



## Ageing & Development

A guide for development organisations



## **Foreword**

These guidelines have been produced as part of an Ageing and Development Programme undertaken by Age Action Ireland with support from HelpAge International and funding from Irish Aid.

While Age Action Ireland is primarily an advocacy charity and service provider for older people in Ireland, we are committed to promoting greater awareness of ageing as a global issue and greater international cooperation.

The aim of this programme is to build, in cooperation with development organisations in Ireland, a growing constituency of support for ageing as a development issue and for solidarity between older people in Ireland and older people in developing countries.

All development organisations have their own way of proofing programmes against disadvantage and discrimination. The purpose of these guidelines, therefore, is not to introduce a new set of exercises but rather to highlight the importance of age awareness in development, and to look at the particular challenges faced by older people in the developing world. In order to provide some concrete examples, this report looks at the issues that arise when an ageing perspective is taken on three key programming areas: livelihoods, HIV & AIDS, and humanitarian assistance.

Age Action intends that this should be a living document that will grow and change as it is tested by different development organisations in their various programmes. We are grateful to the many organisations and individuals who have already helped us in their preparation and we hope that they and others will help us to improve them by applying them to their own policies and practice.

We are grateful to Hannah Grene for her fine work in preparing the guidelines and to the many people listed in the appendix who generously helped her. We gladly acknowledge the invaluable support of HelpAge International and Irish Aid.

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Front Cover Photo: Older people support children orphaned by HIV and AIDS

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*In South Africa, Nokwazi Radebe, 62, uses her pension and child support grant to care for her seven orphaned grandchildren and HIV-positive son.*

### **Ageing in the developing world**

**Ageing is happening much faster in the developing world than in the developed world.** It is generally understood that the world is ageing. The UN World Population Ageing Report estimates that by 2045, people over the age of 60 will outnumber children globally for the first time.<sup>1</sup> What is less well understood is that this is no longer just an issue in the developed world.

**Currently, 8% of the population in developing countries are over 60,** compared to 20% in developed countries.<sup>2</sup> Globally, the population of older people (defined as over 60) will increase by 29 million each year on average between 2010 and 2050 – and 80% of this increase will be in developing countries.<sup>3</sup>

**By 2050, older people will account for 20% of the population in developing countries** – the same ageing demographic currently experienced in developed countries.<sup>4</sup> The speed at which the population is ageing in developing countries is unprecedented, giving less time to adjust to the consequences, and with fewer resources.

**The role and place of older people in developing societies is changing also.** As a result of the HIV/AIDS epidemic, older people often find themselves as the primary carers of their adult children living with HIV/AIDS, or of orphaned grandchildren. Migration patterns play a part, too – as younger adults move to the cities in search of work, the older generation is often left behind, caught in a situation where their traditional supports have been removed, but a proper state-sponsored primary care network does not exist either.

**Life expectancy can be misleading.** Low life expectancy rates in developing countries are often taken to mean that there is a very small population of older people. However, because life expectancy is the average age at which people die, from birth on, high infant and child mortality rates in the developing world bring the average down. For example, Zimbabwe is among the countries

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<sup>1</sup> United Nations *World Population Ageing 2009*. In global terms, ‘older people’ is defined as people over 60, and this definition is used here.

<sup>2</sup> *World Population Ageing 2009*,

<sup>3</sup> Office of the High Commissioner for Human Rights, *Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide*, August 2010, p2.

<sup>4</sup> *World Population Ageing 2009*.

with the lowest life expectancy rates in the world, at 47 years, which leads people to believe that the population of over 60s must be tiny. In fact, 6% of the population in 2010 were over 60. By 2060, Zimbabwe will have **surpassed** current ageing levels in Ireland – but life expectancy will still be twelve years below current life expectancy in Ireland.

|   | Zimbabwe | Ireland |
|---|----------|---------|
| Life expectancy at birth<br>(2010)            | 47       | 80.3    |
| % of population over 60 in<br>2010            | 6        | 16.5    |
| Life expectancy at birth<br>(2060 projection) | 67.9     | 88.2    |
| % of population over 60<br>(2060 projection)  | 17.3     | 28.5    |

### What can I do?

Do you know what the population over 60 in your programme countries is, and how rapidly it is growing? Find out at: [http://esa.un.org/unpd/wpp/unpp/panel\\_indicators.htm](http://esa.un.org/unpd/wpp/unpp/panel_indicators.htm) by choosing 'Population aged 60+' for your country or countries.

