

**Department of Economic and Social Affairs  
Office of the High Commissioner for Human Rights**

**CURRENT STATUS OF THE SOCIAL SITUATION, WELL-  
BEING, PARTICIPATION IN DEVELOPMENT AND  
RIGHTS OF OLDER PERSONS WORLDWIDE**

**August 2010**



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## INTRODUCTION

The General Assembly, in its resolution 64/132 of 18 December 2009, entitled "Follow-up to the Second World Assembly on Ageing", requested the Secretary-General to submit to the Assembly at its sixty-fifth session a comprehensive report on the current status of the social situation, well-being, development and rights of older persons at the national and regional levels. The present report builds and expands upon the report (A/65/157) that was submitted to the General Assembly in response to that request.

The report consists of six sections. Sections I to IV focus on the social and economic wellbeing of older persons and documents (i) the demographics of older age; (ii) their economic status and participation in the labour force; (iii) the health of older persons; and (iv) the societal perceptions and social integration of older persons. On each of these topics, the report attempts to account for the diversity of situations of older persons in society and across the world. It also attempts to capture the changing reality and perceptions of old age as well old persons' own views. The report is based on recent research and empirical data from various sources available to the Secretariat, and includes a range of up-to-date figures and tables to highlight various trends in ageing. However, it should be noted that while much data and analysis are available on population ageing, data and information about the lives and situation of older persons are strikingly lacking and seldom included in ageing-related publications.

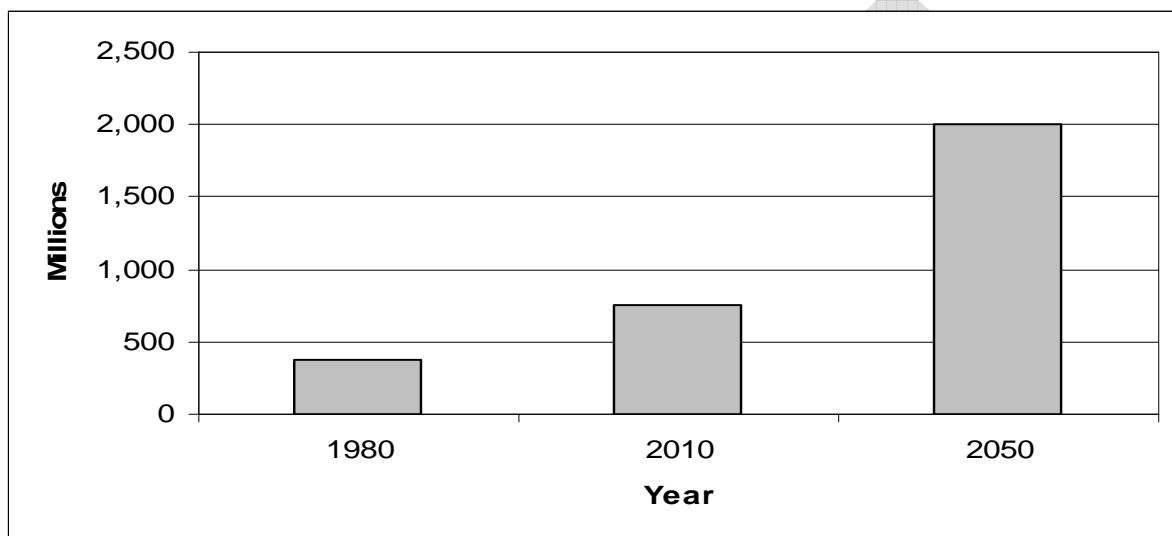
Section V of the report is devoted to the human rights of older persons. It offers an overview of existing international human rights norms as they pertain to older persons, and includes a few illustrative examples of how international human rights mechanisms have applied relevant norms to critical human rights issues affecting older persons. Finally, section VI offers some concluding remarks.

The report is the product of a joint collaboration between the Department of Economic and Social Affairs, United Nations Programme on Ageing, and the Office of the High Commissioner for Human Rights, with substantive inputs prepared by Ms. Mary Beth Weinberger.

## I. DEMOGRAPHICS OF OLDER AGE

The number of persons aged 60 and over has been increasing at an unprecedented rate. In 1980, just prior to the convening of the First World Assembly on Ageing, there were 378 million people in the world aged 60 or above. Now 30 years later, that figure has doubled to 759 million, and it is projected to rise to 2 billion by 2050.

Figure 1. Population aged 60 and over: 1980, 2010, 2050



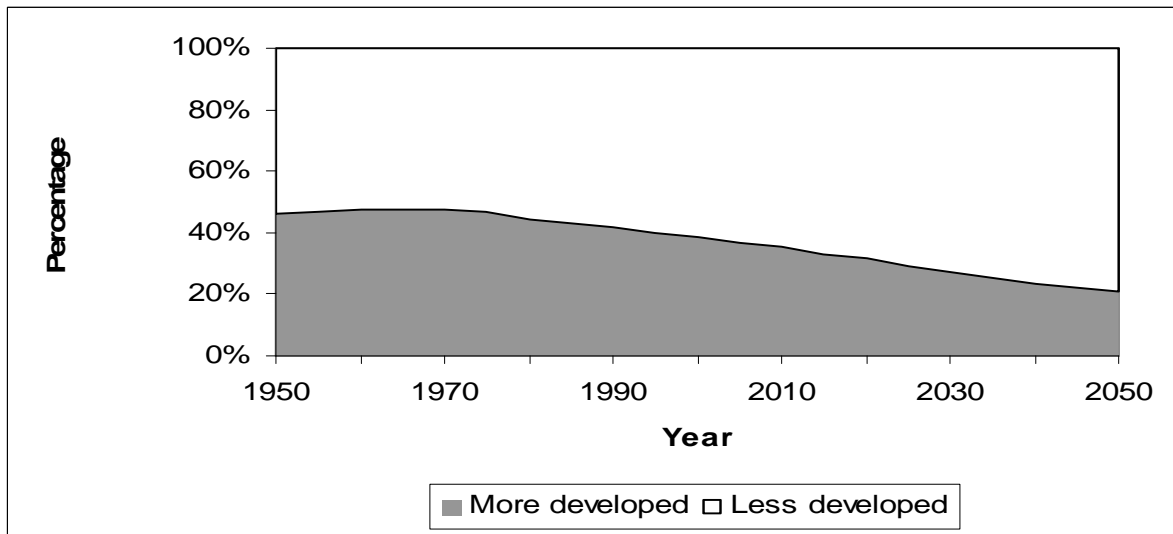
Source: United Nations (2009). *World Population Prospects, 2008 Revision*

### *Where do older persons live?*

The world's older population – those aged 60 years and over – reached nearly 760 million in 2010. More than half of the total (414 million) lived in Asia, including 166 million in China and 92 million in India. Europe is the region with the second largest number of older persons, nearly 161 million, followed by Northern America with 65 million, Latin America and the Caribbean with 59 million, Africa with 55 million and Oceania with 6 million.

Although the older population is growing in all parts of the world, most of the increase is taking place in the developing world. On average, 29 million older persons will be added to the world's population each year between 2010 and 2025, and over 80 per cent of those will be added in the less developed regions. As a result, the share of the world's older population residing in the less developed regions will increase from 65 per cent in 2010 to about 80 per cent by the year 2050.

Figure 2. Distribution of world population aged 60 and over by development region, 1950-2050



Source: United Nations (2009). *World Population Ageing 2009* (ESA/P/WP/212)

In 2005, slightly more than half (52 per cent) of the world's older population lived in urban areas, divided approximately equally between urban areas in the less developed and in the more developed regions. However, the rural areas of the less developed regions still housed nearly 40 per cent of the world's older population, while the rural areas of more developed regions were home to only about 10 per cent. Even though the majority of older persons in the developing regions still live in rural areas, urbanization is contributing to very rapid growth in the number of older persons living in cities. Between 1975 and 2005, the number of urban people aged 60 years or over nearly quadrupled, and most of the future growth in numbers of older persons will take place in urban areas of developing countries.<sup>1</sup>

In a majority of countries, the proportion of the population aged 60 years or over is higher in rural than in urban areas. This is so even though fertility rates are higher in the rural areas, which by itself would lead the rural areas to have a younger age structure than the urban areas. However, out-migration of young adults from rural to urban areas leads many rural areas to have relatively high numbers of both children and older persons in relation to numbers in the main working ages. In 15 countries, including 8 in Europe, the proportion of older persons in the rural population surpasses that in the urban population by at least 5 percentage points. The countries with the largest differences, ranging from 10 to 18 percentage points, are Belarus, Bulgaria, Lebanon, the Republic of Korea, Romania and Spain.<sup>2</sup>

<sup>1</sup> United Nations (2009). *World Population Ageing 2009* (ESA/P/WP/212)

<sup>2</sup> United Nations (2009). *World Population Ageing 2009* (ESA/P/WP/212)

### *Gender difference, marital status and living arrangements*

As women tend to outlive men, women over age 60 outnumbered older men by 66 million in 2009. Due to higher reductions in mortality rates among women, the female advantage in life expectancy at birth increased from 2.8 years in 1950-1955 to 4.4 years in 2005-2010 globally.<sup>3</sup> As evidenced in the table below, however, it is apparent that the gender gap in life expectancy varies substantially by region, from a high of 8.0 years in Europe to a low of 2.4 years in Africa in 2005-2010. It is also interesting to note that the gender gap in life expectancy at birth has actually narrowed in Northern America by 1.3 years over this time period.

Table 1. Gender gap in life expectancy at birth by years that females outlive males

	1950-1955	2005-2010	Difference
World	2.8	4.4	1.6
Africa	2.5	2.4	-0.1
Asia	1.3	3.7	2.4
Europe	5.0	8.0	3.0
Latin America and Caribbean	3.4	6.5	3.1
Northern America	5.8	4.5	-1.3
Oceania	4.8	4.8	0.0

Source: United Nations (2009). *World Population Prospects, 2008 Revision*

The share of women in the population also increases significantly with age. Among the population aged 60 and over, the proportion of women was 54 per cent in 2009, but at age 80 and above, the proportion rose to 63 per cent, and continued to increase to 81 per cent among centenarians.<sup>4</sup>

### *Marital status*

Most older men are married, while most older women are not. Instead, older women are likely to be widowed. Worldwide, around 80 per cent of men aged 60 or over, but under half of women of the same age, currently have a spouse. By region, the proportions of men who are married range from 85 per cent in Africa to 73 per cent in Oceania; for women they range from 52 per cent in Asia to 39 per cent in Africa. In Africa, older men are more than twice as likely as older women to be married (see figure below). These large differences by gender come about because women usually outlive their husbands, both because of women's higher life expectancy and because they tend to marry men older than themselves. In addition, men are more likely than women to remarry after divorce or widowhood.<sup>5</sup>

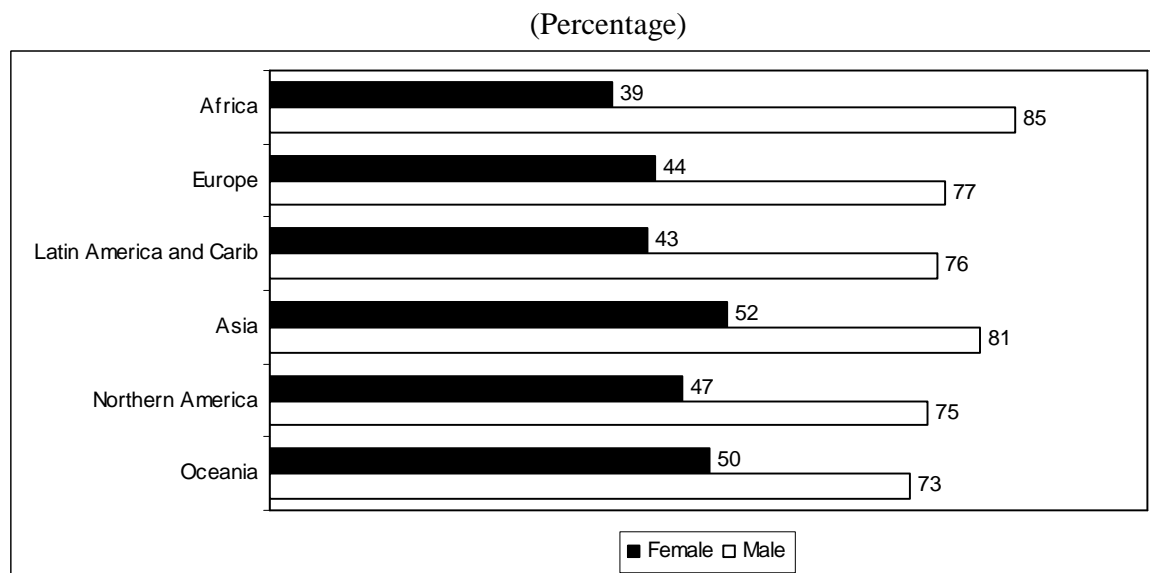
<sup>3</sup> United Nations (2009). *World Population Prospects, 2008 Revision*, Population Database

<sup>4</sup> United Nations (2009). *World Population Ageing 2009* (ESA/P/WP/212)

<sup>5</sup> United Nations (2009). *World Population Ageing 2009* (ESA/P/WP/212)



Figure 3. Percentage currently married among men and women aged 60 or over: major areas, around 2005



Source: United Nations (2009). *World Population Ageing 2009* (ESA/P/WP/212)

Marital status affects the social situation, living arrangements and well-being of older men and women. Research shows that being married benefits older persons' health, including mental health.<sup>6</sup> Older persons who are married are less likely than the unmarried to show signs of depression and to feel lonely, and are more likely to report that they are satisfied with life. Being married has also been linked to lower mortality. The health benefits of marriage tend to be greater for men than for women.<sup>7</sup> However, older women's economic situation is usually more strongly influenced by marital status than is men's. For women, widowhood often means at least a partial loss of old-age pension benefits that the couple formerly received. In some settings, especially in developing countries, women lack legal and enforceable rights to inherit property when the husband dies and they have little or no recourse if the husband's relatives move to take over the dwelling, landholding or other property.<sup>8</sup>

#### *Living arrangements*

In most developing countries, a majority of older persons live with relatives, most commonly with their own children. Multigenerational households traditionally have provided the main social context for sharing of family resources and mutual support as needs arise over the life course. Often, in developing countries at least one adult child stays with the parents as long as they are alive. By contrast, in the more developed regions, most children eventually leave their parental home and parents grow older without any co-residing child.

<sup>6</sup> Kinsella, Kevin and Wan He (2009). *An Aging World: 2008*. Washington, DC: US Census Bureau

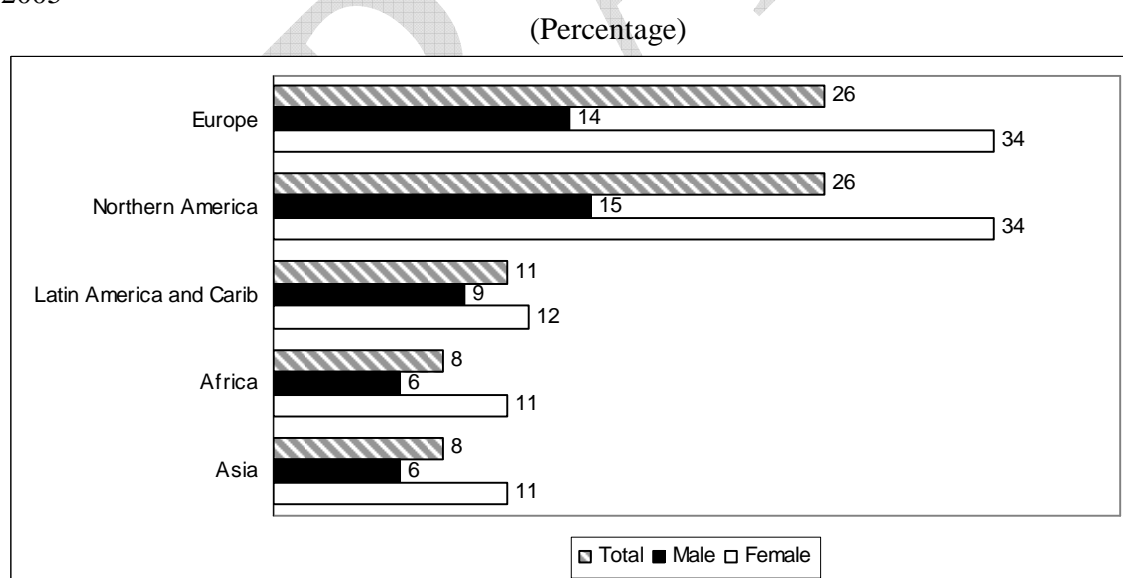
<sup>7</sup> Kinsella, Kevin and Wan He (2009). *An Aging World: 2008*. Washington, DC: US Census Bureau

<sup>8</sup> UN-HABITAT (2006). "Progress report on removing discrimination against women in respect of property and inheritance rights," Tools on Improving Women's Secure Tenure, Series 1, Number 2. Nairobi

In the less developed regions, on average around three quarters of people aged 60 or over live with children and/or grandchildren, compared to about one fourth of older persons in the more developed regions. Older persons in the more developed regions are more likely to be living as a couple or, especially after the death of a spouse, in a single-person household. Since the surviving spouse is usually the wife, older women are very likely to become widows and spend their older years alone, especially at ages over 75 years.<sup>9</sup> There are substantial country differences, however. Among the more developed countries, multigenerational co-residence is less common in Northern and Western Europe than in Eastern and Southern Europe and Japan. Among the less developed regions, multigenerational co-residence is somewhat less frequent in Latin America and the Caribbean – where an average of nearly two thirds (62 per cent) of older persons live with children or grandchildren – than in Africa or Asia – where the average is around three quarters.<sup>10</sup>

Approximately 1 out of every 4 persons aged 60 or over lives alone in the more developed regions, compared to 1 out of every 12 in the less developed regions. In Africa, Asia and Latin America and the Caribbean, the levels of solitary living among persons aged 60 or over range from 8 per cent to 11 per cent, according to an assessment carried out in 2009. Within Europe, the different regions show markedly different proportions of older persons living alone, ranging from 19 per cent in Southern Europe to 34 per cent in Northern Europe. In most developed countries the gender difference in rates of solitary living is large. In Europe and Northern America around one third of women aged 60 or over live alone, compared to around 15 per cent of men.<sup>11</sup>

Figure 4. Percentage of population aged 60 or over living alone, by sex, major areas, around 2005



Source: United Nations (2009). *World Population Ageing 2009* (ESA/P/WP/212).

