mortality rates of older persons from non-communicable diseases by age/sex	Ministry of Health WHO statistics National Human Development Report Epidemiological surveillance Survey
4. Mortality rates of older persons from external causes (homicide, suicide, accidents) by age/sex	Ministry of Health WHO statistics National Human Development Report Epidemiological surveillance Survey
5. Proportion of older persons covered by medical insurance	Ministry of Health Ministry of Labour Survey Insurance company records
6. Proportion of older persons reporting satisfaction with quality of life and their heath, by age/sex and benchmarked against general population	Surveys Research reports
7. Disability rate by age/sex benchmarked against the disability rate for persons aged 15-59	Ministry of Health WHO statistics National Human Development Report Epidemiological surveillance Survey
8. Prevalence of risk factors in older persons (smoking, physical inactivity, overweight/obesity, alcohol abuse, etc.), disaggregated by age/sex	Ministry of Health Survey Research reports
9. HIV prevalence among older persons, disaggregated by age/sex and benchmarked against general population	Ministry of Health Survey
10. Prevalence of mental health problems among older persons by diagnosis and age/sex	Ministry of Health WHO statistics Survey
11. Proportion of older persons reporting to be informed about various aspects of HIV/AIDS and benchmarked against general population	Survey

Instrumental indicators	Source of data
12. Number and proportion of physicians with specialized training in geriatric care or health care of older persons	Ministry of Health Survey
13. Number and proportion of primary health care workers (nurses, physical therapists, district health workers, lab technicians, social workers etc.) with geriatric training	Ministry of Health Survey
14. Inclusion of data on older persons in national HIV/AIDS statistics (both infected and care-givers)	Ministry of Health NGO information
15. Does the national health plan address the specific needs of older persons	Ministry of Health
16. Does the national disability plan specifically address the needs of older persons	Ministry of Health

17. Number and proportion of public/private health care facilities with geriatric care	Ministry of Health Survey
18. Existence of primary health care services specifically designed for older persons	Ministry of Health Survey WHO reports Community-based organization reports NGO reports Research reports
19. Existence of guidelines and standards of health-care provision and rehabilitation services for older persons	Ministry of Health NGO information
20. Availability of training programmes in caregiving skills and medical care for older caregivers of HIV/AIDS patients	Ministry of Health NGO information

Priority direction III: Ensuring enabling and supportive environments

Outcome indicators	Source of data
1. Proportion of older persons living in households with safe water, improved sanitation and access to electricity, disaggregated by age/sex	Population and housing census Ministry of Health Survey Agricultural census
2. Proportion of older persons living on their own who need assistance with activities of daily living and are receiving support by age/sex	Survey Ministry of Health NGO reports Research reports
3. Proportion of older persons reporting neglect, abuse or violence by age/sex	Police records Hospital records Social services records Ministry of Justice NGO information
4. Reported incidences of neglect, abuse or violence of older persons by age/sex	Government information Police records Hospital records Social services records Ministry of Justice NGO information
5. Proportion of older persons reporting discrimination/loss of respect because of age, by age/sex	Survey Community-based organization reports NGO reports Research reports

Instrumental indicators	Source of data
6. Existence of a national policy to make transportation accessible to older persons	Ministry of Transportation
7. Existence of national legislation to combat elder abuse	Ministry of Health Ministry of Justice
8. Existence of national programmes combating elder abuse	Ministry of Health Ministry of Justice NGO information

Source: Expert meeting convened by the United Nations Population Fund in cooperation with the United Nations Focal Point on Ageing, Division for Social Policy and Development (UNDESA) and the World Health Organization, New York, December 2010.

Appendix 3: Research Agenda on Ageing for the 21st Century

The Research Agenda on Ageing for the 21st Century (RAA-21) was developed by the United Nations Programme on Ageing, together with the International Association of Gerontology and Geriatrics, to support the implementation of the Madrid International Plan of Action on Ageing. The Research Agenda, which was endorsed by the Valencia Forum in 2002, identifies priorities for research and data collection and encourages researchers to pursue studies in policy-related areas of ageing where the findings may have practical and realistic applications. It is addressed to Governments, academia, as well as non-governmental organizations and aid agencies dealing with issues of population and individual ageing.

The Research Agenda recognizes the diversity in societies at different levels of demographic as well as social and economic development. It builds upon the existing body of knowledge in gerontology and related fields over many decades. The Research Agenda identifies key research priorities and areas of focus for implementation, support and funding of its major elements.

The Research Agenda consists of four sections: The Major Priorities; Critical Research Arenas; Key Methodological Issues; and Implementation. The major priorities and the critical research areas are linked to the three Priority Directions of the Madrid Plan: older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments.

The United Nations General Assembly welcomed the adoption by the Valencia Forum of the Research Agenda and in 2005, it called upon governments to utilize the Research Agenda as a tool for strengthening national capacity on ageing.

In addition to the global Research Agenda, which was updated in 2007, regional research agendas focusing on regional priorities were developed in Africa, Asia and the Pacific, Europe, and Latin America and the Caribbean.

