



Facing the facts:
The truth about ageing and development.

Age International

Age International's vision is of a world in which women and men everywhere can lead dignified, healthy and secure lives as they grow older.

We aim to help older people in developing countries by reducing poverty, improving health, protecting rights and responding to emergencies.

We believe older people have value as people, not because they are old, but because they are people. We see older people as an asset to their families and communities, making a contribution that is often not recognised. We challenge the stereotype that labels older people as a burden. At the same time, we recognise that later life can be a time of increased vulnerability, and we want to reach and support the most vulnerable older people. We do this by improving livelihoods, health and health care; providing age-friendly emergency relief; and by challenging attitudes, influencing decision-makers and changing policies.

Age International is the only UK charity working for and with older people in developing countries. We are the UK member of the global HelpAge network.

This report brings together experts in the fields of ageing, and international development, to focus on the often unexplored issue of global ageing and development. We are grateful to all of the contributors who gave their time freely.

The views expressed in the articles are not necessarily those of Age International.

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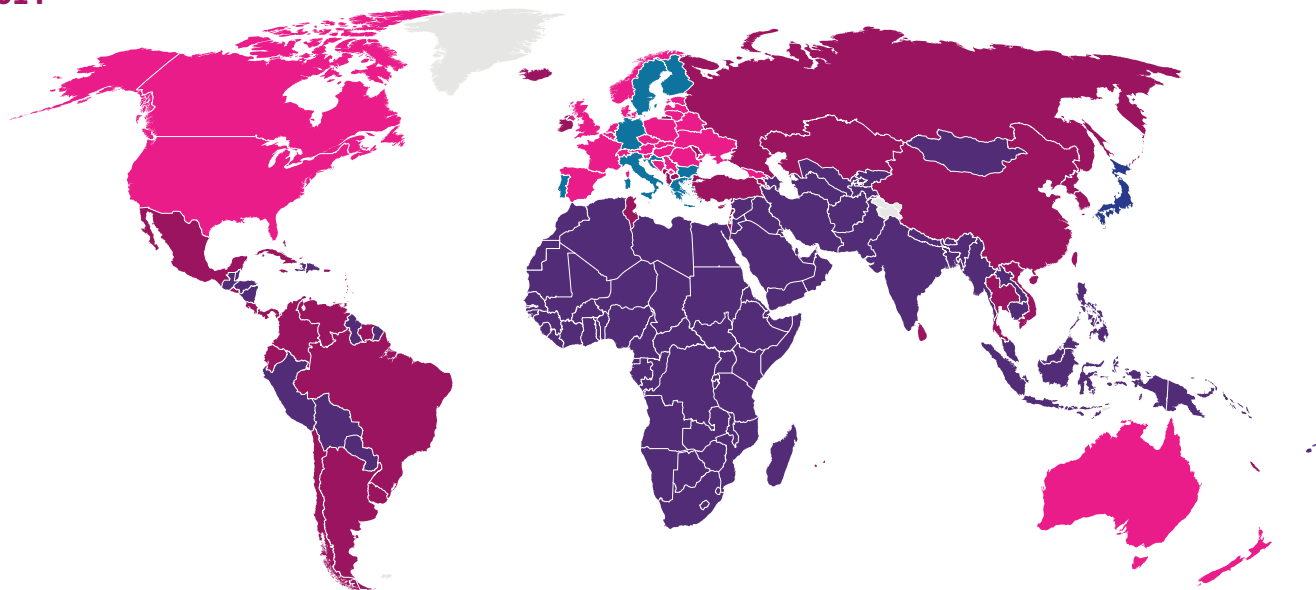
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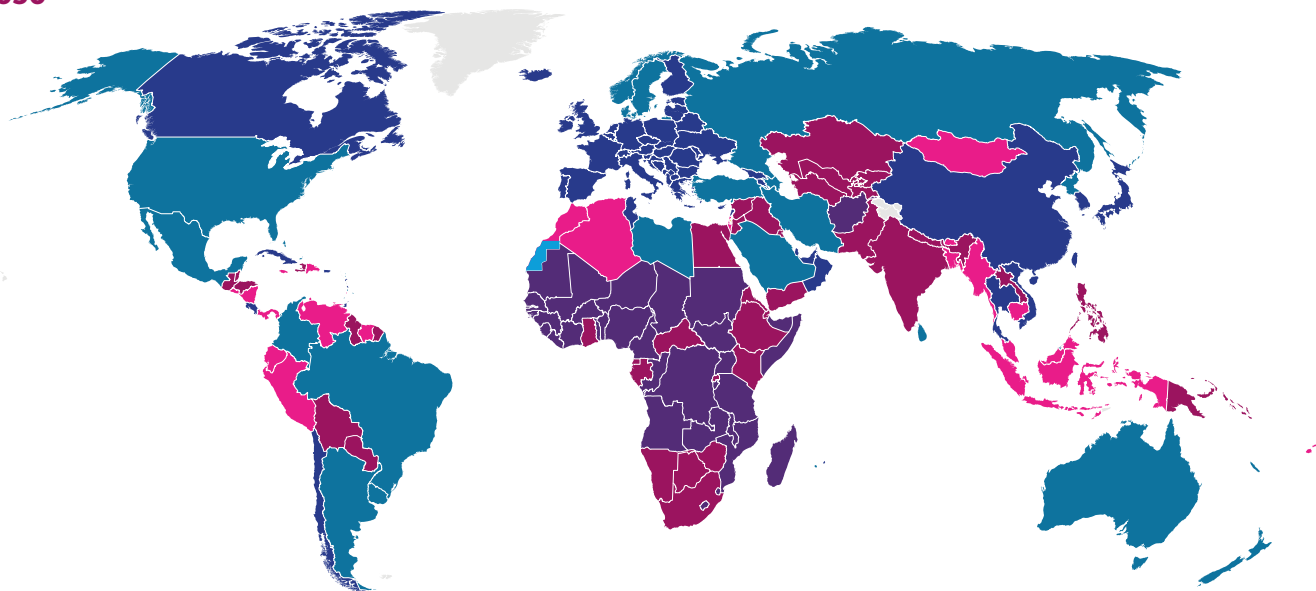
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Proportion of population aged 60-plus in 2014 and 2050

2014



2050



0-9% 10-19% 20-24% 25-29% 30% No data

Source: UNDESA Population Division, World population prospects: the 2012 revision, DVD edition 2013.
Note: the boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

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Foreword

We all know that we are living through a time of global population growth unprecedented in human history. The number of people in the world has doubled since 1970, and will grow further, from 7 to 10 billion, by 2050. But less well-known is the fact that the world is ageing as well as growing. There are currently 868 million older people in the world, and by 2050 this number will have reached more than 2 billion – 21 per cent of the world's population. And most will live in developing countries.

Yet, to listen to most discussions about international development, you could be forgiven for thinking that it was only younger people who mattered.

We have produced this publication because, while the number and proportion of older people in the world grows so dramatically, discussions about international development do not give sufficient consideration to its implications – to the challenges and opportunities this remarkable reality present.

The articles within this report represent a range of views from high profile thought leaders, development experts and academics, about how population ageing should be taken into account in development thinking. The message that resonates throughout the report is that older people have a right to be valued for who they are, have needs that must be taken into account and are a global asset, making contributions to their families and communities that need to be recognised and supported.

It is worth noting that there have been attempts in recent years to raise the profile of older people: in a global context. The Madrid International Plan of Action on Ageing (MIPAA), agreed by 159 states in 2002, recognises older people as contributors to the development of their societies. However, this agreement is not legally binding and is relatively unknown in policy-making circles.

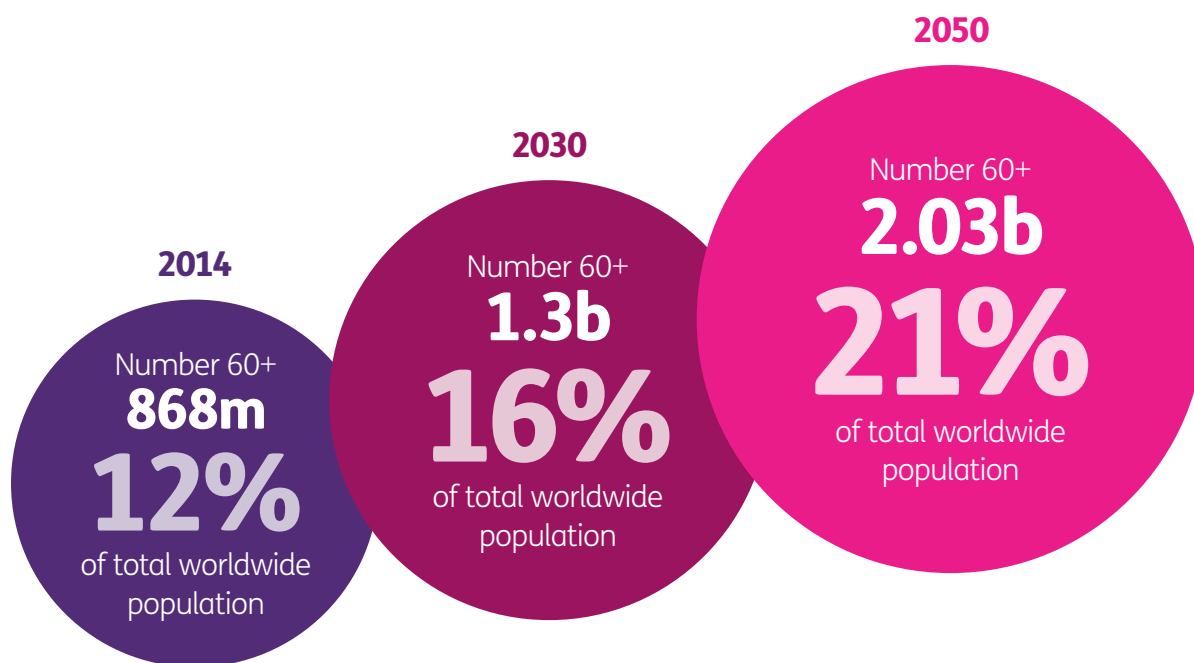
‘The message that resonates throughout the report is that older people have a right to be valued for who they are, have needs that must be taken into account and are a global asset, making contributions to their families and communities that need to be recognised and supported.’

The fact that it has only been mentioned twice in this report implies that MIPAA has had limited impact. As our authors suggest, far more needs to be done to ensure people of all ages are respected, protected, and enabled to continue contributing and participating throughout their lives.

We all experience different challenges and have different needs at different stages of life. Each one of us should be supported to fulfil our potential at every age: in childhood, youth, middle-age and later life.

We hope this publication will help us to face the facts of global population ageing in international development; and in turn, to explore what must be done to respond to the benefits and challenges this worldwide phenomenon brings.

Number and proportion of people aged 60-plus worldwide in 2014, 2030 and 2050



Source: UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012; UNDESA Population Division, World Population Prospects: the 2012 Revision, 2013.

Fact file on ageing and development

Today,
868 million people
are over 60.

Demography

- Today, **868 million** people are over 60.¹
- In 1980, 8.6% of the global population was aged 60 years or over; by 2014, this had risen to 12%; **by 2050, it is predicted that it will rise further to 21%.**²

- 62% of people over 60 live in developing countries; by 2050, this number will have **risen to 80%.**³

- Over the last half century, **life expectancy at birth has increased by almost 20 years.**⁴

- By 2047, it is predicted that for the first time in human history **there will be more older people** (aged 60 and over) **than children** (aged under 16).⁵

- It is estimated that **by 2050 there will be over 2 billion people aged 60 and over**, more than twice the number measured in 2000 (605 million), with almost 400 million of them aged 80+.⁶

Livelihoods

- **Some 340 million older people are living without any secure income.** If current trends continue, this number will rise to 1.2 billion by 2050.⁷

- 80% of older people in developing countries have **no regular income.**⁸

- **Only one in four** older people in low- and middle-income countries **receive a pension.**⁹

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Health and care

- For every year of life gained from the age of 50, **a person gains only about 9.5 months of healthy life expectancy.**¹⁰

- In South Africa, **78% of people aged 50 or over are hypertensive**, the highest recorded rate for any country in history.¹¹

- **Less than one in 10** hypertensive older people in China, Ghana and South Africa are managing their condition.¹²

- **Nearly two-thirds** of the 44.4 million people with dementia live in low-or middle-income countries.¹³

Nearly two-thirds of the 44.4 million people with dementia live in low-or middle-income countries.

- The prevalence of disability among persons under 18 years is 5.8%; among 65 to 74 year olds, the rate increases to 44.6%; the rate rises further to 63.7% among people aged 75 to 84 and **climbs to 84.2% among people aged 85 and over.**¹⁴

- In countries like Zimbabwe and Namibia, **up to 60% of orphaned children live in grandparent-headed households.** In these situations, grandmothers are more likely to be the main carers.¹⁵

Emergencies

- **Eight out of 10 of the most populous cities are vulnerable to earthquakes;** six out of 10 to storm surges and tsunamis.¹⁶

- **97% of people killed by disasters live in developing countries.**¹⁷

- **26 million older people are affected by natural disasters** every year.¹⁸

26 million older people are affected by natural disasters every year.



Challenging preconceptions about ageing

The changing shape of society

Professor Jane Falkingham

A person at any age: the elderly are people too

Professor Sarah Harper

Ageing is a development fact

Mark Gorman MBE

Are older people a burden? Challenging the myths

Dr Penny Vera-Sanso

Older people and the future of sub-Saharan Africa

Dr Isabella Aboderin



Jane Falkingham is Professor of Demography & International Social Policy and Director of the ESRC Centre for Population Change at the University of Southampton, UK.

Her research focuses on improving our understanding of the drivers and consequences of population change within the context of an ageing society.

The changing shape of society

The global society in which we all live is being transformed at an unprecedented pace. With fewer births and a greater proportion of people surviving into adulthood and then into later life, population ageing is now taking place in almost all the countries of the world.

Demographic, economic, social and technological revolutions are interacting to change the shape of our local, national and international communities. Revolutionary changes are taking place across the globe, but the impact of these is possibly being felt most in those low and middle-income countries where the speed and magnitude of change is the greatest.

Over the past 60 years, the size and shape of the world's population has been transformed. In 1950, the world was home to 2.5 billion people; on 31 October 2011 the world celebrated the birth of its 7 billionth citizen. Today (2014) there are around 7.3 billion global citizens, the majority of whom live in developing countries.

The demographic forces behind this growth in population, ie. increasing life expectancy followed by a delayed or lagged fall in birth rates (the longer the delay, the more rapid the growth) have also resulted in a dramatic change in the age structure of the population.

Population ageing is global

In 1950, there were around 205 million people aged 60 and over, comprising eight per cent of the total population. Of these, 70 million lived in more developed countries and 135 million in developing nations. In 2014, the global population aged 60 and over had quadrupled to number 868 million people, representing 12 per cent of the total population; this figure is expected to more than double to over 2 billion by 2050, accounting for 21 per cent by 2050. Of the 868 million older people in 2014, two-thirds were living in less developed countries.

The ageing of the globe is transforming society. By 2047, it is predicted that for the first time in human history there will be more older people (aged 60 and over) than children (aged under 16). The majority of older people already live in the less developed countries of the world, but by 2050 – just over a generation away – it is forecast that nearly eight in 10 of the world’s elders will live in low and middle-income countries.

Population ageing is something to celebrate, a consequence of the dramatic improvements in life expectancy that have taken place across the second half of the twentieth century, reflecting momentous reductions in infant and child mortality and improvements in adult mortality.

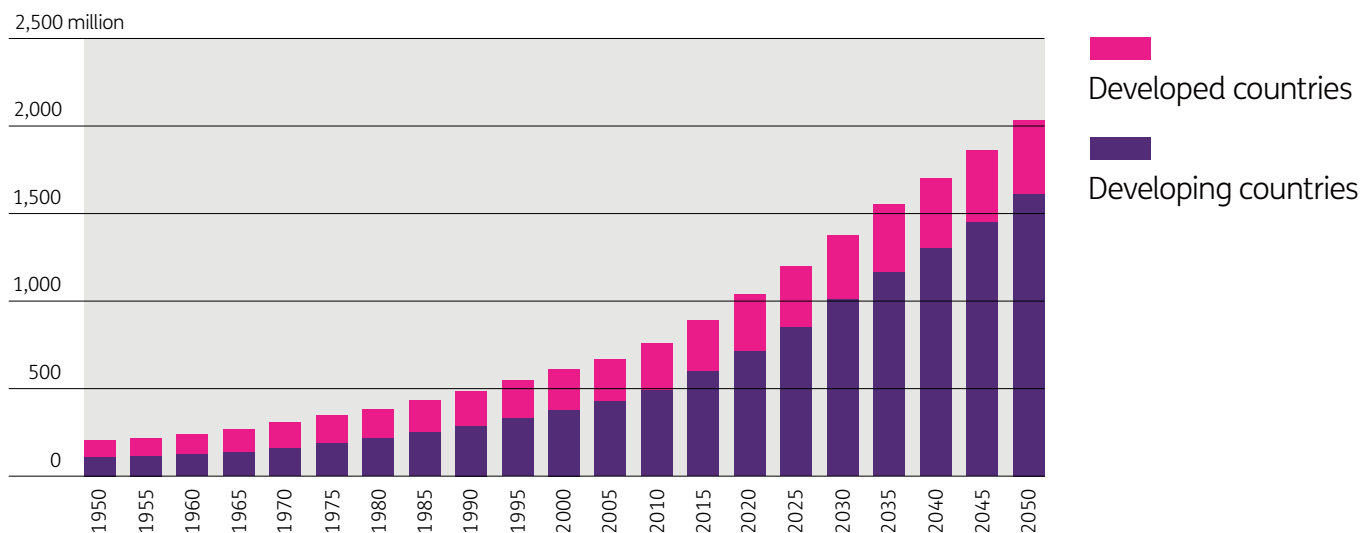
However, it also presents challenges, particularly in those countries which are lacking comprehensive systems of social protection. Furthermore, other demographic pressures may be placing informal systems of social support, most notably the family, under pressure.