<sup>9</sup> United Nations (2005). *Living Arrangements of older persons around the world*, (ST/ESA/SER.A/240)

<sup>10</sup> United Nations (2005). *Living Arrangements of older persons around the world* (ST/ESA/SER.A/240); and United Nations (2007). *World Economic and Social Survey 2007: Development in an ageing world* (ST/ESA/314)

<sup>11</sup> United Nations (2009). *World Population Ageing 2009* (ESA/P/WP/212)

Although many older persons who live alone are in good health and are actively engaged in society, those living on their own can be vulnerable when ill health or other hardships arise. In both developed and developing countries, studies show that compared to those living with a partner or in a multi-generation household, older persons living alone are more likely to be lonely and depressed, to have a small social network and to have infrequent contact with children.<sup>12</sup> They are also more likely to enter an old-age institution when they become ill or disabled. Older women who live alone, especially the oldest-old, are at high risk of poverty.

The type and direction of flows of support within the family cannot be inferred from the mere fact of co-residence with adult children. Support typically flows in both directions, and the type and amount of support often responds to changes in individual needs. Older persons in multi-generational households often are net providers of care and support to the younger generation, rather than the other way around. Even when older persons are net recipients of material and financial support from the younger generation, they frequently help with childcare and other household and community activities. Many older persons in developing countries also remain active in the labour force and the household often includes younger children and grandchildren who depend partly or entirely on the older generation. This is especially likely to be the case for people aged in their 60s, who may have children who are still in school or who have not yet established themselves in the labour force. Around the year 2000, an average of roughly 45 per cent of people aged 60 or over in the less developed regions lived together with a child who was in the peak working ages (a child aged at least 25 years) while nearly 30 per cent lived only with younger children or in skipped-generation households with grandchildren. The proportion of older persons living with an older child tended to be highest in Asia and lowest in Africa, with levels being intermediate in Latin America and the Caribbean.<sup>13</sup>

Skipped-generation households consisting of grandparents and grandchildren are relatively common in many developing countries. Older women are especially likely to live in this type of household. In some African countries – including Ethiopia, Ghana, Malawi, Rwanda, South Africa, Uganda, Zambia and Zimbabwe – between one fifth and one third of women aged 60 or over were living in skipped-generation households, according to surveys conducted in the 1990s and 2000s. Such households are also found in some Asian and Latin American and Caribbean countries, with over 10 per cent of older women living in skipped-generation households in the Dominican Republic, Haiti and Nicaragua. In Thailand, 14 per cent of older persons were living in skipped-generation households in 2007.<sup>14</sup> Skipped-generation households can arise in various ways. Children may stay with grandparents if one or both of the parents have died, if parents have migrated for work, or if divorce makes it difficult for parents to raise the children. The circumstances of these households vary in ways that depend in part on the situation

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<sup>12</sup> Hermalin, Albert I., ed. (2003). *The Well-Being of the Elderly in Asia: A Four-Country Comparative Study*. Ann Arbor, MI: University of Michigan Press; and de Jong Gierveld, Jenny (2009), "Living arrangements, family bonds and the regional context affecting social integration of older adults in Europe" in *How Generations and Gender Shape Demographic Change*, pp. 107-126. Geneva: UNECE

<sup>13</sup> United Nations (2005). *Living Arrangements of older persons around the world* (ST/ESA/SER.A/240)

<sup>14</sup> United Nations (2005). *Living Arrangements of older persons around the world* (ST/ESA/SER.A/240); and Knodel, John (2009). "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand," paper presented at the United Nations Population Fund (UNFPA), Northwestern University, the United Nations Programme on Ageing, and the Doha International Institute for Family Studies and Development Seminar on Family Support Networks and Population Ageing, Doha, Qatar, 3-4 June 2009

that prompted the arrangement. Parents who are working elsewhere often send money and return to visit, but when grandparents take in orphaned children there may be no one to help with support. In general, skipped-generation households tend to be found in rural areas, and these households also tend to be poor.<sup>15</sup>

### *Trends in living arrangements*

In recent years the proportion of older persons living alone has risen in many countries, and the proportion residing with children has declined. In the more developed countries, there was a rapid increase in the proportions of older persons living alone in the decades following the Second World War, but in some cases the levels have now stopped rising or even shown a small decline. Factors that may work to counter further increases in solitary living in those countries include lower mortality, which delays the age at which widowhood occurs, and trends in some countries towards a later age of children's leaving home. In the less developed regions, declines in intergenerational co-residence have been observed in many countries, though not in all. In some countries there is no detectable trend or even an increase in co-residence. The average pace of change is in most cases modest, suggesting that co-residence may remain much more common in developing than in developed countries for decades to come.

Some countries do show larger trends in co-residence, however. Asian countries showing large declines in co-residence include Japan, the Republic of Korea and Thailand, all of which underwent rapid economic development and are now experiencing rapid population ageing. In Thailand the percentage of persons aged 60 and over who were living with a child decreased from 77 per cent in 1986 to 59 per cent in 2007.<sup>16</sup> In Japan the proportion of those aged 65 and over co-residing with their adult children declined from 70 percent in 1980 to 43 percent in 2005.<sup>17</sup> In Japan and the Republic of Korea, there has also been a pronounced shift in attitudes towards less acceptance of the idea that children should be responsible for caring for older parents, and focus groups in Thailand found that working-aged adults anticipated receiving less support from their offspring than they were providing their own parents.<sup>18</sup> However, as economic conditions and social services improve, older persons may not need to depend on children as much as in the past, and trends toward living apart may indicate a preference for greater privacy and independence. For most countries there is no information about the extent to which changes in co-residence reflect people's preferences, or about the net effect of changes in social and psychological well-being. One survey in the Philippines found that the number of older persons who would prefer to live apart from children was much greater than the number who actually did

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<sup>15</sup> United Nations (2005). *Living Arrangements of older persons around the world* (ST/ESA/SER.A/240)

<sup>16</sup> Knodel, John (2009). "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand," paper presented at the United Nations Population Fund (UNFPA), Northwestern University, the United Nations Programme on Ageing, and the Doha International Institute for Family Studies and Development Seminar on Family Support Networks and Population Ageing, Doha, Qatar, 3-4 June 2009

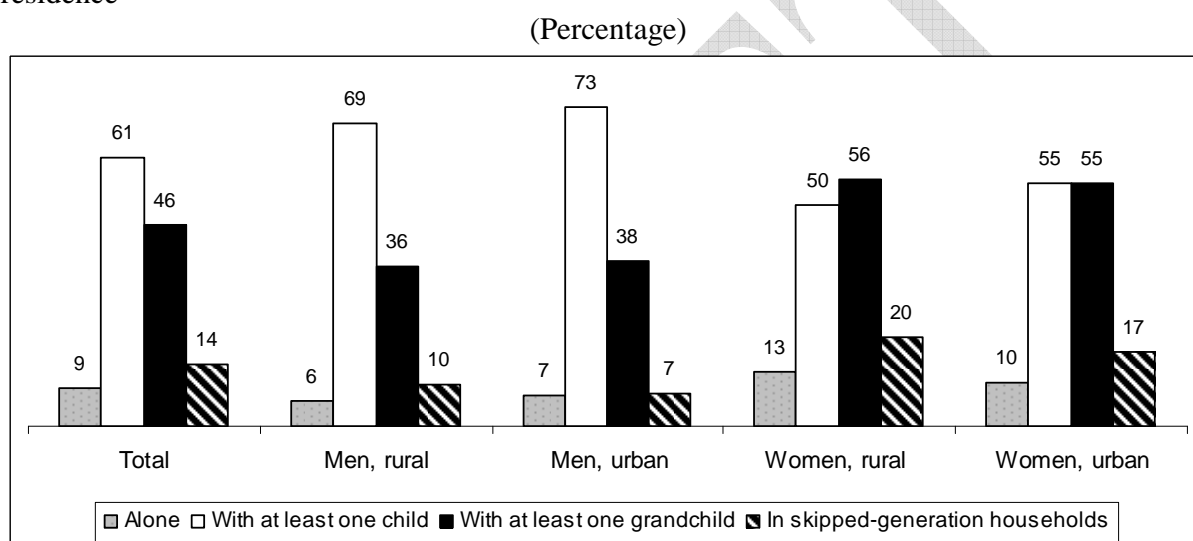
<sup>17</sup> Ogawa, Naohiro (2009). "Changing intergenerational transfers and rapid population aging in Japan," paper prepared for the United Nations Expert Group Meeting on Family Policy in a Changing World: Promoting Social Protection and Intergenerational Solidarity, Doha, Qatar, 14-16 April 2009

<sup>18</sup> United Nations (2007). *World Economic and Social Survey 2007: Development in an ageing world* (ST/ESA/314); for Republic of Korea, Summary of 2002 Social Statistics Survey, available at <http://kostat.go.kr/>

so.<sup>19</sup> Those who live separately often have a child living nearby, and that is the preferred arrangement for some people.<sup>20</sup>

The proportion of older persons living in skipped-generation households has been rising in countries heavily affected by HIV/AIDS. In those countries, many of the grandparents supporting grandchildren are extremely poor.<sup>21</sup> Skipped-generation households have also become more common in Thailand, although in that case the trend is due mainly to an increased rate of employment-related migration of young adults who send their children to stay with grandparents.<sup>22</sup>

Figure 5. Living arrangements, persons aged 60 and over in sub-Saharan Africa around 2003 by residence



Source: Kinsella, Kevin and Wan He (2009). *An Aging World: 2008*. Washington, DC: US Census Bureau

Even where living arrangements appear stable in the aggregate, studies that follow the same individuals through time find that many older persons' living arrangements change during

<sup>19</sup> Natividad, Josefina N. and Grace T. Cruz (1997). "Patterns in Living arrangements and familial support for the elderly in the Philippines" *Asia-Pacific Population Journal*, Vol. 12, No. 4

<sup>20</sup> Hermalin, Albert I., ed. (2003). *The Well-Being of the Elderly in Asia: A Four-Country Comparative Study*. Ann Arbor, MI: University of Michigan Press; and Knodel, John (2009). "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand," paper presented at the United Nations Population Fund (UNFPA), Northwestern University, the United Nations Programme on Ageing, and the Doha International Institute for Family Studies and Development Seminar on Family Support Networks and Population Ageing, Doha, Qatar, 3-4 June 2009

<sup>21</sup> United Nations (2004). *The Impact of AIDS*, United Nations publication, Sales No. E.04.XIII.7; and HelpAge International and International HIV/AIDS Alliance (2003). *Forgotten Families: Older People as Carer of Orphans and Vulnerable Children*

<sup>22</sup> Knodel, John (2009). "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand," paper presented at the United Nations Population Fund (UNFPA), Northwestern University, the United Nations Programme on Ageing, and the Doha International Institute for Family Studies and Development Seminar on Family Support Networks and Population Ageing, Doha, Qatar, 3-4 June 2009

a period of a few years, often in connection with changes in health and economic status.<sup>23</sup> Results from Eastern and South-eastern Asia suggest that, while co-residence generally remains common, “the content of the household relationships appears to be altering. Older women instead of being deferentially waited upon by their children and children-in-law in accord with traditional practices, are often involved in childcare for grandchildren and in cooking for the busy dual wage-earner couple.”<sup>24</sup>

### *Household headship*

Most older men who are living with children are regarded as the head of their household. On average in developing countries, about 90 per cent of men aged 60 or over are identified as the head of the household.<sup>25</sup> Even at ages 80 or over, well over half of men are regarded as the household head in most developing countries, although the proportion does tend to be lower for the oldest-old than for men in their 60s or 70s. Women are much less likely than men to be identified as the household head, though there are large differences between countries in this respect. On average around two thirds of older women in developing countries are either the head of the household or the spouse of the head. Although it is unclear to what extent headship implies day-to-day control over resources and decision-making, these figures do suggest that older persons, especially men, are usually regarded as having a leading role.<sup>26</sup>

Compared to older persons who live with children, those residing with other relatives or non-relatives are much less likely to be the head of the household.<sup>27</sup> The relative rarity of this type of living arrangement – around 5 per cent of older persons in developing countries live in such households – itself suggests that it is not what people usually prefer, although such arrangements can provide a valued alternative to living alone for older persons who do not have any children or are unable to rely on them for support. On average such households are relatively well-off economically,<sup>28</sup> but there is little information about the social position and well-being of older persons within them – whether, for instance, the older household members are treated with respect.

### *Living conditions*

There is broad agreement – based on consultations around the world with older persons, their families and professionals who work with them – about the types of housing and community amenities that help older persons to live comfortably and remain active and engaged in the broader society. These include, among others, housing that can accommodate those with limited mobility and strength, a clean and safe environment inside and outside the home,

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<sup>23</sup> See for instance: Chan, Angelique (2001), “Singapore’s changing age structure and the policy implications for financial security, employment, living arrangements and health care,” Asian Metacentre Research Paper Series, no. 3. Singapore; and Hermalin, Albert I., ed. (2003). *The Well-Being of the Elderly in Asia: A Four-Country Comparative Study*. Ann Arbor, MI: University of Michigan Press

<sup>24</sup> Hermalin, Albert (2000). “Ageing in Asia: facing the crossroads,” Comparative Study of the Elderly in Asia Research Reports, No. 00-55. Ann Arbor, MI: Population Studies Center, University of Michigan, pp.12-13

<sup>25</sup> United Nations (2005). *Living Arrangements of older persons around the world* (ST/ESA/SER.A/240)

<sup>26</sup> United Nations (2005). *Living Arrangements of older persons around the world* (ST/ESA/SER.A/240)

<sup>27</sup> United Nations (2005). *Living Arrangements of older persons around the world* (ST/ESA/SER.A/240)

<sup>28</sup> United Nations (2005). *Living Arrangements of older persons around the world* (ST/ESA/SER.A/240)

transportation that is affordable and accessible, walkways in urban areas that are in good repair and free of obstacles, traffic signals that allow enough time for older persons to cross streets safely, places to rest outdoors and public buildings that are accessible to those with limited mobility.<sup>29</sup> There are numerous examples of good practices and innovation regarding better design of housing, assistive devices, transportation and community services. An increasing number of national and local governments have adopted policies to make housing and the urban environment more accessible for older persons. For instance, many cities provide reduced fares for older persons using public transit and special transportation arrangements for those with limited mobility, and local or national governments have revised building codes to ensure age-friendly features in new construction. Governments and civil-society organizations have sometimes made significant investments in this regard, often including modifications to existing housing and public facilities. Most such programmes are found in the more developed countries, but cities such as Bangkok, Beijing, New Delhi and Singapore are also adopting similar measures on at least a pilot basis.<sup>30</sup>

Nonetheless, older persons often live in older housing that is not adapted to their needs, and they frequently face obstacles in moving about their communities. Many city neighbourhoods are perceived as unsafe by older persons. A study carried out in the EU found that older persons and women are significantly more likely than other people to fear walking in their area at night.<sup>31</sup> In the developing world, settlements often have grown up without planning, and they lack basic amenities. UN-Habitat estimates that one third of the developing world's urban population lives in slum conditions, that is, housing that lacks one or more of: access to improved water; sanitation; durable housing materials; sufficient living area; and security of tenure. In sub-Saharan Africa over 60 per cent and in Southern Asia over 40 per cent of urban dwellers lived in slums as of 2005.<sup>32</sup> Access to adequate housing and basic services is usually much more limited in the rural areas. Data for Latin America show that, in comparison with younger adults, older persons in many countries are more likely to live in dwellings constructed from low-quality materials, although they are also more likely to own their home and in most countries are less likely to be living in poor neighbourhoods, which often are shanty towns settled by recent migrants from the countryside. In some countries in the region, older persons are also more likely to live in dwellings that lack basic services including safe water and sanitation.<sup>33</sup> In Europe, older persons tend to live in less-crowded housing than do younger adults and in most European countries older persons are also more likely to own their home. However, in some countries, primarily those in Southern Europe and the newer EU Member States, older persons report relatively more housing deficiencies such as rotting woodwork and lack of an indoor flush toilet, or report that home heating is unaffordable.<sup>34</sup> Older persons in Bulgaria,

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<sup>29</sup> World Health Organization (2007). *Global Age-Friendly Cities, A Guide*; and UN-Habitat (2003). *Improving The Quality of Life of the Elderly and Disabled People in Human Settlements, Volume I, A Resource Book of Policy and Programmes from around the World*. Nairobi

<sup>30</sup> United Nations (2007). *World Economic and Social Survey 2007: Development in an ageing world (ST/ESA/314)*

<sup>31</sup> European Foundation for the Improvement of Living and Working Conditions (2006). *First European Quality of Life Survey: Social dimensions of housing*. Luxembourg

<sup>32</sup> UN-Habitat (2008). *State of the World's Cities Report 2008/2009*

<sup>33</sup> United Nations (2007). *World Economic and Social Survey 2007: Development in an ageing world (ST/ESA/314)*

<sup>34</sup> European Foundation for the Improvement of Living and Working Conditions (2006). *First European Quality of Life Survey: Social dimensions of housing*. Luxembourg

Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Portugal and Romania are often homeowners, but many cannot afford to repair, maintain or modernize their property.