### **International policy on ageing**

There is growing recognition that ageing is a major global issue. In 2002, the Madrid Plan of Action on Ageing was agreed by the UN General Assembly, with ageing and development as the first of three key themes.

The Plan of Action has prompted many countries to take measures on ageing, including publishing national policy, conducting research or setting up national ageing bodies.<sup>5</sup> The difficulty, though, is that the Plan of Action is not legally binding on countries, and often the more concrete or difficult measures – accountability mechanisms, budgets, or mainstreaming of ageing into core public policy – are less likely to be addressed. Older people's groups and some member states are therefore pushing for a more rights-based approach to ageing, which would bring international legal obligations into play.<sup>6</sup>

A fundamental tenet of human rights is that they are universal, and to be enjoyed equally by all groups without discrimination. This of course includes discrimination on the basis of age, but until recently, age or issues affecting older people were rarely mentioned explicitly in human rights law.

At the time of writing (2011), an Open Ended Working Group on Ageing is working to strengthen the protection of older people's rights within the UN system, and is examining the possibility of a Convention specifically on the rights of older people.

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<sup>5</sup> For details, see HelpAge International, *Ageways 77: The Madrid Plan of Action and You*, available at <http://www.helpage.org/resources/publications/>

<sup>6</sup> <http://www.helpage.org/get-involved/campaigns/age-demands-action/towards-a-convention/?keywords=madrid+plan+of+action>; <http://www.rightsalliance.org/index.php/en/open-ended-working-group>

### **Why should mainstream development organisations concern themselves with ageing?**

Age Action's international partner, HelpAge International, works on issues that specifically concern older people, such as universal old age pensions. However, as the number of older people in developing countries continues to grow, it is necessary for all development organisations to consider whether and how their work impacts differently upon older people. If older people are not considered when drafting policy or developing programmes, they can sometimes be discriminated against unintentionally.

For example, the first-ever UN High Level Meeting on Non-Communicable Diseases took place in September 2011. Initial preparatory documents outlined that the focus of the summit would be on preventing deaths of 'productive workers', defined as under the age of 59.<sup>7</sup> But four out of five older people have no access to a social pension<sup>8</sup> and are often obliged to work until they die. In Africa, over half men aged 65 and older participate in the workforce.<sup>9</sup> Furthermore, the over 60 age group accounts for 75% of deaths worldwide from non-communicable diseases.<sup>10</sup> Following successful campaigning by HelpAge International and partners, references to population ageing have been added, and references to 'premature deaths' have been replaced with 'preventable death' across the whole life course.

It is also important to bear in mind that **older people are not a homogenous group**. Development organisations usually have carefully considered systems to identify vulnerable community members, which include older people. However, older people are not all vulnerable – but are frequently discriminated against with regard to access to health care, employment opportunities, for example, purely on the basis of age.

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<sup>7</sup> <http://www.helpage.org/newsroom/latest-news/getting-ageing-and-alzheimers-on-agenda-of-un-summit-on-ncds-/>

<sup>8</sup> <http://www.pension-watch.net/>

<sup>9</sup> Department of Economic and Social Affairs, Office of the High Commissioner for Human Rights, Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide, August 2010, p2.

<sup>10</sup> 'More than 36 million die annually from NCDs (63% of global deaths), including 9 million people who die too young before the age of 60.' UN High-level Meeting on NCDs, Overview Brochure, p.2.

