

POPULATION AGEING AND DEVELOPMENT

SOCIAL, HEALTH AND GENDER ISSUES

POPULATION AND
DEVELOPMENT
STRATEGIES

NUMBER 30



United Nations Population Fund (UNFPA)
in collaboration with
The Population and Family Study Center (CBGS)

POPULATION AGEING AND DEVELOPMENT

SOCIAL, HEALTH AND GENDER ISSUES

NUMBER 3 | 2002

POPULATION AND
DEVELOPMENT
STRATEGIES

SERIES

REPORT OF AN EXPERT GROUP MEETING
POPULATION AGEING AND DEVELOPMENT:
SOCIAL, HEALTH AND GENDER ISSUES WITH A FOCUS ON THE POOR IN OLD AGE
29-31 OCTOBER 2001
VALLETTA, MALTA

First Published April 2002
New York, NY 10017

NOTES:

The views and opinions expressed in this report are those of the experts who attended the Expert Group Meeting on Population Ageing and Development, held in Valletta, Malta on 29-31 October 2001, and do not necessarily reflect those of the United Nations Population Fund (UNFPA).

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the United Nations Population Fund (UNFPA) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The term 'country' as used in the text of this report refers, as appropriate, to territories or areas. The designations of 'developed' and 'developing' countries are intended for convenience and do not necessarily express a judgement about the stage reached by a particular country or area in the development process.

Graphic Design and Production: Andy Musilli

Cover photos: UNESCO Photobank

FOREWORD

Population ageing has become one of the most significant demographic processes of modern times. An inevitable consequence of the demographic transition and the shift to lower fertility and reduced mortality, the ageing of the world's population has many countries facing unprecedented numbers and proportions of older persons. In much of the world, populations are ageing at an extremely rapid pace. The proportion of older persons, that is those aged 60 years and over, currently comprises around 10 per cent of the world's population, and is projected to increase to 22 per cent by 2050. About two thirds of older persons live in developing countries and the majority are women.

In April 2002, the international community will come together in Madrid, Spain, for the Second World Assembly on Ageing. The Assembly is scheduled to adopt a plan of action that will guide policy formulation and programme implementation in the area of ageing. As part of the preparatory activities leading up to the Second World Assembly on Ageing, UNFPA convened, in collaboration with the United Nations Programme on Ageing, AARP (formerly known as the American Association of Retired Persons) and HelpAge International, an Expert Group Meeting on Population Ageing and Development. The meeting was hosted by the International Institute on Ageing (INIA) in Malta from 29-31 October 2001 and was attended by representatives from government agencies, academia, non-governmental organizations (NGOs), United Nations agencies and Regional Commissions and observers ([Annex 1](#)).

The Expert Group Meeting considered various approaches to alleviating poverty in old age, especially among older women. Participants exam-

ined traditional and innovative ways of enhancing the ability of families and communities to provide support and care for older persons. They also discussed how countries, through training and capacity-building, might evolve policies appropriate to their own cultures, traditions and socio-economic circumstances to alleviate poverty among the elderly. The meeting considered ways to mainstream ageing issues into a broader development framework that takes account of lifelong individual development, an enhanced productive role for older persons, multi-generational relations and the close link between ageing and development.

The meeting included presentations and panel discussions on a wide range of technical issues related to population ageing as well as open discussion of the presentations. This publication provides a summary of the papers presented and the discussions, along with the meeting's conclusions and recommendations. An edited selection of the papers presented at the meeting will be published at a later date.

On behalf of UNFPA, I would like to take this opportunity to thank AARP and HelpAge International for their generous support for the meeting, and our colleagues at the United Nations Programme of Ageing for their excellent collaboration in the preparations for the meeting. Special thanks go to the International Institute on Ageing for kindly hosting the meeting, arranging for the highest level of political commitment from the Government of Malta, and for providing excellent support throughout.

I would also like to thank all the participants at the Expert Group Meeting for sharing their expertise in the area of population ageing. I would like to thank my colleagues from the Geographical Divisions and the Information, External Relations and Resource Mobilization Division. Finally, I would especially like to thank the Population and Development Branch of the Technical Support Division, especially the team listed on page x, for the hard work and commitment in organising the meeting and preparing this report.

Mari Simonen



Director
Technical Support Division
February 2002

CONTENTS

Foreword	iii
List of Boxes	vi
List of Tables and Figures	vii
List of Acronyms	viii
1 Opening	1
2 Mapping the Second World Assembly to the Millennium Declaration	7
3 Overview of Population Ageing and its Implications	17
4 Situation and Voices of the Older Poor	21
5 Population Ageing Issues in Africa	29
6 Population Ageing Issues in Asia	35
7 Poverty and Health in Old Age in Developing Countries	41
8 Population Ageing Issues in Latin America and the Caribbean	47
9 Population Ageing Issues in Western Asia and Countries with Economies in Transition	51



10	Capacity Building to Meet the Needs of Older Persons	57
11	Panel on Population Ageing: A Donor's Perspective	63
12	Programmes of the United Nations System and Civil Society	67
13	Closing	77
14	Conclusions and Recommendations	79
	Annex: List of Participants	87

Boxes

1	International Conference on Population and Development, 1994 Summary of the Programme of Action for Older Persons	12
2	ICPD +5 and Population Ageing	13
3	UNFPA Addresses Ageing Issues in Indonesia	15
4	The Older Poor in India	23
5	The Older Poor in South Africa	26
6	The United Nations Programme on Ageing	67
7	The International Labour Organization and Ageing	68
8	AARP	73
9	HelpAge International	74
10	The International Institute on Ageing (INIA) in Partnership with the United Nations Population Fund (UNFPA)	75

Tables

1	Number and Proportion of Population Aged 60 Years and Older, World and Regions: 1950-2050	9
2	Percentage Distribution of Population by Broad Age Groups: World and Regions, 1950 – 2050	10
3	Sex Ratios (Number of Males Per 100 Females) of Populations Aged 60 and Older and Aged 80 and Over, World and Regions, 1950 - 2050	11

Figure

1	The Determinants of Active Ageing	70
----------	-----------------------------------	----

List of Acronyms

AARP	(formerly known as the American Association of Retired Persons)
ALC	Ageing and Life Course Programme, World Health Organization
ATCOA-Thailand	HelpAge International's Asia Training Centre on Ageing
CBGS	Population and Family Study Centre, Belgium
CBO	Community-based organization
DESA	United Nations Department of Economic and Social Affairs
ECLAC	Economic Commission for Latin America and the Caribbean
ESCAP	Economic and Social Commission for Asia and the Pacific
ESCWA	Economic and Social Commission for Western Asia
GCC	Gulf Cooperation Council
HAI	HelpAge International
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
ILO	International Labour Organization
INIA	International Institute on Ageing, UN Malta
LDC	Less developed country
NGO	Non-governmental organization
NPA	National plan of action
NPH	Department of Noncommunicable Disease Prevention and Health Promotion, World Health Organization

OAU	Organization of African Unity
ODA	Official development assistance
PPAs	Participatory Poverty Assessments
PRSP	Poverty Reduction Strategy Paper
QOL	Quality of life
TFR	Total fertility rate
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund

MEMBERS OF THE ORGANISING AND REPORT TEAM

Richard Leete | Chief, a.i., Population and Development Branch

Ann Pawliczko | Senior Resource Flows Officer, Population and Development Branch

Madeleine Sacco | Research Assistant, Population and Development Branch



CHAPTER 1 OPENING

We are faced with the global challenge of "lifting the curtain of poverty on older people" so that they can live a dignified life and enjoy all of the benefits of longevity.

His Excellency Mr. Guido De Marco, President of Malta

Summary

Statement by Professor Frederick Fenech, Director, International Institute on Ageing (INIA)

Professor Fenech welcomed participants of the Expert Group Meeting on Population Ageing and Development, convened in Malta by the United Nations Population Fund in collaboration with the UN Programme on Ageing, HelpAge International and the AARP. He stated that INIA was proud to host the event.

"This three-day international expert group meeting is particularly timely and important, for during these three days, we will explore the approaches and programmes that are meaningful and necessary to address the needs of the older poor and frail, especially those living in developing countries. It is hoped that at the end of the meeting there will be a set of recommendations which could be presented at the Second World Assembly on Ageing in Madrid in April next year. I am confident that we are going to have a most productive and fruitful meeting".

Summary

Statement by Ms. Mari Simonen, Director, Technical Support Division, UNFPA

On behalf of UNFPA, Ms. Mari Simonen, Director, Technical Support Division, warmly welcomed the honourable Dr. Edward Fenech Adami, Prime Minister of Malta; Professor Frederick Fenech, Director of the International Institute on Ageing, United Nations - Malta; Ms. Elizabeth Mullen, Director, International Activities, AARP; Mr. Todd Petersen, Chief Executive Officer, HelpAge International; Mr. Alexandre Sidorenko, Chief, United Nations Programme on Ageing of the Division for Social Policy and Development of the Department of Economic and Social Affairs

(DESA); and the distinguished experts. She especially thanked the Government of Malta and in particular Professor Frederick Fenech, for hosting the meeting in the lovely city of Valletta.

Ms. Simonen noted that UNFPA views the Second World Assembly on Ageing as an event of major significance, coming 20 years after the International Plan of Action on Ageing was endorsed by the United Nations General Assembly in 1982. UNFPA hopes that the new International Strategy for Action on Ageing will, inter alia,

- Mainstream population ageing issues into development efforts, with a focus on the older poor;
- Promote ageing within the context of lifelong health and well-being;
- Support training to meet the needs of older persons, taking account of cultural diversity;
- Support research and data collection on issues relating to the needs of older persons, especially the poor and women;
- Enhance the ability of the elderly to care for family and community members who are victims of HIV/AIDS;
- Enable older persons to address issues of concern to them; and
- Promote inter-generational solidarity.

At the dawn of the 21st century, population ageing has become a phenomenon of major significance. Today, one out of every 10 persons is aged 60 or over: by 2020 the corresponding figure will be about one out of every eight. Meeting the needs – and taking advantage of the opportunities – presented by the growing proportion of older persons has become a great challenge. In the past, concerns over rapid population growth overshadowed those over age composition. But the scale and extent of population ageing in developing countries is bringing population ageing to the forefront.

Population ageing is occurring much more rapidly in developing countries, mirroring their more rapid fertility transition. In developing countries, the very old and very frail, a majority of whom are women, are a sizeable segment of the poor, for whom care, support and well-being often do not exist outside of the family. Many developing countries simply cannot afford to provide adequate support of the elderly outside the

family. These countries have fewer institutional and economic resources to respond to the basic needs of their elderly populations. There is therefore an urgent need to sensitize policy makers to the social and economic implications of population ageing.

Challenges

The task of introducing policies and programmes to respond to older peoples' needs, expectations and rights is not without challenges. These challenges include:

- Promotion of lifelong education and training, and of healthy and active ageing, starting from young ages and especially through the reproductive ages;
- Recognition and support for the care-giving services provided by older persons, especially women, to grandchildren orphaned by the effects of HIV/AIDS;
- Eliminating violence and other crimes against the elderly, especially women, including inter-generational violence arising through poverty situations;
- Supporting research on population ageing, its sociocultural aspects and its social and economic implications, taking into account voices of the older poor, so that policies and programmes are really consistent with their needs; *and*
- Strengthening support systems, adopting creative approaches to ensuring the material well-being of the elderly, and providing appropriate social services and welfare coverage for the elderly, paying particular attention to the long-term care of the frail and poor elderly, who are most commonly women.

Ms. Simonen pointed out that UNFPA looks forward to continuing its collaboration with INIA, the UN Programme on Ageing, AARP and HelpAge International in their tireless work to help improve the quality of life of older persons. She concluded that UNFPA will continue to collaborate with all relevant stakeholders. "In this way each of us can bring our comparative advantages to the table so that collectively we can support national efforts designed to improve the quality of life of older persons, and especially of the poor".

Summary

Statement by the Honourable Dr. Edward Fenech Adami, Prime Minister, Malta

The Prime Minister warmly welcomed the participants and pointed out that they were all gathered together from so many different geographical areas, and from so many different cultures, because they share a common goal – an ever-improving quality of life for the elderly members of their communities.

The meeting points to the priority that is being given to the implications of the global ageing phenomenon. This changing demographic outlook is, to a greater or lesser extent, affecting developed and developing nations alike in a number of different ways.

Malta has not been immune to demographic changes. Maltese society has traditionally been characterized by a cohesive and extended family structure, which tended to provide for the elderly members of the community. However, as in a number of other countries, in recent years this aspect of the family's role has been subjected to various economic, social and psychological strains.

Malta has responded to these circumstances by developing a series of specialized policy programmes specifically aimed at managing this emerging trend and improving the care and well-being of the elderly.

Malta has also long been committed to raising the profile of the ageing issue in the multilateral sphere. In this respect, the United Nations General Assembly acted on Malta's initiative by adopting a number of resolutions giving priority consideration to the world's ageing population.

A resolution adopted in 1987 by the Economic and Social Council of the United Nations established the International Institute on Ageing in Malta, commonly referred to as 'INIA'. An official agreement was signed to this effect between the United Nations and the Government of Malta on 9 October 1987. The Institute was officially inaugurated by the then Secretary-General of the United Nations, Mr. Javier Pérez de Cuéllar. The Prime Minister was pleased with the productive partnership that has been established between INIA and the United Nations Population Fund.

It is therefore most appropriate for INIA to host the Expert Group Meeting, with participants drawn mainly from developing countries, NGOs, and United Nations agencies and Regional Commissions. It is a very important lead-in event to the Second World Assembly on Ageing, which is scheduled to be held in April 2002 in Madrid.

INIA is in the process of setting up a subcommittee charged with the task of preparing a document and declaration regarding "Ethics in Ageing" for the consideration of the Maltese Government, which will extend its full cooperation in concluding this process. It is the intention

of the Government of Malta to present a declaration on this very subject to the Madrid Assembly.

The Prime Minister thanked the organizers for their efforts and wished all the participants much success in their deliberations.

Summary

Statement by Ms. Elizabeth Mullen, Director, International Activities, AARP

Ms. Mullen, on behalf of the AARP, welcomed participants to the Expert Group Meeting. The meeting, she indicated, was conceived as a vehicle to influence the outcome of the upcoming Second World Assembly on Ageing.

AARP's view of population ageing is that years added to life are one of mankind's greatest accomplishments, accomplishments that should be celebrated, not feared, nor described as a crisis. This Expert Group Meeting could take direction from the 1982 Plan of Action as we prepare for Madrid in 2002. I quote from the 1982 Plan: 'the elderly must be considered an important and necessary element in the development process at all levels within a given society.' The Expert Group Meeting will provide us with truly a world overview of population ageing, and I look forward to learning from all of you.

Summary

Statement by Mr. Todd Petersen, CEO, HelpAge International

Mr. Petersen, speaking on behalf of HelpAge International, added his words of welcome to the meeting.

We are all aware of the profound changes which lie ahead in terms of population ageing. Indeed, many in this room have argued that population ageing will emerge as the key issue for societies, governments and international donors in the next 50 years, perhaps even comparable in impact to environmental issues, climate change and globalization. We all know the issues. I think it's time to use these meetings to focus on strategies to influence changes in policy.

At HAI we believe it is absolutely fundamental to:

- build inter-generational alliances to challenge discriminatory attitudes and practices;
- call for an explicit commitment to allocate proportional resources to address the impact of population ageing and to integrate key policies in

this area with broader international initiatives, including debt relief and development financing;

- monitor the inclusion of older people in global and national commitments; *and*
- support older citizens' organizations, particularly the participation of poor older people in policy formulation.

We need to prod donors like the World Bank and European Union and UN agencies to accept that the world has changed and that their policies must change if they are to be credible and relevant. If we are really interested in issues of poverty reduction, human rights and sustainable development, older people are integral to these discussions and must be included in any solutions. I hope we use the next three days to think about how we can get this message across.

Summary

Alexandre Sidorenko, Chief, United Nations Programme on Ageing

Alexandre Sidorenko welcomed participants on behalf of the UN Programme on Ageing.

As the world has aged over the past 20 years since the first World Assembly on Ageing, we have witnessed many far-reaching changes in the global economic, social, and cultural landscape. This landscape is becoming more attuned to the nature and consequences of ageing, in association with the marked demographic ageing and increased longevity that have occurred. The demographic effects have been felt in the more developed regions for some time, but they are now also occurring in the less developed regions, where ageing will gain momentum.

Societies globally must be called on to acknowledge the ability of older persons to take the lead in their own betterment and to contribute to all of society. We must find a way to trigger the sweeping changes underway into opportunities, and address the challenges to the global community from a more creative and forward thinking perspective. Six months from today, these issues will be taken up in Madrid, at the Second World Assembly on Ageing. The Assembly will have, as its central task, the adoption of the International Strategy for Action on Ageing.

MAPPING THE SECOND WORLD ASSEMBLY TO THE MILLENNIUM DECLARATION

Summary

Towards the Second World Assembly on Ageing to the Millennium Declaration
Diane Loughran

The draft of the revised International Plan of Action on Ageing was submitted to Member States at the end of August. The drafting exercise was rigorous and involved contributions from every sector.

