



MIPAA 2nd Review and Appraisal in Africa

Interactive Training Workshop

UNECA-UNDESA

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1. Background

1. The forty-ninth session of the United Nations (UN) Commission for Social Development (CSocD) draft resolution to ECOSOC requested the UN system to support Member States in their national efforts to undertake the second review and appraisal of the Madrid International Plan of Action on Ageing (MIPAA) by providing technical assistance for capacity building. The resolution encourages the UN regional commissions to continue to facilitate the review and appraisal exercise at the regional level including consultation with relevant regional bodies, and through networking and sharing of information and experiences, providing advice to governments, analyzing main findings, identifying best practices and suggesting policy responses by 2012.
2. The same resolution requests Member States to identify actions they have taken since the first review and appraisal in 2007 and to present their findings to the regional commissions by 2012. Also the resolution encourages each Member State to strengthen its national coordinating bodies and mechanisms to facilitate the implementation of MIPAA, and its periodic review and appraisal. The resolution also recalls that the global theme for the second review and appraisal as endorsed by the forty-eighth session of the Commission is “Full implementation of the Madrid International Plan of Action on Ageing: social situation, well-being and dignity, development and the full realization of all human rights for older persons”. Within that global theme, each Regional Commission, in consultation with Member States, decides on which issues to cover during the process.
3. The first review and appraisal of MIPAA in Africa was undertaken by UNECA in partnership with UNDESA, the African Union Commission (AUC) and HelpAge International in 2007. The review showed that the increasing number of older persons in Africa require partnership and collaboration among public, civil society and the private sector to effectively integrate them in the development process. The countries identified several priorities for future actions. Most important among them was to strengthen institutional capacities for managing the multiple challenges of ageing; to support public-private partnership for intensifying interventions; to collect more data; and to conduct research and analyses to inform policy and programme formulation and implementation.
4. Based on these recommendations, an interactive training workshop was held from November 30 to December 2, 2011 to support national and regional capacities for the implementation of MIPAA in Africa. The main objective of the workshop was to promote the capacity of Members States in Africa to implement, review and appraise MIPAA. The workshop was conducted in partnership between UNDESA and ECA. The African Union Commission, Department of Social Affairs, the Africa Platform for Social Protection and HelpAge regional office in Kenya participated in the training workshop.
5. The workshop targeted policy makers and development planners engaged in ageing programmes and activities at the country level. It was conducted interactively in a two-way process whereby the participants received training and information on reviewing the MIPAA and at the same time contributed knowledge and information on ageing and the implementation of the MIPAA in their countries. The training consisted of tools for implementation of MIPAA at the national level, and the methodologies for undertaking

national and regional reviews and appraisals. The contributions from countries focused on documentation of best practices and methods of integrating ageing issues and concerns in national development plans and strategies. The trainees also delivered papers on ageing policies, institutions and activities in their countries. This workshop strategy provided a platform for sharing knowledge, information and experiences on ageing.

6. In terms of the way forward, the participants agreed to focus on the rights of older people to health care as a theme for the review of MIPAA. As a result ECA has decided that this is the theme for the regional report in its countries.

2. Attendance

2.1 The meeting was attended by representatives of Government ministries responsible for ageing issues (Benin, Botswana, Burkina Faso, Cameroon, Ghana, Kenya, South Africa, Swaziland, Mauritius, Tunisia, The Sudan, Tanzania, Morocco, and Uganda) and civil society organizations working with older persons, including HelpAge International, the Africa Platform for Social Protection as well as representatives from UNECA, UNDESA and the African Union Commission (See Appendix A for the List of Participants).

3. Agenda of the workshop

3.1 The workshop covered the following items:

Item 1 Opening Session. Welcome and opening statement by ECA, Statement by UNDESA and Remarks by AUC;

Item 2 Madrid Plan of Action- Regional agenda;

Item 3 Ageing in Africa:

- a) The situation of older persons in Africa - presentation of overview;
- b) The situation of older persons in Africa – promoting participation: civil society perspective,
- c) Sharing of country experiences;

Item 4 MIPAA in Africa: Focus group discussion on key successes and challenges of ageing policies and programs in Africa;

Item 5 Review and appraisal:

- a) Overview of the MIPAA instruments and tools;
- b) Overview of the MIPAA instruments and tools – stakeholder consultation (case study – Cameroon);
- c) Focus group discussion and presentations;

Item 6 Human rights of older persons;

Item 7 Way forward;

4. Account of workshop proceedings

4.1. Item 1: Opening session

9. Ms. Thokozile Ruzvidzo, Director of the African Centre for Gender and Social Development (ACGSD), appreciated the leadership provided by the United Nations Division for Economic and Social Affairs, as well as the policy leadership by the African Union Commission in pushing the development agenda forward.

10. She observed that the African continent is facing a context of rapid ageing, although the age structure of the population remains youthful. Thus, when political leaders are faced with decisions on which age groups to focus on, they usually focus on youth, as evidenced by the last African Union Heads of State Meeting that was dedicated to youth and development.

11. There are high levels of economic growth in the African region, however wide disparities exist, and high levels of social exclusion persist. The older population (age 60 and older) in Africa is currently estimated at 56 million and is projected to reach 215 million by 2050. Additionally, traditional family structures are changing due to several forces, such as international migration and AIDS mortality. Policies need to unlock the potential of societies to sustain high economic and social growth to promote social justice and social inclusion.

12. There are two policy instruments that should guide African countries in developing policies and programmes of older people: the Madrid International Plan of Action on Ageing (MIPAA), and the African Union Policy Framework and Plan of Action on Ageing (PFPAA), which contain common actions and goals. There is a low level of implementation, review and appraisal reporting of both the MIPAA and PFPAA across the African continent. This is due, in part, to a low level of understanding of the connection between population ageing and the development agenda. To address this, there is a need to bring in African-based civil society organizations to mobilize policy action, as well as to generate more data on the status of older persons.

13. Ms. Rosemary Lane spoke on behalf of the Department of Economic and Social Affairs, Division for Social Policy and Development, based at the UN Headquarters in New York, and expressed her appreciation for partnership with ECA to support the countries of the Africa region in the preparation for the second Review and appraisal of the Madrid International Plan of Action on Ageing.

14. Ms. Lang informed the workshop that her office is the focal point on ageing issues for the UN system, responsible for coordinating the implementation and review and appraisal of the Madrid Plan of Action on Ageing. It is also responsible for reporting on this matter to the General Assembly and the Commission for Social Development. Therefore, the office is working in partnership with the United Nations regional commissions, particularly around the time of the review and appraisal process to make sure that voices from across the world are heard and reflected in the regional and global reporting processes.

15. Each regional commission of the United Nations is organizing a regional meeting or workshop in preparation for the review and appraisal exercise which will review each country's progress in implementing the Madrid Plan of Action. Both the Department of Economic and Social Affairs and ECA are very hopeful that this workshop will spur a strong input to this exercise from the Africa region, which will be showcased at the global level at UN Headquarters in February 2013 through the Economic and Social Council's Commission for Social Development.

16. She looked forward to the workshop in discussing a wide range of issues in addition to the review and appraisal exercise that will allow the participants to share their experiences, best practices and hopefully new ideas on how to overcome the challenges we are all facing when we are working on improving the lives of older persons in this region. Given the competing priorities and a generally youthful population at this point in time, not much attention has been given to older persons and policies on ageing in this region. However, this has slowly begun to change over the past few years.

17. DESA- The Division of Social Policy and Development expected the workshop to be mutually beneficial since it would also serve as an opportunity to learn about successes and problems and also understand points of view as we map out the future direction in supporting the review and appraisal process and the further implementation of the Madrid Plan of Action in the Africa.

18. In closing, she took the opportunity to formally thank the colleagues at the ECA, particularly the Director, Ms. Thoko Ruzvidzo and Mr. Hassan, along with the colleagues in administration, for their personal commitment to get the training seminar off the ground. Last but not least, she observed that the event would not be possible without, the participants and thanked them for taking the time to attend the workshop which would set the stage for the second review and appraisal of MIPAA in Africa.

19. Mr. Lefhoko Kesamang, Social Welfare Officer of the Department of Social Affairs, African Union highlighted that one of the roles of the AU Commission which is to promote the capacity of Member States in Africa to review and appraise both the Madrid International Plan of Action on Ageing and the PFPAA. He noted that in 2012, the AU will be reviewing the Policy Framework and Plan of Action on Ageing. The Member States of the AU will receive a questionnaire on the implementation of the PFPAA.

20. Mr. Kesamang also indicated that, in partnership with the African Commission on Human and People's Rights, the AUC will develop a protocol on the rights of older persons. It is expected that the Protocol will include the establishment of the Council on ageing which is provided for in the PFPAA.

21. He noted that ageing is one issue that has not been brought to the forefront in Africa and the request that has been made for one of the African Union Summits to be dedicated to issues of ageing would highlight this important issue.