Changing family structures

Firstly, falling fertility itself means that the size of generations is declining across cohorts. Whereas in the past a woman may have had five or six children, today she might only have one or two; although these children stand a better chance of survival into adulthood than those in the past, there are, in general, smaller cohorts of adults of traditional working age available to support the growing number of elders. Nowhere is this more extreme than in the case of China where 30 years of the ‘one child policy’ have transformed family structures. Where an only child marries another

‘With fewer births feeding into the bottom of the age pyramid and a greater proportion of people surviving into childhood and then into later life, population ageing is now taking place in almost all the countries of the world.’

Number of people aged 60 or over 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.

‘Contrary to popular belief, the rise in the population aged 80 and over is taking place at a faster rate in less developed countries than in more developed countries.’

only child and has one child, that child has two parents, four grandparents and perhaps eight great-grand parents – and no siblings, no cousins, no aunts and no uncles. This obviously places an enormous burden on that one child.

Family support structures are also being radically affected by migration. Over the past century, running alongside the changing size and composition of the population, there has also been a dramatic change in where people live. Today more than one half of the world’s population resides in an urban area, with the growth of the urban population fuelled by rapid rural-urban migration. In low income countries, rapid unplanned urban growth has resulted in a growth in the number of slums, pollution and environmental degradation, presenting additional challenges to sustainable development. Many rural communities have been hollowed out, with ‘empty’ villages and older people ‘left’ to care for grandchildren. On an individual level, new technologies – such as mobile phones and Skype – may ameliorate the emotional gap left by separation but cannot bridge the physical gap should older adults require hands-on care and support with increasing disability as they age.

The older population itself is now also ageing. Recent reductions to adult mortality mean that more people are surviving into later old age. Contrary to popular belief, the rise in the population aged 80 and over is taking place at a faster rate in less developed countries (LDCs) than in more developed countries (MDCs). In 2013, there were 63 million 80+ residing in LDCs, compared with 57 million in MDCs. However, by 2050 the number of persons aged 80 and over is forecast to rise to 268 million in the LDCs compared with only 124 million in MDCs. Of these, around 90 million will be living in China and 37 million in India, compared with 32 million in the USA.

Looking forward, governments need to put in place policies that support older people to live active and healthy lives. Where public systems for old age security are still lacking, urgent action is needed to put in place structures to provide protection for older people when they are unable to continue to work or support themselves. There is clear evidence that schemes, such as social pensions, benefit both the older person themselves and their wider families, with benefits being redistributed within the family and thus supporting intergenerational transfers in both directions.

It is inevitable that the shape of our society, and of our families, will continue to change. Public policy needs to recognise and harness that change.

‘Population ageing is something to celebrate... it also presents challenges, particularly in those countries which have grown old before they have grown rich.’

Sources used:

All data comes from the United Nations Population Division.



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A person at any age: the elderly are people too

Much of the concern around the ageing population lies in the presumption that older people are less productive and less innovative; have lower rates of consumption and are but passive recipients of welfare provision. Yet, from across developing countries there is evidence of the productivity, creativity, vitality and participation of older adults in workplaces, communities, households, and families. Older people are people too – able to adapt to their changing circumstances and wishing to contribute to the societies they live in for as long as they possibly can.

Economic productivity

We find examples of the economic activity of older adults in all parts of the world. For example, farming in developing countries is increasingly dominated by older workers, and a significant proportion of global food comes from small-holdings managed by older people, including many women. Worldwide, an estimated 450 million small-scale farms support a population of roughly 2.2 billion people and represent 85 per cent of all the world's farms. Evidence from a number of developing countries shows that farm workforces are ageing rapidly: some 70 per cent of farmers in Mozambique, and 80 per cent in Indonesia are already over the age of 45. It is essential that we recognise this, as evidence from Thailand suggests older farmers continue to play an important role in adopting new technology and cropping patterns, given the right support.

In urban areas, many older men and women remained employed in the formal labour market: half of those in their 60s in the Philippines and Vietnam; 40 per cent in Mexico and Brazil and one third in India and Thailand. In the informal labour market, there is widespread evidence from Africa, Asia and Latin America of older men and women's ongoing productivity. A recent study from



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Mohammad, 73, from Bangladesh:

‘I work as a brick-breaker from 8am until 1pm, then if I am well enough from 3pm until 5pm. The pays depends on how much I get through. I have no contract: if I am sick and cannot work, the job is given to someone else.’

Ethiopia highlighted the labour of older men in construction, and trading; of older women as housemaids, traders and craft makers. Similarly, in India, older men often run small businesses including trading, while older women undertake domestic support work. Crucially, older adults also free up the time of younger people from household responsibilities, enabling them to undertake paid labour.

Contributing to the wider community

A recent study of community work in Asia found that more than a quarter of Indians and Taiwanese and a fifth of Filipino and Chinese men and women in their 60s and 70s regularly helped in the wider community, providing assistance to individuals of all ages. Other studies have highlighted the importance of the local knowledge and community-organising skills of older people’s associations in disaster relief efforts. In the Philippines, older people’s associations were invaluable to implementing disaster risk reduction programmes after Typhoon Ketsana hit in 2009 and played an important part in reconstruction efforts after Typhoon Haiyan in 2013.

Family support and care

Older adults can also be the mainstay of many families and households – providing financial assistance, care and support to all generations – yet this is rarely recognised. A recent analysis of family roles and relationships across the globe, found that two-thirds of those in their 60s and 70s in South Korea, and one-third in India and the Philippines regularly support or care for a member of their family. The same study showed that the majority of older people in their 60s and 70s in the Philippines, South Korea and Mexico regularly provide financial support to a family member. Evidence from Latin America reveals that where older people live in multigenerational households, old age benefits are shared with other family members, while in Asia grandparents may transfer financial assistance directly to their grandchildren.

In particular, older men and women are primary caregivers for many children and grandchildren. This has become particularly significant as poverty, migration and the loss of the middle-adult generation due to HIV have changed family structures and resources across developing countries. Far from being a burden on the local community, these older people are providing care and struggling to provide the necessary food, shelter and emotional support to younger generations and their extended families. Their personal sacrifice is often acute. Grandparents in Cambodia, for example, caring

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for their grandchildren following the death of their own children from an AIDS-related illness have had to deal with the additional stress of the loss of their spouses and other older adults under the Khmer Rouge.

The old will soon outnumber the young

Population ageing is not driven just by increasing life expectancy. As the 21st century progresses, most countries will experience a fall in the number of children born to each woman and by the end of the century the median age of the whole world will have shifted so that the old outnumber the young. It is thus important that we acknowledge the role that older adults may play in current and future societies and economies; and ensure that institutions and structures enable them to fully contribute to their families and communities. This will only occur when we start to acknowledge that old people are people with the potential that all adults hold.

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Ageing is a development fact

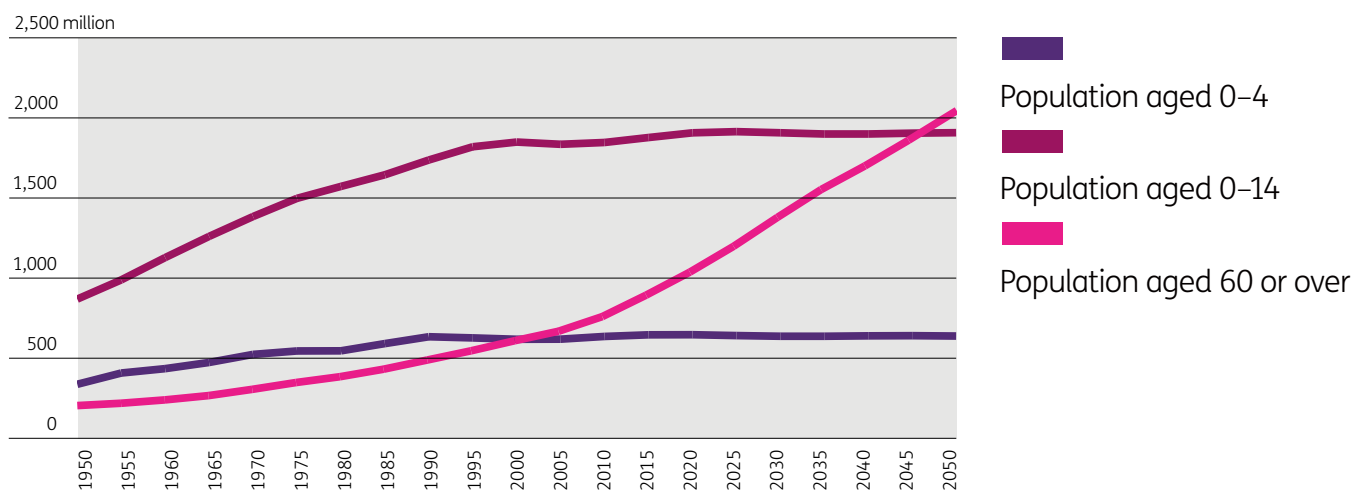
We are living in the century of global ageing. For most of human history, the world has been predominantly young but this will change dramatically over the course of the 21st Century.

By mid-century, over one in five of the world's population will be 60 and over. Life expectancy, not only at birth but also at the age of 60 and above, is rising in almost all parts of the world; with fertility rates falling in most countries, this century will see a decisive shift towards older populations. Not only will there be more older people, but older people themselves are ageing, with the proportion of those aged 80 and over projected to rise to 20 per cent by 2050.

Longer life spans throughout the world are a triumphant outcome of development progress over the past century. In many countries today's 60 year olds now have significantly longer life expectancies than previous generations and increasing numbers of people are living their later lives in better health and with more material security than in the past. Nevertheless, the events and changes experienced by individuals throughout their lives are leading to widely divergent outcomes in old age; relative wealth or poverty remain key determinants of health, wellbeing and life expectancy.

The scale and speed of population ageing across the world are unprecedented and, contrary to a common misconception, this is not only a rich world phenomenon. The combination of falling birth rates and extended life expectancy is a pattern nearly everywhere. Two-thirds of today's over-60s live in low and middle-income countries, a proportion which will rise to three-quarters by 2050. Even sub-Saharan Africa, despite the impact of HIV on life expectancy, will have 160 million over-60s by mid-century, the same as Europe's older population now.

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).

The absence of ageing in global debates

So what does ageing mean for development? Keen observers of development policy might assume not a lot. Despite the rapid and unprecedented demographic changes taking place, ageing is largely absent from development debates and action. The Millennium Development Goals ignored ageing and it doesn't feature as a significant strand of current international development cooperation – although the post-2015 sustainable development framework holds some promise of beginning to redress this imbalance. Demographic change, with ageing at its heart, is having impacts across all the areas with which development is concerned.

Take migration, for example, which together with falling fertility and rising life expectancy, is the third driver of global demographic change. A major pull factor of international migration is the ageing of workforces in the rich world; at the same time migration from poor communities leaves behind disproportionate numbers of the old, and the young. From Latin America to Asia, migration is changing the age profile of many relatively 'young' countries, leaving 'skipped-generation' households of older people caring for grandchildren left by

middle-generation migrants. With remittances infrequent, inadequate or non-existent, old and young in these households are sharing the burden of poverty and vulnerability. The same effect is seen in sub-Saharan Africa, where in a number of countries grandparents of children orphaned by AIDS are the main care providers (in Zimbabwe and Namibia 60 per cent of orphaned children are cared for by their grandmothers).

Rural development has in recent decades concentrated efforts on improving the productivity and incomes of small producers. Nevertheless, little or no attention has been given to the inclusion of older farmers in development programmes or extension training. This matters, because many poor countries are seeing the ageing of their farming populations. The proportion of farmers aged 65 or over ranges from just under 10 per cent in sub-Saharan Africa, and 11.4 per cent in Asia, to 16.5 per cent in Latin America. However, older farmers in many countries are excluded from development programmes because of attitudes which see them as too old or too resistant to change to benefit. Our experience shows that this is largely unfounded.

‘From Latin America to Asia, migration is changing the age profiles of many relatively ‘young’ countries, leaving ‘skipped-generation’ households of older people caring for grandchildren left by middle-generation migrants.’

Evolving health needs

Addressing the changing health needs of ageing populations is also critical. The rise of chronic diseases has meant that in many poor countries more people are dying from heart disease and cancers than from communicable diseases. Yet development assistance remains focused on the latter. Little effort is made to make health care ‘age friendly’ despite the promotion of this approach by the World Health Organization (WHO). For example, reproductive health programmes largely ignore the fact that women who experience multiple pregnancies in poor health may also spend their old age with chronic, life-limiting, but treatable conditions. Implementation of the WHO’s strategy would have a major impact on chronic disease, not only improving older people’s health but also that of middle-generations who will otherwise age with chronic illness.

What can be done to meet the challenges of the global age wave, especially for the older poor? We need new ways forward to tackle the challenges of an ageing world. It is often said that low and middle-income countries will grow old before they grow rich, but the experience of ageing in the developed world shows that national wealth alone is not a guarantee of

wellbeing for older people. Development efforts need to address ageing now, responding to the concerns of older people themselves. Income and health are older people’s priorities everywhere, so providing secure work for those who are able, a secure income for those who are unable to work and age-friendly, affordable health and care for all are critical.

Ageing as an opportunity

We need to see ageing not as a burden but as a triumph of development, with older people not being a problem but a part of possible solutions. Most poor people work far into old age and, with lifetimes of experience, they have skills to hand on. Enabling older people to organise themselves and contribute can have a dynamic effect not only on improving their own lives but also on the wider community.

Ageing is a whole-society agenda. We must invest in the development of today and of the future. Today’s ‘2050 generation’ (those who will enter old age at mid-century) are the policy makers and professionals driving change. Demography is not destiny, but to overcome the challenges and take the opportunities of global population ageing requires bold choices by these development professionals. They will decide how successfully the world grows older.

‘We need to see ageing not as a burden but as a triumph of development, with older people not a problem but part of possible solutions.’

Sources used:

All population data is taken from UN Population Division, ‘World Population Prospects: 2012 revision’ (United Nations, New York, 2013).

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She has researched ageing and poverty in India for 25 years. Her research interests are focused on exposing the consequences of ageism and on developing visual means of conveying these findings to policy makers and the public.

Are older people a burden? Challenging the myths

How we see old age in developing countries does not reflect the diversity of older people's experience. We often assume that older people in these contexts are being made more vulnerable by changing family values. We also accept the ageism implicit in concepts such as 'the old age dependency ratio' that assumes all people over the age of 60 do not work and everyone between the ages of 15 and 59 does. None of these captures the realities facing many older people in developing countries, nor the contributions that they make.

Rather than treat older people as dependants or blame old age poverty and vulnerability on failing family values, what is needed is a new approach to understanding later life; one that shifts the focus from what older people need to what they do. Such an approach dispels ageist stereotypes and convenient 'blame-the-family' attitudes; finding instead that older people's work, whether paid or unpaid, is critical to household economies and plays a significant role in helping a nation to carve out a place within the global economy.

Households and economics

It is economics and government policy, more than culture and family values, that determine the size of a household – the people who share accommodation and living expenses. We are familiar with the idea of large extended households in developing countries comprising several generations, but this is not the only way in which older people and their families (if indeed they have extended families) live. Large extended households need substantial economic resources to support and maintain themselves. This is not always possible.

Where people only have access to low incomes, large extended households are not feasible. Families in this situation tend to form close-knit networks of smaller households. In these poorer settings, older people are not able to 'retire' from direct or indirect work

because of both the demands of maintaining their own households and the help that related households might need.

In some cases, not being able to retire is a result of educational success. As demand for an educated workforce grows, many better-off families have educated their children beyond the capacity of local labour markets to provide employment. This means migration can sometimes be the only route to economic opportunity, leading to the breakdown of extended households. Similarly, the failure of most developing countries to provide economic opportunities in rural areas forces members of poorer households to migrate for work, increasing geographical distance between family members.

The need for better data

Tracking older people's contribution to the economy is hampered by poor data collection, including differing assumptions of what counts as economic activity. Often, older people's efforts are merely characterised as 'helping out' or 'passing time' and do not cover the full economic contribution they make. A much wider perspective is necessary, one that looks at the economic effects of what older people do. Older people's economic contributions go beyond the households in which they live, and amount to much more than simply earning money.

This is particularly the case for older women who may be the sole or main earner in their household. Older women may also undertake unpaid work in a daughter's, son's or daughter-in-law's business – whether they live in the same household or not. Similarly, they may take care of grandchildren or undertake the particularly onerous domestic work that is necessary where governments do not provide adequate basic services (from water, sanitation and storm water drainage to health and education), either for their own households or for related households.

'Older people are generally not recognised for the paid and unpaid work that they do. Instead they are thought of as dependants and burdens.'

Older people propping up economies

These contributions are not only felt within the family, but have an impact at a national level. Through their low-paid work, self-employment or unpaid work in family businesses, older men and women provide low-cost inputs to industry and low-cost services to workers. This, in turn, enables national economies to offer low-cost services and products in the global market place.