The strategy has a lifelong and society-wide perspective and is built on the concept of a society for all ages, which finds its roots in the Programme of Action at the World Summit for Social Development and in the International Year of Older Persons. The draft Plan of Action is now in the hands of the delegations of the UN Member States and will be negotiated at the forthcoming session of the Preparatory Committee for the Second World Assembly on Ageing in December 2001.

As it now stands, the document is divided into three main chapters: an introduction, recommendations for action, and implementation and follow-up. The introduction gives a global assessment of the direction that is required to take ageing forward: it is approached from a human rights perspective, with a call for concerted action to empower persons to reach old age in better health and well-being and to ensure the sustainability of support systems. It outlines steps for the full inclusion and participation of older persons; for their right to contribute fully to development; and for improvement of care and support as needed.

The second chapter outlines objectives and recommendations for action within three priority directions: development for an ageing world;

advancing health and well-being into old age, and ensuring supportive and enabling environments. There are central themes running throughout these directions that are built on a human rights foundation. Gender is thematic throughout, as are the goals of eradicating poverty and building on the UN Principles for Older Persons.

The underlying themes and actions are also tied to previous commitments and major decisions agreed upon by the international community. An attempt needs to be made to fit older persons into agreed targets and commitments. This aim, to align the recommendations in this Strategy to other international frameworks for social development and human rights, is timely and necessary.

In the final chapter, implementation and follow-up, it is recommended that resources be strengthened, and that Member States implement their commitments in such areas as official development assistance and debt reduction. It is important that ageing issues be given prominence in the consideration of initiatives on financing for development, capacity-building and the provision of technical assistance. Firm national and global commitments must be made to secure adequate resources for implementation.

Support for regional and international exchanges on ageing-related programmes and approaches is vitally important, as are multi-sectoral and interdisciplinary partnerships involving civil society, and NGOs in particular.

The draft Strategy makes explicit reference to INIA, whose work in promoting training and capacity building on ageing in developing countries will only increase in importance.

Summary

Demographic Dimensions of Population Ageing and its Impact

Paulo M. Saad

Population ageing – the process in which older individuals become a proportionally larger share of the total population – is one of the most distinctive demographic events of the 20th century. It will surely remain important throughout the 21st century (Table 1). Initially experienced by the more developed countries, the process has recently become apparent in much of the developing world as well. In the near future, virtually all countries will face population ageing, although at varying levels of intensity and in different time frames.

Global population ageing is a by-product of the "demographic transition" in which both mortality and fertility decline from higher to lower levels. Currently, the total fertility rate is below replacement level in practically all industrialized countries. In the less developed regions, fertility decline started later and has proceeded faster than in the more developed regions. In both less and more developed regions, increasingly more people will survive to older ages and once there, they will tend to live longer, as gains in life expectancy are expected to be relatively higher at older ages. Women, in particular, experience remarkable longevity.

TABLE 1: Number and Proportion of Population Aged 60 Years and Older, World and Regions: 1950-2050

(000s)			
Region	1950	2000	2050
World	205,475	605,785	1,963,767
%	8	10	21
More developed regions	95,473	231,442	395,106
%	12	19	34
Less developed regions	110,003	374,343	1,568,660
%	6	8	19
Least developed regions	10,733	32,167	173,222
%	5	5	10

SOURCE: United Nations (2001). *World Population Prospects: The 2000 Revision*, vol. I, Comprehensive Tables, Sales No. E.01.XIII.8; vol. II, Sex and Age, Sales No. E.01.XIII.9.

The older population is growing at a considerably faster rate than that of the total world's population. In absolute terms, the number of older persons has tripled over the last 50 years and will more than triple again over the next 50 years. In relative terms, the percentage of older persons is projected to more than double worldwide over the next half century. There are, however, notable differences between regions in the numbers and proportions of elderly. Although the highest proportions of older persons are found in the more developed regions, this age group is growing considerably more rapidly in the less developed regions. As a result, the older population will be increasingly concentrated in the less developed regions.

Changes in the numbers of elderly in relation to other specific age groups are of particular importance. In fact, the young-old balance is shifting throughout the world (Table 2). In the more developed regions, the proportion of older persons already exceeds that of children, and by 2050, it is expected to be double. In less developed regions, age-distribution changes have been slow, but will accelerate over the next 50 years. Currently, the median age in the more developed regions is more than 13 years higher than in the less developed regions and almost 20 years higher than in the least developed regions.

In addition to changes in size and relative proportions, the older population is seeing changes in demographic characteristics. The older population is itself undergoing a process of demographic ageing. At the global level, the most rapidly growing age group is those 80 years and over. Although the oldest old still constitute a small proportion of the total population, their numbers are becoming increasingly important,

TABLE 2: Percentage Distribution of Population by Broad Age Groups: World and Regions, 1950 – 2050

Region	1950	2000	2050	2050	2050
World					
0-14	34.3	36.7	30.0	24.3	21.0
15-59	57.6	54.7	60.0	60.7	58.0
60+	8.2	8.6	10.0	15.0	21.1
More developed regions					
0-14	27.3	24.2	18.3	15.0	15.5
15-59	60.9	60.4	62.3	56.8	51.0
60+	11.7	15.4	19.4	28.2	33.5
Less developed regions					
0-14	37.6	41.1	32.8	26.0	21.8
15-59	56.0	52.7	59.5	61.4	59.0
60+	6.4	6.2	7.7	12.6	19.3
Least developed regions					
0-14	41.1	44.7	43.1	37.9	29.1
15-59	53.5	50.3	52.0	56.2	61.4
60+	5.4	5.0	4.9	5.9	9.5

SOURCE: United Nations (2001). *World Population Prospects: The 2000 Revision*, vol. I, Comprehensive Tables, Sales No. E.01.XIII.8; vol. II, Sex and Age, Sales No. E.01.XIII.9.

especially in the less developed regions. Even the number of centenarians is growing considerably rapidly.

Another characteristic of crucial concern is the gender composition of the older population (Table 3). Because their life expectancy is greater than that of men, women comprise a substantial majority of the older population. In most countries, older women greatly outnumber older men. In many cases, the difference is so significant that the concerns of the older population should, in fact, be viewed primarily as the concerns of older women. This is especially true in the case of the oldest old populations, as the proportion of females usually increases as the overall population ages.

TABLE 3: Sex Ratios (Number of Males Per 100 Females) of Populations Aged 60 and Older and Aged 80 and Over, World and Regions, 1950 - 2050

Region		1950	2000	2050
World	60+	80	81	85
	80+	61	53	61
More developed regions	60+	74	71	78
	80+	58	44	56
Less developed regions	60+	86	88	87
	80+	68	65	63

SOURCE: United Nations (2001). *World Population Prospects: The 2000 Revision*, vol. I, Comprehensive Tables, Sales No. E.01.XIII.8; vol. II, Sex and Age, Sales No. E.01.XIII.9.

Summary

Population Ageing: Key Operational Challenges in Developing Countries Richard Leete and Ann Pawliczko

The Millennium Declaration made poverty reduction and the realization of human rights overarching development goals. It proclaimed that no individual should be denied an opportunity to benefit from development – but it made no specific reference to the older poor, a group that includes the poorest of the poor. The International Strategy for Action on Ageing presents an unparalleled opportunity to mainstream concerns about the older poor into development agendas and poverty reduction strategies.

Box 1

**International Conference on Population and Development, 1994
Summary of the Programme of Action for Older Persons**

Basis for Action

- Fertility and mortality decline: increasingly mature age structure: expanding numbers and proportions of elderly;
- An advanced process in developed countries;
- An incipient-to-substantive feature of developing countries;
- Gender issue: the longer life expectancy of women; elderly women are often poor;
- Fiscal issue: constraints resulting from the increase in the number of older persons relative to the number of working age persons;
- Time to reassess the positive contribution of the elderly and assist in meeting their long-term needs.

Objectives

- To enhance self-reliance, optimize independence, promote quality of life for older people;
- To develop systems of health care services and economic and social security, recognizing the special needs of women; and
- To develop a social support system enhancing the ability of families to care for older family members.

Actions

In recognition of the particular needs and expanding numbers of the elderly, governments should:

- Develop social security systems to ensure inter-generational and intra-generational equity and solidarity;
- Encourage multi-generational families and support services for growing numbers of frail older people;
- Promote self-reliance and create opportunities for the elderly to lead self-determined, healthy and active lives;
- Encourage the elderly to utilize existing skills and abilities, and encourage others to recognize their contributions to family life;
- Strengthen support systems to eliminate violence and discrimination against older persons, especially women; *and*
- Promote the interests of the elderly in collaboration with NGOs and the private sector, especially in the area of health.

SOURCE: Summarized from the *Programme of Action of the International Conference on Population and Development*, paras. 6.16-6.20.

Population ageing is an inevitable consequence of the demographic transition, and it is taking place at a much faster pace in developing countries. Two thirds of older persons live in developing countries: their numbers and proportions are growing. Most live in rural areas. In almost all societies, older women far outnumber older men.

Box 2

ICPD +5 and Population Ageing

The United Nations General Assembly Special Session ICPD+5 (1999) recommended that governments:

- Continue to examine social and economic implications of demographic change and how they relate to development planning concerns and the needs of individuals;
- Support research and develop comprehensive strategies at the national, regional and local levels to meet the challenges of population ageing;
- Invest more resources in gender-sensitive research as well as in training and capacity building in social policies and health care for the elderly, especially the older poor, in particular older women; support affordable, accessible and appropriate health-care services; and promote the human rights and dignity of older persons and the productive and useful roles they play in society;
- Support systems to enhance: the ability of families and communities to care for older family members; the ability of the elderly to care for family and community members who are victims of HIV/AIDS; and generational solidarity with the goal of maintaining and improving social cohesion.

In addition,

- Governments and civil society, including NGOs and the private sector, should create opportunities and remove barriers that hinder elderly women and men from continuing to contribute their skills to their families, to the workforce and to their communities in order to help foster inter-generational solidarity and enhance the well-being of society; and
- The United Nations system should, provided that additional resources are made available, document the positive experience of policies and programmes in the ageing of men and women and disseminate information and recommendations about those practices. Countries should be enabled, through adequate training and capacity building, to evolve their own policies appropriate to their cultures, traditions and socio-economic circumstances.

SOURCE: United Nations, *Report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly*. A/S-21/5/Add.1. 1 July 1999.

In its approach to population ageing, UNFPA is guided by the Programme of Action of the International Conference on Population and Development (**Box 1**) and the recommendations of the ICPD + 5 review (**Box 2**). A consistent message in the Fund's approach is to try to reorient thinking about individual and population ageing and to see the opportunities for integrating ageing into a broader development framework – one that takes account of lifelong individual development, multi-generational relations and the close link between population ageing and development.

Introducing policies that will effectively respond to older peoples' needs, expectations and rights is a task presenting significant challenges. These challenges include:

- Mainstreaming ageing issues into the development process, with a focus on the older poor, and taking into account their priority needs in policies and programmes;
- Examining the economic, social and cultural implications of population changes and how they relate to development concerns and the needs of older persons;
- Promoting good health throughout the life cycle, starting from young ages, especially through the reproductive ages, to the older ages, including through the provision of affordable, accessible and appropriate health-care information and services;
- Promoting active ageing, including lifelong education and training, and the full participation of older persons in community life;
- Supporting care-giving services provided by older persons, especially women caring for grandchildren orphaned by the effects of HIV/AIDS – a problem that is especially acute throughout much of sub-Saharan Africa;
- Promoting appropriate social services and welfare coverage for the elderly, particularly for the poor elderly, who are most commonly women;
- Eliminating discrimination, violence and abuse of the elderly, especially women, including inter-generational violence arising through poverty situations; *and*
- Promoting inter-generational solidarity with the goal of maintaining and improving social cohesion.

Capacity constraints and competing priorities limit policies and programmes relating to older persons. Approaches are being sought to accommodate differences in social and cultural values, levels of eco-

conomic development, degrees of government involvement and rapidity of the ageing process in countries. It is clear that the basic needs of older persons in developing countries will have to be met at much lower cost than they have been through the support systems of developed countries.

Consistent with a focus on promoting good health throughout the life cycle, the sexual health needs of older persons, especially of poor

Box 3

UNFPA Addresses Ageing Issues in Indonesia

The growing importance of ageing issues in Indonesia is a product of rapidly changing demographic, economic and social conditions. These include a rapid decline in fertility that has resulted in fewer offspring per family to care for ageing parents than in previous generations. Increased life expectancy and improvements in health have also increased the proportion of the aged.

In response to the Government's needs, UNFPA implemented a three-year project (1998-2000) that addresses ageing issues through the development of a sound policy and programmatic activities in the area of ageing. The project's objectives were threefold. First, to create a strong policy setting to strengthen family support by raising the awareness and understanding of policy makers. Under this objective, several activities were carried out, including conducting reviews of country literature and programmes; supporting inter-country visits; and staging workshops for NGOs, planners and decision makers. Support was also given for the development of a National Plan of Action (NPA). This NPA provides strategies for different ministries to undertake activities in respect of the elderly.

The second objective supported research for policy and programme activities to identify priority issues in ageing. Under this objective, UNFPA supported sociocultural research and developed a manual on sociocultural and operational research on ageing. The research results were then disseminated to policy makers and planners, resulting in a new approach for ageing programmes in Indonesia.

The third objective dealt with the design and production of information, education and communication (IEC) and training materials to complement the new initiative for running the ageing programmes. To that end, IEC materials were developed, tested and produced. Following that, training and workshops aimed at building the capacity of institutions to run programmes benefiting elderly and aged people were conducted in five provinces. In addition, several fellowships, ranging from short courses to a Master's Programme, were also supported by UNFPA, with the aim of building long-term capacity.

In UNFPA's Sixth Country Programme (2001-2005), the Fund will continue to sponsor policy dialogue on issues related to the elderly and ageing.

women, need to be addressed. National poverty maps of the spatial distribution and characteristics of the older poor would provide a solid basis for better addressing their needs in policies and programmes.

Points Raised During Discussion:

- The Second World Assembly on Ageing, to be held in Madrid, Spain, from 8-12 April 2002, offers an invaluable opportunity to examine the global, regional and national policy and programme directions now being developed in response to the extensive and rapid population ageing occurring across the globe. The Assembly is expected to finalize and endorse an International Strategy for Action on Ageing. Serious issues can be expected to arise in relation to pensions and pension reform because of the differing impacts and perspectives of governments, the private sector and international agencies (i.e., the World Bank and other multilateral agencies). The approaches to these issues and actions taken by these various players tend to be different and tend to lack consistency and coordination of effort.
- Although a great deal of data has been collected on the demographics and issues relating to ageing, it is not always presented in a useful form. This information may need to be disaggregated, related more directly to operational constraints, or analysed at a scale more relevant to local issues or service delivery.
- Identifying compelling, specific targets may encourage the collection of better and more relevant data in any national or community context. Although national-level indicators may serve some purposes, they are unlikely in their unmodified forms to galvanize political action.
- It is strongly desirable that data and data collection figure more prominently in the UN strategy document.
- It is unfortunate that whereas hard data on the basic demographic variables are so often available and accessible, causal relationships are not well understood. Consequently, recommendations deriving from this knowledge are not of a similarly strong, substantive and definitive nature.
- Issues of measurement and monitoring also need attention. A most fundamental consideration is identifying generally applicable measures of poverty that are capable of assessing older persons' needs and actual living conditions. Monitoring changes between significant events is not commonly effective even in the instances where it is attempted, and therefore the impact of policy decisions and their implementation is often uncertain.
- Recognition of ageing processes by governments is still not universal, especially in countries such as those of Africa, where other pressing priorities command most of the attention of politicians and bureaucrats. Involving agencies and departments that do not normally focus on older people per se could serve the purpose of raising the profile of older people and concurrently mainstreaming their concerns within development and supportive policies and programmes.

Summary***Population Ageing — Issues and Policies: Experiences of Developed Countries***
Emily Grundy

Population ageing is well advanced in developed countries, where the effects of low fertility have been augmented by declines in late-age mortality.

Policy makers assume that the large projected increases in the relative and absolute size of the elderly population will increase demand for support of various kinds and strain the resources of families as well as the State. In this context, strategies for developing and maintaining the reserves and resources of older people are important. Such reserves are the result of a number of factors, including the resources people bring to later life and the challenges they face (such as bereavement, loss of income or injury). Such challenges can lead to a loss of reserves and of the compensatory mechanisms that allow recovery or development of resources in later life.

The major areas identified as important for quality of life include material resources; family and social support; health and health care; and opportunities for autonomy and self-actualization. In most developed countries, older people depend on pensions and other state transfers, as well as savings, rather than on family remittances or earnings. Although socio-economic inequalities are marked, and sectors of the older population in developed countries are poor or are at risk of being poor, poverty rates in general are no higher than in the population as a whole.

There are clear differences between developed countries in the extent of inter-generational co-residence, but in all countries it has decreased, in some cases very markedly. Other forms of policy support and exchange, however, appear strong, although again, there are considerable variations between countries and groups. However, characteristics associated with lower levels of inter-generational support, such as divorce and higher levels of education, are increasing in prevalence in many countries.