### A rights-based approach to ageing in development practice

All development organisations and programmes have their own methods assessing vulnerabilities when choosing a target group, and strategies for overcoming disadvantages suffered by particular groups. Some use specific checklists, aimed at uncovering certain vulnerabilities, others are open-ended, allowing the target group to define whom they think is vulnerable within their community. All of these methods, however, contain elements of what is known as a ‘rights-based approach’. There has been a shift in focus in recent years away from the ‘needs’ of poor people to the rights of all human beings to enjoy human rights equally, no matter who they are or where they live. The following overview therefore, looks at age inclusiveness under the four of the core principles of a human rights based approach: express use of the human rights framework; equality and prioritisation of vulnerable groups; empowerment of and participation by rights holders in their own development; and accountability and transparency.<sup>11</sup>

**Express use of the human rights framework.** By using human rights as our baseline, we are putting the needs of extremely poor people within the framework of internationally agreed and legally binding minimum standards. As noted above, there is currently no human rights instrument specifically for older people, but the main principle of human rights is that they apply equally to all, and throughout the whole of one’s life.

Take the right to health as an example. There is often a sense of loss of urgency in health care for older persons, viewing a decline in health as inevitable. But as Anand Grover, the UN Special Rapporteur has said that the right to the highest attainable standard of health is: “*not age-dependent. It does not cease to exist when a person reaches a certain age.*”<sup>12</sup> The right is to the **highest attainable** standard of health, and if age-related ailments are not treated promptly, the consequences can be very serious. For example, sight impairments commonly experienced by older people, such as cataracts and glaucoma, are easily treated in the developed world through early diagnosis – in the developing world, they frequently lead to blindness.

**Non-discrimination and prioritisation of vulnerable groups.** If human rights apply equally to all, why should we focus particularly on those at risk of vulnerability or discrimination? The answer is that the goal is to bring everyone to the same level; we need to prioritise those who will have

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<sup>11</sup> Office of the High Commission on Human Rights, *Frequently Asked Questions on a Human Rights Based Approach to Development Cooperation*, 2006.

<sup>12</sup> Address to the Human Rights Council on the right of health and older persons, 16 September 2011.

particular difficulty in fulfilling their rights. One of the tools commonly used here is disaggregation of data across the programme cycle. This means that not only are vulnerable groups identified within the target group, but the relative effects of an intervention on groups at risk of discrimination can be isolated and analysed – what works for the overall population may not work for people with specific needs. It is very easy to disaggregate by age – and yet it is not systematically done at the upper age levels. In some cases, data for older persons is simply not collected at all, as in the case of HIV and AIDS data, which is collected only until age 49. This is discussed further below.

**Empowerment of and participation by rights holders.** A key strength of using a human rights based approach is that it gives rights holders a clear sense of entitlement, empowering them to claim their rights for themselves from the ultimate duty-bearer, the State. Participation in one's own development has long been acknowledged as best practice, yielding increased ownership and sustainability, but if we put this on a rights-based footing, it becomes even stronger. How do we ensure that older people are included in the participatory process? Often development practitioners find that older people are more respected and visible in the countries in which they work than in more developed countries. It is important, however, to be aware that the 'elders' that you are most likely to encounter are those older people who have accumulated wealth or are in a position of power in the community – there are likely to be a larger number of less visible, more vulnerable older people. HelpAge International has a useful sourcebook on conducting participatory research with older people, available here: <http://www.helpage.org/search/?keywords=sourcebook>

**Accountability and transparency.** With empowerment of rights holders to claim their rights comes accountability – holding duty bearers to account for their actions. It is important that older people are not just identified and included as vulnerable groups when planning the project, but should also be involved in assessing and understanding the results. Again, disaggregation of data is essential at the results stage too, so as to understand what the impact has been not just overall, but with regard to each vulnerable group. For example, in an emergency situation, the overall target community may have benefited from food aid, but older people may not have received any in a situation where people are competing to receive food. This is discussed further in the section on emergency response below.

### **Key actions**

**Ensure that programme data is collected and analysed at the upper age level, as well as the lower.** This disaggregation should happen not just when you are looking at identifying target groups, but examining your results as well, so that you can tell the impacts of your intervention on older

people specifically.

**Ensure that a range of older people are included in designing, implementing and monitoring your programmes.** The most visible older people will necessarily be the wealthier and more powerful – try to look beyond that to engage the more vulnerable older people.

### Facts to consider:

4 in 5 older people worldwide receive no pension at all. In most parts of Africa, fewer than one in ten older people receive a pension.

A survey of job ads in two main newspapers in Kenya found that over 4,500 ads specified that the candidate must not be over 40.