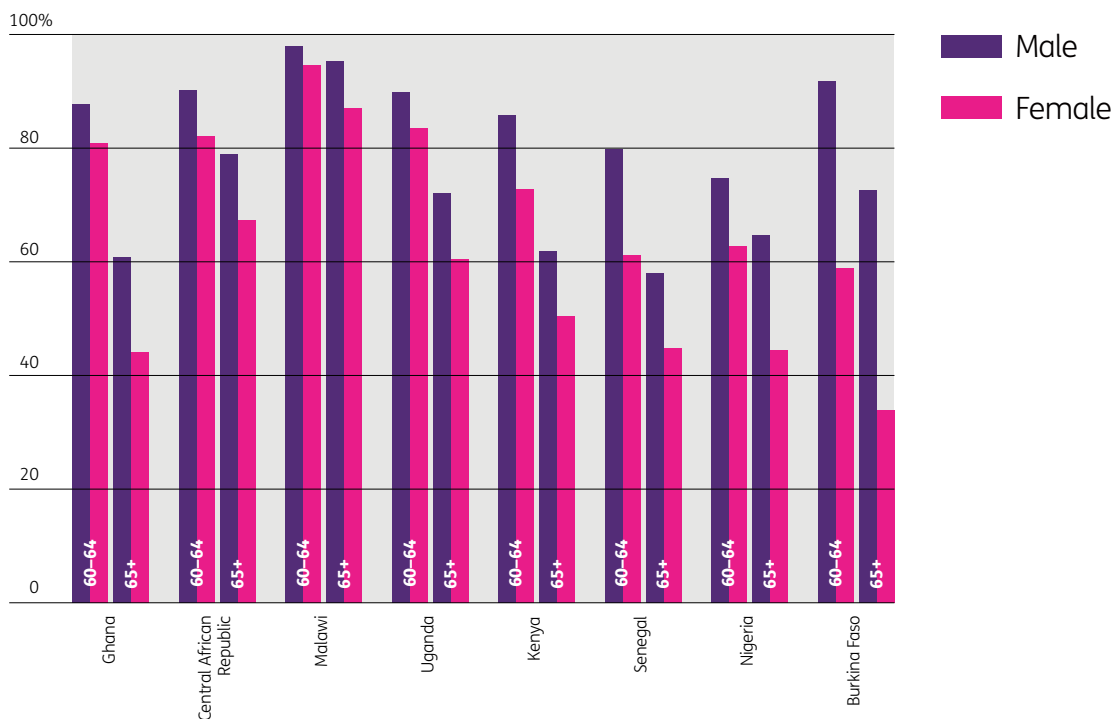
Older people are also subsidising national budgets, by taking on caring roles that younger women would otherwise do, and releasing them into the labour force. In other words, for the very lowest costs they are creating a condition that is critical to achieving economic growth – the expansion of the female workforce.

Older people's rights

Older people are generally not recognised for the paid and unpaid work that they do. Instead they are thought of as dependants and burdens. This has two effects. Firstly, the needs of others are often put ahead of their own – especially as older people themselves prioritise grandchildren's needs. Secondly, their rights as workers are not recognised and this places them outside of the policy arena for livelihood protection or development assistance. It also reinforces the ageism in the labour market that reduces their salaries and relegates them to the physically-depleting, demeaning or low-paid work that younger people are no longer willing to take.

For those worst off, this paints an ugly picture: lack of workers' rights, combined with a lack of social protection (pensions and other benefits) which can force older people to work long hours

Labour force participation among older people in selected African countries, 2011



Source: ILO, Laborstat, 2011.

(over 78 hours a week in some trades) for very little income. Those working in family businesses or taking on onerous domestic or care work may not receive any income or recognition. To make matters worse, as family and household members, older people often put their own needs aside to support the household and wider family network, who themselves may be struggling on low-paid and insecure work.

‘...older people’s work, whether paid or unpaid, is critical to household economies and plays a significant role in helping a nation to carve out a place within the global economy.’

The economic realities of older people are not explained by old age dependency or declining family values. These stereotypes of later life are obscuring the recognition of older people’s paid and unpaid work and undermining their rights. Alongside recognising their value to the economy, what is urgently needed now are measures to put older people in the driving seat – that is, recognition of their rights as workers; their right to work and their right to a pension that is sufficient to allow them the choice of whether to work, what work to do, and for how long.

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Older people and the future of sub-Saharan Africa

The growth of sub-Saharan Africa's older population this century will outstrip that of any other world region. By 2100, Africa will see a 15-fold growth in the number of older adults, from 46 million today to 694 million.

Partly in recognition of these trends, sub-Saharan Africa has made considerable strides in seeking to address older people's vulnerabilities and secure their basic rights. In recent years, a small but growing number of countries have adopted national policy frameworks on ageing, and some are implementing or piloting social protection schemes for older people. At a regional level, the African Union has endorsed an Africa Common Position on the Rights of Older People (2013) and is due to ratify a 'Protocol on the Rights of Older Persons in Africa'.

Despite these advances, sub-Saharan Africa's current older population continues to be viewed as, at best, marginal to the broader efforts to achieve economic and social development in the region. With close to 65 per cent of its populace aged below 25 years, the region's strategies for catalysing such growth rest squarely on making the most of its large numbers of children and youth to achieve a so-called 'demographic dividend'. In simple terms, this means that for a certain window of time, there will be more adults of traditional working age than children and older people than is usually the case, providing greater opportunity for enhanced production, investment and saving. The thinking is that if SSA harnesses the potential of its 'youth bulge', the effect could be a sustained economic windfall, as was the case in East Asia.

‘As policy makers set their sights on the promise of sub-Saharan Africa’s youthfulness, they must not lose focus on the strategic relevance of the older population for realising this potential.’

Older people are part of the equation

Despite the obvious importance of youth for building African economies, it may only be part of the story – and it is important to consider how older people fit into the equation. The lack of such consideration, thus far, reflects widely held assumptions about old age as a period of ‘unproductivity’ and economic dependence. It is also based on an awareness that older adults currently constitute only a small share of sub-Saharan Africa’s total population: only five per cent of the region’s populace is presently aged 60 years or over. But this is changing, and rapidly. By 2050, it is estimated that 10 per cent of the population will be 60 or older.

Research emerging out of a joint initiative of the African Population and Health Research Center (APHRC), the African Union Commission (AUC), the United Nations Economic Commission for Africa (UNECA) and the University of Southampton is beginning to question the assumed strategic irrelevance of sub-Saharan Africa’s older population.

The group’s analysis of the roles older people play points to three critical insights:

The diversity and complexity of older people

Firstly, we need to consider older people in all their complexity and diversity. This means recognising the marked disparities in status and wellbeing that exist within sub-Saharan Africa’s older population: while many older people live in poverty across the region, another fraction often enjoy absolute wealth and influence (about two-thirds of African Heads of State are aged 60 and above, three-quarters are 55 years or older). It also means a need to examine the potential relevance of Africa’s older population across the entire spectrum of wealth, poverty and capacity.

Secondly, sub-Saharan Africa’s older people fulfil specific roles that are directly relevant to creating three conditions needed to realise a demographic dividend – namely: (i) greater ‘human capital’ – especially education and health – in younger generations; (ii) stability and sound governance to facilitate trade and investment; (iii) a revitalisation of agriculture and other manpower-intensive sectors to ensure job creation for today’s and tomorrow’s youth.

‘By 2100, Africa will see a 15-fold growth in the number of older adults, from 46 million today to 694 million.’

In Uganda, Barton (76) and Namale (56) look after their son – who has an AIDS-related illness – and their two grandchildren.



‘...for a certain window of time, there will be more adults of traditional working age than children and older people than is usually the case, providing greater opportunity for enhanced production, investment and saving.’

Among older Africans, functions that are of key relevance to fostering the above are:

- Their substantial economic activity, which is concentrated in small-holder agriculture. In most sub-Saharan African countries, more than 60 per cent of older men and 50 per cent of older women continue to work, with the share rising to over 70 per cent for men in 24 countries, and over 60 per cent for women in 13. An overwhelming majority of older workers are engaged in small-scale farming where they constitute a significant share of the overall labour force and land-holding population.
- Their extensive intergenerational connections to children or adolescents within households and families, and their consequent influence on the level or quality of financial or social investments that families make in the education and health of the young. In a range of the region's countries, around 20 per cent to 30 per cent of all children and adolescents live with an older person, with the share usually higher in poor population groups.

- Their significant representation as ‘elders’ among civic, political and religious leaders at community and national levels, as well as among the business and professional elite. In these roles, older Africans actively and passively shape the conditions for – and the attitudes of younger generations toward – entrepreneurship, political and societal stability and good governance.

Thirdly, the ways in which older people presently fulfil the above functions may be conducive to or may hinder the forging of enabling conditions for a demographic dividend. A central challenge for policy and thought leaders then is to understand better, and to address the capacities, opportunities and perspectives of older people in their varied roles, in order to create the most favourable foundation for a demographic dividend in sub-Saharan Africa.

As policy makers set their sights on the promise of the region's youthfulness, they must not lose focus on the strategic relevance of the older population for realising this potential. Engagement of governments; the private sector and civil society will be needed to harness older adults' multiple roles for fully realising a demographic dividend in the region.

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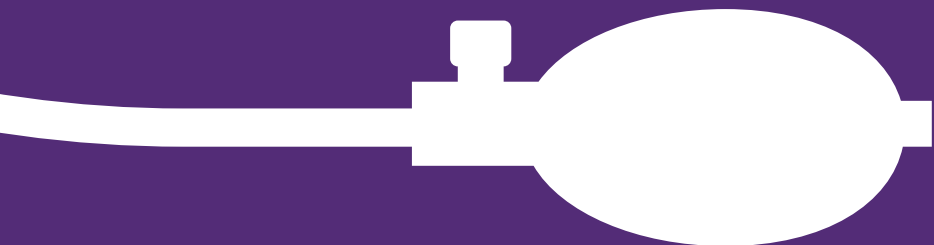
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Health and care in an ageing world

**Healthy ageing is vital to social
and economic development**

Dr Margaret Chan

**Investing in health: the case
of hypertension**

Professor Peter Lloyd-Sherlock

Living longer, living well?

The need for a culture of care

Dr Alex Kalache and Ina Voelcker

**The care challenge: experience
from Asia**

Eduardo Klien

Dementia is global

Professor Martin Prince



Dr Margaret Chan is Director-General of the World Health Organization (WHO), appointed by the World Health Assembly on 9 November 2006. The Assembly appointed Dr Chan for a second five-year term at its 65th session in May 2012.

Dr Chan's new term began on 1 July 2012 and continues until 30 June 2017. Before being elected Director-General, Dr Chan was WHO Assistant Director-General for Communicable Diseases as well as Representative of the Director-General for Pandemic Influenza.

Prior to joining WHO, she was Director of Health in Hong Kong. During her nine-year tenure as director, Dr Chan confronted the first human outbreak of H5N1 avian influenza in 1997. She successfully defeated the spate of severe acute respiratory syndrome (SARS) in Hong Kong in 2003. She also launched new services to prevent disease and promote better health.

Healthy ageing is vital to social and economic development

In almost every country, the proportion of older people in the population is increasing. By 2050, around 2 billion people in the world will be aged 60 years or over, with 400 million of them aged 80 years or over. Some 80 per cent will be living in what are now low or middle-income countries.

These demographic changes are closely entwined with socioeconomic development. Indeed, socioeconomic development can be considered as one of the causes of population ageing since it allows more people to survive childhood and childbirth, and has often been followed by dramatic falls in fertility.

These older populations are likely to present challenges to society through increased demand for health care, long-term care, social care and pensions. A greater proportion of older people also means a smaller proportion of those within the traditional range of working ages. These pressures have the potential to act as a brake on socioeconomic development, and much political discourse has focused on how the increased costs arising from them might be contained.

Yet population ageing also presents significant opportunities. As individuals, each of us benefits from being able to live longer, particularly if we can retain our health and the ability to do the things that are important to us. Older people make important social contributions as family members, volunteers and active participants in the workforce. Older populations thus represent a substantial human and social resource, albeit one that is currently under-utilised and poorly measured.

‘Current health systems, particularly in low and middle-income countries, are often poorly designed to meet the chronic care needs that arise from this complex burden of disease.’

Health in older age will be a crucial determinant of where the balance lies between the costs and benefits associated with population ageing. Good health enables older people to achieve the things they value, fosters their ongoing social participation (helping to prevent isolation), and has broader benefits for society by enabling their multiple contributions. Poor health undermines this engagement. It can also take a heavy toll on families who may need to provide care for a previously active family member or may become impoverished by health care costs. These burdens are spread inequitably: those with the least resources, or who live in the poorest areas, are most at risk.

Investing in health at all ages

Building the systems that can foster good health across the life course therefore needs to be a central part of any policy response to population ageing. Yet the debate on how to deliver better health has been narrow in scope, with persistent and outdated stereotyping of older people and a disjointed response to their needs. There are many misconceptions that need to be overcome.

As a first step, we need to view the creation of these systems as an investment, rather than simply a cost. This investment has a solid economic return, not just in reduced costs or because it enables the myriad contributions of older people, but because it also releases capacity in the families that surround them.

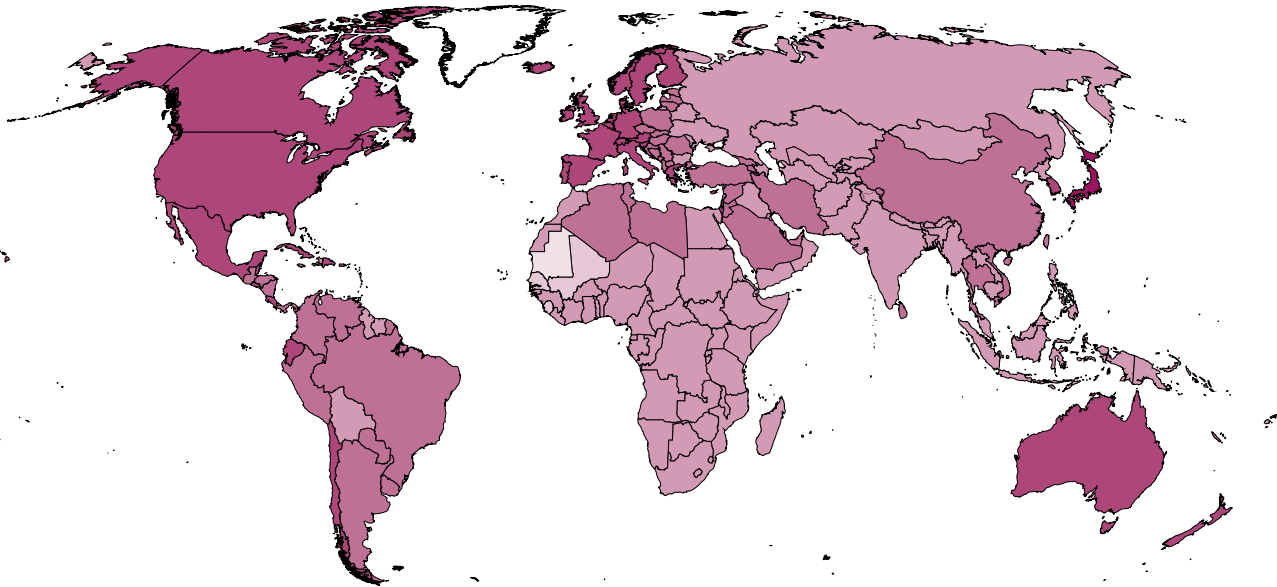
So where should we make our investment if we are to foster good health in older age? One focus of activity needs to be on preventing non-communicable diseases. Even in the poorest countries, the greatest health burdens for older people are from conditions such as heart disease, stroke, visual impairment, hearing loss and dementia. The impact of many of these conditions is two to three times greater for older people in low and middle-income countries than for those in high-income countries.

Older people are also more likely to experience these disorders as multiple and coexisting problems. Loss of function through broader geriatric syndromes of frailty and impaired cognition, continence, gait, and balance are far better predictors of survival than the presence or number of specific diseases. Coordinated approaches to manage these co-morbidities and syndromes of older age are therefore a crucial part of our investment in health.

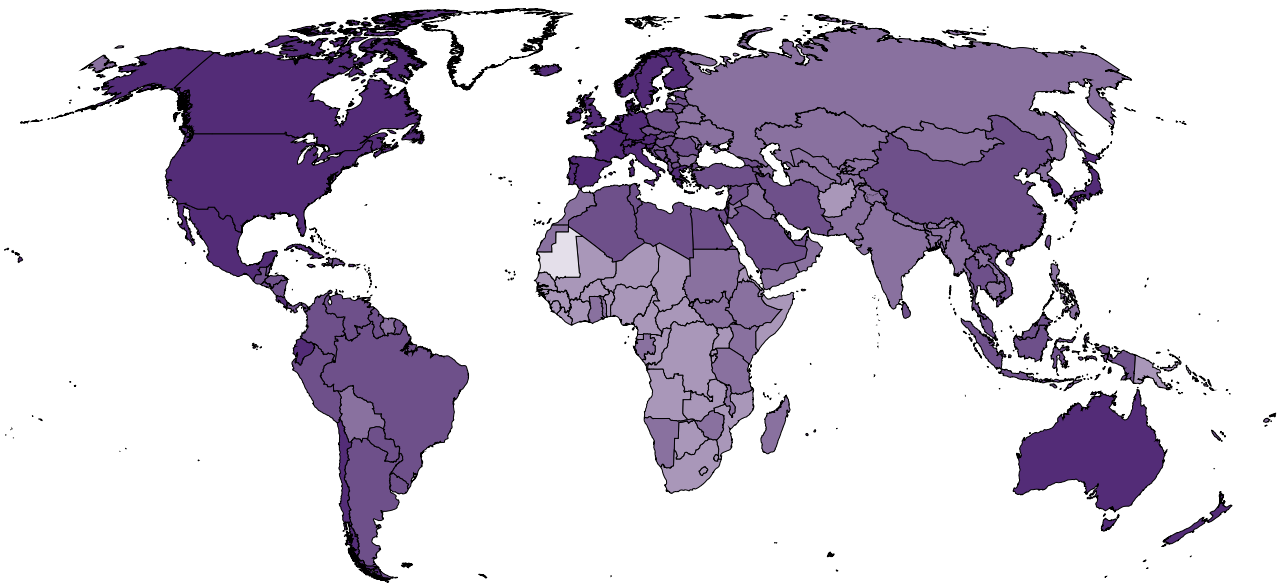
Refocusing health systems

Current health systems, particularly in low and middle-income countries, are often poorly designed to meet the chronic care needs that arise from this complex burden of disease. In many places, health systems need to move from focusing on the delivery of curative interventions for single acute problems to a more comprehensive continuum of care that links all stages of life and deals with multiple morbidities in an integrated manner. Yet, health systems often remain insufficiently sensitive to the specific needs of older people and fail to address even simple components of the care continuum.

Life expectancy at age 60 in 2010–2015 and 2045–2050



Life expectancy at age 60 from 2010–2015 (years)



Life expectancy at age 60 from 2045–2050 (years)



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.

‘Good health enables older people to achieve the things they value, fosters their ongoing social participation (helping to prevent isolation), and has broader benefits for society by enabling their multiple contributions.’