Health status is strongly associated with age and the proportion of very elderly people, especially very elderly women, with assistance needs is relatively high. There are some welcome indicators of reductions in disability in some populations, but even small increases in older populations mean that the numbers of older people with assistance needs will nevertheless increase. Health is strongly associated with both social support and socio-economic circumstances; low incomes, poor social support and health problems all may challenge the independence and autonomy of older people, as may the failure of others to provide opportunities for self-determination.

Policy dilemmas include whether to provide services to the most needy or provide them universally and how to support rather than "crowd-out" family support. More research and data are also needed in such areas as care provision and receipt of care, health, kin availability and social networks, including non-family social networks.

Summary

Population Ageing — Issues and Policies: Experiences of Developing Countries Warwick Neville

The ageing process in developing countries is occurring at a more rapid pace than in more developed countries because of the rapidity of fertility decline. This is leading to diversity in the levels of ageing and to a less imbalanced sex ratio among older persons. Since the 1960s, less developed countries (LDCs) have had the majority of people aged 60 and over (1970: 53 per cent) and will have as many as 70 per cent (703/1,005 million) by 2020. Numbers are therefore a big issue, as these are the people who need support and care.

The elderly are very diverse, each generation the product of its own life course experiences, and this continues to be a dynamic situation in which future elderly cohorts will have different expectations than their present-day counterparts.

Older people experience varying degrees of dependency on external support, but this dependency is greatest when they are part of families with low or uncertain incomes. The traditional means of the family-based support system are being eroded in most societies; co-residence in particular is under threat. Government support is limited, and policies are often influenced by public reluctance to seek alternatives to the family. Health and health care are often unavailable, especially in rural areas and, if available, may be inaccessible. The shift from infectious and contagious disease treatments to degenerative disease treatments will make this problem even more intractable. Health issues must be redefined to include loneliness, violence, stress and abuse.

The impact of development on the well-being of the aged is both positive and negative. Increased commercialization of production is reducing the role of the family as a unit of production, and individuals are becoming more involved in the formal economy. This can mean fewer employment opportunities for older people but more work opportunities for women, who are therefore less available to provide care for older people.

Poverty is a key issue, depriving many older people of the basic necessities of life and their governments of the resources to support them. Problems are especially acute in rural areas, and there may be inter-generational rivalries resulting in violence and abuse of the elderly. This is where community-based involvement may offer opportunities for the views and voices of the aged to be heard.

Rural-urban migration of young adults produces 'ageing in place' of communities and results in the loss of able young adults who would otherwise have become caregivers. Older people themselves are becoming more urban, and this gives rise to problems of space and difficulties of co-residence. Ongoing urbanization also causes degradation of the peripheral urban environment.

Gender issues result from women increasingly being alone at older ages and vulnerable in widowhood and childlessness, especially as the allegiances of sons shift towards wives and children. Younger women move into the labour force, are increasingly mobile and have attractive alternatives to care-giving. HIV/AIDS especially affects older people, who must assume care-giving roles even as they themselves need support and counselling.

Greater knowledge and understanding is needed to take account of cultural, locational and temporal differences for diverse groups of older people. A society for all ages implies mainstreaming the older population, reducing poverty for all and providing opportunities for consultation and participation. In the final analysis, responsibility for preparing for, and meeting the needs of, old age devolves on the individual, the family, the community and the government in different ways and at different stages of the life course.

Points Raised During Discussion: _____

- Population ageing is now in evidence virtually across the globe. This major structural shift in populations gives rise to a considerable range of issues now being played out in varying ways throughout the developed and developing countries and in those countries in social and economic transition. Complex interrelationships between generations, within families, between parents and children and in the roles of government, civil society and the private sector need to be appreciated and taken into account in formulating policy responses in all the varying situations encountered around the world.
- Discussion focused on principal policy approaches to address the needs of older persons in both developed and developing countries and, more challenging, to handle the future explosion of demographic ageing in developing regions.
- It was noted that family care is declining almost universally across the globe. It should not, however, be automatically assumed that families will not play any significant role in the near future. Moreover, both developed and developing countries have been introducing policies and programmes for older persons with the central role assigned to the family.
- Co-residence does not necessarily signify a sufficient level of care and support available to older members of the family, and should not be used as a reliable measure of inter-generational cohesion. What is evident, however, is that co-residence may prevent homelessness.
- Care in the family also raises the issue of competence of family caregivers to perform their functions. This issue could be addressed through training programmes.
- The universality of ageing issues was acknowledged. At the same time, however, this does not deny heterogeneity and should not preclude individual solutions in countries at different stages of development.

CHAPTER 4 | SITUATION AND VOICES OF THE OLDER POOR

The United Nations Population Fund collaborated with the Population and Family Study Centre (CBGS) in Belgium on a project entitled "Capacity Building for Meeting the Needs of Older Persons in Less Developed Regions". This project, carried out in India and South Africa, involved a literature review and in-depth interviews of men and women aged 60 years and over, to assess their priority concerns and needs.

Summary

Voices of the Older Poor in India *Mala Kapur Shankardass*

The challenge of population ageing in India is incorporating concerns over older people's poverty into the social, economic and ethical debates of the country, with a particular focus on older women (**Box 4**). For many older people – with no savings, low wages, a lack of job security, poor health, no economic support from their children, just enough earnings to make ends meet, and little help from their friends and communities – old age is not a phase of life worth looking forward to. Those retiring from low- and middle-level jobs in the organized sector can also experience the threat of poverty, as pensions and benefits are insufficient to remove financial insecurity. Gender issues also need to be incorporated into affordable, accessible social security or social insurance provision. Older women's participation in household and outside work in rural and urban areas – in spite of various ailments and locomotive disabilities – needs to be recognized.

For many, family support remains the most viable option as a means for security. Understanding the nature and extent of available support mechanisms is therefore critically important. Enabling families – between and within generations – to enhance the quality of life (QOL) of their elderly relatives is a challenge. Most older people carry on with their lives in spite of health problems, but require proper management and understanding of their ailments. Educating older people on health aspects and the diseases of old age has emerged as an urgent need. The role of spouses and other family members as caregivers needs attention in terms of quality of care, burdens, availability, living arrangements and gender. The special care required for particular diseases and ailments is often beyond the capacity of families. There is also a lack of interest in meeting the housing, sanitation, water and environmental needs of older persons and addressing issues of abuse. Access to information on existing legal, health and welfare provisions is limited, though such information is essential to their physical, mental and social well-being. It is significant that for the older poor, poverty is much more than a matter of income alone. Perceptions of powerlessness over one's life and of voicelessness are common, as are anxiety and fear of the future.

Although old-age pensions and social assistance for the destitute and widows are available, implementation problems exist and the adequacy of such assistance is often questioned. The Government has attempted to address these problems through the launching of Project OASIS. The project is awaiting approval for implementation. In spite of the efforts of the voluntary sector and institutional responses in reaching out to poor older persons, further steps are needed to create effective service delivery mechanisms. A proper assessment of the functioning and outreach of existing facilities and services needs to be done. There is a need to encourage resource sharing. Encouragingly, older people are now willing to think differently. They need endeavours at different levels to enable them to live a life of dignity and respect. It is essential to make sure that older poor people's voices and priorities become key inputs into development policies and actions.

Summary

Policies and Programmes for Meeting the Needs of the Older Poor in India: Issues, Responses and Challenges

S. Siva Raju

The social and economic implications of population ageing and the problems faced by older persons in India have been examined since the

Box 4

The Older Poor in India

In India, the older poor speak of their individual experiences. Yet insofar as they highlight the vulnerability of the older poor in different parts of the country and in varied circumstances, they speak collectively of the concerns of millions of older persons. The voices speak about the day-to-day existence of older persons, including their socio-economic and health conditions and problems, their relationships within and outside their families, their beliefs, attitudes and practices, their fears, their resilience, and the coping mechanisms adopted for dealing with issues that confront them. The voices speak of older persons' expectations from their families, society and the Government and the extent to which their lives are self-sufficient. They describe the experiences of ageing of those older people who are below the poverty line as well as those who are above the poverty line, but who face the threat of falling below it if proper measures are not adopted.

Millions of the elderly in India are trapped in misery through a combination of low income and poor health. A lack of economic and other resources, including food, housing and medical care, invariably leads to dependency, which limits the decision-making power of older persons at all levels, particularly in protecting and enhancing their well-being. Older persons tell of suffering from poverty, health problems, isolation, loneliness, physical and emotional abuse, financial and other forms of exploitation, and fear.

Older women are particularly disadvantaged, facing structural, social and economic inequalities throughout their lives. The experience of widowhood in Indian society is generally associated with many deprivations and has many implications for the health and well-being of older women. It is one of the leading factors associated with poverty, loneliness and isolation, as a widow suffers much indignity, often losing her self-reliance and respect. Many widows, ignored by both family and society, including their own children, are forced to beg for their food. Yet older women are not as frail and inactive as stereotypes describe them. There is no respite for ageing women because younger women prefer to work outside the house, leaving the household chores to the older women, who often ignore their health in order to do the household tasks. Interviews with older women reveal active participation in work in rural and urban areas. Despite various ailments and locomotive disabilities, older women contribute to their families and communities in many meaningful ways. They cook, clean, fetch water, take care of grandchildren, and make repairs.

1960s. The older population of India, which numbered almost 77 million in 2000, is expected to grow to 137 million by 2021. Within the total older population, those living in rural areas constitute 78 per cent. Within the total female population, the percentage of those over 60 years old has always been more than the corresponding percentage for males. The old-age dependency ratio is slowly increasing in both rural and urban

areas. The traditional norms and values of Indian society stress showing respect and providing care for the elderly. However, the advent of modernization, industrialization, urbanization and the growth of individualism have eroded these traditional values.

Given the trend of population ageing in the country, the older population faces a number of problems to which it adjusts in varying degrees. These problems range from the absence of ensured and sufficient income to support themselves and their dependents to ill health, the absence of social security, the loss of social roles and recognition, the non-availability of opportunities for creative use of free time and the experience of abuse. The vast majority of families in India have incomes far below the level that would ensure a reasonable standard of living. It is estimated that 33 percent of the population is below the poverty line. Nearly 90 per cent of the total workforce is employed in the unorganized sector, and older persons retire from gainful employment without any financial security. Older widowed women are one of the most vulnerable groups.

The Government of India has previously identified older persons as a priority target group for social welfare interventions. In January 1999, it announced a National Policy for Older Persons. The policy aims to strengthen the legitimate place of older persons in society and to help them to live the last phases of their lives with purpose, dignity and peace with the help of their families, their communities, the State and the private sector. The policy can be considered as a good beginning by the Government in recognizing the problems of older persons. The role of the voluntary sector in ageing issues has also been extended in recent decades. The National Policy of Older Persons envisages voluntary organizations as having an important role to play in promoting government programmes as well as in initiating programmes of their own.

The welfare of older persons in India is emerging as the most critical area of social welfare, social sciences and geriatrics. There is a need to protect and strengthen the institution of the family and provide such support services as would enable the family to cope with its responsibilities in taking care of the elderly. Consequently, efforts have to be made to enlarge the scope of social security schemes.

Summary

Voices of the Older Poor in South Africa

Tersia Moagi

The general concerns, issues and successes of older persons in South Africa included the following:

- Escalation of HIV/AIDS in communities. Grandchildren are left destitute, and older persons do not have enough pension money to care for themselves and for their grandchildren whose parents have died of HIV/AIDS;
- A feeling of isolation and rejection. Most older people in rural areas felt that the family network has been eroded by urban migration. Their role as leaders who participate in conflict resolution and negotiation has diminished;
- Older people felt that the church, burial societies and day care centers helped to make them feel accepted.

Older persons expressed the fear that though they receive social pensions, there are problems with cheating (for example, "ghost pensioners"). They fear that poverty may drive members of their own households to violence, because they cannot provide for their families (Box 5). In many households, meagre pensions are the only source of income.

The respondents offered solutions to their problems. Among the key recommendations were to:

- Empower older persons, by offering training in community groups, social clubs, religious clubs, etc.,
- Engage older persons in poverty-alleviation projects such as farming, and
- Involve older persons in decision-making processes that will affect them socially, economically and politically.

Maintaining and promoting the quality of life of older persons requires collaboration between a broad range of government institutions, NGOs and community-based organizations (CBOs). Older persons also seek inputs into the decision-making process related to issues that will affect them.

Box 5

The Older Poor in South Africa

The voices of the older poor in South Africa speak of concerns, fears, needs and successes. Despite the different ethnic backgrounds of the older persons being interviewed, their experiences are similar. Among their pressing problems are: a lack of food, water, electricity and money; no birth certificates, identity documents, access to social pensions, accommodations or proper health care facilities; and insufficient strength to care for spouses.

Older persons are worried that their children will resort to violence and delinquency because they cannot care for them. They are afraid of being killed and nobody knowing who they are because they have no identity documents. They are worried about getting ill because there is nobody to care for them. They fear isolation and rejection. They are afraid that their grandchildren will resort to burglary and theft, because they have no money to give to their children. They fear contracting all kinds of diseases because of their low socio-economic levels, being thrown out onto the streets, and dying before their spouses and being left with nobody to care for them. They are afraid of walking, because they might fall as a result of weak muscles. They are afraid of a dark and bleak future or are afraid of death and dying. Some are worried about their unemployed children or their grandchildren. Some are afraid of criminals and rapists.

Yet older persons also have good experiences. One elder person was an orphan whose family did not take good care of her, but whose husband made her life better. Others reported that the church is where they find happiness and that the Thursday women's meetings at church are a good opportunity for socializing. Still others grow vegetables and sell them at the nearest market, augmenting their social pensions. Some mentioned their children who celebrate their birthdays, giving them an opportunity to invite friends. Others reported that being well cared for made them feel good. Some older women are still called for in the community to serve as midwives, which makes them feel recognized and acknowledged. Some older persons reminisced that they had a good time when their spouses were still alive, and these memories are still sustaining them.

Points Raised During Discussion: _____

- Especially in the developing world, the voices and participation of older persons in policy formulation and in decision-making on issues directly affecting their lives is often minimal.
- Older persons are often locked in a vicious cycle of profound poverty and disenfranchisement.

- There is a need for a systematic and informed approach to gathering information on the situation of older persons and a coordinated effort on the part of governments, non-governmental organizations and the private sector in addressing the basic problems involved.
- Participatory Poverty Assessments focusing on older women and men are crucial for creating a rich information base on priority concerns, fears and needs. PPAs complement the more traditional quantitative data collection methods and, when combined with these, can provide a solid basis for national and local policies and programmes.
- A multi-disciplinary and multi-sectoral approach is necessary to adequately address the needs of older persons.
- In many countries, there is already a large amount of high-quality research on issues affecting older persons. There is still a need for:
 - 1) A focus on critical success factors of policies and programmes; and
 - 2) National- and local-level implementation of evidence-based strategies and plans.
- Successful policies and programmes for meeting the needs of older persons require combined inputs from governments and civil society.
- There is a need to take into account some of the unforeseen impacts of state-provided social protection schemes. For example, in South Africa, where a nationwide pension scheme was introduced by the post-Apartheid government, there is considerable abuse of the elderly living in large households in poverty situations and where other household members are unemployed.
- Because many older persons are taking care of grandchildren (many of whom have been orphaned because of the death of their parents through HIV/AIDS), a significant proportion of pensions are being used for meeting schooling costs.

CHAPTER 5 POPULATION AGEING ISSUES IN AFRICA

Summary

Overview of Population Ageing Issues in Africa *Moulié Gibril*

Some of the major factors in ageing in Africa are demographic issues. These include the following:

- Only about 5 per cent of the population of African countries can be considered aged (above 60), compared to 20 per cent in developed countries;
- By 2020, this category will account for only 12 per cent in African countries, compared to 25 per cent in developed countries;
- In absolute terms, however, the aged in Africa will more than double, from 25 to 52 million, in less than 25 years;
- Ageing in African countries is more a demographic phenomenon (involving mortality and fertility declines) than a result of socio-economic development. African countries are thus less prepared to address the rapid pace of change and its consequences.

Other important issues to think about include widespread poverty, inadequate health facilities, insufficient social security schemes, stagnating economies, and high rates of HIV/AIDS. Given these factors, as well as high urbanization rates and the decline of traditional forms of care, the situation of the elderly in Africa is a bleak one. Another major issue is the lack of reliable national-level data on the situation and needs of older persons. This results in low understanding of ageing and consequently a lack of development of healthy ageing policies and programmes.

One positive step concerns the adoption, in April 2001, of an Organization of African Unity (OAU) Policy Framework and Plan of Action on Ageing. This document will help to focus attention on ageing issues and guide African countries in the design, implementation and monitoring of integrated policies and programmes on the needs of the elderly. Some issues addressed by the OAU document include: rights, information and coordination; poverty, health, food and nutrition; housing and living environment; family, social welfare, employment and income security; emergencies and epidemics; education and training; and gender. Another important issue is HIV/AIDS. In 2000, more than 2.4 million Africans died of AIDS, and 3.8 million became infected. AIDS is now the leading cause of death, and the elderly are entrusted with parenthood and the care of sick relatives, even though their own situations are precarious.