22. Mr. Kesamang concluded by highlighting the importance of the AU working with the ECA, the CSO's and other stakeholders since it does not itself have presence on the ground. He

called on participants to define some priority areas on ageing by the end of the training workshop.

4.2. Item 2: Madrid International Plan of Action on Ageing - Regional

23. Mr. Yousif, Population Affairs Officer at the ECA, provided an overview of the background to the training workshop. The objective of the workshop was derived from the outcomes of the first African MIPAA Regional Review which took place in 2007, where it was underlined that there is a need for capacity development to address ageing issues in Africa.

24. Dr Nhongo, Director of Africa Platform for Social Protection, provided the background trajectory of international agreements on ageing. MIPAA was approved in April 2002, which sets out 33 objectives and 11 recommendations, grouped around three priority areas. The African Union Policy Framework and Plan of Action on Ageing (PFPA) was also finalized in April 2002, and adopted by the African Union Heads of State and Government in July 2002. The policy framework covers 13 thematic areas, with recommendations for each one.

25. Additionally, the African Union Social Policy Framework for Africa (AUSPF) was finalized at the First Conference of Ministers in charge of Social Development, held in Windhoek, Namibia in October 2008. The AUSPF covers 19 thematic areas and section 2.2.11 covers ageing, with seven recommendations.

26. When comparing MIPAA and the African Union Policy Frameworks covering ageing, the policies complement each other, calling for: the development of policies and enactment of legislation to protect the rights of older persons; the inclusion and participation of older persons in all development processes and decisions that affect them and collaboration between a range of stakeholders. All have sections on coordination, resource mobilization and review processes.

27. In terms of the implementation of MIPAA, the first African regional review demonstrated a lack of significant progress. A recent UNFPA/Help Age international review (Aboderin, 2010) reflected the same situation. While the development of policies on ageing has increased from 13 in 2007 to 20 countries in 2011, most of them are still in draft form. Ghana was given as an example in which a policy developed and tabled before Parliament in 2004, had still not been adopted. However, the representative of the government of Ghana clarified that the policy had been adopted in October, 2011.

28. Progress made in some countries is being lost due to lack of political will and policy clarity. While awareness on ageing has increased, inclusion of older persons in the development process remains a challenge. The debate on social protection has included older persons in the discussions and pilots being developed. However, the development of comprehensive social protection programmes remains a challenge.

29. There is a need to recognize the complementary nature of the international and continental policies and seek to package simple communication materials. There is need for joint action by UNECA and the African Union Commission so that the governments' attention is not divided. At the continental level, massive campaign on ageing is needed. At the national

level, there is a need to identify and work with the responsible ministries. There is a need for collaboration between ministries and departments to avoid a compartmentalization of efforts.

30. Ms. Karoline Schmid, Social Affairs Officer, DSPD/DESA, gave an overview of global trends on population ageing. The number of older persons is expected to exceed the number of children for the first time in 2045. Older persons will, on average, live longer, which has significant implications for the provision of old age social protection schemes, including pensions and health care for older persons. However, large variations in life expectancy remain. Zimbabwe has the lowest life expectancy, together with Afghanistan, with 45 years of age. Additionally, life expectancy of women is generally higher than that of men, and this disparity is expected to increase in developing countries. Women therefore comprise the majority of older persons and their share of the older population is expected to increase with age.

31. The population of older people in Africa is growing rapidly compared to 1950. Although the percentage of the population aged 60 and older is expected to be only about 10 percent in Africa in 2050, the absolute number of older adults will be substantial.

32. There is great diversity in terms of the age structures of African countries. For example, South Africa has been experiencing declining fertility rates, leading to a youth bulge, i.e. a demographic window of opportunity to create a demographic dividend. On the other hand, Niger is expected to maintain high fertility levels and thus it will grow considerably over the next decades.

33. Low levels of literacy among women poses a challenge to the well-being of older adults in Africa. There is also a challenge with respect to access to social security provisions. Only five per cent of the African population was covered by social security in 2009 and this is due both to the lack of coverage as a consequence of a large informal labour market as well as insufficient social security nets offered by African governments. Older persons have and will continue to support their families. Public transfers received by older persons are often shared with family members, particularly in multi-generational households and they will continue to take care of children and minors who's parents have migrated or of HIV/AIDS orphans in need of support.

34. To summarize, demographic ageing has and will have increasingly major implications for all facets of human life; economic growth, savings, investments, consumption, and labour force participation. It also influences family composition and living arrangements, housing demand, migration trends, epidemiology, and the need for health care services. It can also be expected to impact on voting patterns and political representation.

4.3. Item 3: Ageing in Africa

4.3.1 The situation of older persons in Africa

35. In this presentation, Mr. Yousif highlighted that the age structure is changing dramatically in Africa and that the continent is experiencing the fastest rate of growth of numbers of older people in the population than any other continent in projections to 2050. As a proportion of

the total population, older persons in the continent as a whole constituted 5.4% in 2010. This will increase to 6.9% in 2030 and 10.6% in 2050. Mr. Yousif further noted that the distribution of older persons vary in different countries and regions in Africa. He noted that older persons in Africa have suffered from a wide range of social and economic impacts. Some of these are listed below:

1. The process of Modernization including individualism, urbanization and migration, have eroded traditional systems of intergenerational family and community support.
2. Older persons have suffered from the impacts of food and financial crises.
3. These factors have combined to undermine not only older people's financial security but also traditional levels of respect and valuing. Many older people, particularly women, suffer stigmatization, abuse and violence.
4. Poverty is proportionately higher among older persons, particularly older women
5. Informal systems of social protection in the form of cash and kind from both extended family and community sources have suffered a decline in recent decades because of falling commitment to traditional systems of support. The effectiveness of these systems has been further eroded by the HIV/AIDS pandemic and high unemployment rates among youth, reducing the numbers of younger people able to contribute.
6. The low coverage of formal systems of social protection mean that very few older persons aged 60 and above benefit from any social protection provisions.

36. Mr. Yousif's presentation also highlighted health issues related to the changing age structure. Mortality is high at infancy and childhood. Survival to adulthood and old age is low. These are reflected in life expectancy at birth and at ages 60+. Morbidity is also high due to the increasing prevalence of communicable diseases such as malaria and TB. The nutritional status of people is low. Malnutrition is high among children and older persons.

37. The direct and indirect impacts of HIV/AIDS are a further area of concern. The prevalence of and incidence of HIV/AIDS is creeping into older ages. HIV/AIDS directly impacts upon older people when the virus infects them. The needs of older people in HIV/AIDS treatment and intervention programmes are neglected in most African countries.

38. Older people typically care for their adult children and/or grandchildren affected by the pandemic and this indirectly affects their health. Care-giving, paying for medicines and living expenses, foregoing economic activity and the loss of current and future support, cause a slide into poverty and deplete the health of many older people through poor nutrition, fatigue and worry.

39. To conclude, Mr. Yousif made the following recommendations and actions to deal with the rapidly changing age structure, and the large number and high growth rate of older persons in Africa:

- a. Revitalize a sense of family responsibility in society and strengthen traditional community forms of support. Traditionally informal social protection has been effective in reaching the poorest and most vulnerable in rural as well as urban areas. The potential for strengthening the characteristically weak resource bases of these systems and the re-energising of commitment to family and community responsibilities are areas for action on ageing and older persons.
- b. Improve and extend the coverage of formal social protection systems in Africa. There is need to extend the benefits of development to all people across all age groups.
- c. Development partners can play a major supporting role in this respect. Funding support from the international community is needed to strengthen country level research into a) social security system options and b) potential linkages and synergy between formal and informal sector interventions.
- d. Address the lack of specialist services and personnel to serve the health needs of the growing numbers of older people. Maintaining good health and improving access to existing services and treatment are major issues. Increasing numbers of poor older people, particularly women, need help at the fundamental level of improving the nutritional value of their diets and paying for services and essential medicines to treat their existing conditions. Free health services and medication for poor older people remain a goal.
- e. There is need for advocacy to promote political will and support for ageing and development. Low level of understanding and awareness of the link between population ageing and the development agendas is a major problem that needs to be addressed through improving statistics and supporting research. Evidence-based research is needed to guide the formulation of policy and justify bids for budgetary allocation.
- f. International and regional cooperation are needed to raise awareness and understanding of the significance of ageing issues and the pressing need to engage in AU and MIPAA action on ageing at national level. International cooperation is needed to support the countries' engagement in the review of these policy frameworks including:
 - training and capacity development activities on organizing and coordinating bottom-up review and appraisal, and
 - Regional review and appraisal events (meetings/conferences) to review, document share national experiences, and identify future priorities for implementation.

40. To complement Mr. Yousif's presentation, Dr. Nhongo emphasized that older persons are not a homogeneous group. They have different needs, capabilities, skills etc. Hence, it is important for policy makers to take this into account when designing policies and programmes on older people. He added that older persons in Africa face a number of health issues including access to health centres, prohibitive cost of health care, negative attitudes of health practitioners and inadequately trained service providers to meet the specific needs of older person.