Furthermore, good health for an older person is about more than the provision of health care. The physical and social environment – affordable transport, accessible streets and buildings, supportive communities and opportunities to participate – are also crucial for their well-being. Building the cohesive, sustainable and just societies that can enable the participation of older people needs to be a core part of the post-2015 agenda.

Finally, we must not forget that towards the end of life, many people may require support to undertake even basic activities. But there are few standards or guidelines on appropriate ‘long-term care’. Family carers often lack an understanding of the challenges they face and care is often disconnected from health services. This can leave the needs of the older person inadequately addressed, with carers facing a greater burden than is necessary and acute care services being inappropriately used to fill chronic care gaps.

Changing social patterns will make existing systems even less sustainable. The relative number of older family members is increasing dramatically; older people are less likely to live

with younger generations and are more likely to want to continue living in their own home; and women, the traditional family carers, may have changing career expectations. Sustainable new systems of long-term care are therefore urgently needed. These should be focused on the individual rather than on the service; coordinated with health systems and designed to maintain the best possible function, well-being and social participation.

Investing in the systems that can provide this continuum of care across the life course, from the very young to the very old, may seem costly. But the cost of inaction is likely to be greater.

‘Older people make important social contributions as family members, volunteers and active participants in the workforce. Older populations thus represent a substantial human and social resource, albeit one that is currently under-utilised and poorly measured.’

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Investing in health: the case of hypertension

The conventional wisdom is that population ageing will inevitably harm national economic performance and collective wellbeing because: (i) older people are more likely to represent social and economic burdens on other groups; (ii) population ageing is driving global epidemics of chronic or non-communicable diseases (NCDs); these include heart disease, diabetes, dementia and arthritis.

Yet the inevitability of these outcomes is open to question, since the effects of chronological age on health and functional status are much less inflexible than commonly assumed. Across low and middle-income countries (LMICs) as well as within them, there are large variations in the health and functional status of older populations, with those in poverty experiencing the worst outcomes. Older people who are in better health and who can do more things for themselves are more likely to represent an economic and social resource than a burden. With the right health care, many chronic diseases can be managed, enabling the people living with them to maintain active lifestyles. There are a number of evidence-based and highly cost-effective interventions that have the potential to enhance older people's health and functional status. This short article will focus on just one policy area: interventions to prevent and manage hypertension.

Hypertension: a ticking time-bomb

Hypertension is now the leading cause of preventable mortality and disability in LMICs. The consequences of uncontrolled hypertension include greatly increased risk of strokes, heart attacks and other life-threatening conditions. Japan's notable success in extending healthy life expectancy was mainly achieved through hypertension prevention and control. Many LMICs already have very high rates of hypertension: in South Africa, 78 per cent of people aged 50 or over are hypertensive, the highest recorded rate for any country in



Dr George in a mobile medical unit in India: ‘The main health problems older people face are hypertension, high blood pressure, cardiovascular disorders and diabetes. With hypertension, we have to put people on life-long medication, restrict their diet and ensure that they are taking their medication on time.’

history, and in Ghana the equivalent rate is 66 per cent. In these countries, hypertension is now a generalised epidemic, no longer a disease of the wealthy. Indeed, hypertension has become a major driver of poverty in LMICs. A national survey in China found that 37 per cent of patients and their families fell below a 60 pence a day poverty line within three months of experiencing a stroke.

Risk factors

The main risk factors for hypertension include poor diet, smoking and a lack of exercise. The challenges of addressing these underlying causes should not be under-estimated and call for a major shift in attitudes and lifestyles, as well as corporate responsibility in the food, tobacco and alcohol industries. Nevertheless, there are numerous proven, low-cost interventions to manage hypertension. The World Health Organization (WHO) estimated that the cost of drug therapy to lower hypertension and high cholesterol for an older person in South Africa for an entire year is just £1.20. This compares to the cost of acute stroke care which is typically several thousand pounds. Yet these hypertension services are not available to the large majority of older people in LMICs. A recent study reported less than one in 10 hypertensive older people in China, Ghana and South Africa were managing their condition, and

'The reluctance to address the effects of conditions such as hypertension on older people in low and middle-income countries represents one of the largest public health failures in human history.'

rates of control were particularly low for older people living in poverty and in rural locations.

There are two major barriers to improving the prevention and treatment of conditions like hypertension in LMICs. The first of these is the mentality of many politicians and policy makers, both globally and nationally, who still view investments in the health of older people as relatively expensive and unproductive. It has been estimated that hypertension and other NCDs accounted for only three per cent of the total global health assistance between 2001 and 2008. In 2011, a United Nations summit on NCDs proposed 10 global targets, including a 25 per cent relative reduction in hypertension, but no specific funds were set aside by member states to achieve these targets. More worryingly, these targets focus on younger age groups, rather than older people who are most at risk of NCDs.

The second barrier to addressing hypertension is the established pattern of health services in LMICs. These services remain strongly focussed on infectious disease and mother and child

health, and are increasingly out of step with new demographic and epidemiological realities. There is an urgent need to re-orientate health services towards NCDs and the health needs of older adults, as part of a strategy of promoting lifelong health.

The reluctance to address the effects of conditions such as hypertension on older people in LMICs represents one of the largest public health failures in human history. With political support, modest improvements in hypertension control rates (such as a global target of 20 per cent control) are achievable. They would save the lives of millions of adults of all ages and generate major economic and social returns.

'Hypertension is now the leading cause of preventable mortality and disability in low and middle-income countries. The consequences of uncontrolled hypertension include greatly increased risk of strokes, heart attacks and other life-threatening conditions.'

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Living longer, living well? The need for a culture of care

Over the past two decades, global life expectancy increased by six years, with the biggest progress being made in low-income countries. While people on average do not live as long in poorer parts of the world, population ageing is happening at a pace similar to more developed regions, with some less developed countries (e.g. Brazil) ageing much faster.

This increase in the life expectancy itself is a cause for celebration. Yet these stark inequalities across the world and within countries are unacceptable. In sub-Saharan Africa, for example, life expectancy at birth (LEB) today is about 56 years; that is 24 years less than in Northern Europe. In London, the gap between LEB in different parts of the city is over 17 years. Even with these inequalities, the good news is that we have more years to live: more years to be a child, an adolescent, an adult and an older adult.

Often, however, increased life expectancy, and population ageing more generally, is a source of anxiety. On a societal level, the concern is about the financial sustainability of pension and health systems. On an individual level, it is about the fear of reaching old age in poor health. At both levels, adding life to these years is as important as adding years to life.

'For every year of life gained from age 50, a person gains only 9.5 months of healthy life.'

Life expectancy and healthy life expectancy at 60



Japan

Life expectancy at age 60 – 26 more years

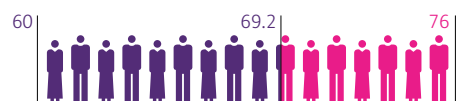
Healthy life expectancy at 60 – 20.3 more years



Turkey

Life expectancy at age 60 – 21 more years

Healthy life expectancy at 60 – 15.6 more years



Afghanistan

Life expectancy at age 60 – 16 more years

Healthy life expectancy at 60 – 9.2 more years

Source: Global AgeWatch Index 2014 - Insight Report, HelpAge International, 2014

Healthy life expectancy lagging behind

The most recent assessment of the Global Burden of Disease (GBD) data shows that healthy life expectancy increased more slowly than overall life expectancy during the past 20 years. This means that people are now losing more years of healthy life to disability than they did two decades ago. For every year of life gained from age 50, a person gains only about 9.5 months of healthy life.

A decline in health in later life, however, is not inevitable. In the UK, statistics show that, at age 65, healthy life expectancy increased roughly at the same pace as life expectancy. This is similar across all EU27 countries and is proof that the length of time we live in poor health (morbidity) can be reduced in certain settings and at specific times. It is therefore of the utmost importance to focus not only on lowering mortality rates, but also on lowering morbidity rates.

The growing threat of chronic diseases

Even so, we should expect that as more people reach older ages, increasing numbers of people will experience disability. The major causes of disability are mental and behavioural disorders, such as dementia, as well as disorders in the musculoskeletal system. Health systems need to respond to this major shift in the causes of death and disability, a shift which centres on non-communicable diseases and chronic conditions such as heart disease, diabetes, cancer, lung disease, mental illness and dementia. Even in sub-Saharan Africa where communicable (infectious) diseases are still a major cause of mortality, the years lived with disability are due, in large part, to non-communicable diseases.

'In many countries, even though the global disease burden has changed, health systems are still focused on communicable diseases and on cure.'

‘Particularly in developing countries, health systems are faced by a double burden: continuing high prevalence rates of communicable diseases and increasing prevalence rates for non-communicable and chronic diseases.’

In many countries, even though the global disease burden has changed, health systems are still focused on communicable diseases and on cure. Particularly in developing countries, health systems are faced by a double burden: continuing high prevalence rates of communicable diseases and increasing prevalence rates for non-communicable and chronic diseases.

Addressing chronic conditions in the context of ageing is acutely important because they can lead to dependency and a loss of autonomy. To protect the rights of those in later life, care and management of long-term conditions must be included alongside more curative health interventions. It is essential that we develop care services that meet people’s needs throughout the life course, including for those at the end of life.

In addition to these shifting health patterns, societal changes such as globalisation, urbanisation, migration and changing roles, especially of women, lead to smaller, more complex and geographically more dispersed family networks. To respond, it is imperative to develop a culture of care that is sustainable, affordable, compassionate and universal.

Care has to be culturally and gender-sensitive and also person-centred, placing both the care provider and the care recipient at the centre. The Rio Declaration ‘Beyond Prevention and Treatment: Developing a Culture of Care in response to the Longevity Revolution’ provides a footprint for governmental and non-governmental actors to start this shift towards a stronger focus on care.

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The care challenge: experience from Asia

In Asia, we find nations at all stages of economic development, from those working to lift their populations out of poverty, such as Cambodia and Myanmar; to the emerging middle-income economies of China and Thailand; to highly developed Singapore, Korea and Japan. Similarly, we see countries that are amongst the most aged in the world, to others whose populations are only beginning to age. As a whole, by 2025 there will be 700 million people aged over 60 in Asia.

One area of urgent need for ageing populations is care, both social care and health care. As we age, we are more likely to experience health problems, become frail or have limited mobility, and have difficulties performing the activities of daily life, like shopping, cooking, and bathing. Older people may face problems with their memory which affect their ability to manage their finances or personal affairs. Coupled with their withdrawal from the workforce, these limitations in daily activities leave older people more susceptible to social isolation and poverty and in more need of support and care.

This does not mean that all older people require care. In fact, the need for care in Asia is largely concentrated amongst the 'older olds' – those people in their mid-70s and 80s. Currently, there are more than 37 million people aged 80 and above in the region and their number is increasing rapidly.

Who provides care in old age?

In Asian countries, there are strong traditions of elder respect and familial responsibility and, historically, the family has been the main provider of care – often the exclusive provider. Yet families themselves are struggling to come to grips with changes in society; for example, migration to the cities and neighbouring countries means many people are unable to stay behind to look after their parents. The great successes of the 20th century of decreasing fertility and dramatically improved health and education, have led to smaller families, with fewer children to care for elders who are living longer.

Added to these changes are the effects of a globalised and mobile society, where people are no longer tied to the place where they are born. Across Asia, people of traditional working age are moving: from villages to towns, from towns to cities, and from developing countries to developed countries. More often than not, it is the older generations who are left behind.

This situation does not mean that the traditional family values of care are being abandoned, nor does it imply a lack of love or responsibility for older people by younger generations. It simply means that new and innovative strategies to bring traditional values into a modern world are required.

‘A critical issue is how to expand and enhance care provided in the community to help make ageing in place happen. Community-based care is a far less expensive strategy to provide long-term care than institutionalised responses...’

‘The great successes of the 20th Century of decreasing fertility and dramatically improved health and education, have led to smaller families, with fewer children to care for elders who are living longer.’

Residential homes or hospitalisation, while necessary in some cases, are not a blanket solution. They are not affordable on a large scale, nor are they in line with the wishes of most older people. The message from older people in Asia is that they want to ‘age in place’.

This means growing old at home, in their communities, with their regular lifestyle maintained to the greatest possible extent. For example, a national survey by the Chinese Research Centre on Ageing found that 88.7 per cent of urban elderly and 87.5 per cent of rural elderly expressed a preference for ageing at home.

Community-based care

A critical issue is how to expand and enhance care provided in the community to help make ageing in place happen. Community-based care is a far less expensive strategy for providing long-term care than institutionalised responses, especially when those being cared for do not require intensive support with their daily activities.

One way of boosting the availability of community care across a number of Asian countries is through a culturally-appropriate model where care is provided by volunteers in the home of the older person. The volunteer services are often coordinated locally by a non-governmental organisation (NGO) or other civil society group. In several countries, governments have developed national policies or guidelines on volunteer-led home care that helps create a more enabling environment.



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San, a home-based carer in Burma visits

Tin: 'I take care of older people. I give them massages and help them to shower; I cut their nails and give them the medicine they need.'

The impact that appropriate care can have cannot be under-estimated. While visiting poor communities in Battambang Province, Cambodia, I met a widow who had no children. She was involved with a home care programme, and volunteers visited her three times per week to

help her with daily activities like cleaning and shopping. Her home was clean, and she was proud and happy. She spoke fondly of her home care volunteers and, despite her frailty, was eager to show me around her home.

In a different village in the same province, I met another older lady who was in a similar social and economic situation as the first woman I met. However, she was not in a care programme. She was depressed and inactive, and rarely had visitors to animate or support her. She told me that she was just waiting to die. Her isolation was crushing her spirit.

‘As we age, we are more likely to experience health problems, become frail or have limited mobility... Older people may face problems with their memory which affect their ability to manage their finances or personal affairs.’

Providing appropriate care to older people requires many inputs and does not rely solely on volunteers. Other approaches to fill the care gap that cannot be met by volunteers are equally important. These could include provision of paid care workers, day-care centres for rehabilitation, short-stay in the community and social protection schemes targeting frail older people and their carers such as financial assistance and provision of assistive devices, etc.

While families continue to play an important role in providing care and it is older people’s wish to age in their own home and community, governments need to ensure that they are sufficiently supported through a clear policy, legal framework, action plan and allocation of human and financial resources for the implementation.

In many situations, providing care can be an opportunity for older people themselves to stay more active and healthy. We often see the ability, and willingness, of younger-olds (particularly those in their 60s) to care for older-olds. Indeed, on some occasions, older-olds in better health even look after younger-olds in poor health. Older people themselves are thus part of the solution.

Regardless of the approach, there are some basic elements we must consider to enable older people to access the home and community-based care they urgently need:

- Understanding the local context and the diverse care needs of older people.
- Promoting commitment, involvement and investment from governments and civil society.
- Linking care with existing health and social structures, and ensure that these systems operate in harmony.
- Providing standard training curricula and accessible training free-of-charge to those who volunteer to care.
- Supporting carers with respite and funding for their care related costs.

With commitment and innovation, solutions to meeting the care challenge are within the grasp of every developing nation, and we will all, the aged and the ageing, reap the benefits.

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Content in this article was drawn from the experience of HelpAge Korea’s volunteer-based home care for older people, which was adopted and expanded nationally by the Government of the Republic of Korea and integrated in the Welfare Law for the Elderly in 1989.



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His work focuses on the importance of mental and neurological disorders to health and social policy in low and middle-income countries (LMICs), with a focus on ageing and dementia. He coordinates the 10/66 Dementia Research Group, which promotes research into dementia in LMICs.

He co-authored the Dementia UK report that informed the UK Government's National Dementia Strategy and led the development of the ADI World Alzheimer Reports in 2009, 2010 and 2011.

Dementia is global

Demographic change means that dementia is becoming increasingly prevalent all around the world. It is particularly prevalent in developing countries, has a phenomenal economic impact and needs to be addressed by policy makers as a priority.

The number of people with dementia, worldwide, will nearly double every 20 years, driven by global patterns of population ageing. Globally, there were 44.4 million people with dementia in 2013; this will rise to 75.6 million in 2030 and 135.5 million in 2050. Each year, 7.7 million new cases are anticipated, or one new case every four seconds. Increases through to 2030 will be much steeper in developing countries; a 35 per cent increase in Europe, and 59 per cent in North America compared with 80 per cent in East Asia; 88 per cent in Africa, and over 100 per cent in most Latin American regions.

Dementia is a syndrome rather than a single disease, caused by one or more underlying brain disease processes that progressively damage nerve cells and the connections between them. The commonest of these is Alzheimer's Disease, but there are many types.

For the different types of dementia, different brain functions are selectively affected at first. Over time, as dementia progresses, all functions become more seriously impaired, including memory, learning, orientation, language, comprehension and judgement. Needs for care, supervision and support develop early, and progress rapidly from help with more complex tasks, to intensive personal care; dressing, bathing, eating, and toileting. However, for carers and people with dementia, behavioural disturbance – agitation, aggression, and wandering – and psychological symptoms – depression, anxiety, delusions and hallucinations – often cause the most distress.

Some myths about dementia:

1 Dementia is a normal part of ageing.

As with many other chronic diseases, dementia becomes more common with increasing age, the prevalence doubling every five years from around two–three per cent of those aged 65–69 to 30–35 per cent of those aged 90–94 years. However, around half of all centenarians do not have dementia. Although dementia is more prevalent in older people, dementia can in fact occur at any age, with around five–10 per cent of cases classified as ‘young onset’ before the age of 60.

2 Dementia is only a problem for rich developed countries.

Not so. We are facing a global epidemic, driven by global population ageing. Nearly two-thirds of all people with dementia live in low or middle-income countries (LMIC) and that proportion is set to increase to three-quarters by 2050. Soon there will be more people with dementia in Asia than in the whole of the developed world combined.

3 Nothing can be done.

Not true. We do lack treatments that can halt or alter the course of dementia. However, symptomatic treatments and support can be very helpful, and it is perfectly possible to ‘live well with dementia’ throughout the journey of care.