Among the overarching research priorities common to all regions are: Priority Direction I – poverty, social security systems, intergenerational support and urbanization and rural-urban differences; Priority Direction II – ageing and health, well-being and quality of life; Priority Direction III – images, attitudes and stereotypes, family care and support, age-friendly environments, physical environment, and rights, discrimination and abuse. In addition, four issues were identified by all regions: the need for indigenous solutions; fragmentation of research; disconnect between research and policy; and lack of awareness of the Research Agenda.

Source: United Nations Programme on Ageing and International Association of Gerontology and Geriatrics, *Research Agenda on Ageing for the 21st Century, Update 2007* (New York, 2007). Available from www.un.org/ageing/documents/AgeingResearchAgenda-6.pdf

Appendix 4: Methodology for consultations

Data collection and analysis

The main research method used with older people was focus group discussions (consultations). A participant profile survey and individual interviews were also used to gain further insights.

The focus group discussions aimed to achieve an in-depth understanding of the views and experiences of older people. Opinions expressed in group discussions may be more realistic than those given in individual interviews because they can be corroborated as well as challenged by other participants.

Ethical considerations

The introductory phase of the consultations included making clear to participants:

- the theme and purpose of the discussion
- who was funding it
- how long the consultation would take

Participants were assured that participation was voluntary and that they could withdraw at any time. Facilitators explained how the data would be used. The participants were given this information when they were initially invited to take part, and it was repeated before the discussions started to ensure that they had a clear understanding of the purpose of the research. In order to preserve confidentiality, participants' names were not recorded.

Implementation – the data collection process

Country coordinators were provided with a manual developed by HelpAge International with the support of UNFPA on how to facilitate the consultations. It contained a topic guide outlining an introductory and concluding session and providing key questions on six main themes: Contributions and participation; Secure income and work; Health and caregiving; Discrimination and rights; Housing and environment; and (where relevant) Emergencies.

In most countries, it proved feasible to conduct four consultations per country. There were some variations in the number of consultations per country (a minimum of two and a maximum of six).

Each discussion lasted about three hours, with the topics being covered in a flexible manner. There was not enough time to investigate all the themes in depth. Therefore, the questions were reviewed beforehand and prioritized by the participants according to their relevance to the group. The core concern was to generate discussion that would provide new insights into older people's experience.

Data analysis and interpretation

Each country coordinator provided a transcript of the consultations, including direct quotes from the participants and observations recorded by field staff. This helped to ensure that the data from all countries was analysed in a consistent way. A thematic content analysis was undertaken by two independent coders. A thematic framework for the analysis had been devised, based on the topic guide for the group discussions and the priority issues in the Madrid Plan.

Older people's views on the different issues were summarized. The main focus was on identifying group consensus and differences and, where possible and relevant, comparing rural and urban areas. The report reflects these findings in the quotations from participants. Although the main focus is on the most widely held opinions, themes and concerns mentioned by only a few participants are also included as they are of significance to those individuals and say more about older people's lives.

Validity and reliability

As the focus group discussions alone do not allow general conclusions to be drawn, further processes were used to validate the findings: participant validation or validation through presenting the findings to a group of experts.

In most countries, the findings were summarized and then presented back to those who had participated in the group discussions. These discussions focused on whether the findings presented an accurate picture of what the older people had said during the group discussions, and whether they held true for all older people in their communities. The responses of the participants in the validation process were recorded and reflected in the final findings.

In some countries, the findings of the focus group discussions were shared with a wider audience, for example, through a special presentation or during regular meetings of various stakeholders. Again, the opinions expressed by the audience were recorded and used to revise the country reports.

Findings from each country were compiled into a global report. A first draft of the global analysis was shared with all the country coordinators to validate their country's representation in the report. The two independent coding processes, as well as reviews by experts in qualitative research, were undertaken to increase validity and reliability.

Limitations

A cross-national project such as this has many potential limitations. One of the main limitations was restricted time and resources, which reduced the scope for generalizing the findings. Given that the context is very different in each country, the research approach had to be flexible. The capacity, human resources and cultural context in each country meant that there were different levels of compliance with the methodology.

Furthermore, bias due to a sample error may have occurred. Having chosen to use a voluntary sample in which participants were largely self-selected, there was a risk that individuals with strong opinions were over-represented. Participants' awareness of policy issues may have been relatively high due to their involvement in activities led by HelpAge International or its network partners. Generally speaking, those who engage actively in society are more likely to participate in such projects (non-response bias). Accessing the participants through a network of organizations associated with HelpAge may also have resulted in the inclusion of a relatively high proportion of disadvantaged, poorer older people. The participant profile (page 134) gives good basic socio-demographic information about the participants.