In Malawi, 96 per cent of older men and 86 per cent of women over 60 work, compared with 29 per cent of men and 13 per cent of women in Ireland.

*Source: HelpAge International, UN Population Ageing Wallchart 2009.*

### Secure livelihoods

#### The issues

A disproportionate number of older people live in poverty worldwide. In Uganda, for example, 64 per cent of older people are poor, compared with 38 per cent of the total population.<sup>13</sup> What makes older people poor? On the one hand, very few older people globally have access to a decent pension – only one in five older people worldwide receive any pension at all. There is, however, a perception that older people will be looked after by their families, particularly in the developing world. While this is often true where possible, migration and in particular, the devastating effects of HIV and AIDS have left many older people without family support, or caring and trying to provide for orphans and vulnerable children.

This means that older people continue to work, whether or not they feel capable of it. 37 per cent of men aged 65 or over in less developed countries are still working, compared to 15 per cent of men in more developed countries.<sup>14</sup> On the other hand, however, age discrimination in employment is a serious problem, with opportunities either tacitly or blatantly being denied to older people.

Older people surveyed in Peru in 2008 said that job ads were often restricted to applicants under 35. The result is that older people are often forced to work long, irregular hours in the informal sector.

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<sup>13</sup> HelpAge International, *Forgotten workforce: Older people and their right to decent work*, 2010 p7.

<sup>14</sup> Department of Economic and Social Affairs, Office of the High Commissioner for Human Rights, Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide, August 2010, p17.

HelpAge International is working in countries all over the developing world to establish social protection and end poverty for older people. However, all development agencies can play their part in ensuring income security for older people, by safeguarding against discrimination and providing age-appropriate opportunities.

### **Key actions**

**Ensure that there are age-appropriate income generating activities available in your programmes.** For example, mushroom farming is sometimes offered as a less physically demanding alternative to other agricultural activities.

**Will the employment you are supporting help people establish themselves for later life?** Value Added in Africa are creating sustainable livelihoods by supporting high value activity in the formal economy. In a Kenyan brewery which Value Added facilitated to come to market, workers are provided with medical insurance and other social protection while they are at work, and join the pension and provident fund to support them to retire at 60.

**Ensure that indicatives you support do not have an upper age limit.** In the developing world just as in the developed world, age discrimination in employment exists. Many micro-credit institutions and income-generating support groups impose an upper age limit, denying support to those who may be most in need of it.

**Focus on HIV and AIDS**

**Facts to consider:**

The progress towards Millennium Development Goal 6 on HIV and AIDS is measured with reference to adults until the age of 49 only, leading to exclusion of older people from prevention and treatment programmes.

In Swaziland, 28 per cent of men aged 50-54 have HIV, compared with 20 per cent of men aged 15-49.

In Uganda, approximately 50 per cent of the 1.2 million children who have lost their parents to AIDS are being cared for by grandparents.

*Sources: UN Millennium Development Goals, HelpAge International*

The way in which HIV prevalence data is measured is perhaps one of the most blatant examples of age discrimination within the international system itself, however unintentional. Because HIV is a sexually transmitted disease, prevalence data is recorded globally in adults only in the reproductive years, from 15-49, which presupposes the assumption that adults do not have sex once they have passed the reproductive years. Not only is this clearly untrue, but the ageing of the epidemic means that HIV may actually be **more** prevalent in the over 50 age group – in Swaziland for example, 28 per cent of men aged 50-54 have HIV, compared with 20 per cent of men aged 15-49. However, although a handful of countries collect and submit data on HIV prevalence on older people, the UNAIDS Global Report continues to collate data up until age 49 only – despite a recognition for the first time in the 2010 report of the ‘burden of infection and disease beyond age 50’<sup>15</sup>

The result is that we simply do not know the extent of HIV infection and disease amongst older people. Even more worryingly, Millennium Development Goal Six on combating HIV and AIDS has 15-49 as its baseline indicators. This becomes, therefore, the target group, with the result that older people are often excluded from prevention and treatment programmes.