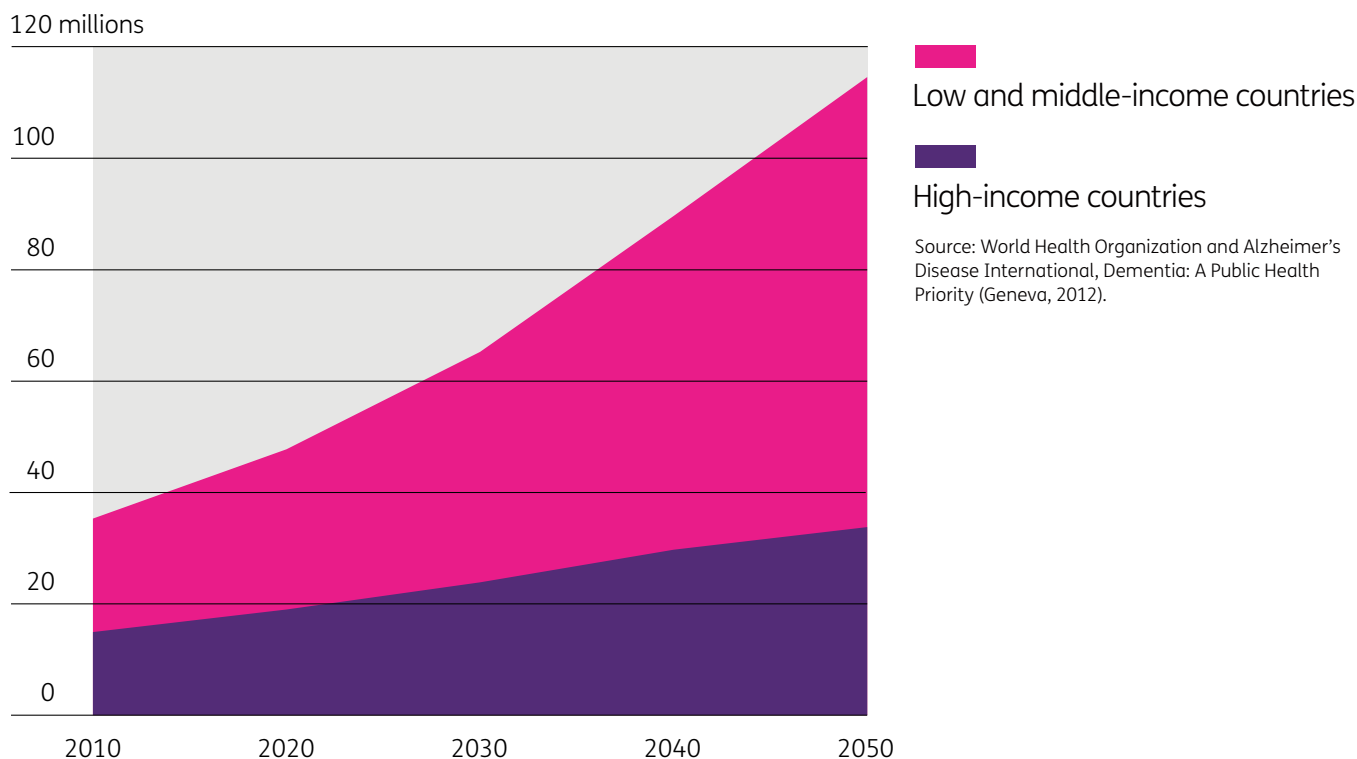
The global cost of dementia

The total estimated worldwide costs of dementia were US\$604 billion in 2010, equivalent to one per cent of the world’s gross domestic product. This is driven mainly by social care needs; health care costs account for a small proportion of the total. In high-income countries, direct costs of social care (paid care in the community, or in care homes) account for 42 per cent of the total costs of dementia compared with just 14 per cent in low and middle-income countries (LMICs) where such services are not generally available. However, in all world regions the informal care provided by family, friends and the community is the cornerstone of the care system. When such care is properly valued, for example at the cost of employing a professional to substitute for the family carer, this accounts for from between less than half to more than two-thirds of costs.

In LMICs, despite larger, extended families, the psychological and economic strain on family caregivers is substantial. Typically, around a fifth of carers have cut back on paid work, and paid carers are becoming common in some cities adding to the economic burden; welfare benefits are practically non-existent.

‘...in all world regions, the informal care provided by family, friends and the community is the cornerstone of the care system.’

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



What needs to be done?

Long-term care systems for people with dementia are under strain, and changes in policy and practice are needed. In high-income countries increasing costs are seen as unsustainable without radical financing reforms. Service-providers try to limit costs, while acknowledging serious problems with the current coverage and quality of care. In LMICs, the integrity of the traditional family care system is under pressure from demographic and social trends linked to economic growth and development. Falling fertility means fewer adult children to care for ageing parents. Women (who make up around 80 per cent of primary carers) are now more educated, and more likely to seek employment outside of the home. With increasing workforce mobility, younger family members are migrating away from their parents.

Help for a person with dementia, and their family, starts with a timely diagnosis. Much needs to be done to raise awareness and encourage help-seeking, and to engage age-friendly primary care health services in this task. A well-made diagnosis should be the passport to a seamless system of continuing care, optimising physical and mental health, and assessing and managing evolving dementia care needs.

'Nearly two-thirds of all people with dementia live in low or middle-income countries, and that proportion is set to increase to three-quarters by 2050.'

‘Demographic change means that dementia is becoming increasingly prevalent all around the world. It is particularly prevalent in developing countries, has a phenomenal economic impact and needs to be addressed by policy makers as a priority.’

Earlier diagnosis gives a voice to people with dementia, allowing them to have a say in future care plans. Currently, people with dementia receive a diagnosis late in the disease course, if at all; in high income countries one half to two-thirds of those affected are not diagnosed, the proportion falling to below 10 per cent in LMIC where awareness is even lower.

‘The number of people with dementia worldwide will nearly double every 20 years.’

As the G7 nations reinvigorate the search for disease-modifying treatments or cures for dementia by 2025, we risk having no structures in place to meet greatly increased demand, patchy coverage, and gross inequity within and between countries.

Traditional care systems need to be bolstered. Universal social pensions and targeted benefits (disability benefits and carer’s allowances) can be powerful incentives for family and friends to house, and care for people with dementia. However, increasingly and inevitably, formal systems will need to be developed to support, supplement and substitute the unpaid inputs of informal carers. Policy makers worldwide need to give this issue urgent priority, anticipating the extent of the need, developing efficient and effective systems that integrate and coordinate health and social care, and methods of financing that promote sustainability, universal coverage and equity.

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Ageing is about more than older people

Inequality and ageing

Sir Richard Jolly

Disability and ageing

Professor Nora Groce

Who is caring for the kids?

Richard Morgan

Understanding ageing and gender

Baroness Sally Greengross OBE

Experience, dignity, respect

Mary Robinson



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He chairs the HelpAge committee on the Global AgeWatch Index.

Inequality and ageing

**'Age is opportunity no less
Than youth itself, though in another dress.'**

Henry Wadsworth Longfellow (Morituri Salutamus)

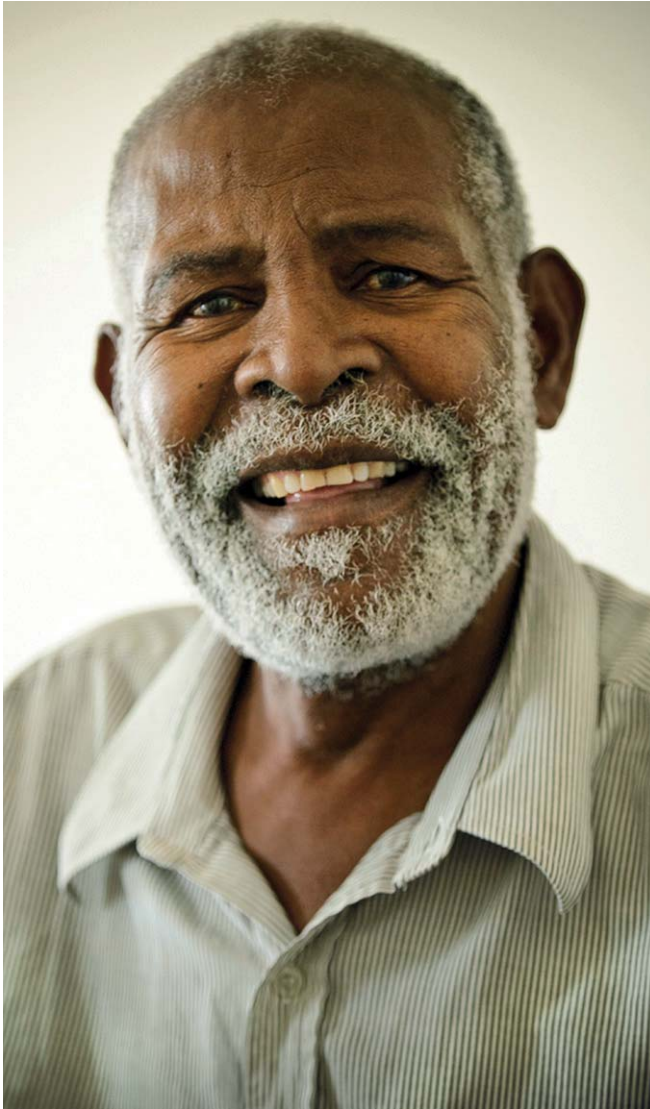
In the last few years, inequality has been hitting the headlines after many years of hiding quietly in the background – or being hidden. But now it is out in the open, with bad news for younger and older people alike. The future of inequalities in later life does not look good.

Inequalities accrue and get reinforced over a person's life. They come home to roost in later years, often exacerbating each other and causing greater disadvantage. Poverty, poor health, discrimination and marginalisation are all-too common realities for many older people in both developing and developed countries. As women are the ones with longer life expectancy and more often suffer discrimination than men, many older women can expect to be most affected, living with more years of scarcity and strain.

The importance of addressing inequalities as a key driver of successful development and prosperous societies has been emphasised by prominent thinkers such as Joseph Stiglitz, Thomas Piketty, Richard Wilkinson and Kate Pickett, as well as a broad range of international development organisations.

The question should now no longer be whether we address inequalities or not, but how and with what urgency.

This is not about isolated individuals, but is a 'whole society' agenda. We know that inequality has a significant impact on the ability of countries to develop and progress. Problems such as crime, disease, mental health and environmental degradation are exacerbated by inequality and affect the middle-classes as well as the poor. Research by the IMF shows that recovery from economic downturns happens faster in countries with low income inequalities and that countries with more equal income distribution have longer periods of sustained growth of incomes.



© Frederic Dupoux/HelpAge International

Roger, treated in Haiti's first and only geriatric ward – set up with Age International funding following the earthquake in 2010: 'Without this ward, my friends and I here would all be dead. Nobody was doing anything to help us before.'

'People should not be relegated to the scrap-heap just because of a birthdate.'

The importance of the life course

The importance of addressing vulnerabilities over the life course is also beginning to receive more attention in international development circles. It is a major theme of the UNDP's 2014 Human Development Report. This report shows how inequality and setbacks in early life are linked to consequences in adulthood and, much later in older age. Inequality influences, for instance, the chances of holding on to a job, being healthy and, of course, having enough money for retirement.

One of the key measures of inequality is income. Extreme inequalities of income and wealth are on the rise in almost all parts of the globe, the result of the same policy mix that has been driving wages down for poorer sectors of the population and reducing tax revenues. Without major changes of policy and action, these are likely to continue in the future.

Income security is not a given at any age, but the majority of the world's older people find themselves having to work longer out of necessity – even until their final years. With the financial shocks experienced over the past decade, even those lucky enough to have pensions increasingly find these pensions inadequate. More and more older people are living in poverty in both developed and developing countries.

But income doesn't tell the full story. There are other factors that limit a person's ability to participate fully in society and exacerbate – if not create – inequalities, especially as people grow older. Such factors include discrimination, access to health and care services, mobility and people being allowed to take the decisions that affect

‘...the UNDP’s 2014 Human Development Report... shows how inequality and setbacks in early life are linked to consequences in adulthood and, much later in older age. Inequality influences, for instance, the chances of holding on to a job, being healthy and, of course, having enough money for retirement.’

their own lives, to name but a few. A narrow focus on increasing income as a means to overcoming inequality may mean that policy makers miss these other factors in their interventions.

Nothing is inevitable, except getting older

There is no inevitability that being older must bring greater inequality. This depends on policy and action, already evident in the enormous differences of life expectancy that exist within countries and even within cities. Where inequalities already exist earlier in life, however, the likelihood is that they will only get worse without appropriate intervention.

One hopeful lesson about addressing inequalities in later life is that it is never too late. There is considerable evidence on active ageing and cognition in older age that shows people and communities can make changes that improve physical and mental health at any age. The same is true for action by national policy makers

‘The question should now no longer be whether we address inequalities or not, but how and with what urgency.’

and development experts. Positive changes can bring benefits at any age. People should not be relegated to the scrap-heap just because of a birthdate.

Human development means ensuring a better life for all groups in a country’s population – old and young, women and men, able-bodied and those with disadvantages. Such a human perspective should set the frame for a country’s economic and social policies and should also stimulate action to reduce the extremes of inequality that are restricting the lives of people of all ages. In the last decade or so, a number of countries in Latin America and Asia have successfully taken such action, substantially diminishing inequalities and poverty, as opposed to the trend towards greater inequality that seems to have taken hold in many European countries and the United States. This means that lessons can now be learnt from countries in all regions of the world: developed and developing.

In our increasingly ageing world, older people have therefore an important role to play in using their votes and voices to see that these lessons about reducing inequalities are learnt and applied in all countries for the benefit of present and future generations.

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An anthropologist, her research has concentrated on persons with disabilities in both developed and developing countries. Professor Groce regularly serves as an adviser to UN agencies, such as the World Health Organization (WHO), UNICEF, UNFPA and a number of non-governmental organisations and disabled people's organisations.

'Some 1 billion people live with a disability worldwide, with 80 per cent living in developing countries. These numbers are anticipated to rise markedly by 2050.'

Disability and ageing

There is a long-standing link between disability and ageing. It is often confidently – and incorrectly – stated that if we live long enough, we will all become disabled. While many will live into old age without any disability, the likelihood of becoming disabled does increase significantly as one ages. However, the links between disability and ageing are more complex and nuanced than we currently acknowledge, and the potential and capacity of persons with disability and older adults – whether disabled or not – is consistently under-estimated.

While older adults are often defined as men and women aged 60 and above, there is great diversity within this group. Individuals of the same age have vast differences in health status, economic means, and social support networks. Many concerns are markedly different for a person aged 62 than for a 92 year old.

Defining disability is likewise complex and includes people with physical, sensory (ie. deafness, blindness), intellectual and mental health impairments of varying degrees of severity. Some 1 billion people live with a disability worldwide, with 80 per cent living in developing countries. These numbers are anticipated to rise markedly by 2050.

The risk of disability increases with age

The prevalence of disability increases amongst people as they age, reflecting an accumulation of risks across a life span of disease, injury, and chronic illness. The prevalence of disability increases from 5.8 per cent in youth under 18 to 44.6 per cent among 65 to 74 year olds, and climbs steadily to 84 per cent of people 85 years and over.

Disability compounds ageing. Whether adults are disabled before reaching old age or acquire a disability as they age, they are more likely to live in poverty and social isolation. Individuals affected

‘...both disabled persons and older adults are more likely to live in profound poverty; however disabled older adults are more likely to be the poorest of the poor.’

are more likely to be overlooked by policy, programmes and advocacy initiatives intended to improve individual and community wellbeing. Too often, assistance and support is framed as a charitable act or a medical intervention, rather than a human right or an investment in a large demographic group that has much to contribute. This is an oversight in understanding that impoverishes us all.

With disability and ageing, the barriers facing an individual and their potential can only be understood within the context of the surrounding society. An older adult who uses a wheelchair living in a community with ramps and accessible buses can navigate their world with much greater ease than someone living in a rural community that makes no concessions to people with mobility problems. Where there is prejudice and stigma about persons with disabilities or older adults, such individuals may be routinely denied a voice.

Disability and ageing are cross-cutting development issues affecting people more in low-income countries, with higher prevalence rates among women than men. These issues compound other social, economic and structural risk factors, including gender. For example, both disabled persons and older adults are more likely to live in profound poverty; however disabled older adults are more likely to be poorest of the poor.

Older disabled women are often poorer and more socially marginalised than older women who are not disabled and older disabled men.

Disability prevention and support

Living with a disability as an older adult may be markedly different for people who are born with or who acquire a disability earlier in life. Significantly less is known about how this population deals with the ageing process, but with improved access to health care, many disabled individuals are living much longer and growing numbers are reaching older age. Many have successfully adapted to disability, and reach old age with considerable knowledge and insight about living with a disability, their rights, what services and support are available to them, and with long-established social ties and support networks.

The majority of older adults acquire their disability as the result of diseases, such as stroke, diabetes, heart disease and mental health concerns, or functional impairments, such as eyesight or hearing loss. Most of these people do not consider themselves disabled. They view loss of functioning as a consequence of ageing and hold much of the same stigma and misinformation about disability as the rest of the population. For many, acquiring a disability may lead to depression and social isolation, as they assume they are limited by their new impairments.

Emerging data from higher income countries, such as the United States, Denmark, Finland, Italy and the Netherlands, have shown a decline in prevalence of disability among older adults due to improvements in health care and increased physical activity. Not all disability, however, is preventable, and it is important that misinformation and prejudice about disability does not cause us to write off disabled older adults.

Investing in the health and wellbeing of older disabled persons has benefits that have yet to be fully studied or appreciated. It is not just an individual issue: an older disabled person can and should be able to contribute to their families and communities if they choose. As such, maintaining the good health of disabled older adults and providing rehabilitation and assistive devices (such as wheelchairs and hearing aids) must be prioritised as a right and a wise investment.