In some developed countries, recent decades have witnessed an expansion in housing designed for older persons, including facilities offering assisted-living services. However, unless subsidized by the public sector or charitable institutions, such housing is unaffordable for many of those who might benefit from it. In addition, because of high construction costs these facilities are often built in peripheral areas far from other services and the residents' old neighbourhoods, family and friends.<sup>35</sup>

Nursing homes and similar institutions offer an alternative for older persons who require more assistance and/or specialized medical services. The availability and quality of institutional long-term care varies enormously, however, and good-quality institutional care is expensive. Around 2006, the proportion of persons aged 65 or over living in long-term care institutions was in the range of 5-8 per cent in Australia, New Zealand and some Northern and Western European countries, but levels are considerably lower in Eastern and Southern Europe as well as in developing countries.<sup>36</sup> Most people in institutions are women aged over 75 years.

Many developed countries have been restructuring long-term care services with the aim of enabling more of those needing assistance to remain at home, and rates of institutionalization have declined in the 1990s and 2000s in some countries.<sup>37</sup> Services that help older persons remain at home include in-home personal care, meals, housekeeping, home maintenance, care management, and treatment for health problems. Services in the community include day care, congregate meals, and social centres. In many cases formal in-home care acts as a supplement to informal care provided by family and friends, and some programmes include respite services for unpaid carers, who are sometimes under great stress.

In most developing countries there has so far been little development of institutional care apart from limited facilities for sheltering destitute and abandoned elders. However, policy-makers in many rapidly ageing developing countries, such as those in Eastern and South-eastern Asia, are considering ways of responding to the growing need for long-term care beyond what the family can provide.<sup>38</sup> In Latin America and the Caribbean in 2005, public funding was provided for institutional long-term care in 9 of 14 countries for which information was available, though the reach of the programmes may have been limited in some cases. Five of the 14 countries provided funding for formal home-based care.<sup>39</sup>

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<sup>35</sup> UN-Habitat (2003). *Improving The Quality of Life of the Elderly and Disabled People in Human Settlements, Volume I, A Resource Book of Policy and Programmes from around the World*. Nairobi

<sup>36</sup> OECD (2009). *Society at a Glance 2009*; United Nations (2005). *Living Arrangements of older persons around the world (ST/ESA/SER.A/240)*

<sup>37</sup> OECD (2005). *Long-Term Care for Older People*; OECD (2009). *Society at a Glance 2009*; United Nations (2005). *Living Arrangements of older persons around the world (ST/ESA/SER.A/240)*

<sup>38</sup> United Nations (2007). *World Economic and Social Survey 2007: Development in an ageing world (ST/ESA/314) 2007*; Kinsella, Kevin and Wan He (2009). *An Aging World: 2008*. Washington, DC: US Census Bureau

<sup>39</sup> Aguilera, Nelly, and Jorge Huerta-Muñoz (2005). *CISS-CIESS Survey on LTC in Latin America and the Caribbean*. Working paper CISS/WP/05012. Inter-American Conference on Social Security (CISS), Inter-American Center for Social Security Studies



In New Zealand, a recent study of decision-making regarding entry into residential care found that older persons often had a different perception of who had most influenced the decision than did family or professionals, and also found that older persons with good levels of knowledge about services and support, and good housing, were more likely to continue to live in the community. The findings pointed to the need for greater attention to clear communication, information and support services for both older persons who wish to remain in the community and for caregivers.<sup>40</sup>

### *Older migrants and impacts of migration*

By mid-2010, there were an estimated 31 million international migrants aged 60 and over in the world, accounting for 14 per cent of the total number of migrants globally. Furthermore, in 2009, approximately 1.1 million people over the age of 60 were living as refugees or internally displaced persons worldwide making up 5 per cent of the population of concern to the United Nations High Commissioner for Refugees in 2000.<sup>41</sup> In some areas they comprise more than 30 per cent of caseloads.

Although older persons are less likely than young adults to move over the course of a year, many older persons migrate in response to changes in life circumstances such as retirement, widowhood or changes in health status. Older persons are also affected when children migrate out of the area, and parents may later move to join children who have settled elsewhere.

Some retirees move to an area with a more pleasant climate and with lower costs of living. Even though the volume of such migration is fairly small in relation to moves for other reasons, the absolute number of migrants is large enough to have a major impact on the destination areas. For instance, in the United States some areas in the south and west of the country have seen a large influx of retirees from further north, and many older persons from Northern Europe have settled in Spain and other southern European countries. Most people who make moves of this type are aged in their late 50s and 60s and are in good health.<sup>42</sup> However, such migrants sometimes live apart from the local society, and when health problems arise later on, international migrants may have difficulty accessing care, given the complex rules that govern cross-border entitlements.<sup>43</sup>

Older persons who move to urban areas within the home country do not face all the problems that international migrants encounter, but they too experience a loss of social networks. A lack of supporting infrastructure in cities, unsafe urban neighbourhoods and inadequate transportation can lead to their being isolated and marginalized.

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<sup>40</sup> Jorgenson, Diane and others (2009). "Why Do Older People in New Zealand Enter Residential Care Rather than Choosing to Remain at Home, and Who Makes that Decision?" *Ageing International*, vol. 34, Nos. 1-2

<sup>41</sup> United Nations High Commissioner for Refugees (2010). *2009 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*, Geneva

<sup>42</sup> Casado-Díaz, Maria Angeles; Claudia Kaiser and Anthony M Warnes (2004). "Northern European retired residents in nine southern European areas: characteristics, motivation and adjustment," *Ageing and Society*; vol. 24, pp. 353-381

<sup>43</sup> Hardhill, Irene, Jacqui Spradbery, Judy Arnold-Boakes and María Luisa Marrugat (2005), "Severe health and social care issues among British migrants who retire to Spain," *Ageing and Society*, vol. 25, No. 5, pp. 769-783

When young adults move away in search of work, older parents may be left living by themselves. Studies in Thailand and Mexico, for instance, show that increases in migration means that many adult children now live far from parents.<sup>44</sup> In 2007, around 30 per cent of older Thais who lived alone did not have any child living in the same province.<sup>45</sup> However, even though migration of children has increased over time in Thailand, there has been little change in the frequency with which parents receive financial help from children. Nearly 90 per cent of older parents received some money from children over the course of a year, with children being the main source of income for over half of older persons. The spread of mobile phone technology to rural areas also means that parents and children can stay in frequent contact. In addition, about half of the older persons who experienced serious illness reported that an absent child had returned to provide care. Since studies like those in Thailand are rare, it is unclear whether results would be similar for other countries. A study of rural areas of Indonesia<sup>46</sup> found a complex mix of situations among parents of migrants. Although many absent children sent money to parents, the amounts were usually very small. There was a stratum of highly vulnerable older persons who needed to rely on charity from others in the community, a situation that entailed social stigma as well as material deprivation. Many elders in this vulnerable group did receive contributions from children, but in amounts insufficient to prevent extreme poverty. Children of poor parents are likely to be poor as well, and neither co-residence nor remittances can be relied upon to provide adequate support for all older persons.

When migration crosses national borders, it may be difficult for older parents and children to remain in contact. Cross-border visits are not always possible, and this can be a hardship for parents who stay behind. For example, during the economic upheaval in Albania after 1990, there was massive out-migration of working-aged youth from rural areas, leaving older persons in a depopulated and increasingly impoverished countryside. Many job-seekers crossed international borders without documentation. Migrant children often sent remittances that enabled their parents to avoid extreme poverty, but when children established a family abroad remittances decreased because of the new family's own needs. Many left-behind parents were deeply ambivalent, wanting their children to succeed but missing them, and mourning the loss of the elders' expected roles as grandparents and as heads of an extended family. Some older persons were left without social support and worried about what would become of them if they fell ill.<sup>47</sup>

In other cases, older persons may be able to join migrant children in the country where they have settled. However, older persons who move for this reason frequently face obstacles in

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<sup>44</sup> Knodel, John, Jiraporn Kespickayawattana, Suvinee Wiwatwanich, and Chanpen Saengtienchai (UNFPA Thailand) 2007 *Migration and Intergenerational Solidarity: Evidence from rural Thailand*. Papers in Population Ageing No 2.; and Kanaiaupuni, Shawn (2000). *Leaving parents behind: migration and elderly living arrangement in Mexico*. University of Wisconsin-Madison: Center for Demography and Ecology. CDE Working paper No. 99-16

<sup>45</sup> Knodel, John (2009). "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand," paper presented at the United Nations Population Fund (UNFPA), Northwestern University, the United Nations Programme on Ageing, and the Doha International Institute for Family Studies and Development Seminar on Family Support Networks and Population Ageing, Doha, Qatar, 3-4 June 2009

<sup>46</sup> Kreager, Philip (2006). "Migration, social structure and old-age support networks: a comparison of three Indonesian communities", *Ageing and Society*, vol. 26, pp. 37-60, Cambridge University Press

<sup>47</sup> King, Russell and Julie Vullnetari (2006), "Orphan pensioners and migrating grandparents: the impact of mass migration on older people in rural Albania," *Ageing and Society*, vol. 26, pp. 783-816, Cambridge University Press

adjusting to life in an unfamiliar land. Often they do not know the local language, they tend to live in a socially circumscribed world and face exclusion from social services and medical care. Health and welfare facilities often lack interpreters, and older immigrants may encounter uncomprehending and unsympathetic reactions from service staff.<sup>48</sup> For example, older Chinese migrants living in the United Kingdom were found to face social exclusion due to language barriers, unfamiliarity with social and public services and lack of knowledge of their rights. They tended to have poor mental and physical health and a poor self-image.<sup>49</sup> Family relationships in the new setting may also be strained.<sup>50</sup> In addition, older persons who move across national borders often have limited rights to social security in the destination country, depending upon where they came from and whether they moved as workers or as retirees and their resident status according to the laws of the receiving country.<sup>51</sup>

### *Older persons in emergency situations*

The United Nations High Commissioner for Refugees (UNHCR) has estimated that older persons make up 8.5 per cent of the world's refugee population, which is comparable to their share of the world's population as a whole. In some areas they comprise more than 30 per cent of caseloads.<sup>52</sup> In 2005, approximately 2.7 million people over the age of 60 were living as refugees or internally displaced persons.<sup>53</sup>

A cursory review of recent emergency situations for which data is available suggests that such situations put older persons at significantly high risk of injury and death than the adult population. Of the estimated 1,330 people who died in the United States in the wake of Hurricane Katrina in 2005, most were older persons. In the state of Louisiana, 71 per cent of those who died were older than 60 years.<sup>54</sup> In Indonesia, mortality from the 2004 tsunami was highest among young children and older adults. Older persons accounted for most of the tens of thousands of excess deaths in Europe during the 2003 heat wave. In France, which was especially hard-hit, 70 per cent of the deaths were of people aged over 75 years.<sup>55</sup> When an earthquake struck Kobe, Japan in 1995, over half the immediate casualties were among older persons, and older persons accounted for 90 per cent of subsequent deaths.<sup>56</sup> Health problems including chronic diseases and disabilities increase the risk of injury and death during emergencies.

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<sup>48</sup> Warnes, Anthony M., Klaus Friedrich, Leonie Kellaher and Sandra Torres (2004). "The diversity and welfare of older migrants in Europe," *Ageing and Society*, vol. 24, pp. 307–326

<sup>49</sup> Yu, Wai Kam (2000). *Chinese Older People: A Need for Social Inclusion in Two Communities*. Bristol UK: The Policy Press

<sup>50</sup> Warnes, Anthony M., Klaus Friedrich, Leonie Kellaher and Sandra Torres (2004). "The diversity and welfare of older migrants in Europe," *Ageing and Society*, vol. 24, pp. 307–326

<sup>51</sup> Dwyer, Peter; Papadimitriou, Dimitris (2006), "The social security rights of older international migrants in the European Union. *Journal of Ethnic & Migration Studies*, Vol. 32, No. 8, pp. 1301-1319

<sup>52</sup> United Nations High Commissioner for Refugees (2000). *Older refugees: looking beyond the international year of older persons*. Geneva: UNHCR, Standing Committee Document: EC750/SC/CRP.8

<sup>53</sup> HelpAge International (2006). Neglect in emergencies. *Ageing and Development*, 2006

<sup>54</sup> AARP (2006). *We can do better: Lessons learned from protecting older persons in disasters*. Washington: AARP Public Policy Institute

<sup>55</sup> International Red Cross and Red Crescent Societies (2004). *World disaster report 2004: focus on community resiliency*. Bloomfield: Kumarian Press

<sup>56</sup> World Health Organization (2008a). *Older Persons in Emergencies: An Active Ageing Perspective*, Geneva

Chronic conditions and impairments as well as living alone are additional risk factors for older persons in emergency situation. Furthermore, older and disabled persons who live alone are particularly vulnerable, since they are likely to need assistance but may be overlooked. In some cases emergency responders have lacked guidelines for evacuating for older persons with limited mobility, such as residents of nursing homes. Older persons also frequently fare poorly after the immediate crisis has passed. Assistive devices and medicines may have been lost, emergency shelters sometimes have physical barriers such as stairs, and the shelters sometimes provide poor access to water and sanitary facilities. Evacuees may need to stand in queues for long periods to obtain food or other assistance. Forms that need to be filled out to request compensation and benefits can be impossible for uneducated older persons to complete.<sup>57</sup>

Older persons' needs in disasters and conflicts have typically been addressed only through broader adult health and humanitarian programmes that were developed without explicit attention to the political, economic, and social marginalization of older men and women.<sup>58</sup> There are some exceptions – for instance some NGOs, including HelpAge International, targeted assistance at older persons following the 2010 earthquake in Haiti, and a review of responses to 16 emergencies found that there had been an emphasis on relocating at-risk older persons to safe shelters in several instances, including natural disasters in Canada, Cuba and Japan and population displacement due to conflict in Lebanon.<sup>59</sup> Assessment of older persons' capacity during emergencies and development of their capacity are the starting point for policy intervention in this area. WHO and UNHCR, among others, have developed policy recommendations, drawing on national plans and strategies as well as examples of good policy practices that target older persons during emergencies.<sup>60</sup>

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<sup>57</sup> World Health Organization (2008a). *Older Persons in Emergencies: An Active Ageing Perspective*, Geneva

<sup>58</sup> AARP (2006). *We can do better: Lessons learned from protecting older persons in disasters*. Washington: AARP Public Policy Institute

<sup>59</sup> World Health Organization (2008a). *Older Persons in Emergencies: An Active Ageing Perspective*, Geneva

<sup>60</sup> World Health Organization (2008b). *Older People in Emergencies: Considerations for action and policy development*, Geneva; Public Health Agency of Canada (2008). *Building a Global Framework to Address the Needs and Contributions of Older People in Emergencies*, Ottawa; HelpAge International, *Older people in disasters and humanitarian crises: Guidelines for best practice*, London; UNHCR (2000). *Policy on Older Refugees* (as endorsed at the 17th Meeting of the Standing Committee) February/March 2000, EC/50/SC/CRP.13

## II. ECONOMIC STATUS, LABOUR FORCE PARTICIPATION, INCOME AND SECURITY

### *Labour force participation of older persons*

For many older people employment provides the income needed to escape extreme poverty. Accomplishments from work can also be a source of individual satisfaction and social esteem.

Worldwide in 2008, approximately 30 per cent of men and 12 per cent of women aged 65 or over were economically active. This compares to activity rates at the peak ages of labour force participation (ages 24-54) of 95 per cent for men and 67 per cent for women. Women's labour force participation is typically lower than men's at all ages, primarily because more of women's time is devoted to maintaining the household and caring for children and other dependents. In addition, in some cases women's non-household work may be under-counted in censuses and surveys, especially when women work on a family farm or in a small family business.

Table 2. Labour force participation rates, by sex, age-group and region, 2008

Region	Age group					
	25-54		55-64		65+	
	Men	Women	Men	Women	Men	Women
World	95	67	74	40	30	12
More developed regions	92	78	65	46	15	8
Less developed region	96	64	77	38	37	14
Africa	95	63	84	51	53	28
Asia	96	64	76	37	34	11
Europe	91	80	58	39	9	5
Latin America and Carib	94	64	78	40	47	19
Northern America	91	76	70	59	21	13
Oceania	90	75	70	53	18	8

*Source:* Calculated from International Labour Office, Economically Active Population Estimates and Projections, 5<sup>th</sup> edition, 2009 revision, and Key Indicators of the Labour Market (accessed 11 May 2010).