Issues such as institutional care for the elderly, pension schemes and appropriate health care are given little attention in most African countries. There is thus a need for sharing experiences in these areas with developed countries that can benefit African countries.

Summary

Population Ageing Issues in Zimbabwe *Rodreck Mupedziswa*

Zimbabwe has a population of approximately 13 million people, and of this figure, slightly under one million persons are aged 60 years and above. The population of older persons in Zimbabwe has apparently been rising rapidly in the last couple of decades. This has largely been due to such factors as previous and current high fertility rates, declining mortality rates, and increasing life expectancy. Interestingly, the population is set to increase further despite the AIDS pandemic, which is wrecking havoc on the country.

A larger proportion of older Zimbabweans are based in rural areas, where females outnumber males. In urban areas apparently the opposite is true, with the population of males constituting about 58 per cent of the total. Older Zimbabweans are over-represented among the illiterate, and are predictably among the unemployed. About 16 per cent of households in the country are headed by older people, and a large proportion of these are divorced, separated or widowed.

Older people in Zimbabwe face numerous, and often insurmountable, challenges, including ones related to unreliable sources of income, ever-spiralling costs-of-living, a crumbling health service delivery system, the impact of AIDS and human rights violations. With reference to AIDS, some older people have either been "infected" (often as a result of rape) or "affected" in the sense of playing a rather thankless role as caregivers to their dying adult children or looking after children orphaned by AIDS.

Older Zimbabweans have suffered a loss of status, along with abandonment, neglect, homelessness, destitution and diminished participation in society. These and other challenges have obviously taken their toll among the population of older people in the country. As a result, many older people have found it extremely difficult to cope mentally, physically and economically. These enormous challenges are particularly heavy given the harsh socio-economic and political environment currently prevailing in the country.

Clearly the three key players involved in efforts to address the plight of older Zimbabweans – the family, the Government and NGOs – have all found themselves out of their depths. The family unit in particular is under tremendous stress from a variety of formidable forces that are largely a function of modernization and urbanization.

The Government's own efforts have been piecemeal as only fragmented and incoherent pieces of legislation on the welfare of older people are in place. Perhaps most importantly, no comprehensive social protection scheme exists in Zimbabwe, making it extremely difficult for poor older people to survive. NGOs, on the other hand, have played a critical role but they, too, have their own limitations; in particular they suffer from meagre resources, meaning that the scope and range of their activities are limited.

In terms of the way forward, there is a lack of cooperation, communication, consultation and coordination of efforts on the part of all stakeholders. Consequently, different stakeholders should find ways of not only strengthening the family unit, but perhaps more importantly, of ensuring that older persons regain their venerated position in Zimbabwean society.

Summary

Population Ageing Issues in Ethiopia
Benôt Kalasa

Population ageing in Ethiopia should be viewed within the broader context of the country's overall development situation. Ethiopia, with one of the largest populations in Africa, is characterized by a low level of development. The country ranks among the lowest in the least developed countries. Moreover, the country has endured a permanent emergency situation, characterized by war, drought and successive famines. And finally, Ethiopia has the third largest population of persons living with HIV/AIDS. The number of older people is expected to double in less than 25 years, reaching nearly 10 million people, most of them rural.

In Ethiopia, poverty is primarily a rural phenomenon, which, for old persons, translates into poor nutrition, homelessness and income insecurity. In the case of older widows, they are more likely to be dependent upon social support and to live in isolation; thus they often turn to begging or to church charity by becoming nuns. While elderly people may benefit from interventions initiated by the four main stakeholders – the Government, communities, religious and non-governmental organizations – there are no specific interventions targeting them, including in the Government/World Bank-led "Interim Poverty Reduction Strategy Paper 2000-2001".

Fighting poverty among Ethiopia's elderly will require advocacy efforts as well as a focus on research and data collection. Also needed is a successful development programme that raises the general level of income, because such a programme will also help combat poverty in old age.

Summary

The Role of Older Persons in Addressing the Needs of HIV/AIDS Orphans
Nana Apt

Globally, discussions of HIV/AIDS rarely consider the impact of the pandemic on older persons. Such impacts include 1) care-giving and associated opportunity costs, 2) providing financial and material support, 3) raising surviving grandchildren, 4) suffering emotional stress and 5) losing old-age support that adult children would have provided. Older persons especially are indirectly affected by AIDS infections occurring among their adult children. The pandemic affects them in many ways, impacting finances, health, time commitments, social relationships and emotional stress levels.

The gender ratio of Africa's elderly population, which is more female than male was underscored, as well as the immense care-giving role of older women in African societies. The role and status of older women can only be fully understood within the framework of the family, which is under economic pressure in Africa. Older women are important primary caregivers in the family. Increasingly, they are acting as the sole caregivers for their adult children infected with HIV/AIDS and for their orphaned grandchildren as well. Moreover, older women are often impoverished and they may be widows. The plight of widows, especially older and impoverished ones, should be of great concern to policy makers.

Providing assistance for older caregivers with appropriate and regular relief from care-giving responsibilities is essential. Care-giving grandparents need options. While there are many positive aspects to their caring roles, a growing literature has documented the adverse emotional and physical effects of caring for an AIDS orphan with scarce and diminishing resources over extended periods. The social value placed on care-giving of orphaned children by their grandparents is a potent force that should shape the nature of assistance provided. Public recognition of this value is fundamental to the provision of public funds to support older caregivers.

Points Raised During Discussion:

- The situation of older persons in sub-Saharan Africa calls for urgent, culturally sensitive and coordinated action. Poverty, the impact of HIV/AIDS, and difficult social, economic and environmental conditions create bleak prospects for the growing numbers of older persons in the region.
- The evident needs of the elderly, along with their great social contributions (especially those made by older women in family and community life), should be more widely recognized and effectively supported in regional and national social and economic policy actions.
- The availability of low-cost medications and the affordability of drug treatments in low-income areas are important. Older people often have to travel long distances to obtain medical care and treatment. Many older persons lack basic requirements such as adequate food, clean water and soap. Increases in the cost of living here have accentuated these problems in many areas.

- There is a real need to put ageing issues on government agendas and to consider how to achieve this. One way is to conduct dialogues with ministers and carry out lobbying activities and evidenced-based advocacy work. Such activities can be improved through information collection and analysis. There is a need to emphasize the linkages with population and gender issues.
- It is important to consider what can be done beyond the World Assembly, particularly through the International Conference on Financing for Development, to include references to technical and financial assistance for meeting the needs of older persons.
- There is a need to review the social protection and pension systems already in place in African countries and to consider some of the positive structures already in place.
- There is a need to encourage civil society and government to work more closely together.
- The percentage of people who retire in Africa is low. Most Africans work in the informal sector, and it is therefore impossible to give exact figures for retirement rates. The standard concept of retirement is irrelevant, however, as the majority of people tend to work until they are too frail to do so or until they die.
- Many older people have no income. Pension systems need to be affordable to African countries, but the question is, how can this be achieved? One possibility may be to strengthen community support to cope with the needs of older people.
- A key question in the developing world is, how affordable are ageing programmes in the present policy context? There is a clear need for alternative policies for the developing world. Policy dialogue needs to be promoted to address these problems.

CHAPTER 6 | POPULATION AGEING ISSUES IN ASIA

Summary

Overview of Population Ageing Issues in Asia

Kim Xuan Nguyen

A heterogeneous group of countries and territories with vast differences in size, population, development levels, priorities and cultural diversity, the Asia and Pacific region is experiencing rapid population ageing. The number of older persons aged 60 and over will more than double from 322 million in 2000 to about 705 million in 2025, and their proportion of the total population of Asia will increase from 8.7 per cent to 14.9 per cent. Large increases in both absolute numbers and proportions of older persons, and the enormous economic and social challenges of this process at the societal and individual levels in both the developmental and humanitarian fronts, have made ageing-related issues a growing public concern in the region.

The 2000 Asia – Pacific survey on national policies on ageing, the first of its type in the region, was conducted by the Economic and Social Commission for Asia and the Pacific (ESCAP). It revealed that while many countries have established a national policy and/or a national focal agency on ageing, others have not. The family and older persons receive the highest priority and importance level among seven identified major areas of concern by the surveyed governments, followed by issues relating to health and nutrition and the social position of older persons. After reviewing policies on ageing in the region, it can be argued that while most countries have achieved a certain degree of success in raising public awareness and placing ageing issues on their national policy agendas, there is still room for improvement. In particular, there is a

need for improvement in such areas as social attitudes, resources, skills in policy matters and, above all, the incorporation of ageing into national development agendas.

There is continuing public and private acceptance of the importance of the family and community in providing care and support to the elderly. However, the changing family structure and the weakening of the family's ability to continue to provide such support (as a result of economic and social change) point to the need to shift from a sole emphasis on the family's obligations to one which also accepts the State as having a role to play. The sharing of responsibility between the family, community and the State needs to be promoted in the region.

There is a need to advance ageing issues on the public policy agenda. This can be accomplished through the examination of various issues and obstacles as well as through reviews of the mainstreaming of ageing-related issues into the regional development agenda.

Summary

Population Ageing Issues in China *Lu Jiehua*

Along with declining fertility rates and increasing life expectancy over the past few decades, China has witnessed rapid population ageing to a degree rarely seen in human history. China is attempting to respond to many challenging and emerging issues regarding its elderly population, such as weaknesses in family support for the elderly, shortages in community-based services for older persons, an inadequate social security system, and a lack of medical care networks for the elderly. Soon, it will also face the challenge of making the transition from a planned economy to a free-market economy. There is therefore an increasing demand for institutional changes to meet the emerging challenges of ageing issues, especially to alleviate the problems of the older poor in China.

The data show that the poverty rate of the elderly is clearly higher than that of other age groups. This is particularly evident in rural China, in spite of remarkable declines in poverty as a result of successful policies and programmes. It is also obvious that the income levels of older women are significantly lower than those of older men. At the same time, elderly women have increasing needs for home care and medical services. Though average life expectancy has increased to a great extent, old people, in particular the very old, and older women in particular, still

suffer from health-related problems. In addition, China, which is in the process of transforming its economy, is faced with serious issues in terms of providing social security to older persons in both urban and rural areas.

Institutional changes at all levels will play an important role in meeting the challenges of population ageing as well as the challenges of China's transitional economy. These challenges include:

- Institutional changes in current social security systems that would assist the elderly in building their credit for retirement;
- More input from the Government at all levels, to enhance the capacity of social assistance programmes for poor elderly people;
- Strengthening voluntary services that are meeting the growing demand for old-age support;
- Enforcement of old-age insurance that prevents the elderly from becoming poor;
- Efforts to promote the tradition of family support of the elderly.

Summary

Population Ageing Issues in the Republic of Korea *Namhoon Cho*

The Republic of Korea, which experienced low fertility and mortality rates over a relatively long period, has recently undergone an extraordinarily rapid demographic transition. The proportion of the elderly aged 65 and over reached 7.1 per cent in 2000, and the nation is quickly becoming an aged society. According to National Statistical Office projections, it would take only 20 years to double this percentage (that is, to 14 per cent) by 2020. This brief transition period indicates that Korea is ageing much more quickly than are other advanced countries. The societal transition, not only demographic but also socio-economic, has been forcing policy makers to prepare for the challenges of this rapidly ageing society.

The main issues confronting the increasing numbers of elderly persons are chronic poverty and poor health. Elderly women seem to suffer from poverty and health problems more than elderly men. Although the Korean Government has made a number of attempts to respond to such problems, no gender-based policies have been implemented so far. In other words, the policies and programmes formulated for the elderly

have taken a general approach rather than a gender-sensitive one. Therefore, the following policies and programmes, which were put in place by the Government, cannot be separated by gender in implementation.

Public pension programmes, public assistance based on the Basic Livelihood Security Law, and the old-age allowance are the three pillars of public policy that aim at enhancing the economic security of the elderly in Korea. The National Pension Scheme has, since 1988, been implemented for old-age security. However, the people who became 60 years old before 1988 were excluded from the scheme's benefits. The introduction of the old-age allowance in 1998 has provided economic security for the low-income elderly who were not covered by the National Pension Scheme. Public assistance, based on the Basic Livelihood Security system enacted in 1961 and revised in 1997, aims to guarantee the minimum standard of living and enhance the self-reliance capabilities of the poor, who have no one to depend upon, or whose household members cannot provide them with assistance. They include older persons who are unable to support themselves.

There are three programmes to enhance employment of the elderly: the Elderly Job Placement Centre, the Elderly Workplace and the Elderly Employment Promotion. The Elderly Welfare Act was revised in 1995 to strengthen the health care and welfare of the elderly. Based on this Act, the Government has greatly increased the number of social welfare institutions for the elderly, home-helper dispatch centres, day care institutions, short-term care institutions, etc. The home nursing helper system was introduced in 1999.

In Korea, elderly care has traditionally been the family's duty, but in recent years the community and the State have assumed more responsibility in this area. Although the national health insurance scheme covers the entire population, this scheme mainly covers treatment of diseases. Hence, the elderly, who are more in need of care than cure due to the high prevalence of chronic degenerative diseases and disabilities, cannot benefit from this scheme. As a supplementary policy measure, the Government has strongly supported the implementation of health promotion programmes since the enactment of the National Health Promotion Act in 1995.

Financing needs to be secured to implement the above-mentioned programmes and policies. To prepare for future population ageing, policies need to be shifted from the 'low burden and low benefits' model to ones characterized by 'optimum burden and optimum security for the low-income elderly'. The Government should particularly support and assist industries relating to the elderly, along with programmes designed to enhance elderly welfare at home through tax-exemption, loans, etc. In addition, a model of an integrated health/welfare service system should be developed with a view towards strengthening consumer-oriented services.

Points Raised During Discussion:

- Asia is home to the largest numbers of older persons worldwide. At the same time there is great diversity in the region in terms of population, geography, culture, social and economic development. While there is clear evidence of growing awareness of the importance of population ageing for all countries of the region, effective policy and programme responses have been variable, and significant challenges remain.
- In response to a question on the impact of the rapid decline in fertility in China on the official policy for the care of the elderly, it was observed that the Government of China leaves most of the responsibility to the family, providing just a small amount of back-up support. A comment was also made that while the change in age structure in China was attributable to fertility decline and the success of the family planning programme (the total fertility rate, or TFR, now stands at 1.8 children per woman), and to mortality reduction and increased life expectancy, the main contributor to the status quo in care of the elderly has been institutional change – the shift from a centrally planned to a market economy in which young adults have benefited most and older persons least. Consequently, in conditions of high demand, older people are experiencing lower incomes and resources for health needs. It was also suggested that while the 4:2:1 structure (grandparents: parents: child) presented problems for family support, this may not be as acute as some believe, as there are increasingly two children per family in urban households, and two or more children had remained standard among rural populations and ethnic minorities. The social security scheme is running into difficulties because it is employment-based, and in the changed market conditions, many factories cannot support all their retired staff and may even have closed down.
- Some concern was expressed regarding the need for caution in interpreting data in demonstrating high levels of dementia in women compared to men. These differences may, in reality, be attributable as much to inadequacies in reporting disability and the lower levels of education for women (whose responses to testing might therefore appear inadequate) as to the actual occurrence of high levels of dementia.

- The question was also posed that, if the voices of older persons are to be heard and encouraged, is there some way that this could have the positive effects referred to by the UN Secretary-General in announcing the International Year of Older Persons? Could this influence be exerted in the area of the world's future peace and harmony? Can the rhetoric (in favor of participation of older people) be made real by having older persons contribute in this way for the good of themselves and the rest of the world? Clearly, if they are to have any influence on, for example, the pacifying of terrorism, they need far greater empowerment, but it is not apparent how that might occur, and the possibilities need to be investigated further.

Summary***Poverty and Health in Old Age in Africa: Issues and Programmatic Response***
Sarah Massengo

Health is a key issue for older people. When they are in good health, they can manage their lives well. However, many older people prefer traditional healers to dispensaries, as the traditional healers are nearby, attentive, respectful, speak the local language and have negotiable fees. Hospital staff members are shunned, because of their negative attitudes towards older patients and their limited understanding of diseases afflicting older people.

Some ailments, like convulsions and hearing non-existent "buzzing" noises, are commonly linked to witchcraft, and as a result are only treated by traditional healers. Belief in witchcraft is rampant in communities and is often used to rob older people of what is rightfully theirs in terms of land, houses, livestock, etc. When an older woman is accused of witchcraft, everyone believes these accusations. The result is that she is hounded from her homestead; her home may be razed to the ground, and she may be maimed or even murdered.