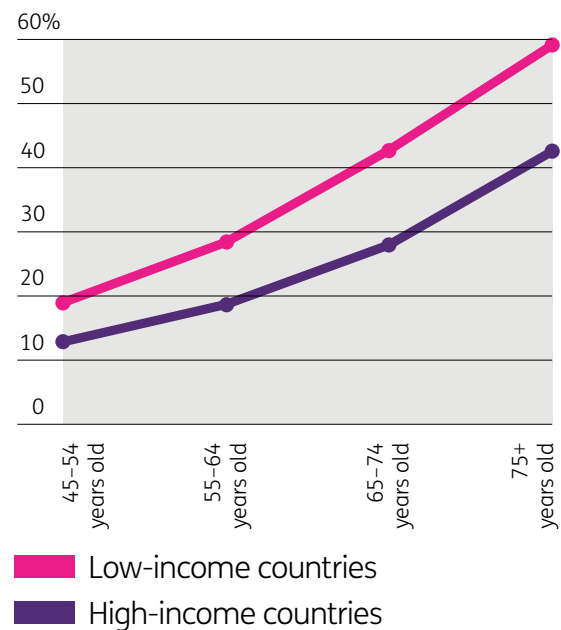
The cost of inaction affects the whole family. If an older man does not have a wheelchair, or a blind woman needs help navigating her surroundings, a member of their household – usually a wife or daughter – may have to stay home to help. Not uncommonly, a young child is taken out of school to help care for an older relative.

The need for collaboration

The growing global disability rights movement has made it clear that many of the barriers assumed to be linked with disability are in fact socially-defined and can be mitigated or overcome by better access to resources, social inclusion and human rights. Adults who have grown up or who have grown older with disability have much knowledge and insight about living with a disability to share – knowledge that would enrich the lives of older adults who have acquired their disability more recently. Even so, support and advocacy groups for older adults rarely reach out to disabled people’s organisations that provide advocacy, services and support.

The disability rights movement has shown how much persons with disabilities can contribute to their families, communities and societies. Over the past three decades, this global advocacy movement has effectively campaigned for

Age-specific disability prevalence by country income level



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

national and international laws, including the UN Convention on the Rights of People with Disabilities that guarantees full inclusion and equal access for persons with disabilities to all resources.

Closer alliances of activists working for the rights of disabled people and older adults are necessary to ensure that the unmet needs and unrealised potential of both groups are fully addressed. The growing number of older adults, who will live with disability for all or part of their later years, makes the need for such collaboration vital. It is an opportunity not to be missed – the lives of millions of the world’s most vulnerable older adults hang in the balance.

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Before this, Richard was the Director of Policy and Practice at UNICEF, responsible for organisational standards and practice in the areas of gender equality, children's rights, reaching marginalised populations, child and youth participation and communication for development.

Richard also led UNICEF's work on child statistics and advocacy for child-focused, pro-poor social and economic policies.

Who is caring for the kids?

It is timely and important for public policy and the builders of national social protection platforms to recognise more clearly that children, older people and other relatives do not live in isolation from each other. While they are often siloed in programme design, people in different age groups are in reality closely networked, and their lives intertwined, in spheres ranging from financial to emotional and care relationships.

Rightly concerned about issues of affordability and sustainability, but with a tendency to ignore human rights principles such as universality, discussions of national social protection strategies frequently adopt an 'either/or' approach to pensions 'versus' benefits aimed towards children. Such formulations do not clearly recognise that important shared benefits to children and older people from either type of provision may exist.

Grandparents parenting grandchildren

In large parts of Africa, the severe impact of the HIV pandemic on mothers and fathers has led, particularly since the 1990s, to the spread of fostering and informal care of children by older relatives. In various studies, large numbers of children orphaned due to AIDS are estimated to be living with grandparents:

- some 33 per cent of cases in Zambia,
- 37 per cent of cases in Jamaica,
- 47 per cent of cases in Thailand.

UNICEF, in 2007, estimated that grandparents – particularly grandmothers, care for around:

- 40 per cent of all orphans in the United Republic of Tanzania,
- 45 per cent in Uganda,
- more than 50 per cent in Kenya,
- and around 60 per cent in Namibia and Zimbabwe.

'Additions to family incomes through social pension payments in countries (such as South Africa, Botswana, Namibia and Mauritius) which are effective in reaching low-income households are likely to benefit children in those families as well as older people.'

Older women also commonly take care of young children in the context of Southern Africa's extensive migrant labour patterns. Survey work among Namibian pensioners undertaken by Stephen Devereux indicated that pension payments there are widely used to benefit children. Food and groceries for the family – rather than for the pensioner alone – were mentioned in survey interviews as a main use of pension income; while school expenses for grandchildren were the second most common use cited by pension recipients.

How pensions for older people benefit children

Esther Duflo also reported similar findings in her analysis of the impact of South Africa's public pension programme on children. She discussed the nutritional benefits of expanded pensions for children, in a context where more than a quarter of young black South African children lived with a pension recipient, and found considerable benefits for the improvement of child nutrition associated with these payments.

This reflects a wider issue in the developing world where, overall, young children in the poorest households (the bottom wealth quintile) are two to three times more likely to be nutritionally stunted as their country counterparts in the richest quintile. Additions to family incomes through social pension payments in countries (such as South Africa, Botswana, Namibia and Mauritius) which are effective in reaching low-income households are likely to benefit children in those families as well as older people.

Some context-specific cautions are in order. Duflo's article emphasized that the child nutritional benefits of the South African pension were found mainly among girls, with little impact on boys. Also, these benefits for girls' nutrition were strong when the pensions were received by women – grandmothers – but not when men were the recipients. However, the message is clear: younger generations can and frequently do benefit from interventions aimed towards older people.

Grandparent care: a worldwide phenomenon

Grandparents providing care for – and investing in – grandchildren is not just a developing country phenomenon, but is happening worldwide. A recent Grandparents Plus report found that grandparents provide intensive levels of childcare in European countries where formal childcare and benefits are limited. In Italy and Greece, for example, almost a quarter of grandparents look after their grandchildren for around 30 hours a week. Even in parts of Europe where formal childcare is widely accessible and maternity and paternity benefits are generous, a majority of grandparents have a role in their grandchildren's upbringing.

'I've gone back to being a mother and it is hard sometimes. I have to wake up earlier than I used to, because I have to make sure that all the children have eaten before they go to school. It's a really big challenge when one of them gets sick. I have to pay for transport to get to the clinic, and then I have to pay for the medication when we get there. Now I'm like a grandmother to Paul and Ian, as well as my own grandchildren. If the boys left, I would not feel good. It would be like taking a calf from its cow.'

In Kenya, Lilian, 58, cares for three orphaned grandchildren and took in two boys abandoned by alcoholic parents.



‘Addressing the rights and needs of older people is not only imperative on its own terms; it can also help realise the rights and meet the basic needs of children.’

Addressing the rights and needs of older people is not only imperative on its own terms, it can also help realise the rights and meet the basic needs of children. And, if the phenomenon of older people taking primary care of children is one that should receive greater recognition, the obverse is also true: children widely and perhaps increasingly provide significant or even crucial care and support for their older relatives. ‘Care’, as a crucial and often scarce resource both for younger children and older people, is a central element of a largely non-monetized but essential ‘economy’ for poor and vulnerable people, shared across generations.

Social pensions and other forms of income and benefit support for older people are not a substitute for focused and sustained social protection measures that ensure adequate care for children and help poor families to invest in their children’s survival, growth and development. Nor should public spending on social assistance for children and for ageing populations be viewed as in competition. They should rather be seen as complementary, both in principle and in practice. For each are essential components of a ‘social protection floor’ that provides people with security, dignity and protection during highly vulnerable stages of their lives, based on their inherent human rights and specific needs.

‘Rightly concerned about issues of affordability and sustainability... discussions of national social protection strategies frequently adopt an ‘either/or’ approach to pensions ‘versus’ benefits aimed towards children. Such formulations do not clearly recognise that important shared benefits to children and older people from either type of provision may exist.’

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She has been a cross-bench member of the House of Lords since 2000.

Understanding ageing and gender

It is often noted that women live longer than men. What is less often noted is the lack of equality between older men and older women. This is starkly highlighted by comparing their healthy life expectancies: while women globally have a higher life expectancy than men, in developing countries they often live more years in ill health.

Poor nutrition, insufficient attention to older women's sexual and reproductive health, a lack of affordable health care, as well as unequal access to the resources available to their male counterparts are but some of the factors that help account for this situation. Underlying this all are a range of gender-related inequalities that women accumulate throughout their lives: lower levels of education (58 per cent of women aged 65 and over in developing countries are illiterate, compared with 34 per cent of men), limited access to information and services, and lower participation in social, economic or political activities.

In spite of these challenges, women's life expectancy in most developing countries is increasing, with many of those in low and middle-income countries set to live longer than their predecessors. As a result, older women will make up an increasingly significant proportion of our global population and we will need to ensure that our development policy and programmes take them fully into account and utilise the positive change they can bring.

However, older women in developing countries often face extra challenges and discrimination both because of their age and their sex.

‘...as women in some societies lack access to property rights, a woman who becomes widowed may find herself turned out of her home. A combination of age and sex discrimination also puts older women at increased risk of violence.’

The impact of gender on later life

Dementia is an issue that exemplifies these challenges. ‘Family care’ is often a euphemism for ‘female care’, but this is significantly more of an issue in developing countries; for example, the 2009 World Alzheimer’s Report highlighted that over 80 per cent of carers for people with dementia in Venezuela and Cuba were women, in comparison to just 61 per cent of carers in the UK for the same year. These women, who provide free

invaluable support for people with dementia in their communities, often lose out on education; suffer financial hardship and become socially isolated.

The prevalence of dementia syndromes, specifically Alzheimer’s disease, is increasing among women globally. In some areas, women are accused of witchcraft due to gender and age discrimination, as well as a lack of awareness of dementia. This has led to violence, abuse and even death.



Peruvian Octavia, an 80-year old widow, has to work on her farm every day because she has no pension.

© Antonio Olmos/HelpAge International

‘...by 2050, the largest single groups of people in the world will be older women.’

Older women are more likely to become widowed than older men, and less likely to remarry. The loss of a spouse can have significant consequences for women, making them more vulnerable. For example, as women in some societies lack access to property rights, a woman who becomes widowed may find herself turned out of her home. A combination of age and sex discrimination also puts older women at increased risk of violence.

These gender and age-specific issues are of critical importance, as by 2050 the largest single group of people in the world will be older women. If we are to truly tackle the discrimination facing this group in developing countries, more research into the challenges they face needs to be conducted, along with an enhanced awareness of these issues by policy makers. More and better data, disaggregated by age and sex, would help to improve programmes and develop laws to respond to the different situations of older women and men.

Charities, NGOs and governments should look at the multiple levels of discrimination older women face because of their age and their gender, and create close working relationships and inclusive policies that take these factors into account.

For these changes to occur, the way that societies view older women – and the way that older women view themselves – must change. Girls and women of all ages, and not just women of child-bearing age, must be considered by policy makers to ensure that they are treated equally to their male counterparts throughout their lives. Older women should not be made to feel they are a ‘liability’ or a ‘burden’, and instead should be imbued with feelings of self-worth and value. Critically, they must also be recognised for the social and economic contributions that they make to their families; their communities and societies as a whole.

‘Poor nutrition, insufficient attention to older women’s sexual and reproductive health, a lack of affordable health care, as well as unequal access to the resources available to their male counterparts are but some of the factors that help account for this situation.’

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She was the first woman President of Ireland and is a former UN High Commissioner for Human Rights.

A tireless advocate for justice, she was also President of Realising Rights: The Ethical Globalisation Initiative from 2002 to 2010 and UN Special Envoy for the Great Lakes Region of Africa from 2013 to 2014. As UN Special Envoy for Climate Change and Chair of the Mary Robinson Foundation – Climate Justice, she is leading efforts to galvanise political will for a robust international agreement on climate change.

Experience, dignity, respect

There is a particular role reserved for older people in many societies: they can become village elders – mentors and peacemakers for their communities. Many, but not all, are respected for their wisdom and experience and are called upon to offer guidance and to help to resolve disputes.

It was this model that Nelson Mandela sought to emulate when, in 2007, he founded the organisation known as The Elders. I was honoured to be asked by Madiba to be part of this group of global leaders, who work to promote peace and advance human rights around the world. Chaired initially by Desmond Tutu and now by Kofi Annan, our group uses its collective experience to further peace building and reconciliation in war-torn countries and regions as well as to advocate on global issues like sustainable development and gender equality.

Do we respect our elders?

It is a sad irony at a time when the world has more older people than ever before – living longer with even greater wisdom and experience to offer – that they are often not respected as they have been in the past. Indeed many face prejudice and discrimination; find it difficult to access vital public services; have problems retaining or finding jobs and even become victims of mental or physical abuse. For far too many, old age brings with it the looming shadow of poverty, ill health and the loss of dignity.

Sixty five per cent of people over the age of 60 live in developing countries. And, by 2050, this number will have risen to 80 per cent. Sadly, it is in these countries – where people continue to play an important role well into old age – that they are often most at risk.

'It is a sad irony at a time when the world has more older people than ever before – living longer with even greater wisdom and experience to offer – that they are often not respected as they have been in the past.'

On the African continent – where the overwhelming majority of people do not have a social pension – older people work well into their advanced years, often in the informal sector. The devastation brought about by HIV, particularly in sub-Saharan Africa, has led many older people to take on care-giving and financial responsibilities for their children and grandchildren.

Human rights are universal

The first article of the Universal Declaration of Human Rights proclaims that all human beings are 'born free and equal in dignity and rights.' These rights do not diminish with age, but they do need greater protection. Many older people face unique challenges that hinder them from enjoying the same fundamental human rights as everyone else, particularly in respect to basic social services such as income support and access to health care.

During my time as United Nations High Commissioner for Human Rights, I was always very concerned not only with the recognition of human rights, but also their implementation and delivery.

The UN Millennium Development Goals were an important step in transforming the recognition of rights into effective action on the ground. As we approach the 2015 deadline for implementation of these goals, we must ensure that the post-2015 development agenda has a strong rights-based approach – and that this should pay special attention to the rights of our increasingly ageing global population.

An explicit recognition of the rights of older people must go hand-in-hand with the implementation and delivery of balanced development programmes which also protect and support younger generations. Human rights are rooted in respect for the dignity of the human person, so we must ensure that the realisation of older people's rights – for example, in the form of social welfare – does not become a cynical attempt on behalf of politicians to win votes from an increasingly influential part of the electorate.

The adoption of the Madrid International Plan of Action on Ageing (MIPAA) in 2002 was a milestone in encouraging countries to advance the rights and welfare of older persons. In its three 'priority directions' – older persons and development; advancing health and well-being; ensuring enabling and supportive environments – the Madrid Plan presented policy recommendations to help each government create 'a society for all ages'.

Although significant progress has been made over the past decade, the implementation of the Madrid Plan is uneven. Older persons in many societies, particularly women, still face the same prejudices and challenges as before.

'The first article of the Universal Declaration of Human Rights proclaims that all human beings are 'born free and equal in dignity and rights'. These rights do not diminish with age, but they do need greater protection.'



Domador Dahal, 72, is treasurer of a local Older People's Association in Nepal.

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'...many face prejudice and discrimination; find it difficult to access vital public services; have problems retaining or finding jobs; and even become victims of mental or physical abuse. For far too many, old age brings with it the looming shadow of poverty, ill health and the loss of dignity.'

Valuing older people

One of the biggest challenges is that of perception. We must learn to appreciate the singular gifts of those in the latter part of life – and their specific needs. We should encourage people from across the age spectrum to make common cause on the pressing issues and challenges that concern us all.

The challenge of climate change, for example, should be approached from the perspective of intergenerational justice. Intergenerational equity can serve as a unifying theme, connecting developed and developing countries, young and old, in advocating for a just solution, based on shared values.

Older people must have a voice in this debate. We are often the ones who see most clearly our responsibility to future generations. Speaking from personal experience, I can say that there is nothing like becoming a grandparent to awaken an acute concern for the future of our planet. We can't let our children and grandchildren look back on this critical period in time and say that we failed them.

Older people have much to contribute to so many spheres of life. We don't seek much in return. We don't want to become objects of care, benevolence and charity – we just ask that our rights are respected, so that we can live out our lives with dignity in a safe and secure environment.



Global ageing: taking action

The human rights of older persons: international law's grey area

Craig Mokhiber

Data means action

Clare Melamed, Emma Samman
and Laura Rodriguez Takeuchi

Ensuring income security in old age

Professor Armando Barrientos

Older people in emergencies

Sir Brendan Gormley KCMG MBE

2020 vision: the future face of development

Ken Bluestone

Why I am an activist for older people

Blandina Mbaji



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As chief of the Human Rights and Development Team in the 1990s, Mokhiber led the development of OHCHR's original work on human rights-based approaches to development and human rights-sensitive definitions of poverty. He represented OHCHR in mainstreaming efforts at UN Headquarters in New York through most of the 2000s.

The human rights of older persons: international law's grey area

'All human beings are born free and equal in dignity and rights.'

Universal Declaration of Human Rights

One of the main drafters of the landmark Universal Declaration of Human Rights (UDHR) was Eleanor Roosevelt, a woman who once said of old age 'I could not, at any age, be content to take my place by the fireside and simply look on.' 'Life', said Eleanor, 'was meant to be lived.' And, indeed, had she been content to sit by the fireside – or compelled to do so – there is good reason to believe that the UDHR would have been a very different document – if it had been adopted at all.

And yet, in drafting that remarkable Declaration, with its 30 articles so eloquently articulating the building blocks of the new order of freedom from fear and want, Eleanor and her colleagues blinked. Because, for all of its wisdom and remarkably comprehensive and balanced content, the UDHR does not contain a general prohibition of discrimination on the basis of age. This is a remarkable omission. The UDHR explicitly prohibits discrimination on the basis of 'race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or 'other status,' but not a word about age.

This omission is all the more important as the UDHR is the main source document for the subsequent international human rights covenants and treaties that contain almost nothing explicit about ageing. This has meant that very little attention has been given to the human rights of older persons by international human rights mechanisms (UN treaty bodies and special human rights procedures). Over six decades later, as the UDHR itself has reached an age that signals mandatory retirement in many countries, there are many good reasons to conclude that it is time to fill this critical gap.