Labour force participation declines more rapidly with advancing age in the more developed than in the less developed regions. For men, there are only small differences by region in rates of participation at the peak ages of 25-54 years. However, by ages 65 or over only 15 per cent of men in the more developed regions are economically active, compared to 37 per cent of those in the less developed regions. Male participation rates at the older working ages (55-64 years) are also higher in less developed regions (77 per cent) than in the more developed regions (65 per cent). For women, labour force participation in the peak ages is higher in the more

developed regions (78 per cent) than in the less developed regions (64 per cent), but at ages 65 or over the rates are again lower in the more developed regions (8 per cent) than in the less developed regions (14 per cent). Africa is the region with the highest rates of participation at ages 65 or over (53 per cent and 28 per cent for men and women, respectively), followed by Latin America and the Caribbean (47 per cent and 19 per cent).

Trends in labour force participation differ by gender. Women's participation in the formal labour force has been rising in most countries. In absolute terms the increases are largest at ages below 65 years, but in most regions women's labour force participation has also risen at ages 65 or over. The increase at those ages was largest in Latin America and the Caribbean, where 19 per cent of older women were in the labour force in 2008, nearly double the 10 per cent in 1980.

In contrast to the trends for women, men's participation at ages 55-64 and 65 or over declined significantly between the 1970s and the mid-1990s in most developed countries, especially in Europe. In many of those countries, the decline reversed after the mid-1990s, particularly at ages 55-64. Men's participation at ages 65 or over has also rebounded in some European countries, and there have also been notable recent increases for men aged 65 or over in New Zealand and the United States. However, in most cases older men's labour force participation remains substantially below the levels of 1970.<sup>61</sup> In developing countries, on average there has been only a small downward trend in men's labour force participation at ages 55-64 years but in many cases a significant decline at ages 65 or over. Latin America and the Caribbean provides an exception: the participation rate for men aged 65 or over increased by 5 percentage points between 1980 and 2008.

Many factors influence labour force participation at the older ages. Economic conditions and retirement policies both play an important role. Declines in health status and physical strength are an important reason that rates of economic activity decline with age. Trends for older women reflect, in addition, broader economic and social changes that have brought more women of all ages into the workplace.

#### *Working conditions of older persons*

Older workers are more likely than their younger counterparts to work in agricultural and informal-sector jobs, and to work part time. Agriculture remains a mainstay of employment for older persons in most developing countries, especially in Africa and Asia, where most older people live in rural areas. Studies in several Asian countries in the 1990s found that over half of older workers were engaged in agriculture, for instance.<sup>62</sup> In more developed countries, older workers are also over-represented in agricultural employment.<sup>63</sup> This often involves work on a small family farm, since, as of the mid-2000s, people aged 65 or over were the proprietors of a considerable amount of small agricultural holdings in some European countries.<sup>64</sup> At the same

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<sup>61</sup> OECD (2006), *Live Longer, Work Longer*

<sup>62</sup> Kinsella, Kevin and Wan He (2009). *An Aging world: 2008*. Washington, DC: US Census Bureau

<sup>63</sup> Eurofound (2007). *Part-time Work in Europe*. Accessed 17 March 2010:

<http://www.eurofound.europa.eu/ewco/reports/TN0403TR01/TN0403TR01.pdf>

<sup>64</sup> Kinsella, Kevin and Wan He (2009). *An Aging world: 2008*. Washington, DC: US Census Bureau

time, in developed countries there is a tendency for highly skilled workers to retire later than the low-skilled, and within Europe older workers are over-represented not just in agriculture, but also in the expanding fields of education, health and social work.

Part-time work can provide a transition to retirement for older workers. However, accepting part-time work often involves trade-offs between job flexibility, on the one hand, and employment security and benefits, on the other. Part-time work often comes with weaker job tenure, lower wage rates and fewer opportunities for training and advancement. In addition, depending on national regulations, working beyond the official pensionable age may mean foregoing some social security and pension benefits. On average, in 15 European countries surveyed in 2002, 37 per cent of working women aged 60-64 were employed part-time, as were 63 per cent of those aged 65 or over. Rates of part-time work were lower for men but also increased with advancing age, to 45 per cent among those aged 65 or over.<sup>65</sup> Older workers are also more likely to be working part-time in New Zealand and the United States, and higher levels of part-time work by older women than men have been reported in some Asian countries.<sup>66</sup>

In developing countries, often the only employment available to older persons is in the informal sector, which typically implies a lack of retirement benefits, relatively low pay, insecure job tenure and limited opportunities for advancement. For instance, a study in Thailand<sup>67</sup> found that 90 per cent of workers aged 60 or over were in informal jobs, as were over half of older workers in Moldova.

#### *Age discrimination in employment*

Older people often face discrimination in hiring, promotion and access to job-related training. A review by the Organization for Economic Co-operation and Development (OECD) found evidence in nearly all the countries studied that most employers held stereotypical views about older workers' strengths and weaknesses. The review also found that employers' negative perceptions about older workers' abilities and productivity affect decisions about hiring and retention.<sup>68</sup>

A growing number of countries are adopting laws to combat discrimination against older workers. A recent ILO review found that some form of legislation against age discrimination in employment exists in approximately 50 countries around the world. In addition, Ecuador, Eritrea, Mexico and South Africa have provisions in their constitution that address age or age equality.<sup>69</sup> Members of the European Union have adopted legislation in conformity with a 2000 European Union directive on equal treatment in employment and occupation.

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<sup>65</sup> Eurofound (2007). *Part-time Work in Europe*. Accessed 17 March 2010:

<http://www.eurofound.europa.eu/ewco/reports/TN0403TR01/TN0403TR01.pdf>

<sup>66</sup> Kinsella, Kevin and Wan He (2009). *An Aging world: 2008*. Washington, DC: US Census Bureau

<sup>67</sup> Fujioka, Rika and Sapon Thangphet (2009). *Decent work for older persons in Thailand*. ILO Asia-Pacific Working Paper Series. Bangkok: ILO

<sup>68</sup> OECD (2006), *Live Longer, Work Longer*

<sup>69</sup> Gosheh, N. (2008). "Age discrimination and older workers: theory and legislation in comparative context," Conditions of Work and Employment Series No. 20. Geneva: ILO

Anti-discrimination laws vary in their specifics, and retirement may still be mandatory at the official pensionable age.<sup>70</sup> It is difficult to assess the effectiveness of the legislation in combating age discrimination. Effective means of publicizing the law and monitoring and enforcing compliance are also needed if laws are to have an impact. Efforts to combat negative stereotypes held by employers may also have an effect, and some countries have implemented informational campaigns in this regard.<sup>71</sup>

### *Retirement*

Most countries have a statutory retirement age at which workers covered by the system are entitled to receive pension and other retirement benefits. As of 2009, the statutory retirement age varied among countries from 50 years to 67 years, with ages tending to be lower in developing than in developed countries.<sup>72</sup> Workers who retire earlier than the specified age often can claim a reduced benefit. However, as discussed below, only a minority of workers in most developing countries are employed in jobs that entitle them to a pension, and the official retirement age is thus not relevant for most developing-country workers. In the absence of retirement benefits many older people need to work as long as they are physically able. There is a strong inverse relationship between labour force participation at older ages and the proportion of the older population receiving a pension, which is itself linked strongly to national levels of development.<sup>73</sup>

Out of 173 countries for which the information is available, the age to receive a full pension is the same for men and women in 111 countries (64 per cent). In 49 countries (36 per cent), the age is lower for women – typically by five years – even though women can expect to live longer than men. This type of arrangement is more common in developed than in developing countries. In recent years, however, there has been a trend to reduce or eliminate the different treatment of the sexes, with changes often phasing in over a period of years.<sup>74</sup>

Many countries have taken steps in recent years to increase the statutory pensionable age. In OECD countries, this follows an earlier period in which many countries lowered the age. For men, the pensionable age in OECD countries declined by 2.5 years between 1958 and 2000, to around 62 years on average. Then, between 2000 and 2009, the average pensionable age increased by 2 years, with further increases already planned in some countries.<sup>75</sup>

Furthermore, in most developed countries – with some exceptions such as Japan – the effective actual age of retirement is below the statutory retirement age. As of 2001, the average

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<sup>70</sup> Ibid. and OECD (2006), *Live Longer, Work Longer*

<sup>71</sup> OECD (2006), *Live Longer, Work Longer*

<sup>72</sup> United Nations (2009), *Population Ageing and Development 2009*, wall chart, note: figures in the wall chart were updated as of Sept. 2009 based on various issues of *Social Security Around the World*, and monthly updates, from the U.S. Social Security Administration, and UN (2009). *World Population Ageing 2009*. New York: United Nations

<sup>73</sup> International Labour Office (2010). *World Social Security Report 2010/11, Providing Coverage in Times of Crisis and Beyond*, pp. 52ff. Geneva

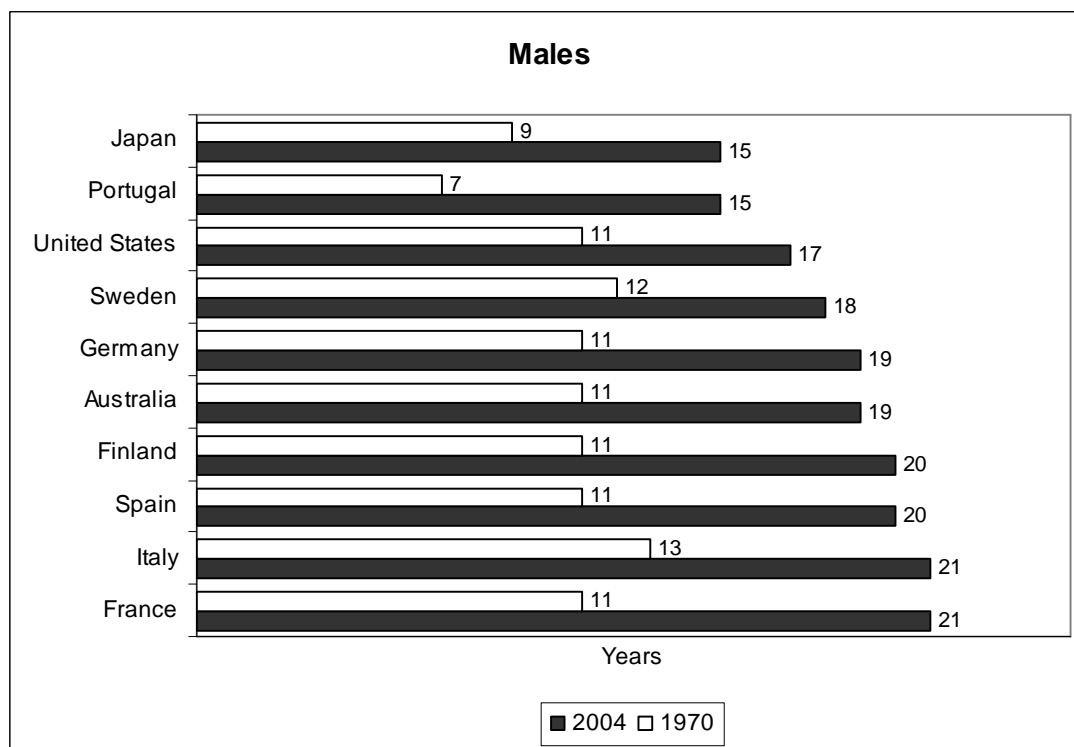
<sup>74</sup> UN (2009). *World Population Ageing 2009*. New York: United Nations

<sup>75</sup> D'Addio, Anna and Edward Whitehouse (2009). *Pensions at a glance*, media briefing note. Paris: OECD. [file PensionsGlance4pp.pdf]



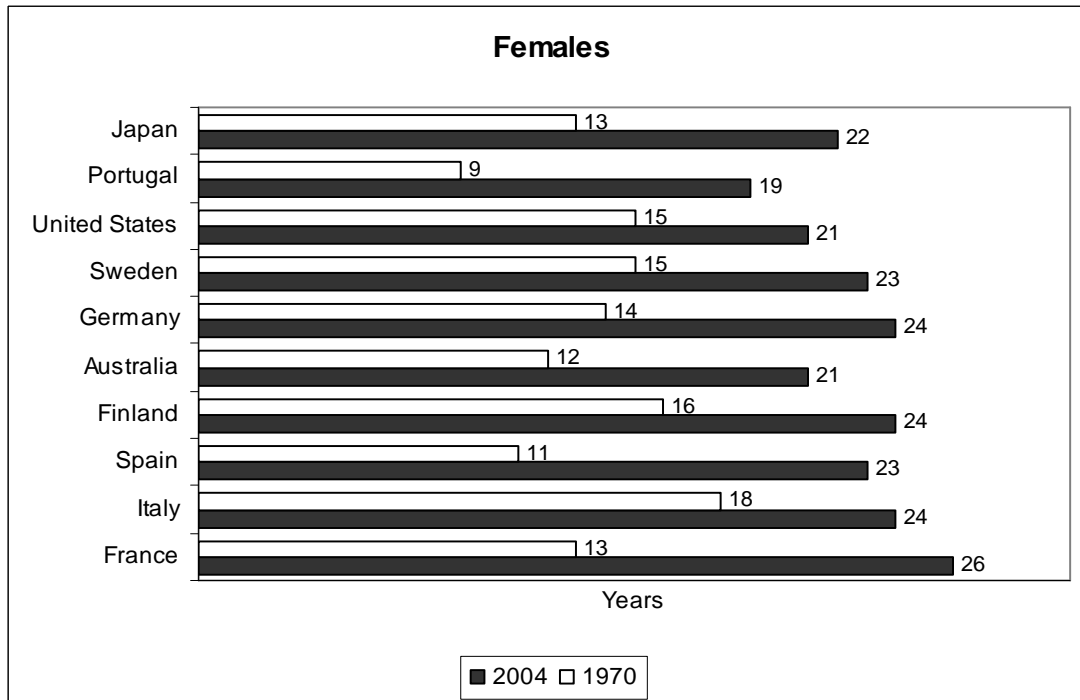
effective age of retirement in the EU-25 was estimated to be 60 years.<sup>76</sup> In addition, women in OECD countries on average withdraw from the labour force about two years earlier than men. Lower official retirement ages for women contribute to their earlier retirement in some countries. There is also a tendency for spouses to retire near the same time, which often means an earlier retirement age for women, since they usually are younger than the husband.<sup>77</sup>

Figure 6. Life expectancy at retirement in ten countries by sex: 2004 versus 1970



<sup>76</sup> European Commission (2007). *Employment in Europe 2007*. Brussels: European Communities, p.9

<sup>77</sup> OECD (2006), *Live Longer, Work Longer*



Source: Kinsella and He (2009), *An Aging World 2008*, p. 115

For workers with pension coverage, rules governing pension entitlement have a strong effect on timing of withdrawal from the labour force. In some cases, older workers are pushed out of the labour force by mandatory retirement ages. Other “push” factors include negative attitudes on the part of employers towards hiring older workers, obsolescence of older workers’ skills, limited access to opportunities for retraining, and inflexible job rules that make it difficult to change working hours. In some situations, employers may perceive a financial advantage to replacing senior workers with younger ones, who can be paid less.<sup>78</sup> In addition to the push factors, there may also be implicit financial incentives to retire at the official retirement age, or indeed before it. Long-term disability, sickness and employment benefits have played a role in facilitating early retirement in some countries.<sup>79</sup>

Opinion surveys in Europe indicate that, while a majority of retirees are happy to retire when they do, a substantial minority might choose to work longer if they had the chance. One survey conducted in the 1990s asked retirees in 12 European countries whether, at the time they retired, they would have preferred to continue working either full- or part-time. Around 40 per cent said they might have chosen to continue, and over half said so in Greece, Italy and Portugal.<sup>80</sup>