Poverty adversely affects older people and is at the root of their problems. In most African countries, the level of economic growth is so low that poverty keeps on increasing. How can you eradicate poverty in these circumstances? Older people continue to work throughout their lives, yet they remain poor. Research shows that only 5 per cent of older people can meet their basic needs. Only 16 per cent of older people have enough food to last them from one season to another. The level of mal-

nutrition in older people is high; it is 2.8 per cent, compared to the overall level of 0.5 per cent. Poverty is also related to the dearth of access to information. When people know almost nothing about their environment locally, nationally or internationally, they may wind up making uniformed choices, which can affect their financial welfare. They may get easily flustered, for example, or they may refuse to pay taxes or choose bad governments. Agriculture is the main source of income for the majority, but the agricultural sector is plagued with problems related to marketing, transport, corruption, adverse weather conditions and the degraded environment. Interventions to reduce poverty should enable older people to feel more connected, involved and informed, so they can make decisions they are comfortable with.

Summary

Poverty and Health in Old Age in Asia: Issues and Programmatic Responses *Dharmapriya Wesumperuma*

Asia is a vast and diverse region that is home to nearly two thirds of the world's older people and the majority of the world's poor. Although older people living in poverty face formidable challenges, what has emerged in HelpAge International's experience is the overwhelming desire of older people to take part in society and to improve their lives and the lives of their families.

Key Issues of Older People | Through participatory research (HAI has supported participatory research in Bangladesh, Cambodia, Lao PDR, Nepal, and Vietnam since 1997) and as part of ongoing contacts through workshops and projects, poor older people from the region have shared their key concerns:

- Lack of money, income and access to income-earning opportunities (poverty);
- Lack of access to care and healthcare; and
- Social, economic and political exclusion.

Underlying factors that deny older people access to adequate income and care and their right to participation are:

- Negative attitudes about poor older people;
- Lack of understanding and knowledge of their situations, contributions and needs; *and*
- Lack of knowledge and skills in care for the aged, community-based care, and working with poor older people.

Programme Responses to the Issues of Poor Older People | Three underlying strategies guide HAI programme responses to addressing key issues of poor older people:

- Empowerment of poor older people through organizing, developing and strengthening their skills and capacities and increasing their access to information;
- Addressing barriers to the participation and inclusion of older people; and
- Promoting greater understanding and recognition of poor older people among decision makers and service providers.

To increase awareness about poor older people, change negative attitudes, and develop effective policy and programme responses, a better understanding of poor older people is urgently needed. Poverty and health statistics and data on older people are rarely available, and structured ways of measuring and understanding older people's experience of poverty have not been developed. This, combined with more information on poor older people and their roles in family and community support, will help to change negative attitudes about older people and reduce discrimination.

Summary

Special Health Needs of Elderly Women

Pirkko-Liisa Kriistina Rauhala

Knowledge base and global comparisons | Conventionally used macro-level indicators, such as those relating to longevity, ill health, and the delivery of and access to health care services, leave in the shadows the problems of poor, frail elderly women. Even in the richest societies, elderly women may have no access to health care, dentistry, or social networks. Such indicators may also obscure the everyday life process in its universal characteristics. They don't reveal, for example, how frail, elderly women cope with their health problems in different social and cultural settings.

How, then, to combine and cultivate discourses on misery and empowerment? How to proceed to alternative approaches to understanding elderly women's health needs and resources in the same context?

Care-giving as an essential infrastructure in all societies | Considering ageing opens our eyes to the problems associated with care-giving. While facing the everyday health needs of frail, elderly women, societies have the opportunity to rethink the organizing of mutual responsibility, trust,

and confidence. Care-giving is practical, everyday work, but it is also a challenging moral and ethical issue.

Sensuality, erotic life and sexuality of the elderly | How to take into consideration the topic of sexual life in old age? More knowledge as well as discussion is needed on how sexuality is present in the everyday life of elderly women and elderly men. By recognizing that sensuality and sexuality are factors affecting quality of life in old age, we can proceed in developing the knowledge base that will enable us to enhance the well-being of the elderly.

Summary

Inter-Generational Economic Issues

Alan Walker

Inter-generational solidarity plays a critical role in addressing poverty among older people in developing countries, those in transition and in developed countries. It is of such crucial importance that, without it, the goal of eradicating poverty set by the draft International Strategy for Action on Ageing and the commitments made in the Millennium Declaration and the Geneva Initiatives on Social Development cannot be achieved. Even the medium-term goal of reducing poverty among older persons by half by 2015, proposed by the draft International Strategy, and the Organization for Economic Cooperation and Development's aim to reduce by half the proportion of the world's people in severe poverty by 2015 will not be possible without inter-generational solidarity. Given its considerable importance, both to the quality of life of older people and to social cohesion in all societies, it is remarkable how little attention is paid to it, especially by policy makers. It is often taken for granted, as if it is a biological rather than a social construct, one that will continue regardless of the burdens heaped on it. This approach is especially dangerous in ageing societies.

There is a need for an intelligent public debate about the importance of inter-generational solidarity so that we can avoid conflicts and face up to the unique historical challenge of multi-generationality. Thus, even if it proves necessary to further modify public pension contracts on grounds of generational prudence, it is essential that this be done in a climate of open debate and persuasion, not one of alarmism about the burden of older people.

A society based on solidarity, a society for all ages, has the responsibility to guarantee all generations equal material and social participation opportunities, regardless of age, gender and other social characteristics. This should combat the risk of poverty and social exclusion that affects certain groups. With this general aim in mind solidarity can be sustained by:

- building pension systems and safety nets on a generationally prudent, fair and transparent basis;
- ensuring that pension systems reflect the different employment patterns and responsibilities of men and women and are not based on an outdated model of full-time male employment;
- ensuring that the idea of common citizenship is embodied in pension systems so that they, at least the first tier, are universal in coverage (although this may be built up over time by categorical provision for especially vulnerable groups such as those without families or other means of support);
- preventing the growth of early retirement and facilitating extended participation in employment and community life;
- legal measures to ban age discrimination;
- policy makers recognizing that it is counterproductive to overburden the family support system with responsibilities;
- encouragement of inter-generational initiatives;
- education about the importance of solidarity and the social contract;
- opening up public debate about the mutual dependence between generations;
- subjecting existing and new policies to an inter-generational solidarity test to see how far they promote cohesion, or are 'generationally aware';
- developing initiatives that focus on older people as a community and societal resource; and
- ensuring that public statements are made periodically that emphasize the fact that inter-generational solidarity is the key to social development and the creation of a society for all ages.

Points Raised During Discussion: _____

- Issues of population ageing, health and poverty are inextricably bound. The objectives expounded in the idea of 'a society for all ages' can only be promoted if the issues of entrenched and widespread poverty, especially among older persons, are effectively tackled.
- The issue of extreme poverty was also raised in connection with the results of the Poverty Reduction Strategy Papers (PRSPs) issued by the World Bank. Older persons have not yet become one of the stakeholders of the PRSPs. However, the PRSP principles, whereby the poverty strategy is nationally owned and involves broad participation and partnership, should provide an opportunity for all stakeholders to engage and find an entry point for including older people in the national development agenda.
- The suggestion of conducting poverty mapping was raised again, together with the need to establish appropriate indicators to measure poverty among older people. Longitudinal studies are also needed to measure the inter-generational transmission of poverty.
- Comments were made on a number of commonalities in the presentations from Africa and Asia, such as the situation of older persons in extreme poverty and their needs. Another common issue in Asia and Africa related to the use of traditional healers. In Asia they were used more often as a last resort or in rural areas, where health care was not as readily available, while in Africa traditional healers are universally accepted as a part of the health care system. A distinction must be made between the "witch doctor" and the traditional healer, who often has a vast knowledge of practical remedies.
- The discussion also turned to the issue of whether sexuality should be included in the Strategy. It was suggested that sexuality relates both to health and "self-actualization" of older people and is therefore an important point in the search for a comprehensive approach to well-being.
- There was a discussion on the welfare state. The suggestion was made to shift this paradigm to the idea of the "welfare society", as the latter makes the inclusion of civil society more evident, though other implications of such a shift in orientation need to be taken into account. The important thing is for the issues associated with ageing to become more visible and recognized in mainstream social policy considerations.

Summary***Overview of Population Ageing Issues in Latin America and the Caribbean***
José Miguel Guzman

Demographic ageing is one of the Latin American and the Caribbean (ECLAC) region's most challenging issues. During the 2000-2025 period, 47 million older persons will be added to the existing 41 million. With a population rate of growth of 3.5 per cent, the region will see its proportion of people aged 60 and over increasing from 8 per cent to 14.1 per cent during the same period. Making the challenge more difficult is the fact that the Latin America and the Caribbean region is characterized by a high incidence of poverty and a high degree of social inequality. The incidence of poverty in older persons is high. Though in some countries poverty among the elderly may be lower than it is among other adults, the effects of poverty at older ages are more dramatic.

This paper summarizes some of the main issues related to the ageing process in Latin America and the Caribbean. It analyses what is known in the region about four factors related to elder people's quality of life: social security transfers, job incomes, family support and the community network support. All four are potential sources of resources for the elderly.

In most countries, the coverage of social security is very low – under 20 per cent. Social security coverage is especially low in rural areas and among women. It has been demonstrated that pensions play an important role in alleviating poverty and gender-based inequalities, principally in countries with higher coverage. In many countries (the exception being those countries with a higher coverage of social security systems),

close to 30 per cent of the elderly population is economically active, with most of those older persons working for a large number of hours per week, but receiving low salaries or incomes. However, the more significant proportion of older persons (over half) does not receive any income from these sources, and these people obviously constitute the most vulnerable segment of the population. In such cases, the support of the family becomes the only source of material resources for elderly. Co-residence of the elderly with other relatives is still very important in Latin America and does not show clear signs of decreasing, as it has in developed societies. Other sources of support for the elderly come from the community network, which has been considered a source of support in poor populations, especially in urban areas. However, there is some evidence that this support disappears in contexts of extreme poverty.

There are a number of challenges related to dealing with ageing trends in the region. First, there is a need to define the actual possibility (economically and politically) of States increasing the coverage of social protection systems. Second, there is a need to assure an active ageing process, which implies supporting policies that allow elderly persons to make a direct contribution to development efforts. Third, there is a need to encourage family support without increasing the burden of other age groups, since younger persons have their own needs and rights. Throughout the entire process, the full participation of civil society is a key factor in improving the quality of life of elderly persons.

Summary

Population Ageing Issues in Bolivia *Catherine Dusseau de Ibarra*

Bolivia, a developing country, is currently facing two huge challenges: 1) a situation of poverty, where 75 per cent of the population is living below the poverty line and 2) the prospect, over the next 30 years, of a rapid increase of its 60-and-over population. In this context, older people cannot be better off than the rest of the population. The elderly are mostly women; many of them are illiterate and lack identity documents. Most are still working in order to survive, because only 25 per cent of them are covered by the health pension scheme. They are no longer protected by the traditional support of community or family. The majority live in urban areas, where they face poverty and marginalization. At the same time, rural areas are experiencing ageing without the support of traditional community networks.

Despite its dramatic situation, Bolivia has in recent years benefited from many initiatives emerging from civil society. The country has also witnessed the elaboration of a national policy addressing the needs of older persons. In 1998, the respective agendas of the Government and civil society networks coincided. A three-year process integrated the demands of older people with the lessons learned from past projects and programmes, leading to a proposed National Plan for Older People. In January 2001, the President signed a Supreme Decree confirming the Plan as the national policy for older people and making the National Commission for Older People the official body to assist in monitoring and implementing the Plan. There were several issues key to achieving our goal, including the Government's political interest, the coordination between the State and civil society, the use of good local initiatives in the creation of a macro-programme, and the attention given to the demands and needs of older people.

However, the Bolivian national plan, like the International Strategy on Ageing, is facing challenges and threats that need to be addressed urgently. Among these challenges are the following:

- 1) How do we ensure that the programmes derived from the plan/strategy will reach rural areas?
- 2) How do we pretend to generate programmes and policies if the plan/strategy is not promoted and well known?
- 3) There is a strong need for research – action-directed research.
- 4) The implementation of the plan/strategy will not be a reality if it is not planned: What are the goals, objectives, roles?
- 5) How do we monitor the plan/strategy?
- 6) How do we ensure implementation when ageing is not contemplated in the International Development Agenda?
- 7) And finally, how do we ensure implementation when the structure, at the governmental, local, national and international levels (i.e., the United Nations and cooperation agencies) does not have the capacity – in terms of human, logistic and financial resources – to do so? We have to draw from the Plan of Vienna experience and to address these issues if possible before Madrid 2002.

Points Raised During Discussion: _____

- The Latin America and Caribbean region is experiencing the combined effects of widespread poverty and rapid population ageing. The family remains the mainstay of support for older persons. Nevertheless, any significant underpinning of the role of families is generally lacking. Compared with other developing regions, the process of population ageing in Latin America has received relatively little attention and support from the international community – despite the rapidity with which the process is occurring.
- A systematic and region-wide review is needed of the critical issues related to population ageing that are facing the region's governments and communities.
- Many countries in Latin America have implemented pension reforms based on the Chilean private-sector model. This model seems to work well when the economy is growing, but gives rise to many problems in times of very low or negative growth. There is a need to evaluate private-sector pension schemes, taking into account possible gender impacts arising from the limited participation in the past of females in the paid labour force. Individual coverage levels in pension schemes need to be viewed alongside health-care coverage levels, which may not always be as high.
- There continues to be a need for more operationally relevant research, including at the local levels, on older persons, especially the poor. ECLAC could play a coordinating role in disseminating such research.
- It appears that in countries where collaboration between government and civil society is strongest, the establishment of social protection mechanisms for the older poor is most advanced.

POPULATION AGEING ISSUES IN WESTERN ASIA AND COUNTRIES WITH ECONOMIES IN TRANSITION

Summary

Overview of Population Ageing Issues in Western Asia *Dina Tannir*

The process of demographic transition in the Economic and Social Commission for Western Asia (ESCWA) region has been described as a slow-to-moderate decline in fertility coupled with a more rapid decrease in mortality, which resulted in a slow decline in population growth. The same transition, however, has caused an increase in the elderly growth rate.

Although the proportion of elderly in the ESCWA region is currently low (5.3 per cent), the absolute number of persons aged 60 and over is increasing rapidly. An increment of 11 million is expected by 2020, with Egypt being the major contributor to this increase. The United Nations medium-variant projections suggest that labour-receiving countries such as Qatar, the United Arab Emirates and Kuwait will witness a major inflation in their elderly population in the coming two decades. This might be explained by the high rate of migration to these countries and the large number of expatriates in the GCC (Gulf Cooperation Council) States, factors which distort the population pyramid of these countries. Another assumption stipulates that the performance of the oil economy and its effects on the standard of living might play a key role in decreasing fertility and mortality outcomes, bringing about the ageing of the population.

As it is in other regions, the older population is predominantly female. Moreover, older women who are widowed are more likely to live alone,

while widowed men who are 60 and over tend to remarry. Retirement age in the ESCWA region is 60 years in most countries, which implies a higher rate of persons aged 60 and over who wish to remain economically active. This has important implications for national policies, which should take into account the increasing number of older persons who remain in the labour force and their potential contributions to their communities.

A major challenge that needs to be faced in the ESCWA region is the tendency of governments to view ageing as a minor population concern. Ageing is regarded as a lesser priority compared to more pressing political and socio-economic issues. This tendency is also encouraged by the reliance on informal care systems that are traditionally provided by Arab family members, particularly women.

It should be noted, however, that with modernization, urbanization, housing problems and the increasing number of women entering the labour market, fewer families will be available to support their elderly, thus increasing their vulnerability.

Public awareness, improvement of pension coverage, expansion of retirement plans, improved data quality, support to families and formal care systems should be translated into action if governments are to address the increasing number and special needs of older persons in the near future.

Summary

Population Ageing Issues in Egypt *Zeinab Khadr*

This paper examines the ageing process in Egypt, paying particular attention to an analysis that explored the social environment surrounding older women in Egypt.

Although social status is known to be a multifaceted and complex concept, this paper focuses on the concept's most important dimension, namely decision-making power. The power of decision-making for all ages represents the ability of the individual to exercise control over major events in various spheres of his or her life.

As a Middle Eastern country with strong patriarchal family traditions, Egypt is a place where women are frequently accorded lower status

than men within the family. However, many ethnographic studies have stressed the dominant role of women and their higher status in their own spheres, such as in running their households and in dealing with fertility-related issues. With old age, the status of women changes as well, as do some of the underlying mechanisms that define this status. Interaction with the outside world and participation in the labour market, for example, continue to accord women higher status in their old age. Another example, the traditionally deferential behaviour of a married woman towards her spouse, continues to lower women's status in their old ages.

Economic status also shows significant effects on the status of older women. Upward flow of resources (both material as well as financial support) from children to older women lower their decision-making power and therefore their social status in the family, whereas downward flow of wealth increases their decision-making power (though not significantly). One unexpected finding is the significant inverse relationship between the family's standard of living and the status of its older women. This relationship might be attributable to the association between higher living standards and more exposure to Western and modernized ideals. The exposure, via a family member, may introduce modern social values and render older generations' experience obsolete, leading to lower social status for the older women.

The analysis also highlighted the effects of older women's living arrangements. It indicated that living in a traditional living arrangement significantly decreases older women's input in the decision-making process within the family. Furthermore, living arrangements that deviate from traditional ones accord older women higher social status, since these less traditional attitudes are indications of more progressive attitudes in different spheres of older women's lives.