There was also a risk of bias due to measurement errors. Social desirability bias is likely to occur, particularly if a topic is closely related to personal behaviour. Although the aim was to avoid leading questions, it is not possible to guarantee that the facilitators' translation of each question or prompt was not leading and hence did not provoke bias. There was also a risk of bias as the facilitators were likely to suggest possible answers to a question. To reduce this risk, all participants received the same prompts (given in the topic guide).

The presence of community leaders or local authorities, which is a requirement for any community meeting in some countries, might have influenced the participants' responses.

Endnotes

Chapter 1

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Chapter 3

1. Methods of evidence-gathering included analysis of government responses to questionnaires; publications and other materials issued by governments; information provided by international organizations; additional materials from non-government sources, including articles in academic journals, reports and presentations prepared by research institutes; web searches; personal communication and correspondence with experts.

2. ECA Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Comoros, Republic of Congo, Democratic Republic of Congo, Côte d'Ivoire, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libyan Arab Jamahiriya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Republic of Central Rwanda, São Tomé and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Swaziland, Uganda, Tanzania, Togo, Tunisia, Zambia, Zimbabwe.

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21. UNDESA, Population Division (2012). Prepared by the Population and Development Section on the basis of data from UNDESA, *World Population Prospects: The 2010 Revision* (New York, 2011) and UNDESA, *World Population Ageing and Development 2012, Wall Chart* (2012; forthcoming). Available from www.unpopulation.org
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22. ESCAP Member States: Afghanistan, Armenia, Australia, Azerbaijan, Bangladesh Bhutan, Brunei Darussalam, Cambodia, China, Fiji, France, Georgia, India, Indonesia, Iran (Islamic Republic of), Japan, Kazakhstan, Kiribati, Korea (Democratic People's Republic of), Korea (the Republic of), Kyrgyzstan, Lao People's Democratic Republic (the), Malaysia, Maldives, Marshall Islands (the), Micronesia (Federated States of), Mongolia, Myanmar, Nauru, Nepal, Netherlands (the), New Zealand, Pakistan, Palau, Papua New Guinea, Philippines (the), Russian Federation (the), Samoa, Singapore, Solomon Islands, Sri Lanka, Tajikistan, Thailand, Timor-Leste, Tonga, Turkey, Turkmenistan, United Kingdom of Great Britain and Northern, United States of America (the), Uzbekistan, Vanuatu, Viet Nam. American Samoa, the Cook Islands, French Polynesia, Guam, Hong Kong (China), Macao (China) New Caledonia, Niue, and the Northern Mariana Islands are Associate members.

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Chapter 4

1. HelpAge International, *State of the World's Older People 2002* (London, 2002).

2. United Nations, *Political Declaration and Madrid International Plan of Action on Ageing* (New York, 2003), p. v, Foreword.

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5. It is only possible in the space of this chapter to give the summary findings of these consultations.

6. The 36 countries selected can be divided into two broad groups: developing and developed countries. The developing countries can be further divided into three regional groups: Africa (Ethiopia, Ghana, Kenya, Mozambique, Nigeria, Tanzania, Uganda); Asia and the Pacific (Bangladesh, Cambodia, Fiji, India, Indonesia, Kyrgyzstan, Nepal, Philippines, Sri Lanka, Thailand, Viet Nam, Turkey); and Latin America and the Caribbean (Belize, Bolivia, Brazil, Chile, Jamaica, Nicaragua, Paraguay, Peru). Developed countries can be divided into two groups: Eastern and Southern Europe (Belarus, Bosnia and Herzegovina, Moldova, Serbia, Ukraine) and other developed countries (Austria, Canada, Germany, Ireland).

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8. This is a reference to credit available from the Grameen Bank – the micro-credit facility founded by the Nobel Peace Prize winner, Mohammed Younis Khan. The Bank found that women were far more in need of commercial credit than men, and also more trustworthy and reliable in using the credit efficiently and repaying on time.

9. Those entitled to receive cash transfers under Ghana's Livelihood Empowerment Against Poverty programme are single parents with an orphan or vulnerable child, disabled people, and poor older persons.

10. There is no evidence on this topic from the African countries.

Chapter 5

1. In their article on "Global inequality: beyond the bottom billion: a rapid review of income distribution in 141 countries" Ortiz and Cummings (2011) found that using market exchange rates, the richest population quintile gets 83 per cent of global income with just a single percentage point for those in the poorest quintile, middle-income countries appearing as the most unequal. They estimate that it would take more than 800 years for the bottom billion to achieve ten per cent of global income under the current rate of change. They conclude that "not only does inequality slow economic growth, but it results in health and social problems and generates political instability.... In the context of the global economic crisis ... the urgency for equitable policies has never been greater." Isabel Ortiz and Matthew Cummins, "Global inequality: beyond the bottom billion: a rapid review of income distribution in 141 countries", Social and Economic Policy Working Paper (UNICEF, New York, April 2011).

UNFPA, the United Nations Population Fund, is an international development agency that delivers a world where every pregnancy is wanted, every childbirth safe and every young person's potential is fulfilled.

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. Our work is strengthened through our global network of like-minded organizations – the only one of its kind in the world.

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