<sup>78</sup> Ibid

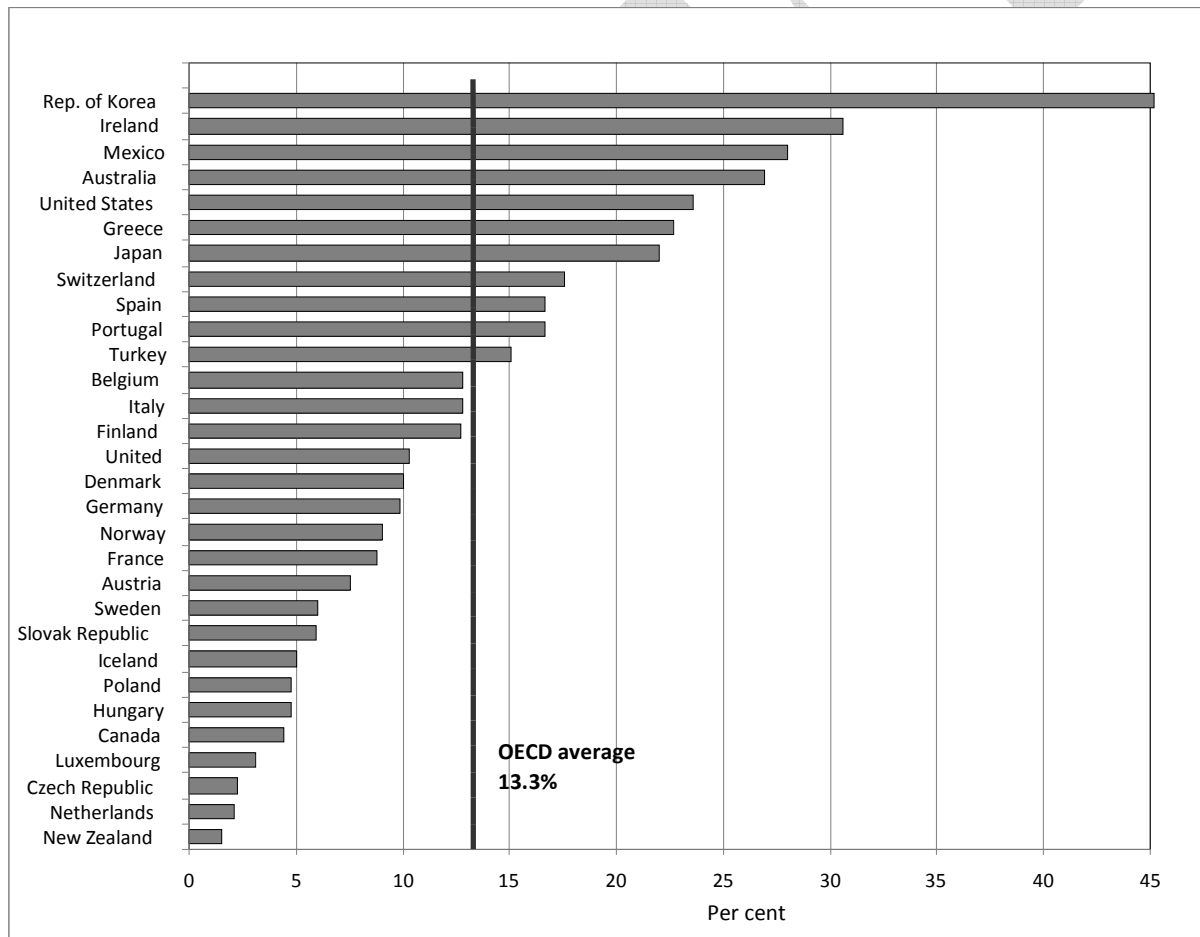
<sup>79</sup> Wise, David A. and Gruber, Jonathan., eds (2004). *Social Security and Retirement Around the World*. Chicago: University of Chicago Press and OECD (2006), *Live Longer, Work Longer*

<sup>80</sup> Walker, Alan and Tony Maltby (1997). *Ageing Europe*. Buckingham, UK: Open University Press

### Poverty and income security in old age

In OECD countries an average of 13.3 per cent of persons aged over 65 are poor, as compared to 10.6 per cent of the general population, according to data for the mid-2000s (OECD, 2009). In that assessment, persons classified as being poor are those with incomes, net of taxes and benefits, below half the national median income. Among the OECD countries, the old-age poverty rate is above 20 per cent in Australia, Greece, Ireland, Japan, Mexico, the Republic of Korea and the United States. Also, in several countries, including Australia, Greece and Ireland, the incidence of poverty among older persons is over 10 percentage points higher than the population average, and in the Republic of Korea it is 30 percentage points higher. However, in 11 out of 30 OECD countries, poverty rates for the older population are below the national average.

Figure 7. Old-age income poverty rates, mid-2000s  
Percentage of over 65s with incomes of less than half median equivalised population incomes



Source: OECD Income Distribution Database, see OECD (2008), *Growing Unequal?*, Table 5.3

The level and coverage of benefits provided by old-age “safety net” programmes have a large effect on old-age poverty rates in OECD countries. Relatively high safety-net benefits lead to a relatively low risk of poverty for older people in Canada, Luxembourg, the Netherlands and New Zealand, for example. However, safety-net benefits are worth only a little over half of the OECD poverty threshold in Japan and the United States and only about one third of the threshold in Greece.<sup>81</sup> Another factor affecting the risk of relative poverty in old age is the timing and pace of economic development. In rapidly developing countries such as the Republic of Korea, the generational gap in incomes tends to be especially large, and older people often have little or no accumulated wealth or pension entitlements to fall back on.

In most OECD countries, older women are more likely to be poor than are older men. On average, 15 per cent of older women and 11 per cent of older men are poor, as compared to an average of 10 per cent of women and 9 of men in the working ages. Older women often receive lower pension entitlements than older men because of women’s lower participation in the formal labour force and their lower earnings when employed. Within the older population, the gender gap in poverty is usually larger among those aged over 75 than among the younger-old, mainly because widowhood is much more common at higher ages. Many widowed women depend on survivors’ benefits from the husband’s pension, and those benefits may be too low to prevent poverty.

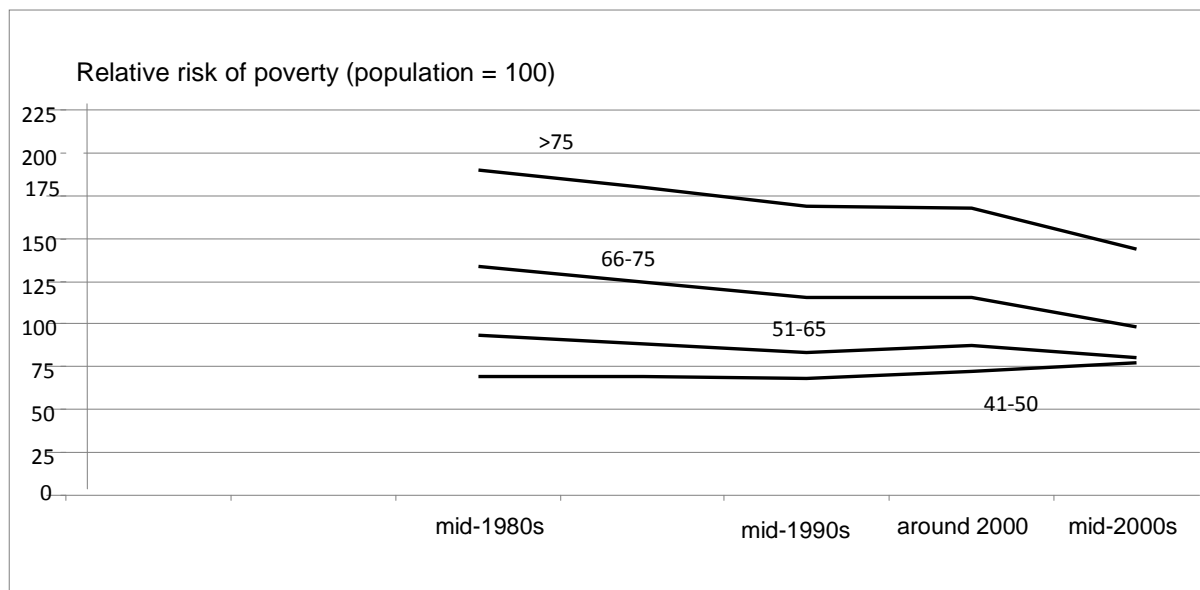
Old-age poverty in OECD countries is also strongly associated with employment and living arrangements. Among persons aged over 65, only 7 per cent are poor, on average, if the household contains a working adult, compared to 17 per cent in households with no worker. Poverty averages 25 per cent among older persons living alone, but only 9 per cent among those living as a couple.

The relative risk of old-age poverty has fallen in OECD countries in the past three decades. In the 1980s, average poverty rates for those aged over 75 years were nearly double those of the general population. Rates for those aged 66-75, while lower than for the oldest group, were also substantially above the population average. By the mid-2000s, however, the older-old had poverty rates around 50 per cent above the national average, and the younger-old had rates that were slightly below that average.

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<sup>81</sup> OECD (2009), *Pensions at a Glance – Retirement-income Systems in OECD countries*

Figure 8. Relative risk of poverty by age: 23 OECD countries, mid-1980s to mid-2000s



Source: OECD income distribution database: see OECD (2008), *Growing Unequal?* Figure 5.5

Due to conceptual and methodological differences in the way poverty is measured, statistics are often not comparable between countries and regions. Additionally, information about income poverty among older persons in developing countries is typically limited. In sub-Saharan Africa, in 9 of 15 low-income countries – including Burkina Faso, Cameroon, Ethiopia, Guinea, Gambia, Kenya, Malawi, Nigeria and Zambia – poverty levels in households that included an older person were significantly above the population average; in the other countries studied the difference was not statistically significant.<sup>82</sup> In Latin America and the Caribbean, however, in only 6 of 18 Latin America and Caribbean countries were poverty rates found to be higher among older persons than in the general population. Old-age poverty ranged from 9 percentage points above the population average, in Jamaica, to 9-14 percentage points below the average, in Brazil, Haiti and Peru.<sup>83</sup> Patterns are also mixed in other regions. In the Middle East and Northern Africa, poverty rates among older persons are lower than those of the general population in Djibouti, Egypt, Jordan, Morocco and Yemen.<sup>84</sup> This is also the case in most parts of India<sup>85</sup> and in Viet Nam<sup>86</sup> but in China and Thailand the poverty rate for older persons is

<sup>82</sup> Kakwani and Subbarao (2005), *Ageing and poverty in Africa and the role of social pensions*, International Poverty Centre Working Group Paper, no.8, Brasilia, UNDP International Poverty Centre

<sup>83</sup> Gasparini, Leonardo, Javier Alejo, Francisco Haimovich, Sergio Olivieri, and Leopoldo Tornarolli (2007), *Poverty among the Elderly in Latin America and the Caribbean*, Background paper for the WESS 2007, United Nations, <http://www.un.org/esa/policy/wess/wess2007files/backgroundpapers/lac.pdf>

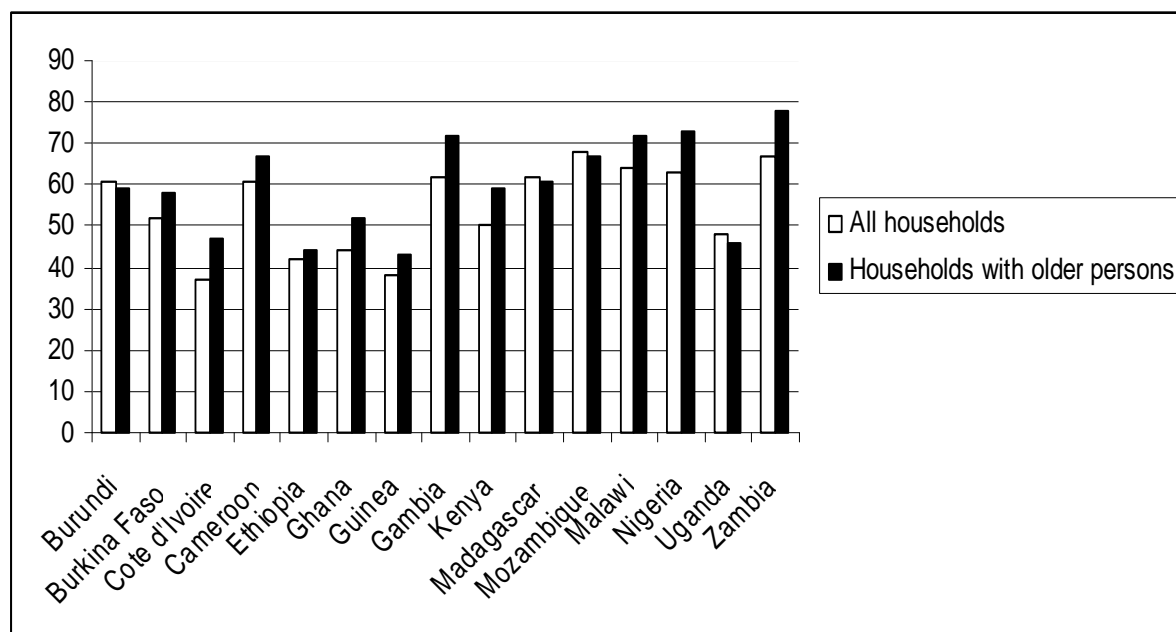
<sup>84</sup> Robalino, David A., Gudivada Venkateswara Rao, and Okeksiy Sluchynsky (2008), *Preventing Poverty among the Elderly in MENA Countries: Role and Optimal Design of Old-Age Subsidies*, World Bank

<sup>85</sup> Palacios, Robert and Sarmistha Pal (2008). Understanding poverty among the elderly in India: implications for social pension policy, Discussion Paper No. 3431, Institute for the Study of Labor, Bonn, Germany

<sup>86</sup> UNDP Viet Nam (2008), *The Relationship between Old Age and Poverty in Viet Nam*

above the national average.<sup>87</sup> In addition, in China older women are more likely than older men to be poor, and poverty rates rise sharply with age among the older population. The incidence of old-age poverty is also substantially higher in rural than in urban areas.

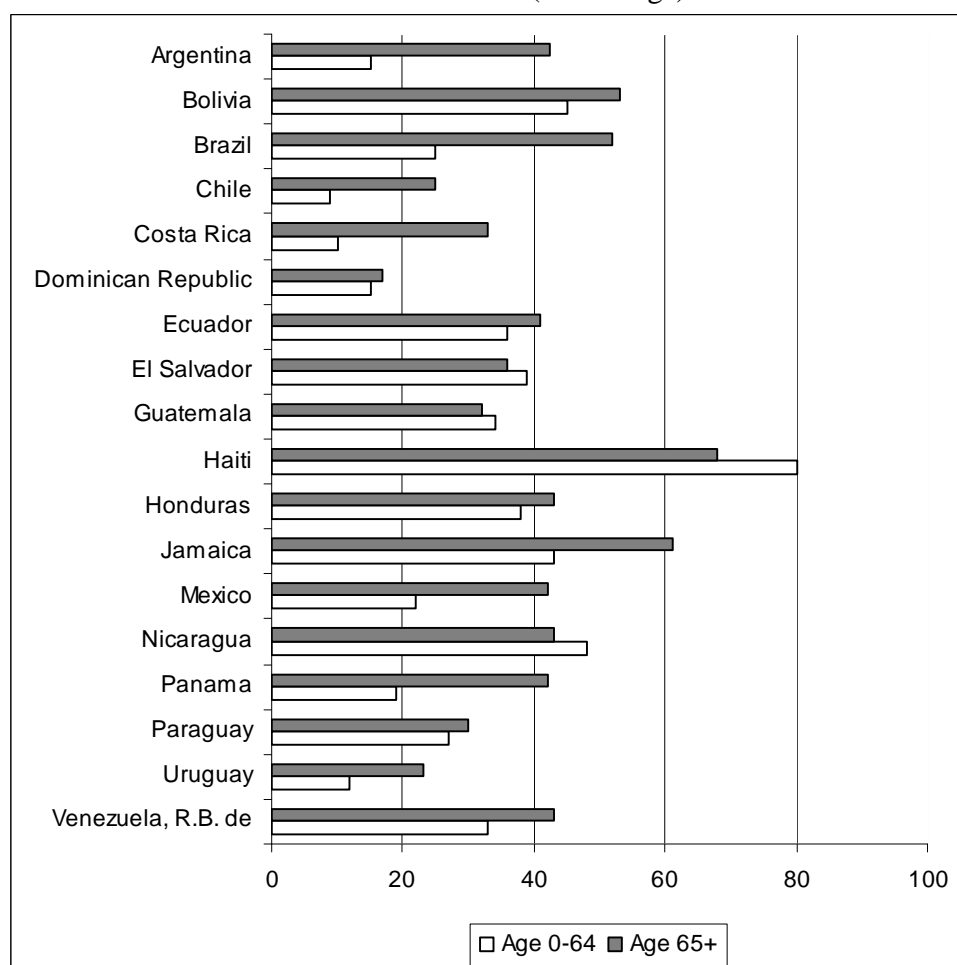
Figure 9. Old age poverty rates, selected African countries, around 2000  
(Percentage)



Source: Kakwani and Subbarao (2005), *Ageing and poverty in Africa and the role of social pensions*, International Poverty Centre Working Group Paper, no.8, Brasilia, UNDP International Poverty Centre, p.10

<sup>87</sup> Rika Fujioka and Sopon Thangphet (2009 ILO Asia-Pacific Working Paper Series), *Decent work for older persons in Thailand* and UNFPA China (2007), *Demographic Change in China: Ageing of the World's Largest Population*

Figure 10. Old-age poverty rates in Latin America and the Caribbean (2001-2005)  
(Percentage)



Source: Holzmann, Robert, David A. Robalino and Noriyuki Takayama, eds. (2009). *Closing the Coverage Gap: The Role of Social Pensions and Other Retirement Income Transfers*. Washington, D.C.: The World Bank, p.44

Gaps in information about old-age poverty are partly due to the infrequency with which poverty measures are disaggregated by age and gender. It should be noted, though, that income poverty is generally assessed from data gathered at the household level and, to derive age- and gender-disaggregated measures, analysts assume that resources are shared equitably between younger and older household members. Different data-collection methods are needed in order to tell whether, or how often, older persons' needs may be given a lower priority in spending within households.