Summary

Population Ageing Issues in Ukraine *Vladislav Bezrukov*

The transition period in Ukraine had negative consequences for its older population and for the society as a whole. The economic crisis brought reductions in expenditures for health care in general, and care for the elderly in particular. Within years of the socio-economic crisis, the material well-being of the majority of people has worsened considerably. An increasing number of development activities have gradually been

removed from the control of public funding. The new socio-economic forms, imperfect and not yet fully developed, coexist with the old ones. Health and pension insurance are not implemented due to lack of resources. The removal of many older people from the sphere of public funding took place prematurely, long before proper economic conditions had been created and the corresponding costs had been successfully transferred to individual incomes, i.e., to adequately sized pensions.

The transition negatively impacted the population's health status as well. Birth rates decreased, death rates increased, and life expectancy at birth and at old ages decreased. Negative growth of population is taking place.

The Ukrainian health care system is in a state of crisis. There is an acute lack of drugs, medical equipment and materials. Older patients have become the prime victims of an ineffective, insufficient health care system, staffed by low-paid workers.

The problem of gender inequity in old age, universal to all societies, is typical for Ukraine as well. The problem is especially acute for elderly women, who have unequal access to economic resources.

The State's efforts to provide social guarantees (pensions and other social payments) and its plans for employing the elderly remain unrealized.

The Government is at a turning point as it experiences crises associated with its societal transformation. Nevertheless, the Government has formulated the main directions of its social welfare policy, focusing on combating poverty; broadening a social base for market-oriented changes designed to halt a decline in living standards; increasing its purchasing capacity; and reducing the pressure of reforms on less-protected population groups. The Government is also monitoring how its citizens adapt to social changes and is working to ensure their rights in the privatization process. It is also promoting a gradual passage to an active employment policy.

Programmes launched to meet the needs of the ageing society in general, and older people in particular, will be successful only if economic reforms are implemented and there is a positive development of the country's economy.

Points Raised During Discussion: _____

- Issues associated with population ageing have only recently emerged as significant considerations for social policy in the countries of Western Asia and for those countries with economies in transition.
- In considering population ageing in the ESCWA region, it was noted that migration is expected to continue to play a significant role and that the rights of migrants, who are not always covered by local welfare schemes, need to be promoted, respected and protected.
- In several countries of the region, cultural and religious factors had traditionally inculcated values of a sense of duty, often directed towards the eldest son, to take care of elderly parents.
- The transition to a market economy in Ukraine had brought about significant reversals in population, social and health outcomes that negatively affected the older population. Chronic stress among the population during transition, especially among men, led to increased rates of suicide among older men – a pattern observed in some other European countries.

CHAPTER 10 CAPACITY BUILDING TO MEET THE NEEDS OF OLDER PERSONS

Summary

Investing for Older Age: The Education of Women *Joseph Troisi*

The Human Development Index (HDI), which the United Nations Development Programme (UNDP) constructed for the measurement of poverty, measures three components of human development, namely longevity, knowledge and standard of living. Life expectancy is used as an indicator for longevity, adult literacy and mean years of schooling are used as an indicator for knowledge, and purchasing power parity is used as an indicator for standard of living.

The pervasiveness of prejudice and discrimination has not only hindered the integration of certain sectors of society but has also often led to their very marginalization or exclusion from social and cultural life. A case in point is the low status of women in the majority of countries.

Women are often trapped in a web of traditional values. In many developing countries, a woman's sense of personal worth was often related to her fertility and the social standing she achieved as a mother. A young woman knew of no acceptable alternative role for herself than that of wife-mother. Consequently, formal education tended to be seen as irrelevant for girls. This is largely responsible for the very high female illiteracy rate prevalent in many developing countries.

Without ignoring the needs of older women at risk, especially the frail and the vulnerable, we have to make more possible the integration of older women into society. The empowerment approach policy aims at

empowering women through greater self-reliance. Illiteracy and lack of formal education has been one of the major barriers to women's empowerment. Apart from being the basis for their limited social participation, insufficient education left women vulnerable to the pressures of the changing environment.

Old age reflects the process of socialization at the time when the present generation of older people was young. Investing in the education of women is not a panacea in the sense that it will not remedy the existing socio-economic inequalities that prevail among people and countries. Nor will it rescue the environment or guarantee peace. One thing is sure, however: such an investment will make a valid contribution towards all these ends. Investing in women's education means providing them with the means of social and economic self-reliance.

Summary

Research Agenda on Ageing for the 21st Century *Gary Andrews*

The UN Research Agenda on Ageing for the 21st Century represents a major initiative in the area of ageing and development, intended to contribute to the elaboration of public policies on ageing and influence the direction and priorities for scientific gerontology in the decades to come.

The conviction that a sound research agenda on ageing is needed has emerged from the awareness that population and individual ageing will be a major challenge to humankind this century. At present, however, most societies and individuals appear to be poorly equipped to meet this challenge.

The intention is to develop a systematic approach to formulating and implementing a global agenda on policy-related research on ageing. The project had its genesis in 1997 at the Sixteenth Congress of the International Association of Gerontology in Adelaide, Australia, with an agreement between the United Nations Programme on Ageing and the International Association of Gerontology to develop a Research Agenda on Ageing for the 21st Century.

Three expert group meetings were held: in February and December 1999 and in December 2001. During the meetings, a number of recurring themes on ageing emerged as a series of priorities for further research and development. These were:

- Quality of life, processes of ageing and 'healthy ageing';
- Productivity and integration; and
- Material security over the life course and networks of formal and informal systems of care and support.

The final expert consultation addressed the task of refining the research topics that had previously been identified and clarifying priorities for action as well as proposing the next steps aimed at implementing the agenda.

The expert consultations defined the most critical research arenas and identified the following topics for research:

- Healthy ageing;
- Biomedical research;
- Physical and mental functioning;
- Social participation and integration;
- Changing structures of families, kin, primary groups and community;
- Economic security;
- Macro-societal change and development, and
- Policy processes and evaluation.

A limited number of 'overarching' recommendations have been identified throughout the process of consultation on the Agenda.

- PRIORITY 1** Research into current practices and options for maintaining material security into older age.
- PRIORITY 2** Research into changing family structures, inter-generational transfer systems and emergent patterns of family and institutional dynamics.
- PRIORITY 3** Research into the determinants of healthy ageing.
- PRIORITY 4** Research into basic biological mechanisms and age-associated disease.
- PRIORITY 5** Research into quality of life and ageing in diverse cultural, socio-economic and environmental situations.
- PRIORITY 6** Research into the relationships of population ageing and socio-economic development.

As the United Nations prepares for the Second World Assembly on Ageing and the revision of the International Strategy for Action on Ageing 2002, the opportunity is presented for there to be a more comprehensive, collaborative and coordinated approach to addressing the challenges of improving knowledge and understanding of individual and population ageing worldwide. It is intended that the final formulation of the United Nations Research Agenda will be completed and endorsed by the world's scientific community during the Valencia Forum to be held in Valencia, Spain, just prior to the Second World Assembly on Ageing in Madrid and that the Agenda will thence be submitted for consideration by the World Assembly. A mechanism can now be contemplated that provides for a global commitment to research in the key priority areas identified in this agenda and to the implementation of a plan of action for this research at all levels: global, regional, national and local.

Points Raised During Discussion:

- In pursuing objectives linked to the International Plan of Action on Ageing and the anticipated International Strategy for Action on Ageing expected to be adopted by the Second World Assembly on Ageing, the issues associated with data gathering, information, research and education are considered critical to achieving positive outcomes. The United Nations Research Agenda on Ageing for the 21st Century, a joint initiative of the United Nations Programme on Ageing and the International Association of Gerontology (which has been in process since the World Congress of Gerontology held in Adelaide in 1997), is expected to be presented in final form for endorsement by the global gerontological academic community during the Valencia Forum meeting prior to the Second World Assembly in Madrid. It is expected that the Report of the Valencia Forum will be taken up as an official document by the Spanish Government and used as a supporting document for the Second World Assembly on Ageing. In addition, the Valencia Forum report will be the subject of one of a number of round tables at the Assembly, providing the basis for debate among representatives. The Research Agenda is intended to engage the attention and response of governments, academic institutes and researchers across the globe in an interactive response to exploring key policy-related questions on ageing in both developing and developed countries.
- In the area of education, it is not only the fact of having entered school that is important, since many students drop out. The years of schooling are also important. There is a problem, however, in research in developing societies undertaking multi-disciplinary and longitudinal research, as both resources and training in appropriate methodologies are in short supply.

- More immediately, problems associated with educational deficiencies within the older female population are a product of traditional attitudes to gender priorities. The current issues relate more to the informal education of older women in areas of practical consequence, such as human rights, dealing with family and community problems and knowing what options and resources are available to them now, in their present circumstances, as older women.
- The longer-term implications of informal and, more especially, formal education for older women lie in their younger adult ages, since finding appropriate employment can constitute the pathway to eventually receiving a pension, which will give them a far greater degree of independence at older ages.

CHAPTER 11 | PANEL ON POPULATION AGEING: A DONOR'S PERSPECTIVE

Belgium

Thérèse Jacobs

How do we bring ageing issues onto the development agenda in developing and developed countries? A case in point is Belgium, where a successful UNFPA meeting held in Brussels was a mobilizing instrument for the Belgian Government to open a funding line on ageing. This supports the view that ageing is not currently a priority issue. The argument against granting priority status to ageing is twofold: 1) other age groups, i.e., youth and young adults, are seen as having more pressing needs in developing countries and 2) older persons in developing countries are often wrongly perceived to be well off and part of the middle class. Moreover, the issue of ageing is conceived of as the introduction of a new problem area, especially when "old" problems have not yet been solved. Furthermore, it is thought that giving priority to the elderly addresses the problems of today and not the problems of tomorrow.

What are the recommendations, then, for bringing ageing issues onto the development agenda? There is a need to start with the development of policy frameworks; to look at the integration of older persons in programmes as a target group and as partners in development; and finally, to look at the long-term effects of actions in terms of sustaining health and social relationships.

It is important not to play age groups off each other, but to integrate ageing issues into existing policies. The focus should be on human rights – on a society for all ages and on the productive role of older persons within families and communities and on the life course.

There is a need for specific data on the numbers of older persons living in poverty as well as a needs assessment of poor elderly persons.

United States *Kevin Kinsella*

From a research donor's perspective, the primary issues often are 1) what can the donor learn from ageing research in other countries? and 2) how applicable are the research results across countries? The United Nations' emphasis on a society for all ages, and on mainstreaming ageing into the overall development process, resonates with donors who focus on ageing from a life-course perspective, and also with those who emphasize the necessity of a multidisciplinary approach to research on ageing. This implies that inter-generational and/or North-South partnerships are vital to further progress in understanding the global ageing process. It also points to the need for regional cooperative centres (involving academia, governments, NGOs and international agencies) that can collate and analyse existing information, identify the important research gaps, and then aggressively seek to fill those gaps so as to inform policy-making.

Italy *Antonio Golini*

There is limited attention given to ageing issues in developing countries. Normally a reduced share of official development assistance (ODA) is devoted to population issues, and of that share a large majority is given to issues such as reproductive health. Ageing is an issue of great concern for developed regions, but not for developing regions. Donors should create awareness about the ageing process. It is the task of demographers, international organizations and NGOs to promote the issues.

Action and interventions of the ageing field – to be considered in the framework of interventions in the population field – can be made in at least four areas: research, education, social support and economic development. With regard to research, donors' perspectives should consider the reinforcement in developing countries of interdisciplinary research and surveys in ageing related to the whole process of socio-economic development. Possible goals could be gaining a better comprehension of the demography of ageing in order to have a fuller picture of the ageing of individuals, families, populations and sub-populations (with special reference to the working-age population), and of areas in which the ageing process is much more accentuated so that one can identify the most vulnerable areas.

Donors should consider increasing their support to NGOs providing social, health and economic support to families and communities in developing countries. Donors can increase resources through both multilateral and bilateral interventions and can support the intervention of NGOs in communities so as to promote intra-generational solidarity.

Spain

Aurelio Fernandez Lopez

Donors are concerned about ageing in certain areas, but not in others. For example, the link needs to be made between ageing and poverty, including Poverty Reduction Strategy Papers (PRSPs). More needs to be said on ageing, and interventions related to the topic need to be linked with interventions in other areas, such as the Financing for Development project. A clear proposal is needed from Madrid, and the most important challenge is to implement the work after Madrid. There is a need for a system-wide programme on ageing at the United Nations Secretariat; targeting services outside the system, for example in the private sector; and conducting more research and training; focusing on regional perspectives. And, finally, the inter-generational aspect needs to be fully integrated.

Japan

Shigemi Kono

Population ageing is an entirely new agenda for aid activities; hence the existing ODA organizational structure in Japan does not have a suitable place for dealing with ageing issues. Since Japan is currently in an economic crunch, cutting its ODA budgets by 10 per cent this year, and as there is an air of 'aid fatigue', agencies and organizations are not entirely enthusiastic about extending assistance to the field of population ageing. Furthermore, unlike traditional family planning activities, areas relating to population ageing seem too broad and too complex for aid agencies to focus on. Japan has only recently completed its demographic transition, but at the same time it preserves a heritage of Eastern culture. Therefore a close examination of its experiences may yield fruitful results.

Of particular concern to developing countries is whether they should build up a more universally applicable pension system for retired older people. However, an immediate adoption of the Western-style social security system may not always be suitable for developing societies. The present Asian model of combining familial help with savings from their primary working years may be a good way to enhance a healthy and active life in later years. It may be unwise to forsake familial help and

solidarity and adopt the Western model of formal social security, particularly the pay-as-you-go (unfunded) scheme.

Points Raised During Discussion:

- The relationships between population ageing and other major social development issues are critical. At present, while token attention is given to ageing issues, they often do not feature in mainstream considerations and frequently disappear from sight in major donor consideration. It was pointed out that ageing is seen as a major developmental and economic issue, as it is a fact that the population is ageing. Nevertheless, most donor countries are not interested in ageing issues. Therefore, the question is, what can be done to raise awareness?
- It has been demonstrated that older people have a fundamental role to play, particularly in social conciliation and peace-building processes, but this is not often acknowledged in practice. UNFPA has carried out operationally relevant research and is supporting governments at the country level to promote policy dialogue. HelpAge International has conducted research of a participatory nature on a global level; however, the organization has limited resources. It was perceived that there is a need for more comparative research on the situation of older people and for the establishment of regional research centres, as there is a lack of data on macro-level ageing issues. A further recommendation regarded the need for a system-wide programme on ageing with an integrated approach linking research and development.
- There is a need for more coordinated, collaborative efforts involving key inter-governmental organizations, international agencies and others.

CHAPTER 12 PROGRAMMES OF THE UNITED NATIONS SYSTEM AND CIVIL SOCIETY

Box 6

The United Nations Programme on Ageing

The United Nations Programme on Ageing is the focal point on ageing within the United Nations system, entrusted with the responsibility of developing and promoting the implementation of international policy on ageing. Its most recent action within the Department of Economic and Social Affairs has been the organization of the preparatory process for the outcome document for the Second World Assembly on Ageing in Madrid: a revised International Plan of Action on Ageing. The preparatory process has involved numerous meetings among the many stakeholders, including an inter-agency meeting of the United Nations system and three Technical Committee meetings established by the Secretary-General and composed of experts from all regions. The Technical Committee meetings, which took place in Germany, the Dominican Republic and Austria, assisted in the formulation of recommendations for the current draft, which was submitted to Member States at the end of August 2001 under the title International Strategy for Action on Ageing, by the Chairman of the Preparatory Committee for the Second World Assembly. The draft text is currently under negotiation among Member States and will be adopted at the World Assembly next April.

Beyond the Second World Assembly, the primary focus of the Programme on Ageing will be to facilitate and promote the revised plan of action, including designing guidelines for policy development and implementation. The programme will continue to advocate mainstreaming ageing issues into development agendas, engaging in dialogue with civil society and the private sector, and promoting information exchange among all stakeholders.

Box 7

The International Labour Organization and Ageing

The world's population is ageing at a rapidly increasing pace. As the number of elderly people rises, so does the need to ensure their social inclusion – ensuring, for example, a decent income from work or retirement and a chance to participate in community life through employment, volunteer work or other activities. Employment and social protection, however, can only play this role under conditions of *decent work*, that is, work carried out in conditions of freedom, equity, security and human dignity. This is the goal of the ILO.

ILO Instruments: The ILO has always been committed to the issue of ageing, specifically in elaborating international labour conventions in the field of disability, old age and survivor's insurance. The most comprehensive instrument is the Older Workers Recommendation, 1980 (No. 162), which aims to protect the right of older workers to equality of treatment.

Social protection and ageing: The objective of most social protection schemes is to provide access to health care and income security. More than half the world's population, however, is excluded from any type of social security protection. Social security was an agenda item at the 89th Session of the ILO's International Labour Conference. The Office submitted a report entitled "Social security: Issues, challenges and prospects", which, *inter alia*, deals with the effects of ageing on social security.