‘We have all heard the heart-breaking stories of elders denied care, forced to live in unsanitary conditions, subjected to physical abuse, sequestered against their will, and exploited financially and otherwise. The problem here is not the absence of resources, but rather the absence of standards and enforcement.’

A pattern of vulnerability and abuse

Older persons represent a large and growing constituency who, like all of us, are entitled to live, in the words of the Universal Declaration, ‘free and equal in dignity and rights’, and yet who suffer particular forms of abuse – precisely on the basis of their status as older persons. The invisibility of so significant a population group in the international human rights framework is itself a statement of society’s de-prioritisation and neglect of the rights of older persons.

There is a growing body of evidence suggesting that, in countries across the globe, the experience of old age is increasingly an experience marked by vulnerability, exclusion, discrimination, deprivation and abuse. We have observed that where racism and sexism are declining, evidence of ageism is increasing.

In the absence of international standards, and in the face of often low or non-existent national standards, shocking cases of institutional neglect and abuse of seniors continue. In other cases, older persons are denied work, social security, essential services, and the full range of their economic and social rights.

‘An international convention would provide a comprehensive framework for setting standards, a single platform for advocacy, a vehicle for constructive international dialogue and cooperation, and an instrument for accountability.’

Public policy at the national level lags behind need, and many in this disempowered group are denied a voice in political processes. Violent criminals and unscrupulous ‘con men’ specifically target older persons as ‘easy targets’. Older persons, even where capable of making their own decisions about their personal finances, property, and medical care, are often denied the legal capacity to do so.

Gaps in standards

Older persons face particular challenges that are not addressed in existing international human rights standards. Some of these are in the areas relating to legal capacity, legal planning, and equality before the law, especially people subject to various forms of guardianship.

We find similar challenges with standards for long-term and institutional care. We have all heard the heart-breaking stories of elders denied care; forced to live in unsanitary conditions; subjected to physical abuse; sequestered against their will and exploited financially and otherwise. The problem here is not the absence of resources, but rather the absence of standards and enforcement.

While international frameworks to address violence against women and violence against children are largely in place, there is no equivalent for violence against older persons – in spite of the well-documented global reality of the targeting of older persons on the basis of their age and their perceived helplessness.

'I used to look after my mother and father, but when they died, my brother, sisters and uncle accused me of killing our parents and said I was a witch. They thought I was going to inherit our parents' land and livestock.

One night, I woke up and found two people standing at my bed. They hacked at me with machetes. I put my arms up to protect myself... they also chopped my neck and shoulders, my back, my head and right across my face. I heard my brother's voice. The police investigated, but they didn't take any action.'

In Tanzania, Mageni survived a vicious machete attack.



Other gaps are evident as well. Issues at the heart of the ageing experience, like mandatory retirement ages; access for older persons to productive resources; political and social participation; standards for end of life care, palliative care, and geriatric health care, all lack human rights standards at the international level.

Filling the gaps

Obviously, remedying these broad and long-standing protection gaps requires more than piecemeal approaches. Thus, many in the international community have already mobilised to promote the adoption of an international convention on the human rights of older persons. The reasons for this are compelling and are many.

An international convention would provide a comprehensive framework for setting standards; a single platform for advocacy; a vehicle for constructive international dialogue and cooperation, and an instrument for accountability. It would facilitate global monitoring, benchmarking, data collection and disaggregation, and reporting. Most importantly, a convention would catalyse a global paradigm shift away from the failed charitable and traditional approaches of the past, and toward the recognition of older persons from victims to rights holders, and thus from charity to accountability; from arbitrariness to the rule of law, and from pity to power.

‘Studies indicate that, even where racism and sexism are declining, evidence of ageism is increasing.’

Today, it is simply a fact of life that older persons live longer, work longer, create longer, participate longer and contribute longer. Many get their education later, marry later, have children later, and retire later. There is nothing magical that happens at the age of 60 or 65 that explains differential treatment on the basis of age. Only discrimination does.

In her statement to the UN working group on the human rights of older person, High Commissioner for Human Rights Navi Pillay said that ‘the irony of the elderly being increasingly excluded from the very societies and institutions that they have built is too tragic to ignore.’ And so it is.

‘The Universal Declaration of Human Rights explicitly prohibits discrimination on the basis of ‘race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or ‘other status’, but not a word about age.’

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The views expressed are those of the author alone, and do not necessarily reflect any official positions on the part of the United Nations, or of the Office of the High Commissioner for Human Rights.



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She heads ODI's work on the post-2015 agenda, looking at sectoral and cross-cutting issues, tracking the political negotiations, co-leading the 'MY World' survey with UNDP and working on the 'data revolution'.

Data means action

Recent studies in developing countries have shown that households with older heads or members tend to be poorer than other households. Yet a shortage of data and monitoring mechanisms mean that the situation of older people is often invisible, making it more difficult to document and dismantle entrenched patterns of discrimination.

At the national and international levels, to formulate policies that will benefit older people and reflect their priorities, we need better data. This means nationally-representative (and internationally-comparable) data that are collected from enough older people to give meaningful insights into their circumstances and perspectives. The absence of such data may reflect technical challenges (what to measure and how); a lack of resources or capacity and/or political constraints. We need to understand better these barriers and how they might be overcome. Advocating for more and better data is a necessary step for better actions relating to ageing and older people.

How can we get better data?

For global monitoring, the main way to obtain internationally-comparable information is through coordinated household surveys – yet these do not fully take older people into account.

Household surveys aim to provide a representative 'snapshot' of how a population is faring at a given time but the extent to which it is a true likeness will depend on how well it covers its population and on the questions it asks. There are three key international household survey programmes. The World Bank regularly conducts Living Standards and Measurement Surveys (LSMS) which aim to develop a rich multi-dimensional profile of countries. Demographic and Health Surveys (DHS), conducted by Macro International, and UNICEF's Multiple Indicator Cluster Surveys (MICS) are carried out in a range of developing countries every five years on average, and focus on women of reproductive age (usually 15 to 49 years old) and children under the age of five.



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The surveys consist of a household questionnaire and separate interviews for ‘eligible’ women within the household and, in most countries, men aged 15–59 years.

It would not be technically difficult to adapt these surveys to include, more fully, people in later life. Filling three gaps would enable greater coverage and richer information on older people.

Coverage

The first gap concerns coverage: older people are not always present in household surveys because they may be less likely to live in private households or are not typically the focus of data collection. Two adjustments would redress this gap. The first is for complementary data collection among individuals who do not live in traditional household units, including those living in institutions such as residential-care facilities and long-stay hospitals. The second adjustment – which pertains to the DHS and MICS – would involve asking more questions of household members who fall outside their ‘eligibility’ requirements, ie. older women and men.

Representativeness

The second gap concerns the representativeness of older people. For a survey to capture well how a population is faring, enough people of different types (gender, age, region, etc) need to respond to meet criteria of statistical representativeness. To highlight the circumstances of particular and smaller numbers of people, such as those of advanced old age, it may be necessary to gather information on a greater number of people, or to over-sample groups to obtain representative data.

Depth of information

The final gap concerns the need to collect richer information about the experiences and perceptions of older people. Here, two types of adjustments are recommended: firstly, asking already-included questions of all household members; secondly, asking about issues that may affect older people in particular.



When we carry out surveys following natural disasters – such as this food distribution in the Philippines following Typhoon Haiyan – Age International always ensures that older people are counted.

© Peter Caton/HelpAge International

Asking already-included questions of all household members is important to account for the distribution of resources within households and to obtain information that is as accurate as possible. Asking for data directly of the household member concerned, rather than asking a household head or other nominated person to answer on another's behalf, tends to yield more accurate data. A recent experiment demonstrated that data gathered by proxy yielded less accurate responses, particularly when there was a difference in age between subject and respondent.

Household surveys should also address issues that may affect older people, such as the care economy and domestic violence. Data on care-taking requires time-use surveys that can be painstaking to administer, but give valuable insights into the time that people spend caring for others – useful in knowing more about how elderly people are cared for and the care that they, in turn, provide. Questions on domestic violence are not always addressed to women over 50 years old, despite evidence that the problem may be sizeable among older people. In Europe, for example, an estimated 4 million older people experience physical abuse, and in Mozambique, Tanzania and Zambia, older people are often the targets of witchcraft accusations, robbery, land and housing seizures and emotional abuse.

‘More inclusive data collection is not just a question of making technical adjustments to data collection instruments – it will require greater resources and/or capacity for data collection, and the political will to ensure that older people are counted, that they have access to data on themselves and others, and that their data are taken into account.’

Turning better data into better action

Using data for action at an international level requires clear targets and indicators that are inclusive of older people. So far, inequalities related to old age have been relatively overlooked. Agreements, such as the post-2015 framework, provide invaluable opportunities for highlighting inequalities at a global level and advancing the commitments elaborated in the 2002 Madrid International Plan of Action on Ageing (MIPAA). Equally, they provide the opportunity to make older people visible in national and international monitoring frameworks. Focusing on existing household survey instruments is a start – but similar issues of coverage, representativeness and depth of information apply to other parts of future monitoring frameworks such as administrative registries or the collection of real-time information through new technologies. More inclusive data collection is not just a question of making technical adjustments to data collection instruments – it will require greater resources and/or capacity for data collection; the political will to ensure that older people are counted; that they have access

to data on themselves and others, and that their data are taken into account. Resource constraints are real. Adding questions to surveys renders them more costly and time-consuming – both for data collectors and respondents – and survey fatigue can compromise data quality. Moreover, older people are often marginalised in political terms and may not be well positioned to urge more attention to their circumstances. Nonetheless, a focus on what data should be collected and how can serve as a springboard, not just for better data but for better actions relating to ageing and older people. Advocacy to ensure attention is paid to collecting such data is essential.

‘Recent studies in developing countries have shown that households with older heads or members tend to be poorer than other households. Yet a shortage of data and monitoring mechanisms mean that the situation of older people is often invisible, making it more difficult to document and dismantle entrenched patterns of discrimination.’

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‘Today, pension schemes are the largest component of social expenditure in high income countries and don’t necessarily provide a blueprint model for addressing the income security needs of older people in other economic contexts.’

Ensuring income security in old age

Financial transfers are considered to be a core component of achieving income security in old age. While these transfers are traditionally thought of as pensions and to be the domain of wealthier countries, a much wider range of options are available.

Not all of these options are financial and active steps need to be taken to address age discrimination, access to employment and access to development assistance. Although much work remains to be done, governments in developing countries have taken significant steps towards ensuring income security for older people.

Population ageing in low and middle-income countries is a consequence of two demographic trends: lower birth rates and an extension of life expectancy. The rate of population ageing in developing countries is unprecedented. Rapid population ageing compounds the complexities and uncertainties for both individuals and governments alike, creating greater challenges where income security for older people is concerned.

From a societal perspective, older people are growing as a proportion of the total population and this brings with it budget implications. From an individual perspective, longer lives mean having to think about access to income and financial resources over a longer period of time and adjusting strategies for managing assets and entitlements across the life course.

‘Although much work remains to be done, governments in developing countries have taken significant steps towards ensuring income security for older people.’

The history of the pension

European countries pioneered the employment-based insurance pension schemes introduced by Bismarck specifically to address these challenges, but in a very different demographic reality. Today, pension schemes are the largest component of social expenditure in high income countries and don't necessarily provide a blueprint model for addressing the income security needs of older people in other economic contexts.

Even though employment-based pension schemes were introduced in parts of Latin America, Africa and Asia, they never reached beyond a fraction of the population in formal employment and did nothing for those workers in the informal sector. Subsequent financial crises and structural adjustment programmes undermined the effectiveness of these schemes for the wider population.

An alternative to the Bismarckian approach is to provide budget-financed transfers to older people based on citizenship. Among high income countries, Nordic countries pioneered this approach while Australia and New Zealand placed them at the core of their welfare provision.

In the last two decades, social pensions, or non-contributory pensions, have expanded rapidly in low and middle-income countries. For many developing countries, they can be a core component of an effective strategy to ensure old age income security in the context of rapid population ageing.

In low and middle-income countries non-contributory pensions have attracted the attention of policy makers because they meet several objectives. In addition to providing a measure of old age income security, they can also mitigate the effects of labour migration; inject demand into rural areas and protect families affected by HIV. In middle-income countries with extensive contributory pensions, non-contributory pension programmes help reach informal and low income groups excluded from contributory schemes.

Non-contributory pension programmes differ from contributory pension schemes in important respects. Entitlements are linked to age, and often to socio-economic status too, but are not linked to employment or retirement. The absence of work tests means that beneficiaries are not forced to withdraw from employment. Arguably, non-contributory pension programmes are not pensions in the conventional sense of ensuring withdrawal from the labour force but are important tools for strengthening income security in older age. Self-employment and care are significant among low income households and especially in rural areas. Studies show a decline in formal or dependent employment following pension receipt, but unchanged levels of self-employment and increased levels of care.

Bolivian pensioners in rural areas show large increases in household consumption compared to their urban counterparts, in large part because their pension income helps them access seeds, equipment, and labour needed to increase production.

The benefits of pensions for all generations

In low and middle-income countries, a large number of older people live with their extended families and therefore share their transfers with other family members. In low income settings, non-contributory pension benefits are very effective in addressing household poverty. In South Africa, studies find that children living in households with pensioners have better health status and are more likely to be at school than children in similar households without a pensioner. In Brazil, a recent study confirmed that youth, living with a pensioner are more likely to be in education, than similar youth in households without a pensioner. The fact that transfers are shared helps to extend the benefits to other family members, although this diffuses the benefits for pensioners and increases their responsibility for their households.

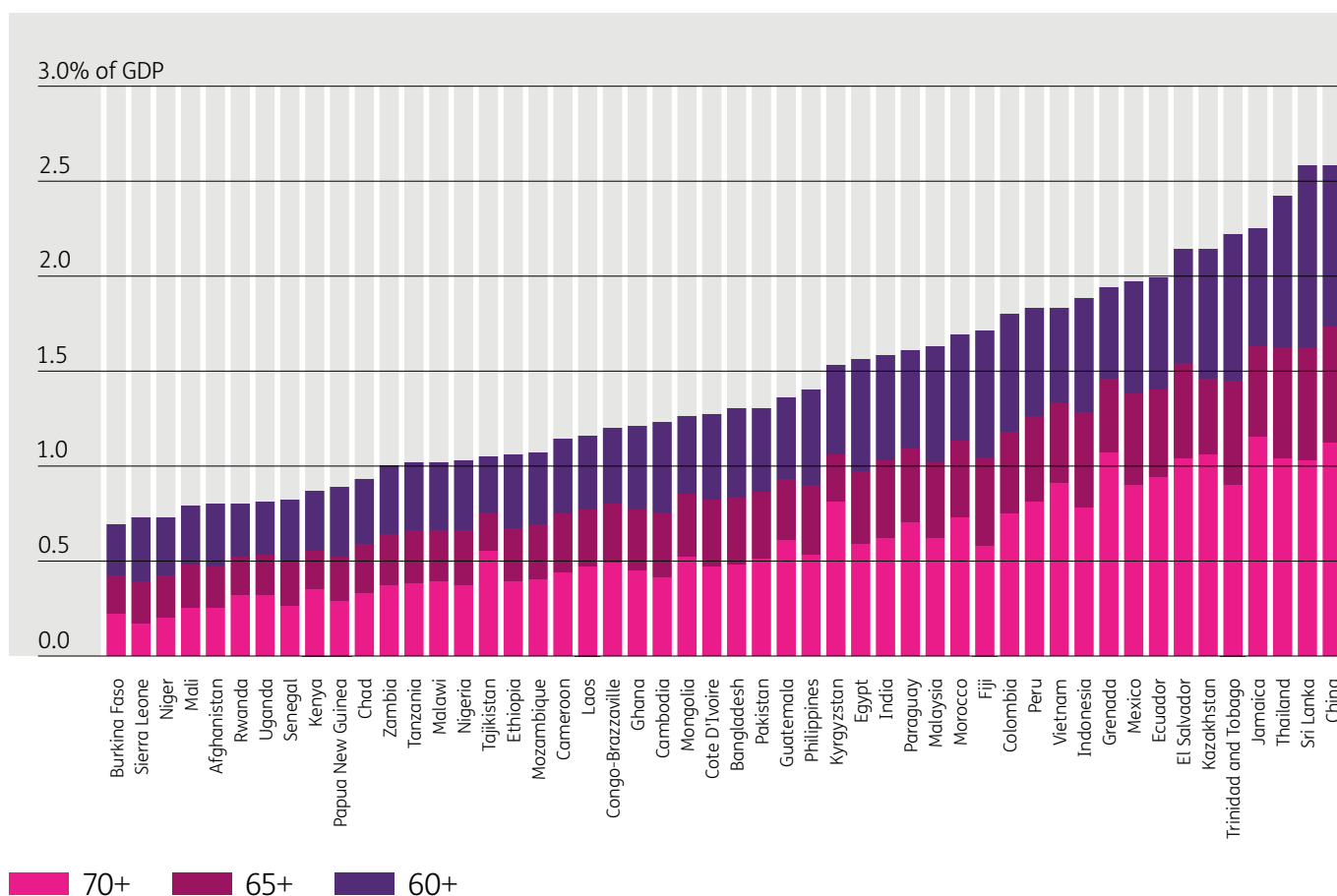
‘In low income countries where government revenues are tight, policy makers ration expenditure by adopting a late age of entitlement and/or a stricter means test. In middle-income countries, policy makers restrict the generosity of non-contributory pensions so as to retain contribution incentives for workers in formal employment.’

The design of old age transfers varies across countries. In Nepal and Lesotho, entitlement to a social pension is based solely on age, but in South Africa entitlements are based on age and the socio-economic status of older people and their spouses. It is important to ensure that means tests avoid unintended effects on household living arrangements; for example, splitting off older people from their households to qualify for the transfer. In South Africa, the means test applies to the income and assets of beneficiaries and their spouses only, precisely in order to prevent these unintended effects.