#### *Sources of income*

In a majority of OECD countries, public transfers account for over half of disposable income among people aged over 65 years. This includes earnings-related pensions provided through the public sector as well as basic, resource-tested and minimum income programmes.

Public programmes contribute, on average, a little over 60 per cent of older people's income in OECD countries. Earnings from work contribute around 20 per cent of older people's income in these countries, on average, and other sources, including private pension schemes and investments, contribute nearly 20 per cent. However, sources of income differ by country. Although public sector transfers account for over 80 per cent of older people's net income in Belgium, France, Hungary and Slovakia, they make up only about 15 per cent of income in Finland and the Republic of Korea, and a little over one third in the United States. In the case of the Republic of Korea, public transfers are relatively low because the public pension scheme was established only in 1988, so that many of older people today have no entitlement or only a low one; in Finland, on the other hand, the mandatory occupational plans cover most retirees but are operated by the private sector. Private-sector pensions and investments contribute around three quarters of older people's income in Finland but under 10 per cent in many other OECD countries. Earnings from work account for under 10 per cent of older people's income in France, the Netherlands and Sweden but around one third in the United States, over 40 per cent in Japan, and almost 60 per cent in the Republic of Korea.

Older persons enjoy a net income from all sources of around 80 per cent of the average population income in OECD countries. Trends in this regard are mixed: incomes of older persons increased relative to the national average income in 9 of 20 OECD countries with trend data available between the mid-1980s and the mid-2000s.



Table 3. Old age disposable income by source of income, OECD countries, mid-2000s

	Public transfers	Work	Private pensions/savings
Finland	15	11	74
Rep. of Korea	15	59	26
United States	36	34	30
Canada	41	18	42
Australia	44	20	36
Netherlands	48	10	42
Japan	48	44	7
United Kingdom	49	12	39
Ireland	53	21	26
Denmark	56	12	32
Norway	59	12	29
Iceland	59	31	10
New Zealand	64	15	21
Portugal	66	29	5
Greece	66	26	8
Sweden	69	10	21
Spain	70	24	5
Italy	72	24	4
Germany	73	12	15
Czech Republic	75	25	0
Poland	79	20	1
Luxembourg	79	12	9
Austria	79	19	2
Belgium	81	12	7
Slovak Republic	82	17	1
France	85	6	8
Hungary	86	12	3

Source: OECD (2009), *Pensions at a Glance – Retirement-income Systems in OECD countries*

Given the weight of public benefits in older persons' income mix, it is not surprising that poverty rates in OECD countries would be much higher in the absence of public pensions. This is also the case in some middle-income countries that have achieved high coverage of their pension systems.

In Latin America and the Caribbean, coverage and generosity of the pension system are key determinants of the incidence of poverty among older people and of whether poverty rates are higher than those of the general population.<sup>88</sup> Data for urban areas of 12 of the region's

<sup>88</sup> Gasparini, Leonardo, Javier Alejo, Francisco Haimovich, Sergio Olivieri, and Leopoldo Tornarolli (2007), *Poverty among the Elderly in Latin America and the Caribbean*, Background paper for the WESS 2007, United Nations, <http://www.un.org/esa/policy/wess/wess2007files/backgroundpapers/lac.pdf> and Barrientos, Armando

countries around 2005 showed that in all but 3 of them (Argentina, Brazil and Uruguay) at least 30 per cent of persons aged 60 years or over had no income from either pensions or work, and in Colombia, the Dominican Republic and El Salvador the proportion was over half.<sup>89</sup>

### *Consumption*

Older people tend to spend a higher share of their incomes on housing, social services and energy compared with younger age groups. In developing countries, average per capita levels of consumption spending for older persons tend to be approximately the same as or a little lower than the levels for younger adults. In some of the more developed countries, private consumption spending tends to decrease following retirement.<sup>90</sup> However, if the value of public spending on health, long-term care and other social services is taken into account, per capita consumption tends to rise at advanced ages in the more affluent countries, especially at ages 80 and above.<sup>91</sup>

### *Pension systems and coverage*

Globally, fewer than 20 per cent of older persons are currently covered by public pensions. Furthermore, although nearly 40 per cent of the population of working age lives in countries that have some provisions for old-age pensions, in practice only about 25 per cent of the working-age population is contributing to a pension system or accruing pension rights.<sup>92</sup> Rates of pension coverage tend to increase with countries' levels of per capita income. Moreover, within countries coverage tends to be lower among the less educated, who typically earn less. Workers in the agricultural and the informal sectors of developing countries usually are not enrolled in pension schemes, and countries with large agricultural and informal sectors therefore tend to have low coverage.

Except in OECD countries, the share of the labour force covered by pension systems is low in most cases, averaging 44 per cent in East Asia (including just 20 per cent in China), 34 per cent in the Middle East and Northern Africa, 32 per cent in Latin America and the Caribbean, 13 per cent in South Asia and only 6 per cent in sub-Saharan Africa.<sup>93</sup> Reforms to contributory pension systems in Latin American countries since the 1980s have not led to increased coverage.

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(2006). "Ageing, poverty, and public policy in developing countries: new survey evidence", paper prepared for presentation at the FISS 13th International Research Seminar on Issues in Social Security 'Social Protection in an Ageing World', Sigtuna, Sweden, 16-18 June 2006

<sup>89</sup> CELADE (2010). *El envejecimiento y las personas de edad, indicadores para América Latina y el Caribe*, Separata

<sup>90</sup> United Nations (2007), *World Economic and Social Survey 2007 – Development in an Ageing World*, p. 70

<sup>91</sup> Lee, Ronald and Andrew Mason (2009). "Population aging, old age support systems, and wealth: cross-national comparisons," paper presented at the XXVI IUSSP International Population Conference, Marrakech, Morocco

<sup>92</sup> International Labour Office (2010). *World Social Security Report 2010, Providing Coverage in the Time of Crisis and Beyond*, preliminary version. Geneva and Holzmann, Robert, David A. Robalino and Noriyuki Takayama, eds. (2009). *Closing the Coverage Gap: The Role of Social Pensions and Other Retirement Income Transfers*.

Washington, D.C.: The World Bank

<sup>93</sup> International Labour Office (2010). *World Social Security Report 2010, Providing Coverage in the Time of Crisis and Beyond*, preliminary version. Geneva

Indeed, coverage has declined in some cases as employment in the informal sector has grown.<sup>94</sup> Some Asian countries have made significant efforts to extend coverage to the informal sector. For instance, Sri Lanka has a scheme for farmers and fishers, and India's new pension scheme aims to include informal sector workers.<sup>95</sup> China recently began implementing a subsidized contributory programme for farmers.

In most OECD countries over 90 per cent of the labour force is covered by a contributory pension scheme, and all OECD countries also have general safety nets to provide at least a minimum income in old age. However, the structure of pension systems varies greatly. Most of the countries have a mandatory pension system that covers most workers, with the level of eventual pension benefits being linked to contributions during the working years. Only Ireland and New Zealand have no mandatory contributory system. Contributory pensions are typically supplemented by a resource-tested, basic or minimum public scheme that tends to redistribute income towards older persons who have low incomes from other sources.

Under current pension systems in OECD countries, the net replacement rate – pension benefits relative to earnings when working, net of taxes and other benefits – averages around 70 per cent for a worker with average earnings throughout the working years. However, pension systems are evolving, as Governments try to balance the goal of protecting living standards of older persons with that of ensuring financial sustainability in the face of population ageing. Some countries have recently increased contribution rates for workers (though others reduced those rates), and some are increasing the age of entitlement to a pension, adjusting the level of payments, or making changes designed to discourage early retirement. In making these changes, Governments have usually tried to protect lower-income workers from the risk of poverty once they retire, but in some countries the reforms adopted up to 2009 could result in increased poverty among future retirees.<sup>96</sup>

In response to the limited coverage of the contributory pension system, some developing countries have adopted non-contributory “social” pension schemes to provide a basic income for older persons.<sup>97</sup> In Latin America social pensions are provided in Argentina, Bolivia, Brazil, Chile and Uruguay, and in Africa, in Botswana, Lesotho, Mauritius, Namibia, South Africa and Swaziland. In South Asia they have been introduced in Bangladesh, India and Nepal. The programmes differ in generosity of benefits provided as well as in eligibility criteria. For example, in Bolivia and Lesotho entitlements are universal and coverage is high, while in Bangladesh a cap on the number of transfers available at the local level means that only around 16 per cent of eligible beneficiaries are reached.<sup>98</sup> Social pensions that provide wide coverage and relatively generous benefits, such as those in Brazil, Mauritius and South Africa, can greatly reduce poverty in old age. For example, it is estimated that poverty among older persons in Brazil would be 48 per cent in the absence of its public pension system, as compared to the

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<sup>94</sup> Holzmann, Robert, David A. Robalino and Noriyuki Takayama, eds. (2009). *Closing the Coverage Gap: The Role of Social Pensions and Other Retirement Income Transfers*. Washington, D.C.: The World Bank

<sup>95</sup> International Labour Office (2010). *World Social Security Report 2010, Providing Coverage in the Time of Crisis and Beyond*, preliminary version. Geneva

<sup>96</sup> OECD (2009), *Pensions at a Glance – Retirement-income Systems in OECD countries*

<sup>97</sup> See Report of the Independent Expert on Human Rights and Extreme Poverty, A/HRC/14/31, 18 March 2010.

<sup>98</sup> Holzmann, Robert, David A. Robalino and Noriyuki Takayama, eds. (2009). *Closing the Coverage Gap: The Role of Social Pensions and Other Retirement Income Transfers*. Washington, D.C.: The World Bank

actual rate of about 4 per cent.<sup>99</sup> Even when the amount of the pension would leave some recipients below the poverty line, such pensions reduce the depth of poverty and can lead to improved health and nutrition of everyone in the recipient's household.

Table 4. Social pension schemes in Bolivia, Lesotho and Bangladesh

Feature	Bolivia	Lesotho	Bangladesh
Scheme and year established	BONOSOL, 1996 (succeeded by BONO DIGNIDAD, 2008)	Old-age pension, 2004	Old-age allowance, 1998
Gross national income per capita (PPP 2006 U.S. dollars)	3,810	1,810	1,230
Population	9,400,000	2,000,000	156,000,000
Share of population over age 60 (per cent)	6.9	7.6	5.8
Life expectancy at birth (years)	65.2	42.9	63.7
Target group	Persons older than Age 21 in 1995, on Reaching age 65	Age 70 and older	Persons older than age 57:20 oldest and Poorer in ward
Per cent receiving pension (approximate)	80	93	16
Selection	Cohort universal	Universal	Community Committee
Transfer (U.S. dollars)	230/year (under BONO DIGNIDAD, 320 if no other pension, 160 otherwise)	25/month	2.30/month
Beneficiaries	450,000 (700,000 expected)	70,000	1.3
Budget (per cent of GDP)	1.3	2.4	0.03
Finance	Privatization of fund (plus 30 per cent of Energy tax under BONO DIGNIDAD)	Tax revenues	Tax revenues
Politics (at inception)	Facilitated privatization (scheme extended in 2008 by new government committed to renationalization)	Presidential initiative	Five-year plan

Source: Holzmann, Robalino and Takayama, eds. (2009). *Closing the Coverage Gap:*

<sup>99</sup> Gasparini, Leonardo, Javier Alejo, Francisco Haimovich, Sergio Olivieri, and Leopoldo Tornarolli (2007), *Poverty among the Elderly in Latin America and the Caribbean*, Background paper for the WESS 2007, United Nations, <http://www.un.org/esa/policy/wess/wess2007files/backgroundpapers/lac.pdf>

The Role of Social Pensions and Other Retirement Income Transfers. *Washington, D.C.: The World Bank., Table 5.1*

*Access to financial services and credit*

Although there is no comprehensive source of information about older people's access to credit and other financial services, there are numerous reports of older people being excluded from such services, especially in low- and middle-income countries. In Africa, older women often cannot obtain bank loans or mortgages, and under customary law may be denied secure tenure to property.<sup>100</sup> Evidence from Bangladesh shows that older people are often unable to participate in the micro-credit schemes that have been developed to foster self-employment and income generation. In some cases there are formal age limits for participation. In other cases older people are simply assumed to be unable to repay the loan. Also, there are sometimes physical barriers for older persons' participation in micro-credit schemes, such as required weekly meetings that may be difficult for older persons to attend due to distance and lack of transport.<sup>101</sup>

Older people in developed countries also experience discrimination in accessing financial services. For example, older people in Northern Ireland and in the UK were found to face discrimination in obtaining insurance, especially auto and travel insurance.<sup>102</sup> A recent analysis of EU Member States found that in countries where even younger adults often faced exclusion from financial services<sup>103</sup> – including Hungary, Latvia, Lithuania and Poland – older people tended to fare even worse. Other factors that lead to financial exclusion, including low household income, lack of paid employment and disability, may compound the effects that can be attributed solely to advanced age.<sup>104</sup>

Older people who cannot obtain credit through the normal channels sometimes turn to lenders that charge unaffordably high rates. In addition, older people, even those who could qualify for an affordable loan, are sometimes sought out by unscrupulous lenders offering high-interest loans, as is reported to have happened frequently in the United States during the expansion of mortgage lending during the 1990s and 2000s.<sup>105</sup>

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<sup>100</sup> Nhongo, Tavengwa (2006). "Age Discrimination in Africa," International Federation on Ageing Conference, Copenhagen, 30 May – 2 June

<sup>101</sup> HelpAge, (2008), *Older People and micro-credit: Bangladesh experience*, Resource Integration Centre, Helpage, Bangladesh

<sup>102</sup> Barry Fitzpatrick and Irene Kingston for the Equality Commission for Northern Ireland (2000), *Older People's Access to Financial Services*, Reportage, March 2010, Age Concern, UK

<sup>103</sup> "Financial exclusion refers to a process whereby people encounter difficulties accessing and/or using financial services and products in the mainstream market that are appropriate to their needs and enable them to lead a normal social life in the society in which they belong" (European Commission 2008 –Financial Services Provision and Prevention of Financial Exclusion)

<sup>104</sup> European Commission (2008). *Financial Services Provision and Prevention of Financial Exclusion*; available from <http://ec.europa.eu/social>, financial\_exclusion\_study\_en.pdf

<sup>105</sup> For instance, New York Times (2010). "A foreclosure crisis rooted, the family says, in predatory lending" (8 Jan 2010); National Consumer Law Center (2006), "Helping elderly homeowners victimized by predatory mortgage loans," [http://www.consumerlaw.org/issues/seniors\\_initiative/helping\\_elderly.shtml](http://www.consumerlaw.org/issues/seniors_initiative/helping_elderly.shtml) (accessed 6 June 2010)

## *Intergenerational transfers*

When considering the situation of older persons, the topic of intergenerational support is often framed in terms of support flowing from children to dependent elders, and the extent to which expectations of filial support are fulfilled in practice. In this regard, concern is often expressed that economic development and the social changes that accompany it have undermined traditional systems of family support for older persons.<sup>106</sup> However, survey research generally does not support the notion that development has led to large-scale abandonment of the old by the young. Research in both developed and developing countries generally finds that family ties have been adaptable and resilient in the face of social and economic change and that family members frequently assist one another financially in times of need, even if they are less likely than in the past to live together in the same household.<sup>107</sup> This is not to say that families invariably can or do provide adequate support, of course.

It is also misleading to limit consideration of intergenerational transfers to the situation of older dependents. Many older persons have an adequate income from pensions or employment, and some have savings or other assets that provide them with an income. Indeed, recent research has found that older people, especially the younger-old, are more likely on balance to provide financial support to younger family members than they are to receive it. In both developed and developing countries, the net direction of economic transfers within the family is primarily from older to younger family members. Older parents often provide significant economic help around the time children marry and start a family, for instance, and grandparents may help support the costs of raising and educating grandchildren. However, in some Asian countries, including the Republic of Korea and Thailand, net family transfers do flow towards those 65 or over and those transfers are an important source of support for the older generation. In some other countries, including Mexico, Japan and Costa Rica, persons over age 75 or 80 years receive net transfers from family, while the reverse is true below those ages.<sup>108</sup> In developed countries, the value of public pension and health benefits means that older people are net recipients of financial support

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<sup>106</sup> Knodel, John, "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand," paper presented at the United Nations Population Fund (UNFPA), Northwestern University, the United Nations Programme on Ageing, and the Doha International Institute for Family Studies and Development Seminar on Family Support Networks and Population Ageing, Doha, Qatar, 3-4 June 2009, 2009

<sup>107</sup> Kohli, Martin (2005). "Intergenerational family transfers in Europe – a comparative analysis," Paper for the Research Network on Ageing at the 7th European Sociological Association Conference, Torun, Poland, Sept 9-12, 2005 and Knodel, John, "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand," paper presented at the United Nations Population Fund (UNFPA), Northwestern University, the United Nations Programme on Ageing, and the Doha International Institute for Family Studies and Development Seminar on Family Support Networks and Population Ageing, Doha, Qatar, 3-4 June 2009, 2009 and Bengston, Vern and Norella Putney. 2000. "Who will care for tomorrow's elderly? Consequences of population aging East and West." Chapter 12 in Vern Bengston, Kyong-Dong Kim, George Myers & Ki-soo Eun (eds), *Aging in East and West: Families, States, and the Elderly*, pp. 263-285. New York: Springer and Hermalin, Albert I., ed. (2003). *The Well-Being of the Elderly in Asia: A Four-Country Comparative Study*. Ann Arbor, MI: University of Michigan Press

<sup>108</sup> Lee, R.D. (1997). "Intergenerational relations and the elderly," in Wachter, Kenneth W. and Caleb E. Finch, eds, *Between Zeus and the Salmon*. Washington, D.C.: National Academy Press. pp. 212-244 and Lee, Ronald and Andrew Mason (2009). "Population aging, old age support systems, and wealth: cross-national comparisons," paper presented at the XXVI IUSSP International Population Conference, Marrakech, Morocco and Bravo, Jorge and Mauricio Holz (2009). "National transfer accounts: concepts and some examples from Latin America and Asia," paper presented at the Seminar on Family Support Networks and Population Ageing, 3-4 October 2009, Doha, Qatar

from public and private sources combined, even though support transfers within the family flow mainly from the older towards younger generations (ops. cit. above).