41. Dr. Nhongo agreed with Mr. Yousif regarding the increase in the number of older people in Africa. While statistically and in percentage terms the numbers might look small, it is important to look at the absolute numbers in any analysis. He gave an example of the older population of Nigeria which will shoot to over 30 million by 2050 and said that this was equal to national populations of such countries as Kenya. It was very important for demographers to depict absolute numbers of the ageing population in Africa in order not to mislead policy makers and those working to address older people's issues.

Discussion

42. During the discussion of the presentations, the participants made the following observations:

- a. A challenge remains in terms of the official definition of older persons since countries across the continent have different definitions. While the UN definition is 60 years, in many countries of Africa, this definition varies from 52 to 65 years (the retirement ages in those countries) Countries need to have a clear definition of older people so that it is easier to target and include those that are vulnerable through policies and programmes.
- b. There was consensus that the absolute numbers of older people in Africa will increase with another concrete example being given by the representative of Burkina Faso where statistically, it looks as if the population of older people is declining and when the actual numbers are examined, the population is actually growing.
- c. A question was asked about whether countries in the continent had social protection programmes to cover the needs of the increasing numbers of older people. Dr Nhongo clarified that while there has been an increase in the discussion of Social Protection and a number of countries are putting in place some policies and pilot programmes, not much progress has been made in developing comprehensive programmes. It is also interesting to note that much for this development has been concentrated in Eastern and Southern Africa. Participants also raised concerns about how programmes of older people will be sustained taking into account that there is a large number of the youth and economies of most African countries economies were subsistence based. Of

concern was also the issue that many of the youth are migrating to urban areas, within the countries, but also out of the countries to the developed regions.

- d. The representative of Ghana clarified that while the policy on older people was presented to Parliament in 2004, it actually was approved in October, 2011. He said that under the policy, a Council will now be formed to address ageing issues. The participants gave a round of applause for this development but still observed that policies on older people tend to take a long time to develop compared to those of other population groups. An example was given of the Kenyan policy whose development started around 2000 and only approved in 2009. A plan of action on ageing in Burkina Faso was drafted in 2002, but until now it has not been finalized.
- e. Participants noted that older people were not visible in policy dialogues and their issues are not addressed when budgets are prepared. This increases the vulnerability and social exclusion of older Africans. Governments need to take full account of population ageing, in terms of including them in social protection and health care systems.
- f. In his contribution, Dr Lackey wondered if a United Nations Convention on the Rights of Older Persons that has been in discussion for a while would help with reporting and implementation of existing international and continental plans of action on ageing. The consensus was that it would. The AU representative indicated that Africa is coming up with the Protocol on Ageing and the conviction is that this protocol will give “teeth” to the African Union Framework and Plan of Action on Ageing.
- g. A point was raised in the discussion regarding the sexual and reproductive health of older people, especially women, that is particularly neglected. It is an issue that must be taken seriously by those developing policies and implementing programs addressing older people’s issues.

4.3.2 The situation of older persons in Africa – promoting participation; Civil Society perspective

43. In this presentation, Dr Lackey outlined factors that influence older persons’ participation in development and particularly in determining public decisions related to their welfare. These include: the capacity of CSOs to promote and support community mechanisms for older people’s involvement in development and advocating for their rights; Income security and livelihoods support to enable older people to access social services and enhance ability to become involved in development issues and advocacy; and government structures to coordinate support services to older people, provide social protection and to collaborate with civil society.

44. Dr Lackey observed that CSOs working to promote the participation of older people face a number of challenges including the limited number and coverage of CSOs working on ageing issues; inadequate funding; poor institutional capacities, unsupportive policy environment; and the absence of a specialist UN agency to drive the international agenda on ageing.

However, he noted that CSOs in Africa were putting in place initiatives to address some of these challenges.

45. Dr Lackey's presentation outlined examples of various advocacy initiatives being undertaken by CSOs in Africa such as the Uganda Health Advocacy Group which has ensured that key national policies on nutrition and home-based care take into account the needs of older persons. He also gave examples of initiatives that trained older persons in influencing the design, implementation and M&E of policies and programmes. In some countries such as Zambia, CSOs were working in collaboration with the Government to train older persons as counsellors in HIV Testing and Counselling (HTC) centres.

46. To enhance older persons' involvement, Dr Lackey made the following recommendations:

- a. **Build the capacity of CSOs** to provide quality services and engage in effective advocacy;
- b. **Develop and strengthen regional networks of CSOs** addressing the rights and well-being of older people and engage with regional bodies for policy development and implementation;
- c. **Enhance the capacity of government structures** to ensure the development and implementation of national policies and plans of action for older people;
- d. **Provide social protection for older people** to enhance their well-being, ability to access social services, and actively engage in development issues through involvement in community structures and advocacy;
- e. **Promote and scale up HIV-sensitive social protection policies** for older and child-headed households – social pensions, cash transfer programmes to OVC and caregivers;
- f. **Ensure access to livelihood programmes for older caregivers and their dependants** – agricultural inputs, animal husbandry projects, micro-credit schemes, government extension workers prioritise older people, older and child-headed households;
- g. **Promote the development of community structures** to enhance older people's involvement in community development and rights issues (older people monitoring groups, older people's associations, older carers support groups) and frame it in context of global priority of Community Strengthening;
- h. **Strengthen the capacity of older people's associations and groups** such as older citizen monitoring groups to engage in local and national level policy development and implementation;
- i. **Advocate for regional, national policies on ageing, and inclusion of older people** in HIV and AIDS, social protection and related policies and measures;
- j. **Implement national action plans** on ageing including in sector national strategic plans;

- k. **Develop regional** social protection plans;
- l. **Adopt MDG indicators for vulnerable groups:** PLHIV, disabled and older people as recommended at May 2008 ECA meeting *Developing MDG Supplementary Targets and Indicators to Strengthen Social Inclusion, Gender Equality and Health Promotion*; and
- m. **Involve older people**, older people's associations and other community groups and CSOs representing older people in consultative, development and implementation processes aimed at achieving the rights and enhancing the well-being of older people.

47. In the discussion after the above presentations, the meeting observed that ageing should also be viewed as a development opportunity in Africa. For instance, older persons play a pivotal role in passing on skills and knowledge to younger people. Older persons also engage in productive activities and contribute significantly to the development of Africa. However, national statistics often leave out older person's contribution to development.

48. It was agreed that older persons must not be viewed as a homogeneous group, particularly in policy and programming, as this would cover up some of the underlying inequalities such as poverty, gender, disability etc.

49. Participants further highlighted the need to strengthen family support systems. They observed that public policy must strike the right balance between family, private and state support for older persons.

50. It was noted that a large amount of support and care for orphans is provided by older persons. There needs to be a paradigm shift that would entail rewarding mechanisms for older care-givers.

4.3.3 Sharing country experiences

51. In this session, all the countries represented made short presentations to share experiences on issues, challenges, and good practices on ageing. Some of the countries also shared research findings of recent studies on ageing undertaken in their respective countries.

Benin

52. The representative of Benin, Mr Lokossou Capo, made a presentation on the situation of older persons in Benin, the development of the National Action Plan of Active Ageing (PNVA) , 2007 - 2016, its objectives and strategies and some of the implementing bodies. Below are the highlights of his presentation.

- Life expectancy at birth in Benin is 62 years
- Early marriages are common and it's possible to find grandparents of 40 years

- Definition of older persons begins at 55 years, since anyone can retire between 55 and 65 years
- The number of older people has been increasing from 168,077 in 1961, 303, 283 in 1979, 467,697 in 2002 and is projected to reach 959,673 in 2025.
- 86% of older people are illiterate, 40% are heads of households, 33.4% have been reported as poor while the poverty rates for the whole country is 29.6%
- The PNVA is anchored in the National Population Policy (PRSP), first World Assembly on Ageing (Vienna, 1982) and the second World Assembly on Ageing (Madrid, 2002). Its overall objective is to improve the level and the quality of life of older persons.
- The specific objectives of the PNVA are to promote the health and well-being of older persons; reduce the poverty of older persons; strengthen the involvement of older persons in the development process; discouraging the exclusion of older people; improve socioeconomic and demographic knowledge of older people and their needs by gender.
- As a consequent of the PNVA, a of programmes were established including the National Social Security Fund for retirees, a scheme for those working in the informal sector and a hospital for older persons in Ouidah.