Financial sustainability is a crucial issue for citizenship-based pensions, especially as the target population is rising over time. In low-income countries where government revenues are tight, policy makers ration expenditure by adopting a late age of entitlement and/or a stricter means test. In middle-income countries, policy makers restrict the generosity of non-contributory pensions so as to retain contribution incentives for workers in formal employment. Governments in all of these countries must also balance support for older people with support for other groups, especially children.

What should matter for government policy is the welfare of its people across their life course, rather than just during specific segments of their lives. For the majority of these countries, raising expenditure to support higher levels of welfare across the life course is both feasible and desirable.

Cost of a universal pension in 50 low-and middle-income countries



Source: Pension watch briefings on social protection in older age, Briefing no. 2, The price of income security in older age, HelpAge International, March 2011.

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He is a Trustee of Age International. Previously, Brendan spent 12 years as Chief Executive of the Disasters Emergency Committee.

For most of the 1990s, he was Oxfam UK's Africa Director.

'...older people are among the most vulnerable to neglect, injury, disease and death. Yet their needs are often overlooked by governments and non-governmental organisations (NGOs) alike.'

Older people in emergencies

My emergency and humanitarian response work started with the Sahel famine in the mid-70s. However, it took the dreadful aftermath of Hurricane Katrina in 2005 in the US, and the stark failure to respond adequately to the needs of the elderly to awaken me to the urgent need to better understand and disaggregate their needs and include them in the design of effective relief programmes.

Sadly, thousands in New Orleans were left isolated, stuck on upper floors without electricity, without the distribution of medicine and oxygen – invisible, so abandoned to their fate.

I see three drivers of future disaster risk affecting older people. Firstly, global climate change, which means an increasing frequency and intensity of floods, storms and droughts resulting in scarcities of land, clean water and energy. Increasing competition for these resources is likely to exacerbate conflict; already one-third of humanitarian disasters are caused by conflict. Food crises are already rife around the world and are likely to worsen with the continuing global economic crisis.

Secondly, demographic change, with the population of least developed countries reaching 1.5 billion by 2040, and a high proportion at risk of one or more natural hazards. The proportion of people over 65 is expected to triple.

Thirdly, growing urbanisation, estimated to almost double by 2040, causing many more people to live in high-risk areas, vulnerable to flooding or mud slides, thus increasing the risk of being affected by heavy rains. Already eight out of ten of the most populous cities are vulnerable to earthquakes and six out of ten to storm surges and tsunamis.

Meeting the needs of older people

What Katrina taught me was that when disaster strikes, older people are among the most vulnerable to neglect, injury, disease and death. Yet their needs are often overlooked by governments and non-governmental organisations (NGOs) alike. Here are three startling facts:

- 26 million older people are affected by natural disasters every year.
- 97 per cent of people killed by disasters live in developing countries.
- Only 0.2 per cent of UN Flash Appeals for humanitarian relief target older people.

There is a need to recognise that the needs of older people are different from those of children or the more able-bodied. Governments and NGOs often assume that these needs will be met through general aid programmes that are often based on general distributions. These rely on recipients being able to travel to collection points; wait for hours; transport goods themselves and find a way to make their voice and needs heard above those of others.

Yet these are precisely the things the elderly may be less able to do, especially in the early days following a disaster. Let's look at what this means in greater detail.

Reduced mobility

Older age brings reduced mobility and muscle strength, impaired sight and hearing and greater vulnerability to heat and cold. Minor conditions can quickly become major handicaps that overwhelm a person's ability to cope.

When communities flee to safety, many frail or housebound older people are less able or willing to leave quickly or protect themselves from harm, often preferring the familiar and staying put. Older people can struggle to obtain food, travel long distances or endure even short periods without

shelter. When they do flee, many people in later life cannot move as quickly as others; nor are they strong enough to carry many possessions.

Inappropriate food

Emergency food distribution programmes are rarely adjusted to include the particular needs of people in later life. Older people need micronutrients, protein and food that is easy to swallow and digest.

Rations can be too heavy to carry; packaging too difficult to open. Many older people report being pushed out of the way by more able-bodied people in the queue for aid.

Inadequate health care

Immediately following a disaster, health services must focus on first aid; however, in the medium term, health services need to respond to the ongoing needs of the affected population, including older people.

Walking sticks and frames; hearing aids and glasses can make all the difference in enabling older people to access assistance. Early on in an emergency response, older people may also not get continuity of treatment for chronic conditions that are more prevalent in older age, such as coronary heart disease, diabetes, stroke, respiratory illnesses, rheumatism and dementia. These conditions deteriorate without routine assessment and treatment.

Trauma and isolation

Loss of family members, carers and community ties can leave older people isolated. For many survivors, the most difficult aspect of a disaster is coping with day-to-day life afterwards. Agencies sometimes run family reunification programmes – but concentrate on reuniting children with parents, neglecting to take into account the needs of people in later life.



'We bought a stack of his medicines in Syria and brought them with us. Now his medicines are running out. In the next 10 days, he won't have all the medication he needs anymore. We are trying to get insulin, but it's difficult to find.'

Ilham describes the challenge of finding medicines for her husband's chronic illnesses while they are refugees in Lebanon.

© Lydia de Leeuw/Handicap International

Loss of livelihoods

Eighty per cent of older people in developing countries have no regular income. Less than 20 per cent receive a pension. Many older people have no choice but to work until the day they die. However, older people are often excluded from 'cash for work' programmes in the erroneous belief that they are no longer economically active.

In order to take some of these issues into account, governments and agencies responding to an emergency should consider whether their data collection assesses the needs of all vulnerable groups, and is disaggregated by age and sex. They should also use existing standards, such as the UN Inter-Agency Standing Committee

(IASC) guidelines, to ensure older people's needs as a vulnerable group are acted upon.

We owe it to the elderly, who have given so much during their lives and have amassed much wisdom, to wake up to the growth in their number, especially in countries that are vulnerable to humanitarian emergencies. We need to act now to respond better to their needs in times of emergency and make this an integral part of all we do.

'There is a need to recognise that the needs of older people are different from those of children or the more able-bodied.'

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Ken Bluestone is the Political and Policy Adviser for Age International and leads the organisation's international influencing work.

Previously, Ken worked in policy and influencing roles with organisations such as Progressio and VSO on a variety of issues including HIV & AIDS, corporate social responsibility in the pharmaceutical sector, and multi-stakeholder dialogues on water and sanitation.

'With ageing comes a specific set of circumstances that are unique to older age, but which we have done little to understand in the context of development.'

2020 vision: facing the future of development

There is a single irreducible fact that is transforming our societies: we all age day by day. What is new is that we are living longer, even in low and middle-income countries. This is one of the most concrete and tangible outcomes of development success and yet is frequently ignored by development practitioners and governments alike.

Despite the obvious achievement that being old signifies, decision makers often give short shrift to the notion that spending money on people in later life is an investment in development. Even so, the stark realities of ageing remain and are growing ever more evident.

From this fact, come several consequences that demand action:

The number of older people is increasing: no matter how you slice the data, nor which part of the world you look in, the number of older people is increasing, as is their proportion of the overall population. Add to this the fact that people's lives are getting ever longer and the oldest old is the fastest growing population group. Ageing in itself is neither a positive or negative thing for society; it depends entirely on how we respond.

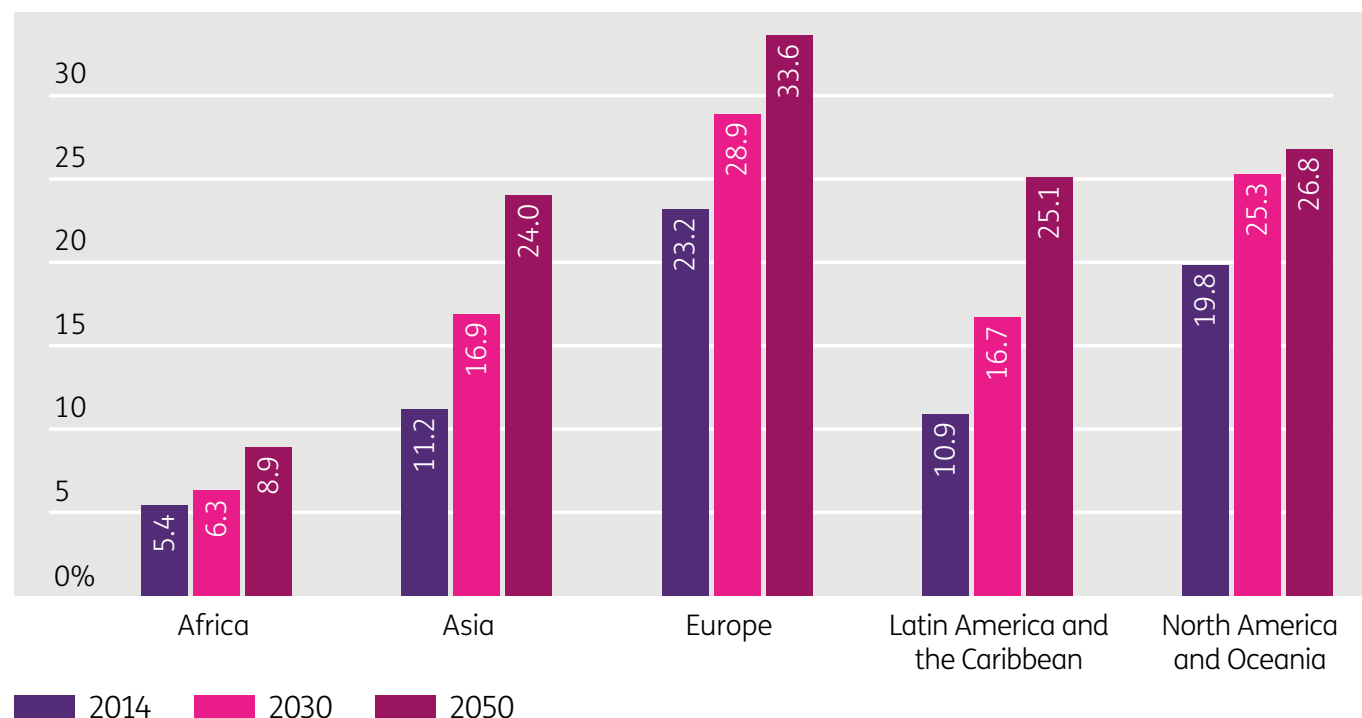
Rights of older people need protecting: it may seem evident that we have rights throughout our lives, yet it is not a given that those rights will be well articulated, acknowledged or protected. Older people are as good as invisible under current international human rights agreements. The experience of creating human rights conventions for other sectors of the population, such as children, women and people with disabilities, demonstrates that greater clarity is needed to take action.

‘Despite the obvious achievement that being old signifies, decision makers often give short shrift to the notion that spending money on people in later life is an investment in development.’

Older people are part of the community: we can’t treat them as an isolated group: real life is intergenerational. Whether we look at poverty, health, education, environmental sustainability or humanitarian crises, the picture remains the same: people of many ages interacting, contributing, demanding and often requiring help of and giving help to each other. Often we forget that ‘older’, ‘younger’ and ‘productive age’, are not separate and isolated groups, but moments in the same person’s life. In this respect, development has been very short-sighted and unable to see a person throughout their life course.

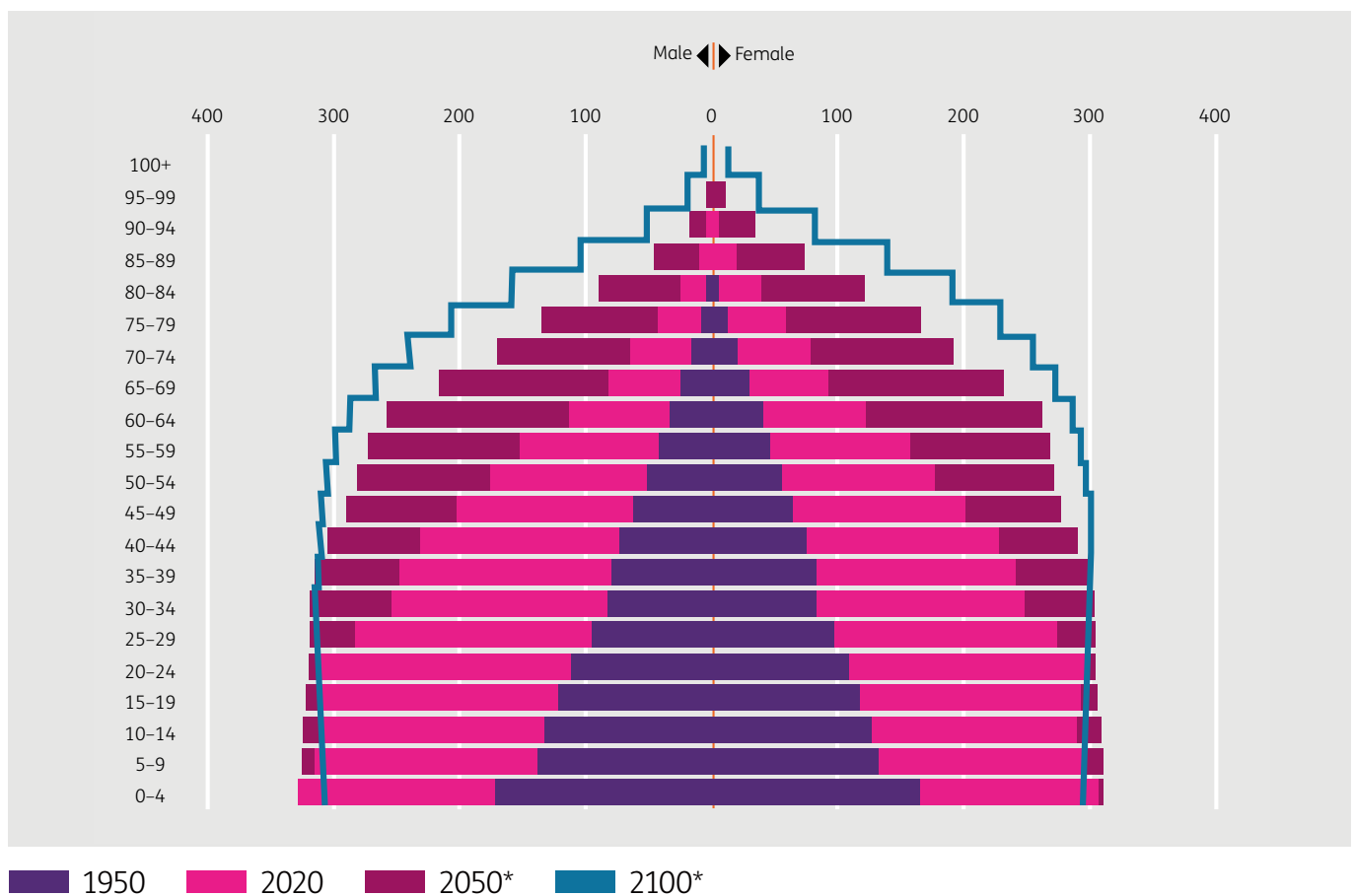
Older people have needs: as we get older, our bodies change; perceptions of ourselves by others in society changes; our income changes and how we interact with others changes. With ageing comes a specific set of circumstances that are unique to older age, but which we have done little to understand in the context of development. These are not marginal issues. With increasing numbers of older people and greater longevity, we have seen how these changes can have a dramatic effect on both the individual and society as a whole. Addressing these needs is both a question of social justice and of economic survival.

Proportion of population aged 60-plus by region in 2014, 2030 and 2050



Source: UNDESA, Population Division, World population prospects: the 2012 revision, DVD edition, 2013.

World population ageing pyramid by five-year age group



Source: UN, from 'The world in 2100', 13 May 2011, The Economist online.
*Projection.

So, how do we respond to these challenges?

At its most simple, do something. The price of inaction and ignoring the essential facts of ageing and development results in: governments that don't understand their own populations and fail to respond to predictable, yet radical changes in society; development programmes that don't know where poverty lies and don't effectively mobilise resources from within the community; societies that seek to prepare a better world, but only for people when they are young.

By 2020, we will be one-third of the way through the post-2015 agenda. Will we be able to count how many older people have been helped by these goals and targets? Will development actors have spent money to ensure the needs of people of all ages and abilities are being taken into account? Will we be investing in later life to achieve effective and just development results? Will we have recognised that people have rights too as they get older, by creating a new human rights convention for older people? One thing is certain, the world will be older by then. But will we be wiser?



Blandina is an older people's activist in Kibaha, Tanzania.

After receiving training on non-communicable diseases from Age International's local partner, the Good Samaritans, she set up an Older People's Association (OPA) in her community. The OPA aims to run income-generating activities in the future so older people can support themselves and their families.

'We have to advocate for older people so politicians can do something to help us.'

Why I am an activist for older people

Blandina Mbaji, an older people's activist in Kibaha, Tanzania, explains why she became an activist; how older people's rights are routinely ignored; what governments need to do to start addressing the issues faced by older citizens in their own countries.

'I decided to become an activist for older people because I saw that older people were being forgotten and their rights were being ignored.

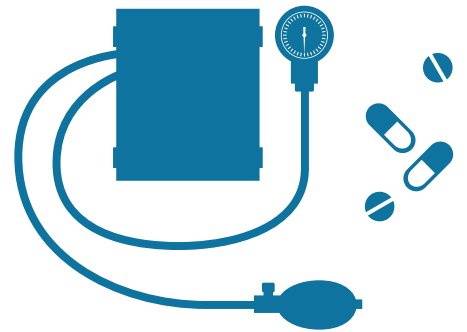
Firstly, older people should have the right to be recognised and acknowledged as people. Secondly, they should be allowed to participate in decision-making processes. Thirdly, they should have the right to universal health care. And finally, older people should have the right to receive seed capital so they can set up their own small businesses to support themselves.

Older people are forgotten. Children have a department and a ministry; women have a department and a ministry but older people have no place. They are not even recognised as a group of people who not only have value, but can also be vulnerable.

Their issues are not brought to parliament. When politicians talk about how a country can develop, they talk about other age groups; they don't even mention older people. So we have to advocate for older people so politicians can do something to help us.'

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