DRAFT

### III. HEALTH AND ACCESS TO HEALTH CARE

Advancing health and well-being into old age is among the priority directions of the Madrid International Plan of Action on Ageing. A high level of health of the population is both a central aim of development and a key promoter of economic growth and development of societies. For older individuals, good health contributes to personal well-being and enables older people to participate actively in the economic, social, cultural and political life of their societies.

#### *Health and survival of older persons*

The twentieth century witnessed an unprecedented decline in mortality. Between 1950 and 2005, people's chances of surviving to old age improved substantially in all world regions, and those who survive to age 60 can also expect to live longer than in years past. It is less clear, however, how many of the additional years of life are being lived in good health.

In the middle of the twentieth century, under half of those born could expect to live to age 60. Currently, at the mortality rates of 2005-2010, three quarters of those born can expect to reach that age (73 per cent of males and 79 per cent of females). Large differences remain between different areas, however, with survival probabilities for both sexes combined ranging from only 55 per cent in Africa to 91 per cent in Northern America. In all regions, survival prospects are better for females than for males (table 16).

Table 5. Probability of surviving to age 60 according to the mortality rates of 1950-1955 and 2005-2010 by sex and major areas (percentage)

	1950-1955		2005-2010	
	Both sexes	Both sexes	Males	Females
World	46	76	73	79
More developed regions	75	88	83	92
Less developed regions	37	74	71	77
Africa	35	55	53	57
Asia	38	78	76	81
Europe	74	85	79	91
Latin America and the Caribbean	54	83	78	87
Northern America	78	91	89	93
Oceania	65	87	85	89

*Source:* United Nations (2009). World Population Prospects: the 2008 Revision.

Women who reach age 60 can expect to live another 21 years, on average, and men another 18 years, given mortality levels of 2005-2010. In 1950-1955, the comparable figures were only 16 years for women and 14 years for men.<sup>109</sup> Life expectancy at age 60 also shows

<sup>109</sup> United Nations, *World Population Prospects: the 2008 Revision*, 2009



significant differences by major area, being lowest in Africa—15 years for men and 17 years for women—and highest in Northern America and Oceania—21 years for men and 25 years for women—(table 17).

Table 6. Life expectancy at age 60 according to mortality rates of 2005-2010, by sex and major area (years)

	Male	Female	Difference
World	18.1	21.2	3.1
More developed regions	19.6	23.7	4.1
Less developed regions	17.3	19.6	2.3
Africa	15.2	17.1	1.9
Asia	17.6	20.3	2.7
Europe	18.3	22.6	4.3
Latin America and the Caribbean	19.5	22.5	3.0
North America	21.2	24.7	3.5
Oceania	21.1	24.6	3.5

Source: United Nations (2009). World Population Prospects: the 2008 Revision.

Success at controlling communicable diseases has led both to lower mortality and also a shift in causes of death. As the proportion of deaths due to communicable diseases declines, non-communicable diseases such as cardiovascular disease, stroke and cancer come to account for a greater proportion of the total.<sup>110</sup> Among older people, non-communicable diseases already account for most deaths and most of the disease burden even in low-income countries. Worldwide in 2004, non-communicable diseases are estimated to have caused 86 per cent of deaths at ages 60 or above, ranging from 77 per cent of deaths in low-income countries to 91 per cent in high-income countries (table 18). Controlling for differences in population age distributions, the burden of non-communicable disease is higher in low- and middle-income countries than in high-income countries, particularly for heart disease and stroke. The burden of vision impairment and hearing loss is also greater in low- and middle-income countries.<sup>111</sup>

<sup>110</sup> E/CN.9/2010/3

<sup>111</sup> WHO, *Global Burden of Disease*, 2004 Update, p. 48

Table 7. Percentage of deaths at ages 60 years or over, by cause, for major income groups, 2004

	World	High-income countries	Middle-income countries	Low-income countries
Total	100	100	100	100
Communicable and nutritional conditions	10	6	7	19
Non-communicable diseases	86	91	89	77
Injuries	4	3	4	4

Source: Calculated from WHO, The Global Burden of Disease, 2004 update, *table A5*.

### *Chronic diseases and impairments*

People living in developing countries not only face lower life expectancies than those in developed countries, but also live a higher proportion of their lives in poor health. At all ages, both moderate and severe levels of impairment are higher in low- and middle-income countries than in high-income countries, and they are higher in Africa than in other low- and middle-income countries. The average global prevalence of moderate and severe impairment is about three times higher among persons aged 60 or over than among those aged 15-59 years. Studies in both developed and developing countries show that women's advantage in life expectancy is accompanied by a greater burden of chronic disease and impairment in old age. Women can expect to live longer and to spend a greater total number of years in good health than can men; however, women spend a greater *proportion* of the older years in poor health.<sup>112</sup>

Hearing loss, vision problems and mental disorders are the most common causes of impairment overall. Chronic diseases such as dementias, chronic obstructive pulmonary disease and cerebrovascular disease are especially common at higher ages. Hearing loss is extremely prevalent and increases with age: WHO estimates that more than 27 per cent of men and 24 per cent of women aged 45 years and over have some degree of hearing loss. Low-income populations tend to have high rates of impairment due to preventable causes such as injuries, and people in those countries often lack access to basic interventions such as eyeglasses, cataract surgery, hearing aids or assistive devices that can keep functional limitations from becoming disabling.<sup>113</sup> Several of these long-term physical, mental, intellectual or sensory impairments, in interaction with various barriers, may constitute a disability and hinder the full and effective participation in society of older persons.

The leading causes of disability among older persons in high-income and lower-income countries include many of the same conditions (table 4), with hearing loss, vision problems, arthritis, ischaemic heart disease and obstructive lung disease being among the most common in both groups of countries. Alzheimer and other dementias rank higher in the list for high-income

<sup>112</sup> Kinsella and He, *An Aging World: 2008, 2009* and United Nations, *World Economic and Social Survey 2007 – Development in an Ageing World*, 2007

<sup>113</sup> WHO, *Global Burden of Disease*, 2004 Update

countries, possibly because those conditions are much more common among the older- than the younger-old, and the richer countries have a relatively high number of people aged over 80 years. Unintentional injuries are among the top ten causes of disability in the older population in the low- and middle-income countries.

Table 8. The ten leading causes of moderate and severe disability among persons aged 60 years or over, in order of importance

High-income countries	Low- and middle-income countries
Hearing loss	Hearing loss
Osteoarthritis	Vision: refractive errors <sup>a</sup>
Vision: refractive errors <sup>a</sup>	Cataracts
Alzheimer and other dementias	Osteoarthritis
Macular degeneration <sup>b</sup>	Macular degeneration <sup>b</sup>
Chronic obstructive pulmonary disease	Ischaemic heart disease
Ischaemic heart disease	Chronic obstructive pulmonary disease
Cerebrovascular disease	Glaucoma
Rheumatoid arthritis	Alzheimer and other dementias
Glaucoma	Unintentional injuries

Source: WHO, The Global Burden of Disease, 2004 update, table 9.

<sup>a</sup> Adjusted for availability of glasses and other corrective devices.

<sup>b</sup> Includes other age-related causes of vision loss apart from glaucoma, cataracts and refractive errors.

The broad conclusions from the WHO's Global Burden of Disease project, summarized above, are increasingly being supplemented by more direct and detailed data from surveys of older persons in developing countries. For instance, the SABE (Health, well-Being and Ageing) study carried out in metropolitan areas of seven Latin American and Caribbean countries in the early 2000s found that at least 20 per cent of people aged 60 or over had limitations in the basic activities of daily living such as bathing and dressing without assistance.<sup>114</sup> Two thirds of the older adults reported having one or more of the major chronic conditions, including hypertension, diabetes, heart disease, cerebrovascular disease, joint problems and chronic pulmonary disease.<sup>115</sup> A survey in Thailand found that more than a third of older persons reported at least one functional limitation.<sup>116</sup> These surveys also found that persons aged over 70 are much more likely than those in their 60s to be disabled, and that women report more problems and poorer health status than do men.

<sup>114</sup> C. Albala and others, Encuesta Salud, Bienestar y Envejecimiento (SABE): metodología de la encuesta y perfil de la población estudiada, *Revista Panamericana de Salud Pública*, vol.17 no.5-6, 2005

<sup>115</sup> Vega, E. (2007), *Health and Aging in Latin America and the Caribbean* in Global Health and Global Aging, Mary Robinson and others, eds

<sup>116</sup> Knodel, John and Napaporn Chayovan, (2008) Population Ageing and the Well-Being of Older Persons in Thailand, Papers in Population Ageing No. 5, UNFPA Thailand and Asia and the Pacific Regional Office, Bangkok

### *Trends in chronic conditions and impairments*

Education is strongly associated with health and mortality in cross-sectional data. This had led to expectation that increases in the average level of education in the population could contribute to prolonging the number of years spent in good health in old age. However, not all trends are favourable. Rising levels of obesity, increased tobacco and alcohol consumption in some populations, the emergence of new infectious diseases, including HIV/AIDS, and the resurgence of old ones such as malaria and tuberculosis, as well as disruption to health care systems and public safety in times of economic or political crisis, all threaten to undercut advances in health, including among older persons. Recent decades have witnessed serious increases in mortality in some countries. Many countries in Eastern Europe and the former USSR experienced rising adult mortality after the 1970s, especially among men, and life expectancy also declined after the early 1990s in the countries hardest hit by HIV/AIDS.<sup>117</sup>

Evidence regarding recent trends in disability is mixed. Recent declines in severe disability as measured by indicators of need for assistance with activities of daily living have been observed in some countries but not in others. A recent OECD review found clear evidence of a decline in disability among older people in only five of the twelve countries studied (Denmark, Finland, Italy, the Netherlands and the United States). In three countries (Belgium, Japan and Sweden) rates of severe disability among older people increased during the previous five to ten years, and two countries (Australia, Canada) reported a stable rate. In France and the United Kingdom, data from different surveys were inconsistent regarding the direction of the trend.<sup>118</sup> The same review found a trend towards an increase in the number of chronic, but not necessarily disabling conditions reported.

Among the health conditions of growing concern for older persons include mental disorders, the threat of HIV and AIDS, and obesity.

#### *Mental health*

Depression is common among older persons, although in developing countries precise data are scarce. Country studies show that a high proportion of older people suffer from depression, loneliness and anxiety.<sup>119</sup> These problems may arise in connection with major life changes such as the death of a spouse or a sudden decline in health. Depression often occurs together with other disorders such as dementia, heart disease, stroke, diabetes or cancer, in which case depression further lowers the quality of life. Although depression often improves with treatment, the condition is often overlooked among the old because of a lack of knowledge among caregivers and health professionals and a belief that it is a normal part of ageing. It is estimated in developed countries that approximately 1-3 per cent of people age over 65 year suffer from severe depression and a further 10 to 15 per cent suffer milder forms. Depression is

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<sup>117</sup> United Nations, *World Population Prospects: the 2008 Revision*, 2009

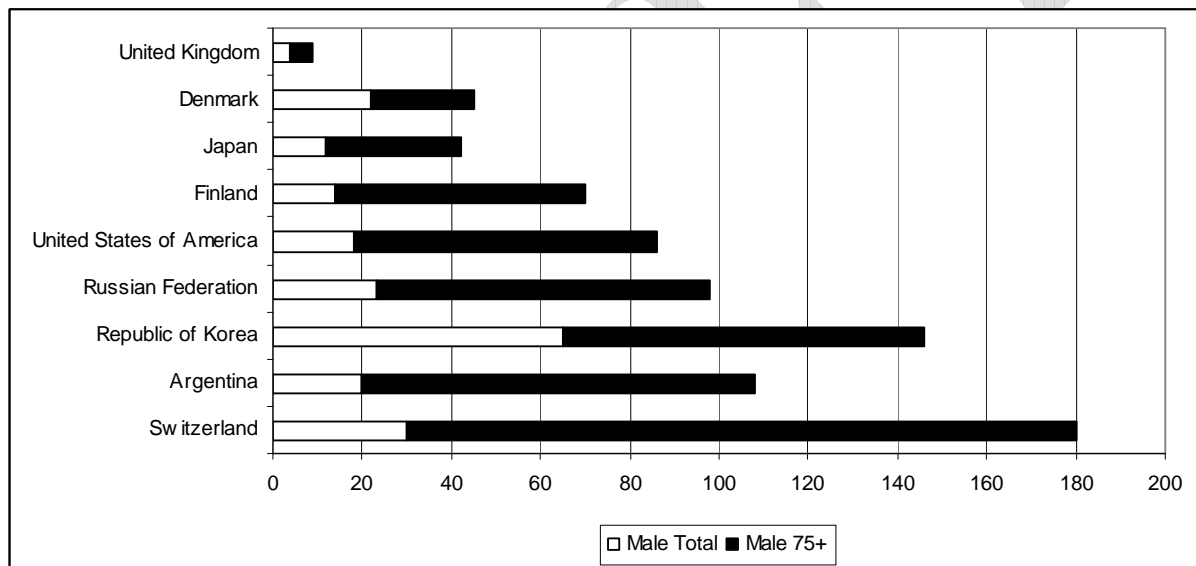
<sup>118</sup> Lafortune, Gaétan and others (2007). "Trends in severe disability among elderly people: assessing the evidence in 12 OECD countries and the future implications". OECD Health Working Papers No. 26, DELSA/HEA/WD/HWP(2007)2. Paris:OECD

<sup>119</sup> Lloyd-Sherlock, P. (2010) *Population Ageing and International Development*

also linked to the rise in suicide rates with advancing age that is seen in many countries, especially among men.<sup>120</sup>

Alzheimer and other dementias cause profound disability and often place a severe burden on caregivers. An estimated 36 million people worldwide are living with dementia in 2010 and the number is projected to nearly double every 20 years.<sup>121</sup> Much of the increase will occur in low- and middle-income countries. People with dementia are often specifically excluded from residential care, and they are sometimes denied admission to hospitals. Awareness of the signs of dementia is limited in many countries, and the signs are often dismissed as a normal part of ageing. One study in the United Kingdom, for example, found that 70 per cent of caregivers were unaware of the symptoms of dementia before diagnosis and 58 per cent of caregivers believed the symptoms were a normal part of ageing.

Figure 11. Suicide Rate per 1000,000, selected countries



Source: WHO Country Reports, access on 12 May 2010 at [http://www.who.int/mental\\_health/prevention/suicide/country\\_reports/en/index.html](http://www.who.int/mental_health/prevention/suicide/country_reports/en/index.html)

### HIV and AIDS

HIV's rising health burden on older persons is another health issue that is often overlooked. UNAIDS has observed that a substantial proportion of people living with HIV and AIDS are aged over 50 years. An estimated 2.8 million people aged 50 and over were living with HIV as of 2006. The Kenya AIDS indicator survey of 2007 showed an HIV prevalence rate for people aged 50-54 of 8 per cent, and in Botswana, 21 per cent people in their early 50s were HIV

<sup>120</sup> Kinsella and He (2009), *An Aging World: 2008*

<sup>121</sup> Alzheimer Disease International (2009), *World Alzheimer Report*

positive in 2005.<sup>122</sup> In Swaziland in 2006-2007, one in four adults aged 50-54 and one in ten adults 60 or over were infected with HIV.<sup>123</sup> HIV prevention, care and treatment programmes the world over pay little attention to older persons out of a misconception that they are at little or no risk. In the United States, research has shown that people aged 50 and over are not generally screened for HIV infection because doctors are less likely to think about this for older persons. Likewise, older people are often left out of assessments of HIV prevalence and risk. For instance, the National Health and Nutrition Examination Survey in the USA does not collect data from people older than 49, although the estimated number of people over age 50 living with HIV/AIDS in that country climbed from 20 to 25 per cent of the total between 2003 and 2006. Women over age 49 and men over age 54 or 59 are rarely included in the HIV screening conducted as part of many recent Demographic and Health Surveys in developing countries.<sup>124</sup>

### *Overweight and obesity*

Many experts worry that rising levels of obesity are undermining prospects for improved health in old age. Levels of obesity typically rise with advancing age, reaching a peak in the late 60s to late 70s, depending on the country.<sup>125</sup> Overweight and obesity lead to increased risks from cardiovascular disease (mainly heart disease and stroke), diabetes, arthritis, and some cancers. Obese people are also more likely to be disabled in carrying out activities of daily living.