Botswana

53. The government of Botswana was represented by Morris Thamage and he indicated the following.

- Botswana, with a population of about 1.8 million people has recently been classified as a middle income country, one of a few African countries.
- In respect of older persons, the country has not yet developed a policy on older persons
- There is a non-contributory_pension scheme for public officers enacted in 1965 provided pension upon retirement at age 60 years, or on medical grounds.
- It provides an old age grant⁶ to older persons aged 65 and above in a scheme that was introduced in 1996
- Other programmes include the Destitute Persons Programme, Remote Area Development Programme (RADP), the Vulnerable Groups Feeding Programme, the School Feeding Programme and World War II (WW11) Veterans Allowance.
- In 1987, the Government launched a contributory_pension scheme - the Botswana Public Officers Pensions Fund.
- A Workmen's Compensation is available for workers for injuries suffered or occupational diseases contracted in the course of their employment or for death resulting from such injuries or diseases.

54. A recent development is the provision of free treatment for older people in public hospitals

Burkina Faso

55. Representing Burkina Faso, Mr Zakaliyat Bonkoungou, indicated that his country's population stood at over 14 million in 2006 but was projected to grow to over 16 million in 2011. 51.8% of these are women and 48.2% men. Life expectancy was 57 years while the mean age was 15.5.

56. With respect to older persons, some of the salient factors are as follows.

- The population of older persons has been increasing from 490,344 in 1985 ; 582,060 in 1996 and 712 573 in 2006, constituting 5.1% of the total population and is projected to reach 748 042 in 2011. Women constitute 53.2% and men make up 46,8%. 82,2% of older persons live in rural area while 17,8% live in urban areas. In rural areas, illiteracy among older persons is 98,3% while in the urban areas it is 86,5% .
- Older people are facing a number of challenges including the breakdown of the traditional systems that expose older people to vulnerability, isolation due to witchcraft accusations, and economic difficulties since the majority live in rural areas.

- There is no policy on older people in Burkina Faso and there has not been any study on the situation of older people. There have been a number of documents written on the subject but this has not been taken any further. For instance, a national plan of action on older persons was developed in 2002 but it has not been adopted to date.



- Some progress has been recorded, however, in the creation of a directorate of Older Persons in 2002. This was followed by the creation of a National Council on Older Persons (CNPA) made up of three Ministries of Social Action and National Solidarity (as the lead), Justice and Women Promotion. It also includes all the 18 associations working with older people.
- Since 2006, the month of November has been designated as the month of solidarity where funds are donated for the benefit of vulnerable groups that include older persons
- Since 2007, a week is set aside for free medical treatment for older persons
- In 2008, the National program on the health of older persons (2008-2012) was adopted to reinforce preventive care and make the health services to older persons financially accessible
- In January 2009, the pension provided to older persons was increased by 4%

- There is need to carry out a study on the situation of older people, develop a national policy, develop a strategy that would protect older people from exclusion, especially women that are accused of witchcraft, and improve access to health care for older persons.,

Cameroon

57. Ms Johanna Njilor Mbomnda represented the government of Cameroon. The following were the salient points from her presentation.

- The Republic of Cameroon is a country in the west of Central Africa. It is bordered by Nigeria to the west; Chad to the northeast; the Central African Republic to the east; and Equatorial Guinea, Gabon, and the Republic of the Congo to the south.
- It is a country of just above 19.4 million people, 55% of them being female and divided into 250 languages.
- Cameroon enjoys relatively high political and social stability which has permitted the development of agriculture, roads, railways, and large petroleum and timber industries.
- The older population constitute 5% of the total population and 79% of them live in rural areas.
- Head of State, by Decree N°2005/160 of 25 May 2005, created a Department of Social Protection of Persons with Disabilities and Older Persons, with a Sub Department of the Protection of Older Persons in charge of the elaboration and follow up of ageing policies coupled with programmes and projects destined to concretely answer the concerns of older persons.
- The Cameroon constitution mentions older people.
- While there have been quite a number of meetings and conferences on ageing, the policy on older people that was drafted has not yet been adopted.
- The plan to establish a National Council on Older Persons has also not materialised.

Ghana

58. Representing Ghana, Mr Henry Alifo raised the following.

- Ghana is a country of a population of 24 million people.
- It has recorded a number of milestones with respect to the issues of older people in recent years. The Policy on Older People tabled before Parliament in 2004 was approved in October, 2011 and there is a provision to establish a Council on Older Persons.

- The national Health Insurance Policy provides access for free medical treatment to older persons above the age of 65 years in public health institutions.
- For those that retire from work, there is a pension that is provided for them
- In collaboration with donors and the spirit of South South learning, Ghana has taken steps to develop a number of poverty reduction programmes which include the National Health Insurance Scheme which had recorded an impressive 66.4% coverage of the population by June 2010
- Through collaboration with Brazil, the Livelihood Empowerment Against Poverty Programme (LEAP) was established in 2008. The LEAP aims at reaching 164,370 households, representing the lowest 20% of the extremely poor households over a 5 year period. The targeted households include those of older persons (65 years and above), caregivers of OVC, and persons with disabilities without productive capacities. The scheme pays US \$6.90 for a household with one dependant to US\$ 12.90 for a household with four dependants.
- While the LEAP is a pilot programme, it is already hailed as one of the successful social protection programmes to be established in Africa.

Kenya

59. The representative of Kenya, Ms Patricia Chepkirui Lasoi focused her presentation on two main issues: the policy on older persons adopted in 2009 and the current social protection provisions for older persons. Following are the main points from her presentation.

- Older people in Kenya constitute about 5% (over 2million) of the total population and are increasing.
- This segment of the population presents a challenge as a result of the breakdown of the societal structures and support systems and the absence of alternative comprehensive support programmes coupled with the economic difficulties faced by a majority of families
- The vulnerability of the elderly has increased over time and older persons constitute a sizeable population of the poor with the situation being worse for women who face many barriers and discriminatory treatment
- In 2009, the government approved the National Policy on Older Persons and Ageing which focuses on addressing a number of issues including enjoyment of quality of life before and during old age; access to comprehensive health care; family and community support within the cultural perspective; recognition of gender variations in programming; access to adequate food security and nutrition and access and participation in education and training
- The policy covers various issues including poverty and sustainable livelihood; health; family and culture; gender; employment and income security and social security among others.

- The government has also rolled out a cash transfer programme targeting vulnerable older persons with the criteria used to select them including poverty levels; number of dependents, issue of HIV/AIDS and disability
- There are also in place pension schemes for employees that retire from their employment.

Mauritius

60. Mr Jumoondar Sunkur represented Mauritius and indicated that the country currently has a population of nearly 1.3 million people with a growth rate of 0.5% and a life expectancy of 73.1. Mauritius is already a welfare state with 50% of its recurrent expenditure being spent on social services. Education and health services are free. With respect to older persons, he raised the following points.

- Older people constitute 11.2% of the total population with a dependency ratio of 481.8. The projection is that this segment of the population will grow to 28.6% in 2050 with a dependency ratio of 753.0.
- The country developed the Protection of the Elderly Persons Act 2005 to ensure that adequate protection to older persons against ill treatment is provided and their needs are addressed.
- The total cost of social security provided in the country represents 20% of budget recurrent expenditure. Some of the schemes provided include the Basic Retirement Pension, Contributory Retirement Pension and a range of allowances that are provided under the Social Aid scheme. These include the following:-
 - Rent allowance
 - Rice and Flour allowance
 - A funeral Grant
 - Grants given to Centenarians
- There are other benefits provided to older persons which include the following:-
 - Rebate on air fares
 - Free travel by bus
 - Airport tax exemption
 - Reduced fee for issuing and renewal of passports
 - Free blankets/cardigans
 - Free issue of wheelchairs, spectacles and hearing aids (based on income)
 - Access to Day Care Centres

- Access to Health & Nutrition Clubs
- Access and membership to Gym Clubs
- The existence of Community Support Group
- A enabling environment where Charitable Institutions operate
- The existence of Private Retirement Homes
- There is a range of health services provided to older persons
- In 2010, 13% of all persons aged 60 years and above were economically active.
- Following a review of the MIPAA, an integrated approach to supporting older persons have been instituted with nearly all the Ministries in the country having some role in providing services for older people

South Africa

61. Representing South Africa, Mr Leon Swartz focused his presentation on the study that his department (Department of Social Development) conducted on the situation of Residential Care Facilities in South Africa.

62. As a background, he indicated that South Africa has one of the rapidly growing aging populations in Africa with the highest increases being posted in the 64 to 70 year category. According to the 2001 census, older people were 7.3% of the total population with females outnumbering males. This segment of the population is expected to reach 5.23 million in 2025. According to the legislation, older persons are defined as those 65 years and above for males and 60 years and above for females. The study on the situation of older people in residential homes aimed at evaluating the systems adopted to run these facilities; auditing of the residential facilities in terms of the geographical locations, the type and quality of services rendered; compliance of the facilities to laid down regulations and determining where government attention should be directed in addressing the situation. Out of 426 facilities, 405 participated in the study with the remainder refusing to take part. Following are some of the points that came out of the study.