Countries are facing concerns about the viability of *pension systems*. A key challenge will be to mitigate the effects of a falling share of working-age population by increasing the economic participation of older people. In most developing countries, retirement is a luxury few elderly citizens can afford. For these people, social exclusion remains a major threat.

Ageing is having an important impact on *health services*. Health services will have to adapt to new demands of an ageing population as well as to associated costs. Nonetheless, it is imperative to realize that a larger number of older people represents a precious resource for society. Health care constitutes an integral part of the network of social protection in any society. Standards of health care have been specified by the ILO in various international legal instruments.

The situation of *migrants* who perform work in the informal economy but fall outside the realm of social protection is cause for increasing concern. The ILO has always taken a stand on guaranteeing social security protection, including old-age benefits for migrant workers.

Employability of older workers: *Training and education* are particularly important in helping older workers adapt to new demands and opportunities. Age discrimination underlies many of the difficulties faced by older workers in the labour market. *The ILO's World Employment Report 1998-99* emphasizes the need for training throughout the

Box 7 continued

working life. *The ILO's World Employment Report 2000-01* also devotes a section to older workers. This section highlights the important potential that **information technology offers** to mitigate the problems of an ageing population.

The issue of ageing is, in particular, linked to **safety, health and conditions of work**. The ILO shares the view that increasing the employability of an ageing workforce therefore requires an increase in its workability.

Ageing raises important gender concerns: Many older women lack basic literacy and numeracy skills. They are also less likely to undertake paid work than older men, and where pension schemes do exist, they are less likely to be eligible to receive pensions. The ILO's Gender Promotion Programme is undertaking extensive work on older women workers.

While ageing is not a "catastrophe", it does pose a policy challenge. Ageing is a long-term phenomenon, and coping mechanisms can be introduced gradually. Coping mechanisms have to be found in the world of work and in the social transfer systems. The ILO has a vital role to play in developing far-sighted solutions and setting these mechanisms into motion.

World Health Organization

Health and Ageing – the WHO perspective

If ageing is to be a positive experience at the level of the individual, longer life must be accompanied by continued opportunities for maintaining good health, well-being, independence and productivity. WHO uses the term "active and healthy ageing" to express the process that underlies this vision.

According to WHO's definition, health is not merely the absence of disease but the highest possible state of physical, social and mental well-being. Individual ageing is a lifelong process during which opportunities for continued physical, social and mental well-being must be utilized and optimized. At both a societal and individual level, the aim is to extend healthy life expectancy as well as productivity and quality of life at older ages for as long as possible.

A life-course perspective of healthy ageing supports activities at all phases of life. In early life, activities should be designed to enhance growth and development, prevent disease and ensure the highest level of functional capacity for as long as possible. In adult life, this may refer

to interventions that prevent, reverse or slow down the onset of disease. In later life activities need to focus on maintaining independence, preventing and delaying disease and improving the quality of life for older people who live with some degree of disability.

When looking at health policies for ageing societies in a holistic way, a useful way to approach decision-making is to think about enablement instead of disablement. Disabling processes increase the needs of older people and lead to isolation and dependence. Enabling processes restore function and expand the participation of older people in all aspects of society. This holistic vision of achieving physical, social and mental well-being at older ages, as well as maintaining productivity and independence, depends on a variety of determinants that surround the lives of individuals, families and nations. Most of these determinants lie outside of the traditional health sector. They are summarized in the figure below.

FIGURE 1: The Determinants of Active Ageing



Gender and culture are cross-cutting determinants of healthy and active ageing because they influence all of the other factors. Gender has a profound effect on such factors as social status, access to health care, food and meaningful work. Cultural values influence personal behaviours, views on ageing, physical environment and living circumstances. While gender and culture influence each of the determinants, each area covered by the determinants has by itself a profound influence on the health and well-being of individuals in later life.

A collective policy approach to ageing and older people therefore requires a policy framework with action based on three basic pillars:

- **Health and Independence:** When the risk factors (both environmental and behavioural) for functional decline and chronic diseases are kept low and the protective factors are kept high, people enjoy both a longer life and a higher quality of life. Older people will remain healthy and manage their own lives. Fewer older adults will need costly medical treatment and care services.
- **Productivity and Protection:** Older people will continue to make a productive contribution to society when the labour market, employment, health and social policies and programmes support their full participation in all activities, according to their capacities, needs and preferences.
- **Protection:** When policies and programmes address the health, social, financial and physical security needs and rights of older people, they are ensured of protection, dignity and care in the event they are no longer able to support and protect themselves.

Attaining the goal of healthy and active ageing at the population level will require action in a variety of sectors, such as health, social services, education, employment, finance, social security, housing, transportation, justice, and rural and urban development. In particular, policies need to support inter-generational solidarity and reduce inequities between men and women and among different subgroups of the older population, especially among those who are poor and marginalized.

WHO's programme of activities in the area of population ageing is carried out by the Ageing and Life Course Programme (ALC) within the Department of Noncommunicable Disease Prevention and Health Promotion (NPH). It has adopted a number of perspectives that guide the Organization's work in this area:

- Ageing is part of the life course and should not be compartmentalized;
- The focus is on the promotion of long-term health;
- Cultural contexts and influences must be respected;
- Community-based approaches are key for interventions and take into account the fact that many health issues need to be dealt with outside of the traditional health sector;
- Gender differences must be recognized and dealt with in a gender-sensitive way;
- Inter-generational links must be strengthened; and
- Ethical issues related to health and well-being in old age must be respected.

In accordance with WHO's policy framework and with a view towards the implementation of the outcome document of the Second World Assembly on Ageing, the Ageing and Life Course Programme is working on policy recommendations that will complement and add specificity to those contained in the World Assembly's outcome document. It will work with countries to implement these recommendations. It is building local and national capacity by promoting the training of health professionals to care for older persons. Through its advocacy activities, it promotes healthy lifestyles. Through research and advocacy, it endeavours to establish guidelines and norms for an enabling environment. Through research and policy recommendations, it addresses very specific issues, such as the plight of the older persons acting as caregivers to survivors of HIV/AIDS victims in Sub-Saharan Africa or the global fight against elder abuse. As a relatively small programme, it works primarily through partnerships and coalitions with other organizations, both governmental and non-governmental, as well as with the academic sector. The outcome of the Second World Assembly on Ageing will provide new urgency for WHO's work in the area of global health and ageing.

Box 8**AARP**

AARP (formerly known as the American Association of Retired Persons) is a non-profit, nonpartisan membership organization for people 50 years old and over. It provides information and resources; advocates on legislative, consumer and legal issues; helps members to serve their communities; and offers a wide range of unique benefits, special products, and services for its members. These benefits include the AARP Web site at www.aarp.org, *Modern Maturity* and *My Generation* magazines and the monthly *AARP Bulletin*. Active in every state in the United States as well as in the District of Columbia, Puerto Rico and the U.S. Virgin Islands, AARP celebrates the attitude that age is just a number and life is what you make it. While AARP is mostly focused on United States domestic issues of ageing, AARP does maintain liaison with the United Nations and its agencies and commissions and with other nations' non-governmental organizations and governments. AARP is an effective advocate for the view that the focus should be on older people's contributions to their families, societies and countries and that the coming of an ageing society worldwide should be seen as a challenge for which governments need to plan, not a crisis or a disaster.

Box 9

HelpAge International

HelpAge International (HAI) is a unique development agency. It works via a network of development, research, community-based and social service organisations that share a common mission to improve the lives of disadvantaged older people. HAI's innovative approach combines support for partners and members, direct programme implementation, research and advocacy. Increasingly, HelpAge International is involved in the formulation of national and international strategies on ageing.

The organization was founded in 1983 as an independent charity by HelpAge India, Help the Aged Canada, Pro Vida Colombia, HelpAge Kenya and Help the Aged UK. From five agencies it has grown to the present membership of 70 organizations worldwide.

Through its membership, HAI has established a presence in areas ranging from remote rural villages to some of the poorest slums in Asia, Latin America, Africa, Eastern and Central Europe and the Caribbean. The organization currently works with over 200 partners in 70 countries, targeting the most vulnerable older people.

HelpAge International is governed by a Board of Directors drawn from its membership. At present, board members come from Canada, Dominica, Ghana, India, Kenya, Singapore, the United Kingdom, the United States and Zimbabwe. The secretariat is based in London and it has four regional development centres in Asia (Thailand), Africa (Kenya), the Caribbean (Jamaica) and Latin America (Bolivia). HAI also works in Eastern and Central Europe and has representation in Brussels.

HelpAge International was the first organization to receive the United Nations award for services to the United Nations Programme on Ageing, and has consultative status (Category 1) with the Economic and Social Council of the United Nations.

How does HAI work?

- **Practically** – through projects that address the basic needs of older people, particularly economic insecurity and poor health, and which address social issues such as isolation, fear, discrimination, disability and abuse.
- **At the policy level** – challenging the poverty, inequality and discrimination that prevent many older people from achieving their potential and realizing their rights. HAI strengthens older people's involvement in development programmes and in local and national policy-making processes. It also creates awareness of the rights, needs and problems facing older people and the role they play in solving these challenges.
- **In emergencies** – responding to the specific needs of older people affected by civil conflict, economic collapse or natural disasters.
- **Through its membership**, which includes national organizations; community-based groups and regional networks. Support is provided to facilitate members learning from each other's experience, through funding, training, resource mobilization, capacity building and project management.

Box 10

The International Institute on Ageing (INIA) in Partnership with the United Nations Population Fund (UNFPA)

In 1982, the World Assembly on Ageing adopted the Vienna International Plan of Action on Ageing. INIA, United Nations – Malta, was established as a result of UN/ECOSOC Resolution 1987/41 and following an agreement between the United Nations and the Government of Malta. The Institute is largely supported by the Government of Malta. INIA works in close partnership with UNFPA from whom it receives support for the implementation of its activities.

In the thirteen years since its establishment, INIA has striven to live up to its UN mandate by the training of key personnel through its short-term and long-term courses as well as acting as a practical bridge between and among developed and developing countries. INIA organises annually four core courses that focus on Social Gerontology, Economic and Financial Aspects of Ageing, Geriatrics and Demographic Aspects of Population Ageing as well as a nine-month Diploma Course and a Master's Degree Course in Gerontology and Geriatrics held at the University of Malta. To date 1,281 participants from 121 countries have attended international short and long-term courses in Malta.

Since 1995, INIA conducts in-situ training programmes in various countries that are tailored to the specific needs of the particular country. Thus far, INIA has conducted 26 such programmes and trained 922 participants in the following countries: Brazil, Barbados, China, Egypt, Ghana, India, Kuwait, Macedonia, Mexico, Panama, Philippines, Singapore, South Africa, Thailand and Tunisia. The training programmes address poverty and exclusion which remain major threats to the well-being of older persons throughout the world.

The Institute has entered into a number of collaborative agreements with various organisations in order to enable countries to build their capacity to meet the challenges of their rapidly increasing elderly population. It has also set up a Collaborating Network of 59 countries as a result of which members can access and disseminate information in the field of ageing.

INIA publishes the quarterly journal 'BOLD' that contains research and related articles on ageing. It also supports a library that contains books, journals, reports and audio-visual material. INIA's Website is www.inia.org.mt

INIA also carries out research projects, hosts Expert Group Meetings and offers consultancy services. With the widespread access of the Internet, INIA intends to develop distance learning programmes in developing countries in collaboration with the University of Malta.

CHAPTER 13 CLOSING

Closing remarks of Ms. Elizabeth Mullen, AARP

Ms. Mullen acknowledged the partners involved in the organization of the workshop and INIA for hosting this successful event.

"First, let me tell you a secret: when Ann, Richard and I were exploring a partnership for this meeting, I challenged them to come up with – to find and invite – new experts to this meeting. Why, you ask? I love seeing old friends and colleagues at these meetings over the years, but the time has more than come, in my opinion, for new faces and voices to be added to the mix. Let me say to Richard and Ann that you have risen to the challenge and the "new" voices and faces have added greatly to the success of the meeting. Thanks to UNFPA for all the good work they have done and to all of you for your expertise and contributions. But – and there always seems to be a but – as I said in my opening remarks, I came to learn from all of you and, to some extent I have, but I am also overcome by the knowledge that I have been involved in ageing issues for nearly 20 years and not much has changed, not much progress seems to have been made on the world scene. Oh yes, more data to work with, but little progress and few new solutions.

I would like to leave you with this thought: perhaps by talking among ourselves we are talking to the wrong people. We need to talk to the policy makers in government at all levels".

Statement by Deputy Prime Minister, Malta

The Honourable Dr. Lawrence Gonzi, Deputy Prime Minister and Minister for Social Policy, recalled that after years of perseverance and endeavour by the Government of Malta, the United Nations Assembly, at its 24th Session in 1969, adopted a resolution giving priority consideration to the question of the world's ageing population. Malta's sustained role in instigating the international community's concern about the gravity of this global phenomenon culminated in the World Assembly on Ageing, which took place in 1982 and which resulted in the formulation of the Vienna Plan of Action. Subsequently, in response to the worldwide need for research and training in the field of ageing, as strongly recommended by the Plan of Action, the Maltese Government proposed to host the International Institute on Ageing in Malta. The Institute serves as a practical bridge between and among developed and developing countries.

Dr. Gonzi expressed his gratitude to all the participating experts and expressed his confidence that the final recommendations and proposals from the Expert Group Meeting will be crucial to the next stage of developments in the field of ageing.

"Young people and elderly alike want to age gracefully and, in retirement, we all look forward to an aggressive and active idleness. All of us should strive to give the elderly the attention they want and assure their full integration into their own societies. Let us, through our cooperative efforts, set the scene for our own future".

Official Closure: Mr. Richard Leete, UNFPA

In officially closing the meeting on behalf of UNFPA, Mr. Richard Leete thanked all the participants for their tremendous hard work, commitment and support of the meeting, especially the Secretariat and staff of INIA working behind the scenes. He also thanked the partner organizations, the United Nations Programme on Ageing, AARP and Help Age International, and the meeting host, INIA. He expressed the hope that the outcome of the meeting would help to make a difference in the lives of older persons, especially the poor and excluded, a majority of whom are women.

CHAPTER 14 CONCLUSIONS AND RECOMMENDATIONS

Preamble

As part of the preparatory activities for the upcoming Second World Assembly on Ageing, UNFPA convened, in partnership with the United Nations Programme on Ageing, AARP and HelpAge International, an *Expert Group Meeting on Population Ageing and Development: Social, Health, and Gender Issues with a Focus on the Poor in Old Age* in Valletta, Malta, from 29-31 October 2001. The Expert Group Meeting, hosted by the International Institute on Ageing (INIA), was inspired in its work by the welcoming remarks of H.E. Professor Guido De Marco, the President of Malta, when he referred to the global challenge of "lifting the curtain of poverty on older people" so that they could live a dignified life and enjoy all of the benefits of longevity.

The composition of the Expert Group Meeting was governed by the need to ensure a wide and balanced representation across gender, discipline, region and level of national socio-economic development to achieve the most comprehensive reflection on the issues involved in the preparation for the Second World Assembly on Ageing that will take place in Madrid, Spain, from 8-12 April 2002.

The Expert Group Meeting acknowledged the draft text of the International Strategy for Action on Ageing 2002 (advanced unedited version) presented by the Chairman of the Preparatory Committee for the World Assembly on Ageing 2002.

The Expert Group Meeting recognized the rigour with which the drafting exercise had been undertaken and acknowledged the wide consultation that had taken place with all sectors now reflected in the present draft. The Expert Group Meeting considered that the draft could be further strengthened by consideration of the following recommendations, many of which reflect the recommendations of the Expert Meeting Working Groups for revisions of the draft International Strategy for Action on Ageing 2002 rather than additional recommendations as such.

Recommendations relating to Priority Direction 1: Development for an Ageing World

These recommendations were developed to supplement the recommendations for action in the Chairman's draft.

- 1) By 2005 all countries should have developed national gender-sensitive strategies for meeting the basic needs of older people, especially the poor, including monitoring indicators so as to track progress.
- 2) Special attention needs to be given to vulnerable groups of older persons, especially the childless, never-married, widowed and divorced persons in both developed and developing countries, while at the same time ensuring that policies do not discriminate against family caregivers.
- 3) Education on population ageing needs promotion as a means to contribute to a better quality of life in older ages as well as, *inter alia*, to encourage inter-generational and intra-generational solidarity.
- 4) Mechanisms for recognizing and enhancing the human and social capital of older women and men need to be explored and further developed.
- 5) Governments need to ensure gender equality in social protection systems, especially in relation to pension system reforms in order to assure gender solidarity and avoid gender discrimination, particularly that caused by the differences in working histories between men and women.
- 6) National development frameworks and especially Poverty Reduction Strategy Papers (PRSPs) should include an explicit and specific focus on population issues, including the situation of older men and women, and, where provided, some of the resources made available through debt relief channelled to meeting the needs of older persons.
- 7) Governments should review budget allocation processes and strengthen monitoring to ensure present practices do not discriminate against and reinforce inequalities experienced by older persons, especially the poorest of older persons in rural settings.
- 8) Countries should be encouraged to develop national maps of the spatial distribution and characteristics of older persons, especially the poor, so as to better target interventions and resource allocation, to meet their needs.