Many older people also play a huge role as carers of families affected by HIV and AIDS, and their role there is generally well acknowledged by the international community. However, that does not always translate into specific targeted initiatives for these older carers – for example, older carers need information on HIV prevention, for themselves and also for the younger people for whom they are acting in stead of parents. Furthermore, the repercussions of older person-headed households

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<sup>15</sup> UNAIDS Global Report, Annex 1: HIV and AIDS estimates and data, 2009 and 2010, p178.

are not adequately considered across the range of development programming – as outlined in the previous section on livelihoods, the myth that older people will be looked after by their families persists, despite the acknowledged fact that older people are acting as both breadwinners and carers for orphans and adult children living with HIV and AIDS.

### **Key actions**

#### **Ensure that your programme data is collected and disaggregated at the upper age limits.**

Certain countries and programmes are beginning to acknowledge that HIV is also a reality for those over 50, but change is happening slowly. By collecting data on new infections and existing disease over the age of 50, you will ensure that you are adequately identifying and targeting any risks and vulnerabilities.

**Ensure that your work with people living with HIV and AIDS and their carers is age appropriate.** For example, VSO's Regional Initiative on AIDS in Southern Africa (RAISA) provides training and psycho-social support on parenting and HIV and AIDS life skills, specifically for older people.

Focus on emergency response and humanitarian assistance

### Facts to consider

71% of those who died during Hurricane Katrina in Louisiana were over 60.

Only 0.2% of money generated through the UN Consolidated Appeals Process (CAP) and Flash Appeals was allocated to projects with any specific assistance for older people.

*Sources: AARP, HelpAge International*

### The issues

When disaster strikes, older people tend to be among those worst affected. And yet, very little attention is paid to the needs of older persons in emergency situations. Emergency rations are often unsuitable for older people, who need easily digestible food rich in micronutrients. They may not have access to essential medication - during the response to the 2004 tsunami in Aceh, emergency health centres did not have chronic disease medications and staff were not trained to diagnose or treat conditions affecting older persons.<sup>16<sup>17</sup></sup>

It can be very difficult to ensure suitability for all types of vulnerable groups in the urgency of a crisis situation. But there is a false perception that older people will be looked after by specialist agencies or organisations. A study by HelpAge International of humanitarian financing showed that out of 1,912 projects in 12 humanitarian crises, just **eighteen** had any activities specifically aimed at older people – and only **five** (0.2%) of these received funding through UN CAP or Flash Appeals.<sup>18</sup> It is therefore incumbent upon all development organisations to ensure that older people are not overlooked in their emergency response activities.

### Key actions

**Ensure that the most vulnerable, including older people, have a way of accessing the aid that you are distributing.** For example, in the aftermath of the 2010 earthquake in Haiti, Trócaire

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<sup>16</sup> IASC Humanitarian Action and Older Persons: An essential brief for humanitarian actors (2008), p4.

<sup>17</sup> HelpAge International and AgeUK, *On the Edge: Why older people's needs are not being met in humanitarian emergencies*. p4.

<sup>18</sup> HelpAge International, *A study of humanitarian financing for older people*, November 2010.

provided safe spaces for children, older people and people with disabilities to gather.<sup>19</sup> In Zimbabwe, older beneficiaries of Trócaire programmes would not be expected to queue at a distribution point for food basket or cash distribution, delivery to their homes is arranged instead.

**Familiarise yourself with the latest technical recommendations for emergency assistance for older persons.** For the first time in the 2011 revised edition, the Sphere Handbook gives cross-cutting recommendations addressing older people's needs in emergency situations. The UN Inter Agency Standing Committee (IASC) also have specific guidelines: *Humanitarian Action and Older Persons: An essential brief for humanitarian actors* (2008).

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<sup>19</sup> Trócaire Annual Report 2009-2010, p13.

## **Conclusion**

This paper has attempted to give an overview of some of the challenges associated with ageing in development practice, and to offer some advice on how to ensure age inclusiveness in mainstream development practice. More detailed resources, including on programming topics not covered in this paper, are available from HelpAge International's website, [www.helpage.org](http://www.helpage.org).

The focus on livelihoods, HIV and AIDS and humanitarian assistance was facilitated by discussions with members of the Dóchas working groups on these three key issues. Age Action Ireland is grateful to all of the individuals who participated in the consultation, as listed overleaf.

## **Consultations**

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