- The majority of these facilities are situated in white residential areas and this was the same pattern throughout the country. Western Cape had the majority (117), followed by Gauteng with 85 and Eastern Cape with 49 while Limpopo had the least at 7.
- Nearly all the facilities are full with long waiting lists
- The management in nearly all the facilities knew of the norms and regulations but the staff members were not aware
- Most of the residential facilities provide 24 hr care & support which is given by nurses and only half of them provide rehabilitation and physiotherapy services

- Although counselling services were available, they were provided by local churches rather than Social Workers
- While residents were generally happy with the care provided, the staff were not happy with their conditions of service
- A number of recommendations came out of the study including the need for an increase in the facilities in order to absorb the large number of people on the waiting list. There was need to make facilities available to all population groups and ensure that services are adequate including the employment of doctors to attend to their health needs of the residents.

Swaziland

63. Ms Duduzile Dlamini, representing Swaziland indicated that the population of the country is 1.4 million people and women are in the majority. Life expectancy at birth is 48.7 years. With respect to older people, she raised the following.

- Older people of 60 years and above constitute about 5% of the population
- There is no policy on Older Persons in Swaziland but there is a section that covers older persons in the country's constitution.
- The Swaziland OAG is managed by the Department of Social Welfare, which is housed within the
- Swaziland has an estimated HIV prevalence rate of 26.1% among adults and 39.2% among pregnant women. This situation has meant that there have been many deaths related to HIV/AIDS and consequently, an increase in the number of orphans and vulnerable children. This has placed a burden for the provision of care to these orphans on older persons.
- In 2005, the government introduced the Old Age Grant, providing initially \$ 21 dollars a quarter and then increased to \$85 a quarter.
- Cash payments are made quarterly to older persons who meet the criteria that include the fact that they must be Swazi citizens, they are over 60 years of age, are not receiving another pension, and provide proof of identification such as a passport, ID card or affidavit from the chief.
- The grant is paid through the Swazi Post, at Tinkhundhla centres and through banks/ATMs in the Electronic Disbursement Programme (EDP).
- The government also introduced the Orphans and Vulnerable Grant in 2006
- There is provision for free medical care for older persons in public health centres but there is a challenge of the lack of drugs in those centres.

- There are a few organisations working with older people with the most prominent being Philani Maswati - an organisation established by the Queen Mother.

Tanzania

64. Tanzania was represented by Mr Priscus Andrea Tairo and in his brief presentation, he stated the following.

- The total population of Tanzania is 44.5 million people with a growth rate of 2% per year.
- The population of older people of 65 years and above is about 4% of the total population.
- It is estimated that the absolute number of older persons will increase from 1.95 million in 2005 to 7.16 million in 2050. This equals to an increase of 270 %.
- The percentage of older people in the country is currently the highest in the East African region
- In response to the growing needs of older people, the government came up with the National Policy on Ageing in 2003 which was followed by legislation on older people to set a base for promoting health care, participation and income security for its older population.
- The National Strategy for Growth and Reduction of Poverty, mainly referred to as MKUKUTA, was developed in 2005 and includes sections addressing the needs of the older persons, especially the need to provide older persons with adequate social protection

Tunisia

65. Tunisia is one of the few developing countries that has recognized the importance of fertility control since the 60's. Profound changes have begun to reverse the age structure of the Tunisian population. The direct consequence of fertility decline in Tunisia is changing age structure. Now Tunisia has rapidly aging population in Africa. Already Tunisia has increased from 4.6 million inhabitants in 1966 to almost 11 million in 2011, almost doubling the population in 45 years with an average annual growth rate of 2.02% and an average growth rate of 1.14% between 1996 to 2010. In the sixties the TFR (Total Fertility Rate) was 7.1 children per woman; it declined to 3.38 in 1990 and to 2.04 in 2011. It is expected to drop to 1.5 children per woman during the next 25 years.

66. Today, near 40% of the Tunisian population aged between 30 and 59. And near 70% of the Tunisian population aged between 15 and 59. In the best scenarios, the population will grow over the next 25 years to a total of 12.5 million while the population of people aged 60 and over will double, increasing from 9.0% to 20% and expected to reach nearly 29% in 2050.

- Crude birth rate for 1,000 inhabitants 17.7
- Crude death rate for 1,000 inhabitants 5.7
- Natural growth rate (in %) 1.20
- Global fertility rate 2.04
- Infant mortality rate for 1,000 births 17.8

67. So it is clear and we are aware that the Tunisian population will age at a faster rate than the European countries which will have a major impact on social security, health and medical.

68. Tunisia is becoming more "European" on a cultural level, the majority of couples do not want more than a child or two, which is understandable given that life in Tunisia it is becoming more expensive, addition of the medical improvement has played its role to increase life expectancy ... This will have serious consequences for employment in the long term, given all the unemployed who are waiting to go in the old retirement to take their places ...

69. Life expectancy in Tunisia is not far from that of European countries: 73.8 men , 77. 5 for women and 75.65 for total population

70. All persons aged 60 years and more benefit from social security and receive monthly retirement benefit for health and subsistence

71. This aging population will have a major impact on the society: The identity of Tunisia. In fact to support the growth of our country and this has the edge in 2030 we will have to deal with immigration. With major consequences on the socio-economic and institutional

Today, we start to see a new profile of retired in Tunisia

72. Given the improvement in living standards in the wake of the economic upturn experienced by Tunisia, people aged 60 and over are beginning to break the stereotype of old age cumbersome. They are now very dynamic, open-minded and concerned about their psychological and physical well being.

Purchasing power increasing

73. In addition to the significant improvement in their condition as a result of the evolution of medicine, seniors have never been so easy. The trend should be even stronger in the coming years.

74. Today, they already have a purchasing power 30% higher than their younger counterparts, according to a study of pension plans conducted in 2006 by experts in social security. The arrival at the age of retirement for two-earner couples, having a better living than their elders, explains this increase in purchasing power.

Banks are beginning to exploit the vein

75. Awareness about the rising purchasing power of seniors is beginning to emerge from the Tunisian banks. In addition to retirement savings plans designed to provide the elderly an additional pension, some credit institutions, have in recent years put together special offers ,These are several categories of consumer loans, housing loans.

76. This is the effect of longer life expectancy that encourages retirees to get credit, and sometimes borrow to help the younger generation. The new offers for seniors based on the mortgage or the death and disability insurance.

77. Some polities for guidance and assistance for the elderly:

- protect their dignity enhance their presence in the family and society by giving them the opportunity to participate in working life which ensures an active aging
- consolidate services that are offered to their families and institutions for assistance and improving the level of employees in this area
- set up mobile teams to multiple specialties that provides medical and social services to elderly in their homes, through services provide medical and paramedical managers and social workers
- teams working under the coverage of regional and local associations support the elderly
- encourage private companies to create that provides services for the elderly
- creation of two university certificates :medical doctors specializing in ageing and technical paramedical in medical assistance of older people
- abandoned older persons are given to foster families and the government gives grants to these foster families to enable them better care for these persons

The national skills of senior citizens is expanding

78. The national skills of older established since 2004 by the Ministry of Women Affairs, Family, Children and the Elderly has continued to grow. This register serves as the basis of public and given to the various components of civil society seeking to profit from the experience and

intellectual skills or professional, currently has over 3000 members who wish to share with new generations of experience.

79. In the private sector, the elderly are particularly sought in the interim management, a technique for managing human resources is to use an external expert to the company for an advisory or a specific project that requires a long experience.

Uganda

80. The government of Uganda was represented by Ms Emily Ajiambo. In her presentation, she indicated that older persons are defined as those 60 years and above. The population of older persons has increased tremendously in the past decades from 686,260 (4.1%) of the total population of 16,671,705 in 1991 to 1,304,702 in 2010.

- The Constitution of Uganda recognizes rights of older persons and provides the basics for the enactment of laws and policies that address their concerns.
- The Local Governments Act (Cap 243). Section 10(1) (f) provides for two older persons, a male and a female, elected by their associations to represent them in the local government councils.
- The Equal Opportunities Commission Act 2007 provides for monitoring and evaluation of policies, laws, plans programs, activities, practices, traditions cultures, usages and customs to ensure that they are compliant with equal opportunities and affirmative action in favour of marginalized groups.
- The National Policy for Older Persons, approved in 2009, has provided a framework for all interventions geared towards addressing the needs of older persons
- The Government has undertaken a number of initiatives towards the implementation of the Madrid International Plan of Action including the creation, through the Ministry of Gender, Labour and Social Development, the Department of Elderly and Disability whose mandate is to empower Older persons and Persons with Disabilities
- To operationalize the policy on older persons, Government has developed a National Plan of Action for Older Persons that seeks to guide stakeholders to provide equitable services to improve their wellbeing.
- The Government is in the process of establishing the National Council for Older Persons and the bill is already before Parliament.
- The Government recruited Social Gerontologists to boost the department of Disability and Elderly in handling issues concerning older persons.
- A Social Gerontology training manual to enable Community Development workers in the Districts to raise awareness on issues of older persons is being developed
- In order to improve the socio-economic livelihood of older persons, the Government the **Social Assistance Grants for Empowerment (SAGE)**, a Cash Transfer programme

providing UGX **23,000** per month (adjusted annually due to inflation) in 95,000 households (potentially **600,000** vulnerable people) in **14 Districts**.