Recommendations relating to Priority Direction II: Advancing Health and Well Being into Old Age

These recommendations relate primarily to suggestions for revision and strengthening of the Chairman's draft text.

- 9) Governments should ensure older persons have the same access to preventive and curative care, and rehabilitation as other age groups. (para 62)
- 10) The main socio-economic and environmental factors that contribute to the onset of disease in later life should be identified and addressed through health, economic, social and legal means. (para 64c)
- 11) Misuse of prescription drugs should be minimized, through implementation of systematic education and regulatory measures. (para 64g)
- 12) Comprehensive prevention policies targeted to risk of age-associated disease should be developed. (para 65a)
- 13) Training and incentives for health and social service professionals to counsel and guide people reaching old age on healthy lifestyles, self-care and safe sexual practices should be provided. (para 65c)
- 14) Mobile medical units and new technologies such as telemedicine should be utilized, to reduce geographical and logistical inequalities in access to health care in rural and remote areas where primary health care is not available. (para 70e)
- 15) Strategies should be developed at national and community levels for systematic needs assessment as a baseline for the planning, execution and evaluation of locally based health programmes. The baseline should include both the participation of, and contributions from, older persons. (para 72b)
- 16) Governments should encourage the use of traditional health care provision where practices are considered to be safe and effective. (para 72e)
- 17) Home-based care for older persons using multi-disciplinary teams in coordination with caregivers and families should be promoted.
- 18) Health care providers should be educated to fully include older persons in decision-making related to their own care. (para 73b)
- 19) Studies to demonstrate the contribution of older persons to development should be conducted especially in HIV/AIDS-affected countries. (para 77d)
- 20) Educational opportunities in geriatrics and gerontology for all health and social service sector professionals who work with older people should be expanded. (para 79a)
- 21) Informal caregivers of both sexes should be provided with information and basic training in the care of older persons. (para 79b)

- 22) All providers of health and social services should receive basic and specialized as well as gender-sensitive training in the health of older persons. (para 79c).
- 23) Effort should be made to increase enrolment of both male and female students in geriatrics and gerontology training. (para 79e)
- 24) Programmes to help people with Alzheimer's disease and other types of dementia to live at home for as long as possible and to respond to their specific needs should be provided. (para 81c)
- 25) Reproductive health and sexual health of all persons, especially women, throughout their life course should be promoted, in recognition of their bearing on the quality of life at older ages. (additional action recommendation)
- 26) Research should be promoted, including data collection and analysis of the health status and health needs of older persons, taking into consideration established health indicators, for evidence-based policy formulation. (additional action recommendation)

Recommendations relating to Priority Direction III: Ensuring Enabling and Supportive Environments

These recommendations relate to suggestions for the formulation of specific proposals for action in the relevant section of the Chairman's draft text.

- 27) Policies and programmes designed to create inclusive, cohesive societies for all age groups that take into consideration varying cultural, religious and secular values and traditions should be put in place. (para 86)
- 28) Multi-sectoral efforts to support the continued interdependence of older persons with their families and communities should be coordinated, and developers and planners should be encouraged to be aware of these considerations. (para 90b)
- 29) Policies and support initiatives that enable older persons to preserve legal rights to property should be introduced. (para 90c)
- 30) Efficient public transportation services in rural and urban areas and dissemination of information about these services should be encouraged. (para 92a)
- 31) Older persons should be enabled to maintain mobility through access to a full range of transportation. (para 92d)
- 32) Comprehensive home- and community-based care that is accessible and coordinated, to support family care provision, should be ensured. (para 96a)
- 33) Access to community-based long-term care for older persons living alone should be increased to extend capacity for independent living, reduce hospitalization and delay residential and/or nursing home placement. In addition, access by older people to social services, as well as the responsiveness, comprehensiveness, quality and efficiency of such services, should be improved. (para 96b)

- 34) Older persons' contributions to care-giving, particularly care provided to spouses, elderly family members and grandchildren, need to be recognized and supported. Attention needs to be given particularly to social, psychological and economic support, advice and information and the identification of specific needs of older women caregivers. (para 97b)
- 35) Communities should be encouraged to work together to prevent abuse and crimes against older persons. (para 98)
- 36) Professionals should be sensitized and the general public educated, through media and other awareness-raising campaigns, to elder abuse and its various manifestations, characteristics and causes. (para 100a)
- 37) Widowhood rites and practices that are harmful to the well-being of women and other harmful traditional practices involving older persons should be discouraged and eliminated. (para 100b)
- 38) Support services to deal with elder abuse should be created, maintained and strengthened. (para 101a)
- 39) Health and social service professionals should be legally obligated to report elder abuse and wider reporting of elder abuse by all sections of the community should be encouraged. (para 101b)
- 40) Training of the caring professions and law enforcement agencies should include instruction in handling of elder abuse. (para 101c)

Recommendations relating to Implementation

Timing and Resources

These recommendations relate to suggestions for the formulation of specific proposals for action in the relevant section of the Chairman's draft text.

- 41) It is essential that the UN system demonstrate its commitment to the implementation of the Strategy globally by allocating adequate resources to undertake this extensive task effectively. In turn, Member States should be called upon to formally recognize the importance of population ageing as a major structural challenge impacting upon all aspects of development and the situation of all citizens in the 21st century and to consider national budgetary allocation processes in recognition of the need to respond appropriately.
- 42) Action should be taken to establish the necessary infrastructure and procedures for implementation and follow-up of the International Strategy for Action on Ageing. It is important that this is not delayed until after the Assembly. There is a need for close interaction of these mechanisms with the process of the World Assembly itself so that action can be taken immediately after the Assembly and the adoption of the recommendations arising from it without any extended lag time.

- 43) The focal point on ageing needs to be upgraded, strengthened and provided with necessary additional resources to improve its capacity to undertake the central global activities associated with effective implementation and follow-up of the Strategy for Action that is endorsed.
- 44) The Global Conference on Financing for Development provides an important opportunity to ensure that a proportion of funds that are channelled to the eradication of poverty are directed to the needs of the older poor and thereby help break the inter-generational cycle of poverty and to meet the Millennium Development Goal of halving the number of poor persons worldwide.

| *Monitoring*

- 45) The nature of the proposed "systematic monitoring and review" and the detailed requirements of Member States in this respect need to be identified now and included in the Draft Strategy for Action so that a commitment to these processes can be secured from Member States as a part of the adoption of the Strategy by the World Assembly. This should include specification of key targets and indicators for monitoring progress both in implementation and outcomes of the Strategy

| *Research*

- 46) The World Assembly needs to ratify, for promulgation, an agreed research agenda on ageing that identifies priorities for research action, including methodological initiatives, capacity building (especially for developing countries) and a systematic approach to coordinating and monitoring the progress of the Agenda, especially at regional and national levels.
- 47) Research cooperation and collaborative efforts involving United Nations Regional Commissions and educational and research institutions should be encouraged and developed.

| *National Action*

- 48) Governments should recognize and reassert the citizenship rights of older persons and specifically their rights to share proportionately in resources as a matter of equity as well as having their special needs taken into account.
- 49) Member States should act to ensure that the impact of population ageing and the needs of older persons generally are addressed across all sectors of government in resource allocation, policy formulation and the full range of public services and programmes. In addition, the full range of institutions in civil society and the private sector should be engaged as critical partners in population ageing and in efforts to respond positively to this fundamental change in population structure.

International Action

- 50) The institutional capacity of the United Nations system, including its specialized agencies such as ILO and WHO, as well as its funds and programmes such as UNFPA, to undertake its responsibilities for implementation of the Strategy should be improved.

Education and Training

- 51) Education and training in all aspects of ageing and care of older persons will be urgently required to support the implementation of the International Strategy for Action on Ageing, especially throughout the developing world. Training will be required across the full range of levels, including for policy makers, health and social care professionals and also for family and other informal caregivers. Additional support will need to be provided to international and regional organizations such as the International Institute on Ageing (INIA-Malta) and the HelpAge International Asia Training Centre on Ageing (ATCOA-Thailand) and others involved in meeting these critical training needs.

ANNEX 1 LIST OF PARTICIPANTS

Professor Gary Andrews

Centre for Ageing Studies
Flinders University, Adelaide
Science Park, Bedford Park
SA 5042 Australia

Professor Nana Apt

Centre for Social Policy Studies
University of Ghana
P.O. Box 72
Legon, Ghana

Professor Vladislav Bezrukov

Institute of Gerontology
Academy of Medical Sciences
Vyshgorodskaya 67
04114 Kiev, Ukraine

Mr. Namhoon Cho

**Korea Institute for Health and
Social Affairs (KIHASA)**
San 42-14, Bulkwang-dong
Eunpyung-ku
Seoul 122 705, Rep. of Korea

Mr. Thomas Clausen

*Department of General Practice and
Community Medicine, Section for
International Health and Medical
Anthropology*
University of Oslo
Fredrik Holsts Hus, Kirkeveien 166
P.O. Box 1130 Blindern
NO-0318 Oslo, Norway

Ms. Gertraud Dayé

EURAG
Graz, Austria

Ms. Catherine Dusseau de Ibarra

HelpAge International
Casilla 4621
La Paz, Bolivia

Mr. Aurelio Fernández López

*Organizing Committee of the Second
World Assembly on Ageing*
**Ministerio de Trabajo y
Asuntos Sociales**
Ginzo de Limia, 58
E-28029 Madrid, Spain

Ms. C. M. (Tineke) Fokkema
Netherlands Interdisciplinary
Demographic Institute (NIDI)
P.O. Box 11650
2502 AR The Hague, Netherlands

Professor Antonio Golini
*Departimento di Scienze
Demografiche*
University of Rome "La Sapienza"
Via Nomentana 41
00161 Rome, Italy

Ms. Emily Grundy
Centre for Population Studies
London School of Hygiene and
Tropical Medicine
49-51 Bedford Square
London WC1B 3DP, United Kingdom

Ms. Therese Jacobs
CBGS
Population and Family
Studies Centre
Markiesstraat 1
B-1000 Brussels, Belgium

Mr. Benoit Kalasa
*UNFPA CST Office for East and
Central Africa*
Idris Building, 3rd Floor
Higher 15, Kebele 30, Asmara Road
P.O. Box 8714
Addis Ababa, Ethiopia

Ms. Gahver Kapadia
CHETNA
Lilavatiben Lalbhai's Bungalow
Civil-camp Road, Shahibang
Ahmedabad 380004, Gujarat, India

Mr. Kevin Kinsella
International Programs Center
Bureau of the Census
Washington Plaza 2, Room 312
Washington, DC 20233 USA

Mr. Shigemi Kono
Reitaku University
2-1-1 Hikarigaoka Kashiwa-shi
Chiba-ken, Japan

Mr. Lu Jiehua
Institute of Population Research
Beijing University
Beijing 100871
People's Rep. of China

Ms. Sarah Massengo
HelpAge International
P.O. Box 32832
London N1 9ZN, United Kingdom

Ms. Tersia Moagi
University of South Africa
Social Work Department
P.O. Box 392
UNISA 0003
Pretoria, South Africa

Professor Rodreck Mupedziswa
School of Social Work
University of Zimbabwe
P.B. 66022
Kopje, Harare, Zimbabwe

Mr. Warwick Neville
Geography Department
University of Auckland
Private Bag 92019
Auckland, New Zealand

Mr. S. Siva Raju*Unit for Urban Studies***Tata Institute of Social Sciences**

Deonar, Mumbai, India

Ms. Pirkko-Liisa Kristiina Rauhala*National Research and Development***Agency for Welfare and Health**

Siltasaarekatu 18

P.O. Box 220

00531 Helsinki, Finland

Mr. Ronald Schoenmaeckers*CBGS***Population and Family****Studies Centre**

Markiesstraat 1

B-1000 Brussels, Belgium

Ms. Mala Kapur Shankardass**Development Welfare and****Research Foundation**

Villa 107 (s.f.), Block III, Eros Garden

Charmwood Village, Suraj Kund Road

Faridabad 121009, Haryana, India

NGOs**AARP**

Ms. Elizabeth Mullen

Director

*International Activities***AARP**

601 E Street N.W.

Washington, DC 20729 USA

HelpAge International

Mr. Todd Petersen

CEO

HelpAge International

P.O. Box 32832

London N1 9ZN, United Kingdom

United Nations Agencies

Professor Frederick Fenech

Director

*International Institute on Ageing***United Nations - Malta**

117, St. Paul Street

Valletta VLT 07, Malta

Ms. Mariangels Fortuny Corredo*In Focus Programme on Skills,**Knowledge and Employability***International Labour Organization**

(ILO)

4, route des Morillons

CH-1211 Geneva 22, Switzerland

Mr. Moulie Gibril**Economic Commission for Africa**

(ECA)

P.O. Box 3001

Addis Ababa, Ethiopia

Mr. José Miguel Guzman**Economic Commission for Latin****America and the Caribbean (ECLAC)**

Casilla 179-D

Santiago, Chile

Ms. Irene Hoskins*Programme on Ageing and Life Course***World Health Organization (WHO)**

20, avenue Appia

CH-1211 Geneva 27, Switzerland

Ms. Diane Loughran

*UN Programme on Ageing
Division for Social Policy and
Development/DESA*

United Nations

2 United Nations Plaza, Room DC2-1314
New York, NY 10017 USA

Ms. Kim Xuan Nguyen

*Social Development Division
Economic and Social Commission
for Asia and the Pacific (ESCAP)*
Rajadamnern Avenue
10200 Bangkok, Thailand

Mr. Paulo Murad Saad

*Population and Development
Section, Population Division/DESA*

United Nations

DC2-1926
New York, NY 10017 USA

Mr. Alexandre Sidorenko

Chief
*UN Programme on Ageing
Division for Social Policy and
Development/DESA*

United Nations

2 United Nations Plaza, Room DC2-1318
New York, NY 10017 USA

Ms. Dina Tannir

*Social Development Issues and
Policies Division
Economic and Social Commission
for Western Asia (ESCWA)*
P.O. Box 11-8575
Riad El-Solh Square
Beirut, Lebanon

Professor Joseph Troisi

Deputy Director
*International Institute on Ageing
(INIA)*

United Nations - Malta

117, St. Paul Street
Valletta VLT 07, Malta

United Nations Population Fund

Ms. Mari Simonen

Director
Technical Support Division
UNFPA
220 E. 42nd Street, 17th Floor
New York, NY 10017 USA

Mr. Richard Leete

Chief a.i.,
*Population and Development
Branch, Technical Support Division*
UNFPA
220 E. 42nd Street, 17th Floor
New York, NY 10017 USA

Ms. Ann Pawliczko

Resource Flows Officer
*Population and Development Branch
Technical Support Division*
UNFPA
220 E. 42nd Street, 17th Floor
New York, NY 10017 USA

Ms. Corrie Shanahan

Information Officer
*Information, External Relations and
Resource Mobilization Division*
UNFPA
220 East 42nd Street, 23rd Floor
New York, NY 10017 USA

Ms. Madeleine Sacco

Population and Development Branch

UNFPA

220 E. 42nd Street, 17th Floor

New York, NY 10017 USA

Ms. Samantha Page

Resource Person

c/o UNFPA

New Population and Development Strategies (PDS) series

Population and Development Strategies (PDS) is one of two major substantive thematic areas guiding the operational activities of UNFPA – the other being reproductive health – with advocacy and gender as important cross-cutting dimensions. The focus of PDS is on integrating population issues into sustainable human development processes and on examining the impact of development processes on population variables.

The goal of the Fund's work in this area, guided by the ICPD Programme of Action, the recommendations of ICPD + 5 and the Millennium Declaration, is to help countries achieve an improved balance between population dynamics and economic and social development. The Fund's PDS work follows a people-centred approach to sustainable development, putting the well-being of individual women and men at the centre of sustained economic growth and sustainable development.

Within the PDS programmatic area, UNFPA seeks to enhance countries' capacity to develop and implement integrated and multisectoral population and development policies, mainstreaming gender and human rights approaches. The Fund helps support country efforts to articulate population and development policies and programmes; strengthen national capacity in the area of data collection and analysis; and deepen the knowledge base of the linkages between population variables and economic and social phenomena. These linkages occur among poverty, environment, migration, urbanisation, population ageing and intergenerational solidarity. In carrying out its programmatic interventions, the Fund attempts to ensure maximum impact on the lives of the poor, and especially women.

This new series, *Population and Development Strategies*, seeks to contribute to an improved understanding of population and development, and to the adoption of a more integrated approach to their analysis and management. The series will have a special focus on the conditions that generate and perpetuate poverty, inequality and inequity – the operational challenges arising from these conditions, and how UNFPA is responding to these at the global, regional and country levels.

Reports in this new series will be issued periodically and will also be available through the UNFPA website <http://www.unfpa.org>. Comments or suggestions relating to this series should be addressed to the Director, Technical Support Division.



United Nations
Population Fund

220 East 42nd Street
New York, N.Y. 10017

ISBN: 0-89714-632-8
E/1000/2002