- Payments are delivered through the **MTN** Mobile Money transfer system and each beneficiary has been given a SIM card to be used in the MTN Easy Talk phones. MTN “Easy Talk” (ET) phones installed at every SAGE pay point.
- Other services provided to older people include access to health care centres in Mukono District where special days have been put aside for the treatment of older people. Older people also do not have to line up for services.
- CSO's are also working to complement government efforts, an example being the Pheobe Education Fund which is providing housing to older people (see pictures below)



Ziwelusi previous house

Ziwelusi finally entering into her new house

Discussion

81. During the discussion of country reports, the following issues were raised.

- Participants observed that not many countries had developed policies on older people and in some of the countries where these policies exist, implementation remained a challenge.
- There is generally an issue around coordination of services to older people in many countries as there are a number of players involved but with no mechanisms for coordination.
- There is generally a lack of data and information on older persons and this provided a challenge for designing and delivering services for older persons.
- The presentations highlighted some good practices in dealing with issues affecting older persons which included old age grants and pensions, provision of housing and free medical care to older persons. However, more still needs to be done in this area. It was the consensus that a lot still needs to be done to raise awareness on issues affecting older people and ensure that ageing issues take prominence in public policy. Countries shared experiences on awareness raising initiatives such as commemoration of days for older persons.

4.4. Item 4: MIPAA in Africa: Focus group discussion

82. The group looked at key successes and challenges in respect of the implementation of the MIPAA at country level. They looked at four questions: (a) What is going well in terms of the implementation of policies and programmes? (b) What is not going well? (c) Who taking the lead and who are the partners? (d) What are the challenges? Due to the issue of language and the need for translation, two groups were created (see below).

Group 1: Benin, Burkina Faso, Cameroon, Mauritius, Morocco, Tunisia

Group 2: Botswana, Ghana, Kenya, South Africa, Sudan, Swaziland, Tanzania, Uganda

Group Presentations

Group 1

What is going well in terms of implementation of policies and programmers?

	BENIN	B/FASO	CAMEROUN	MAURITIUS	TUNISIA	MOROCCO
Policies	<i>no Plan of action from national population policies</i>	<i>No Plan of action elaborated . No National Council on elderly</i>	<i>No Draft available. Concerted effort by government bodies.</i>	<i>Yes Plan of action</i>	<i>Yes Plan of action</i>	<i>Yes Plan of action elaborated since 2003</i>

What is not going well?

	BENIN	B/FASO	CAMEROUN	MAURITIUS	TUNISIA	MOROCCO
	<i>Financial constraints. No stable personnel</i>	<i>No policy adopted. Low social protection coverage.</i>	<i>Document not adopted. Low social coverage</i>	<i>Lack of proper evaluation</i>	<i>No evaluation of implementation</i>	<i>Budget constraints</i>

Who is taking the lead and who are partners?

	BENIN	B/FASO	CAMEROUN	MAURITIUS	TUNISIA	MOROCCO
Lead	<i>Ministry of social attraction</i>	<i>Ministry of social action and nat. solidarity</i>	<i>Ministry of social affairs</i>	<i>Ministry of Social Security and care of elderly</i>	<i>Ministry of women affairs and social affairs</i>	<i>Ministry of family, Child and handicapped</i>
Partners	<i>Related Ministries, UNFPA, Elderly association and CS</i>	<i>Related Ministries, UNFPA, Elderly association and CS</i>	<i>Related Ministries, , NGO's, Elderly association and CS</i>	<i>Related Ministries, Elderly association and council, NGO's and CS</i>	<i>Related Ministries, UNFPA, Elderly association, NGO's and CS</i>	<i>Related Ministries, UNFPA, Elderly association and CS</i>

What are the challenges?

	BENIN	B/FASO	CAMEROUN	MAURITIUS	TUNISIA	MOROCCO
	<i>Health and well being, Social Exclusion, lack of participation in development, lack of research on needs, no disaggregated data.</i>	<i>No Study on elderly, no national policy on elderly, Plan of action not adoption</i>	<i>Lack of adequate coverage in social protection, lack of active ageing programmes</i>	<i>Issue of Active ageing, nuclearisation of the society, isolation. Elders are baby sitters</i>	<i>Issue of Active ageing</i>	<i>Issue of Active ageing</i>

Group 2

What is going well?

Botswana	<ul style="list-style-type: none"> • Provision of social safety nets e.g old age pension scheme, • Destitute cash allowance and food for registered destitute persons who mainly constitute of older persons • Provide shelter for the needy older persons • World War Veterans allowance for those who participated in the Second World War. • Unit of Home Economics in the Social Services Department which imparts skills and market products that are produced by the older persons
Ghana	<ul style="list-style-type: none"> • National Policy on Ageing approved by Parliament • One extra day designated for older persons (1st July) • National Health Insurance Scheme for older persons 70+ free • Social Security Benefits amended in favour older persons • Livelihood Empowerment Against Poverty for older persons
Kenya	<ul style="list-style-type: none"> • The National Policy for Older Persons and Ageing • Acts of Parliament on older persons • NHIF, NSSF, provident fund, widows and children's pension • The constitution of Kenya • Cash transfers scaled up to all the districts • Existence of CSOs, CBOs • Clear government systems in place
South Africa	<ul style="list-style-type: none"> • Older persons act • South African policy on older persons • Guidelines for frail care • National norms and standards for acceptable services to older persons • High level of residential care in South Africa • War veterans' pension • Home base care including food parcels for older persons • Future national health insurance to assist older persons • Involvement of civil society
Sudan	<ul style="list-style-type: none"> • National Policy for Older Persons 2007 • Training course about ageing, health and nutrition.

	<ul style="list-style-type: none"> • Capacity building for organisations engaged in issues of older persons • Provide shelter for older persons without family care • National Committee on Ageing at national and local level
Swaziland	<ul style="list-style-type: none"> • Older persons grant that began in 2005 • Rural development fund • Free access to health care for older persons • Elevation of the Department of Social Welfare from the Ministry of Health to The Office of the Deputy Prime Minister • High level advocacy and involvement of the Queen Mother
Tanzania	<ul style="list-style-type: none"> • National recognisance of the need of the older persons policy 2003 • Retirement benefits scheme for the working population
Uganda	<ul style="list-style-type: none"> • National Policy for Older Persons adopted in 2009 • Recruitment of Social Gerontologists • Expanding Social Protection Programme with Social Assistance Grants for Empowerment cash transfer pilot • Establishment of the national council for older persons, the bill is in parliament

What is not going well?

Botswana	<ul style="list-style-type: none"> • People paid through proxies misappropriate the funds of older persons • Lack of updated records for beneficiaries
Ghana	<ul style="list-style-type: none"> • Not all older persons are covered by National Health Insurance Scheme • Older persons under 65 do not enjoy LEAP • Programmes do not cover most older persons in rural areas
Kenya	<ul style="list-style-type: none"> • Targeting the poor older persons is not well articulated • Delays in transfers of funds • Lack of monitoring and evaluation on the cash transfers • Lack of data on older persons
South Africa	<ul style="list-style-type: none"> • Still under reporting of abuse of older persons • Health of older persons – older persons will be solved by the national health insurance • A need for frail and residential care facilities

	<ul style="list-style-type: none"> • Misuse of older persons pension funds by dependants • Older persons' pensions family is dependent on only the pension • Racial discrimination of residential care: white people are advantaged by developed private facilities
Sudan	All is well
Swaziland	<ul style="list-style-type: none"> • Misappropriation of funds and young people inflating their access to access the funds • Difficulty in distributing the money in isolated rural areas
Tanzania	<ul style="list-style-type: none"> • Inadequate implementation of the policy/ other related policies
Uganda	<ul style="list-style-type: none"> • Implementation of the policy because the action plan has not been approved yet

Who is taking the lead?

Botswana	<ul style="list-style-type: none"> • The Department of Social Services is taking the lead and the Ministry of Agriculture, Office of the President and CSOs
Ghana	<ul style="list-style-type: none"> • Ministry of Employment and Social Welfare and the partners are the National Population Council, UNFPA, HelpAge Ghana, Social Security and National Insurance Trust
Kenya	<ul style="list-style-type: none"> • The Ministry of Gender, Children and Social Development • Partners are Office of the President, Local Government, Ministries of Health, Planning and Vision 2030, NSSF, NHIF, NCAPD and CSOs e.g. HelpAge Kenya
South Africa	<ul style="list-style-type: none"> • Department of Social Development, Older Persons 'Directorate • The partners are National Population unit, Social Security Agency, CSOs, Department of Children and Women
Sudan	<ul style="list-style-type: none"> • The Ministry of Welfare and Social Security is taking the lead and the partners are The National Committee on Ageing, CSO and Unions
Swaziland	<ul style="list-style-type: none"> • The Department of Social Welfare is taking the lead and the partner are Ministry of Tinkhundla Administration and Development and Ministry of Health and CSOs
Tanzania	<ul style="list-style-type: none"> • Ministry of community development, gender and children <ul style="list-style-type: none"> – Minister of health – Minister of labour and employment – Planning commission – Local government authorities – Ngo's – Communities

Uganda	<ul style="list-style-type: none"> Ministry of Gender, Labour and Social Development is the lead Partners line ministries of health, agriculture, CSOs e.g. HelpAge, Uganda Reach the Aged, Pheobe Education Fund, Reach One Touch One
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What are the challenges?

Botswana	<ul style="list-style-type: none"> Reaching out to older persons especially the Basarwa (Khoisan, Bushmen)
Ghana	<ul style="list-style-type: none"> Defining older persons Older persons in informal sector are not covered by Social security fund Inadequate data on older persons Luke warm attitude of stakeholders on issues older persons
Kenya	<ul style="list-style-type: none"> Budgetary allocations
South Africa	<ul style="list-style-type: none"> Budget constraints because of economic hardships Provinces exhaust the money before the end of the financial year Coverage of older persons Lack of statistics Neighbouring countries access the pension
Sudan	<ul style="list-style-type: none"> Lack of information on the situation for older persons Social and economic changes in the country Lack of capacity of service providers to offer services for older persons
Swaziland	<ul style="list-style-type: none"> Lack of data pertaining older persons The economic hardships facing the country HIV/AIDS influx
Tanzania	<ul style="list-style-type: none"> How to reach older persons that do not belong to formal social security schemes Adequate data or information on current older persons Coordination challenges
Uganda	<ul style="list-style-type: none"> Limited budgetary allocations Low awareness about older persons issues Lack of action plan to steer the implementation of the policy

4.5. Item 5: Review and appraisal

4.5.1 Overview of MIPAA instruments and tools

83. Ms. Rosemary Lane, the Focal Point on Ageing of DSPD/DESA, presented an overview of the review and appraisal of MIPAA. She discussed the modalities of this process, which is expected to take place every five years. The theme of this second review is, ***“Full Implementation of the Madrid International Plan of Action on Ageing; social situation, well-being and dignity, development and the full realization of all human rights for older persons”***.

84. Ms. Lane emphasized the uniqueness of the bottom-up participatory approach that has been chosen for the Review and Appraisal processes to evaluate policies and programmes as well as changes in the quality of life of older persons as a compliment to quantitative data.

85. She spoke about the important role of the Regional Commissions which serve as forums for the presentation of local and national evaluation results; assisting member countries in coordinating their efforts as well as in analyzing national findings; addressing differences regarding the content and depth of collected data as well as the overall capacity of individual countries to conduct a participatory evaluation. Their role is also to inform governments that there will be no attempt to rank countries on the basis of their performance in improving the quality of life of older persons and will on the contrary helps them in monitoring their policies and programmes.

86. She defined the participatory bottom up approach as, ***‘an open-ended, flexible and participatory process of that seeks to incorporate and link local and national activities to UN regional intergovernmental bodies and up to global processes of review and appraisal’***. This approach to reviews of international plans of action has been chosen because it is unique; Member States agreed that the input of stakeholders, in particular, older persons themselves was important for governments, the UN system and beneficiaries and that qualitative assessment is as crucial as quantitative since they are complementary. Some of the methods used in this approach are as follows.

- Participant observation
- Focus group discussions
- Semi-structured interviews
- Livelihood analysis: analysis of sources of income and use of resources and expenditure
- Ranking and scoring: i.e. prioritizing things & events
- Wellbeing grouping: individuals identify how the advantaged or disadvantaged they feel in relates to others

87. The process also includes the quantities methods such as population censuses, surveys and civil registration.

88. The indicators in the process have been formulated to assess the progress in implementing the MIPAA; are organized according to each of the 35 MIPAA objectives and on the basis of action recommendations of MIPAA; they are linked to MDG indicators and to already existing indicators and include both quantitative and qualitative indicators.

89. She concluded by emphasizing that the review and appraisal process is an exercise involving a variety of actors and different levels of operation and also providing average citizens the opportunity to voice their opinions, instead of only taking into account the views of decision-makers.

90. Following the presentation, questions were raised about who will finance the process, particularly the qualitative aspect and it was indicated that this should fall within the plans of governments. There was also a concern about the participation of countries not present at the workshop and it was indicated that the workshop was a starting point for the review and the outcomes will be shared with the other countries. It was suggested that countries attending the workshop could become champions of this in the continent and encourage the sharing of best practices. It was also suggested that the ECA, in consultation with stakeholders, could support the review and appraisal process, working on themes selected by Member States.

4.5.2 Overview of MIPAA instruments and tools: stakeholder consultation

91. Ms. Johanna Mbomnda, representative of Cameroon, shared a case study of stakeholder consultations conducted in her country. The consultations were conducted in order to determine the needs of Cameroonians with a view to developing a policy on older persons.

92. The consultation covered a total of 176 people covering the all the regions of Cameroon. Representation during the consultations was as follows'

- Older person -four from each region
- Caregiver – one per region
- Representatives of structures of care for older persons- four per region
- Traditional leaders - one per hosting region
- Representatives of Regional Delegates of Social Affairs – three per region
- Representatives of Regional delegates of Social Affairs -one per hosting region
- Representatives of six partner ministries in hosting region
- Representatives from MINAS- six
- Representatives from UNDP-one

93. The workshops were complimented by a data collection exercise involving about 30,000 older persons. The main objective of both the workshops and data collection were to determine the situation of older persons in Cameroon.

94. The results of both the workshops and the data collection exercise were validated at a national workshop held in Kribi ad it led to the development of a draft National Policy and Plan of Action that is currently awaiting government adoption.

95. The case study provides a good example of the bottom-up approach. Although it was noted that the older persons participating in the consultations were outnumbered by others, it was emphasized that there was a need to involve all key actors in the process. The budget constraints also limited the number of older persons who could participate.

96. The qualitative and quantitative surveys were complementary and resulted in very similar recommendations, the most important being about health.

4.5.3 Overview of MIPAA instruments and tools: *Tracking progress of implementation of MIPAA - data & statistics*

97. Dr. Karoline Schmid, Social Affairs Officer, DSPD/DESA, gave a presentation on tracking progress of implementation of MIPAA data and statistics. She spoke about the MIPAA indicators, the various sources of data and the challenges faced in data collection, analysis and reporting.

98. She indicated that the indicators that could be used to track the MIPAA are as the following.

- Basic demographic indicators;
- Indicators for the three priority areas: outcome indicators & instrumental indicators, covering areas such as: Poverty, education, social security, support systems, health & disability; mortality; access to save water & sanitation; need for assistance; neglect, abuse and violence; legislation

99. There were two main data sources as follows.

- Survey-data:
 - Census & Household surveys (DHS, LFS, etc.)
- Administrative data:
 - Data and statistics collected for administrative purposes: civil registration; vital statistics; statistics on education, housing, labor/employment, social security, income, voting registration records, telecommunication, etc.

- Dr Schmid then presented an analysis of the two main data sources. With respect to Censuses, she noted that there could be logistical challenges; they could be time-consuming; expensive in terms of the process and there could be risks of errors. There could also be methodological challenges which include underreporting, determination of age, understanding of concepts, and exclusion of selected populations (hospitals, prisons, and army) and so on. The surveys could be quicker and cheaper than censuses, but could also have challenges in terms of the costs involved.

100. With respect to the Administrative data, she noted that there was no need for surveys; data do exist (even if collected for administrative purposes). However, there could also be challenges of under reporting, biases and insufficient documentation of meta-data.

101. She noted that these challenges notwithstanding, there could also be issues at the institutional level and these include the absence of a central body with oversight on data collection, analysis & reporting; production of statistics & reporting mechanisms fragmented; limited cooperation of the relevant stakeholders (such as Ministries of Health, Labor, Education & CSOs); limited sharing of micro-data for analytical purposes and shortage of resources both financial and human.

102. During the discussion, it was pointed out that it may not be necessarily for a separate body to oversee data collection since the Central Statistics Office should be playing that role. However, research institutes should also conduct analysis while ministries do the reporting.

103. A need was raised to build the capacity of African countries in the domain of administrative data.

Focus Group Discussion

104. The groups reviewed four questions: (a) What part of MIPAA will you review? (b) What is feasible at the country level? (c) How will it be done? (c) Who will do it? The same groups as had been assigned earlier were maintained.

Group presentations

105. The first question was generally not answered as there was a feeling that the selection of the theme should guide the review.

Theme

106. After some deliberation, participants chose “**Advancing health and well-being into old age; older people’s rights to health**” as the theme for the review.

107. What is feasible?

- Review of health policies and programmes to assess;
 - Accessibility to health services

- Availability of services (medicines, specialized health care)
- Accessibility and affordability of food and adequate nutrition
- HIV/AIDS and older persons

108. How will it be done?

- Desk review
 - Literature review
 - analysis of available data
- Focus Group Discussions
- Interviews with older persons
- Consultative workshops

109. Who will do it?

- The lead ministries implementing older persons programs in collaboration with key partners.

4.6. *Item 6: Human rights of older persons*

4.6.1 Open Ended Working Group on the Rights of Older People (OEWG)

110. Ms. Rosemary Lane made a brief presentation of the background, the need and the next steps in relation to the OEWG.

111. Older people throughout the world are facing many forms of discrimination, abuse and a violation of their rights. These violations go on despite the existence of international, regional and national frameworks which refer to the protection of the rights of older people; an indication of the failure of the existing mechanisms.

112. In response to this, the UN General Assembly established the Open Ended Working Group in December, 2010 with a mandate to examine the existing international frameworks in relation to the human rights of older people; identify possible gaps and how best to address them and look at the possibility of developing new human rights instruments.

113. His Excellency Mr. Jorge Argüello, Permanent Representative of Argentina, was elected as President of the 2011 session. The vice-chairs were Luxembourg and Qatar. Bureau members for the Eastern European and the African regional groups had not yet been decided.

114. The current situation is that there is not much participation from Africa and Asia in the Working Group. Europe and Latin America tend to participate more. There is an open invitation for African governments and Civil Society Organizations to participate.

4.6.2 Human Rights of Older Persons; OHCHR

115. Ms. Samira Mouaci made a presentation representing Mr. Musa Gassama, Regional Representative, East Africa Regional Office of the UN Office of the High Commissioner for Human Rights. The following are the salient points from the presentation.

116. The Office of the High Commissioner for Human Rights (OHCHR) is the leading United Nations entity on human rights with a mandate provided by the international community to promote and protect all human rights for all people. OHCHR provides assistance, such as technical expertise and capacity development, to help implement international human rights standards. The Office has over 50 field presences around the world, including over 12 Regional Offices, 3 in the African continent; one for East Africa, one for Central Africa and one for Western Africa.

117. In view of the increasing populations of older people and the challenges that this increase will pose, the situation of older persons should rank among the most pressing policy issues for governments, public institutions and societies at large. There is need for more to be done and to be done better. The review and appraisal of the Madrid International Plan of Action on Ageing (MIPAA) can be an opportunity to underline this important message.

118. Age-related discrimination is one of the most frequent challenges faced by older persons, and by persons in their ageing process. Under international human rights law, discrimination is defined as any distinction, exclusion or restriction which has the purpose or the effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other.

119. Existing international human rights standards and principles do apply to the protection of older persons against discrimination in the exercise of their rights. Several core human rights treaties provide no limitation whatsoever in relation to old age. While some Committees, such as the Committee on Economic, Social and Cultural Rights (CESCR) and the Committee on the Elimination of Discrimination against Women (CEDAW), have developed specific general comments and recommendations on older persons based on existing provisions, other treaty body monitoring mechanisms have seldom addressed older persons in their concluding observations. Although non-discrimination is central to any human rights analysis, the fact that it has not been explicitly provided for and that its scope and content has not been sufficiently and adequately developed in reference to older persons may at times lead to protection gaps and lack of a universal standard. Indeed, there is no international instrument that addresses the human rights of older persons, in the same way that other population groups have dedicated instruments, such as migrant workers or persons with disabilities to name the most recent.

120. In order to strengthen the human rights of older people, an Open- ended working group (OEWG) on ageing was established by the General Assembly in December 2010 with a mandate to consider the existing human rights framework and mechanisms; identify gaps and how to best address them and consider the feasibility of further instruments and measures. Chaired by Argentina, the OEWG has held two working sessions [April 18-21 and August 1-4] in New York. In both sessions expert panellists have considered the existing international and regional human rights framework and mechanisms, have focused on specific thematic areas of concern, in particular discrimination, violence, the right to health and social protection; and have identified and reflected on a number of gaps in the international protection regime. Also agreed was that significant gaps exist in the protection afforded to the human rights of older persons, including in current data collection and specific information provided by States at the international level to treaty monitoring mechanisms. Without these tools, it is harder to ensure effective monitoring and to assess if and when human rights are realized without discrimination. Delegations noted the need to tackle gaps at the normative, information and implementation levels.

121. Recommendations on measures to address existing gaps have included calls for a new instrument (a Convention), for a new Special Rapporteur, and for strengthening the existing monitoring mechanisms. Some member States have also noted that the review and appraisal of the Madrid Plan of Action on Ageing scheduled to take place in 2012 can offer an opportunity to enhance the plans and programmes on older persons at the national and regional levels.

122. In a study carried out by Special Rapporteur Mr. Anand Grover, it was noted that older persons are rights-holders, who at times may require support to claim their rights. Building upon the concept of active and dignified ageing, the Special Rapporteur calls for a right-to-health approach to the design and implementation of policies and programmes, including resources allocated to the provision of geriatric healthcare. The Special Rapporteur also expresses concern about reported and unreported violence against older persons, notably in care facilities, and about the lack of safeguards to ensure free and informed consent as required in any health-related decision.

123. The OHCHR is of the view that the protection, promotion and realization of the human rights of older persons require a stronger protection regime and greater dedicated attention. Concerted efforts are needed to ensure that human rights are placed at the core of the agenda in the face of population ageing. The Office of the High Commissioner for Human Rights will continue to support any initiative in this direction and to strive towards achieving this common goal.

Discussion

124. During the discussion of the presentations, the following issues came up:

- Member States were urged to participate more and have an interest in the OEWG in order to increase the participation from Africa.
- It should be noted that in addition to increasing Africa's participation on the OEWG, the linkages between the regional frameworks and the open ended working group on human rights of older persons should be affirmed.

- Strategies of how to implement the regional frameworks on ageing were encouraged instead of developing other sub regional frameworks on ageing.
- Member States were encouraged to use existing legislation in addressing ageing issues and to collect more evidence on ageing issues, especially on the violations of the rights of older people.
- The link between the OEWG and the Africa Commission for Human and People's Rights was encouraged. Linkages between the WG and the African Union Rapporteurs were also encouraged.

4.7. Item 7: The way forward

125. The way forward has been guided by presentation of the following main outcomes and strategy for regional review, appraisal and reporting for 2012-2013:

Main outcomes

1. Diversity of country situations and approaches for ageing and older persons in Africa
2. Each country provides a unique situation of its own. Also, within each country older persons live under diversity of legal and social circumstances.
3. This uniqueness makes the bottom-up approach relevant for Africa. However it is important for countries to adapt the MIPAA and the AUC Policy on ageing to their national situations.
4. A lot of activities on ageing and older persons are happening at the country level (seminars, workshop, surveys, etc). Yet there is lack of documentation and paucity of research, and policies and actions plans.
5. Activities on ageing and older persons have not yet received the attention they deserve. They lack visibility. There is need to intensify awareness and advocacy campaigns. Also, it is important to involve media to report on older persons.
6. Various ministries and agencies are involved. There is need for stakeholder analyses to identify the roles and responsibilities of stakeholders, and to achieve coherence and harmonization at the national level.

Strategy for regional review, appraisal and reporting for 2012/2013

1. Regional report. Africa Report on Older Persons 2012. This will be based on country reports and written contributions from countries.
 - a. Report of the workshop (With the help of consultant) – December 20
 - b. Recruitment of a consultant for the RR Feb 1, 2012

- c. First draft of the report to be ready by May 1, 2012.
- d. Share draft report with countries, DESA for comments and suggestions 15 May 2012
- e. Finalize report – June 15
- f. Deliver report to UNDESA July 15
- g. Deliver report to Ministerial Meeting 2012

2. Document country experiences and best practices, and standardize concepts and definitions. This will serve both legal and statistics purposes.
3. Prepare and share with countries a standard template for country profiles on older persons

126. There are varied country scenarios and ageing dynamics on the continent. A lot is happening at country level but the information is not accessible to those at regional level.

127. Advocacy campaigns are required to spark visibility and awareness of issues concerning older persons.

128. There are several ageing issues that need to be followed up on such as:

- Conducting stakeholder analysis in order to bring about coherence at the national level.
- Undertake the MIPAA + 10 review and compile progress review report by June 15, 2012.
- AUC and UNECA will standardize and share information on definitions and concepts i.e. Ageing nomenclature. In addition, prepare guidelines that can be used.
- Document country interventions as an ongoing process.
- UNECA to consider using templates from Latin America as a guide for standardizing reporting.

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