The upward trend in overweight and obesity is best documented in the United States and Europe. In the United States, adult obesity rose by 20 percentage points between the early 1970s and 2005-2006.<sup>126</sup> At the latter time, two thirds of adults aged 20 or over were overweight and 35 per cent were obese. In Europe the levels of obesity are not as high but are also increasing at an alarming pace.<sup>127</sup> Among adults aged 50 or over in 10 European countries in 2004, between 59 and 71 per cent of men were overweight or obese, as were 41 to 67 per cent of women. Although combined rates of overweight and obesity were higher for men, in some countries women were more likely than men to be obese.

In developing countries under-nutrition has long been the main nutritional problem. That is still the case in many countries, especially in sub-Saharan Africa and Southern Asia. Recently, however, obesity has also emerged as a serious health problem in developing countries, especially in urban areas. In developing countries under-nutrition may exist side-by-side with growing obesity levels. Inadequate nutrition early in life, followed by exposure to high-fat, energy-dense, micronutrient-poor foods and lack of physical activity later on, yields a high risk

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<sup>122</sup> Helpage International (2008), *Mind the Gap. HIV and AIDS and Older People in Africa*

<sup>123</sup> Macro International, Inc. 2008. *HIV Prevalence Estimates from the Demographic and Health Surveys*. Calverton, Maryland: Macro International

<sup>124</sup> Note: Of 32 surveys included in Macro International, Inc. 2008. *HIV Prevalence Estimates from the Demographic and Health Surveys*. Calverton, Maryland: Macro International, the upper limit for men was 49 in 7 cases, 54 in 4 cases, 59 in 19 cases and 64 or over in 2 cases

<sup>125</sup> Sassi, Franco, Marion Devaux, Michele Cecchini and Elena Rusticelli (2009). "The obesity epidemic: analysis of past and projected future trends in selected OECD countries," *OECD Health Working Papers No. 45*. Paris

<sup>126</sup> U.S. Centers for Disease Control and Prevention, *Prevalence of overweight, obesity and extreme obesity among adults: United States, trends 1960-62 through 2005-2006*, NCHS Health E-Stat,

[http://www.cdc.gov/nchs/data/hestat/overweight/overweight\\_adult.htm#table1](http://www.cdc.gov/nchs/data/hestat/overweight/overweight_adult.htm#table1), accessed 27 May 2010

<sup>127</sup> Kinsella and He (2009), *An Aging World: 2008*

of obesity at older ages.<sup>128</sup> As national income levels rise, obesity within developing countries is shifting from a problem of relatively affluent groups to one that is concentrated among those with lower social and economic status, which is already the typical pattern in high-income countries.<sup>129</sup>

### *Access to health care*

Although people of all ages need access to affordable health care, older people's needs tend to be particularly great because chronic health conditions and disabilities become more common with advancing age. Yet, financial barriers often may make it impossible for poor families to obtain needed medical care or other forms of care. Families in low-income countries pay for more of total health-care expenditure out of pocket—on average over half—than do families in high-income countries, who pay 14 per cent of costs (table 21). In South Asia, out-of-pocket spending accounts for two thirds of the total.<sup>130</sup> Out-of-pocket spending of course reflects spending by those who were able to pay. In countries where a high proportion of the population lives on the equivalent of under \$1 or \$2 per day, needed health services are unaffordable for many families. One indication of this is that use of services has often dropped dramatically, particularly in the most vulnerable population groups, in countries that have introduced user fees for services that had previously been publicly funded.<sup>131</sup> A survey in China reported that the introduction of user fees was the main reason that older persons did not visit doctors or attend hospitals.<sup>132</sup> Even when exemptions from fees are guaranteed by Government regulation, if this is not well publicized, older persons do not know to request an exemption. A survey of older persons in Ghana found that most were unaware that they were exempt from paying user fees in public hospitals and this had resulted in greatly reduced access.<sup>133</sup> Even though developed countries provide much higher levels of coverage of health care costs, there is evidence that some needs go unmet for those with low incomes. The Survey of Health, Ageing and Retirement in Europe found that the poorest spent a higher share of their income on health expenditures and that out of pocket expenses were heaviest for the oldest, the less healthy and for women.<sup>134</sup>

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<sup>128</sup> WHO (2006), *Obesity and Overweight*, Fact Sheet 311

<sup>129</sup> Carlos A. Monteiro, Erly C. Moura, Wolney L. Conde, Barry M. Popkin (2004). "Socioeconomic status and obesity in adult populations of developing countries: a review," *Bulletin of the World Health Organization*, Vol. 82, no. 12

<sup>130</sup> Note: The estimated share of out-of-pocket spending in sub-Saharan Africa is lower than in Southern Asia. This largely reflects the recent infusion of foreign assistance to combat and treat HIV/AIDS, especially in the least-developed countries in sub-Saharan Africa. Most of that targeted spending does not directly benefit the older population

<sup>131</sup> International Labour Office. *World Social Security Report 2010, Providing Coverage in the Time of Crisis and Beyond*, preliminary version. Geneva, 2010

<sup>132</sup> Lloyd-Sherlock, P. *op. cit*

<sup>133</sup> Lloyd-Sherlock, P. *op. cit*

<sup>134</sup> Börsch-Supan, A., A. Brugiavini, H. Jürges, J. Mackenbach, J. Siegrist and G. Weber. (2005). [Health, ageing and retirement in Europe – First results from the Survey of Health, Ageing and Retirement in Europe](#). Mannheim: Mannheim Research Institute for the Economics of Ageing

Table 9. Out-of-pocket health expenditure, 2006, Percentage of total expenditure on health

World	17
High income	14
Upper middle income	32
Lower middle income	48
Low income	43
Region (low- and middle-income countries)	
East Asia and Pacific	48
Europe & Central Asia	29
Latin America and Caribbean	36
Middle East and North Africa	44
South Asia	68
Sub-Saharan Africa	27

Source: World Bank, World Development Indicators Online, available from <http://databank.worldbank.org/ddp/home.do>

Access is also constrained by a shortage of qualified medical staff, especially in rural areas where older people, whose mobility is often limited, are especially likely to have difficulty reaching services. According to the WHO, 57 countries, most of them located in Africa and Asia, have a critical shortage of health workers to meet the essential health needs of their populations.<sup>135</sup> Using a higher threshold for sufficiency of staff, the ILO estimates that around one third of the world's population lacks access to the services of an adequate number of trained medical providers.<sup>136</sup> Rural areas especially are likely to lack accessible services, and in rural areas older people, whose mobility is often limited, are especially likely to have difficulty reaching services.

Another issue in developing countries is that systems of health care have been developed with a primary focus on combating communicable disease, and the systems are poorly adapted for care and prevention of chronic disease. Furthermore, foreign assistance for health care has tended to focus on targeting specific communicable diseases, often through vertically integrated programmes that do little to support the primary health care services upon which both older and younger people rely for routine care. Services that are inaccessible to the older population, dismissive or impolite treatment by health service staff and lack of appropriate medicines for dealing with chronic health conditions are among the problems mentioned repeatedly in regional assessments of services for older people in Africa, Asia and Latin America and the Caribbean.<sup>137</sup>

Age discrimination in health care has also been reported in more developed countries. Age-based inequalities in clinical treatment are due in part to a lack of gerontological or geriatric

<sup>135</sup> WHO (2006), World Health Report

<sup>136</sup> International Labour Office. *World Social Security Report 2010, Providing Coverage in the Time of Crisis and Beyond*, preliminary version. Geneva, 2010

<sup>137</sup> Hermalin, Albert I, *Ageing in Asia: Facing the Crossroads*. Elderly in Asia Report No. 00-55. Ann Arbor, Michigan, USA: Population Studies Center, University of Michigan, 2000



training, so that staff complete training with little knowledge of the specific care needs of older persons. A review of published medical research from 18 developed countries found evidence that many physicians have preconceived beliefs and negative attitudes towards older people, and that this sometimes leads to *de facto* rationing of care on the basis of age rather than on an objective assessment of the patient's likelihood of benefiting from treatment.<sup>138</sup> Compounding that problem, older people are severely under-represented in clinical trials of new medicines and procedures, resulting in the lack of information about treatment outcomes among older patients.

Even when there is good evidence that older people would benefit, they may be referred for diagnosis and treatment at a lower rate than younger people with similar symptoms. For instance, the aforementioned study found that statin drugs that lower cholesterol and help prevent cardiovascular disease are less often subscribed for older than for younger patients. There was evidence in several countries that older people who would benefit from cardiac testing, interventions and rehabilitation services were frequently not offered them; that older women with breast cancer tended to receive different treatments than younger ones; and that eligible older people were less likely than younger patients to receive kidney transplants or to be referred for joint-replacement surgery. A survey in the United Kingdom in 2009 found that more than half of doctors who cared for older persons believed that the National Health Service was "institutionally ageist". Sixty-six per cent claimed that older persons were less likely to have their symptoms investigated and 72 per cent thought that older people were less likely to be referred to surgery or chemotherapy.<sup>139</sup>

### *Long-term care*

In many developed countries, long-term care is typically provided informally in the home by family and friends, principally by spouses and adult children. Developed countries also provide formal care under systems that vary considerably among countries, but generally include provisions for both institutional care and for services delivered in the home. Persons aged 80 years or over are much more likely to receive long-term care than are the younger old, and women within each age group are more likely than men to receive formal care services and to be in an institution (table 22 and table 23).<sup>140</sup> Older women's greater likelihood of being widowed and living alone in old age often limits the feasibility of their remaining at home when serious illness or impairment strikes. Being married lowers the likelihood of living in an institution for both sexes, but more significantly so for men.<sup>141</sup>

In OECD countries around 2006, the percentage of those aged 65 or over receiving formal care either at home or in an institution was highest, over 15 per cent, in the Nordic countries as well as in Austria, New Zealand, the Netherlands and Switzerland (table 24).<sup>142</sup> Countries with universal and relatively comprehensive long-term care systems include the

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<sup>138</sup> Constantina Safilidou-Rothschild, (2010) *Age-Based Inequalities in Medical Treatment*, AARP International – *The Journal*, Winter 2010

<sup>139</sup> Peter Lloyd-Sherlock, (2010) *Population Ageing and International Development*

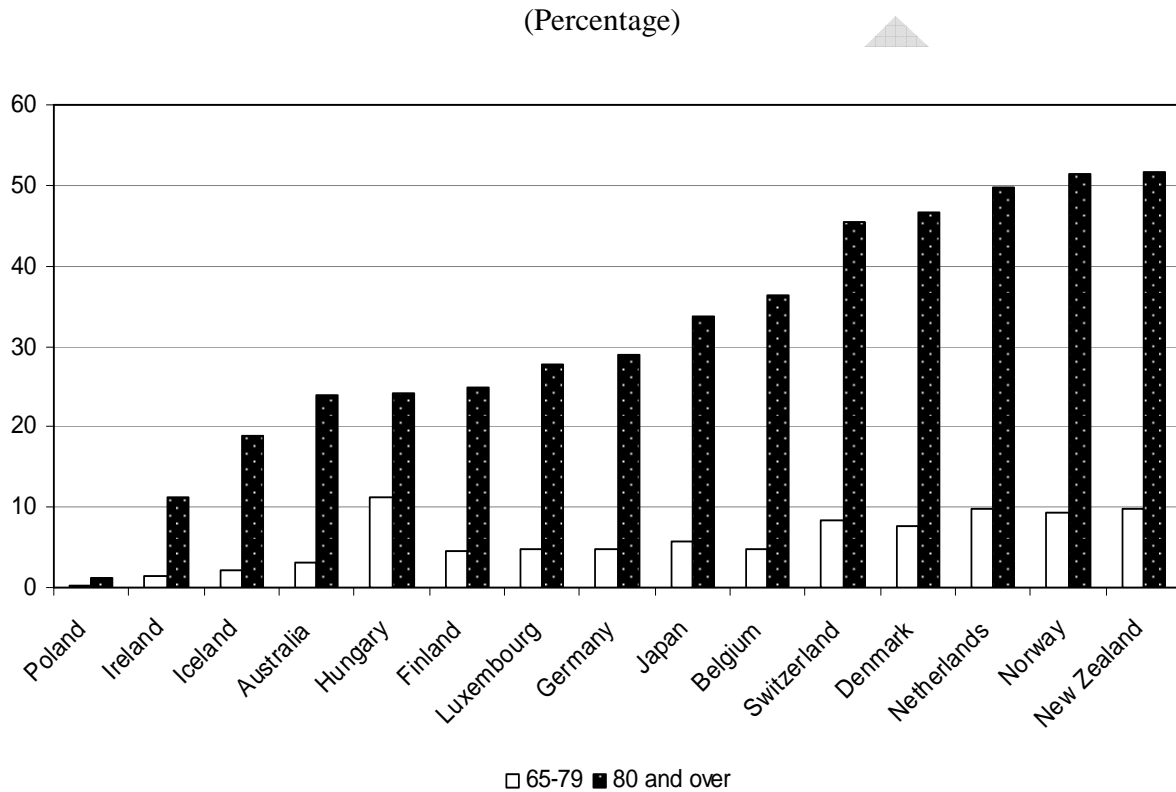
<sup>140</sup> United Nations, *Living Arrangements of Older Persons around the World*, 2005 and OECD, *Society at a Glance 2009*, 2009

<sup>141</sup> United Nations, *Living Arrangements of Older Persons around the World*, 2005 and Kinsella and He, *An Aging World: 2008*, 2009

<sup>142</sup> OECD, *Society at a Glance 2009*, 2009

Nordic countries and Austria, Germany, Japan, Luxembourg and the Netherlands. In Italy, the Republic of Korea and most of Eastern Europe (excluding Hungary), systems of long-term care are less widespread, and in those countries the proportion of those aged 65 or over receiving services ranged from under 1 per cent to about 4 per cent in 2006.

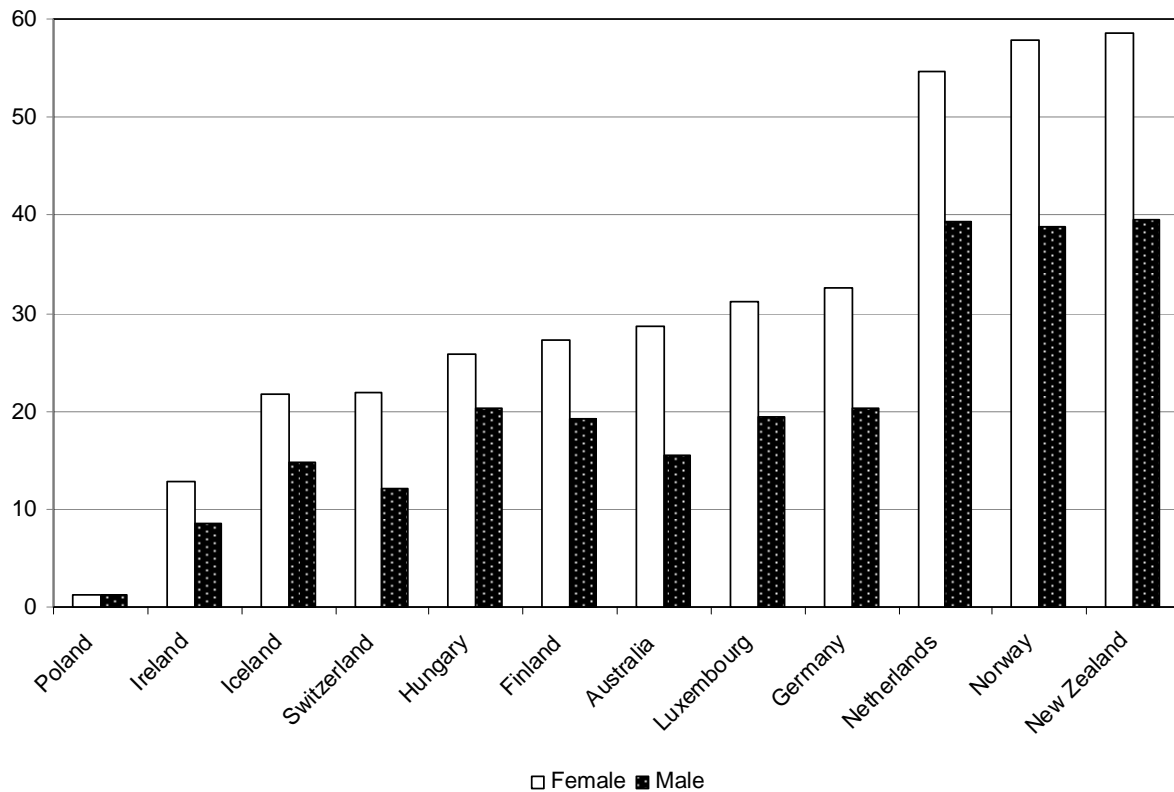
Figure 12. Proportion of older persons receiving formal long-term care by age around 2006, selected countries



Source: Society at a Glance 2009: OECD Social Indicators, Chapter 7. Health Indicators, 29 April 2009

Figure 13. Proportion of persons aged 80 and over receiving formal long-term care by sex around 2006

(Percentage)



Source: OECD (2008), OECD Health Data 2008, OECD, Paris ([www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata)) and OECD Demographic and Labour Force database

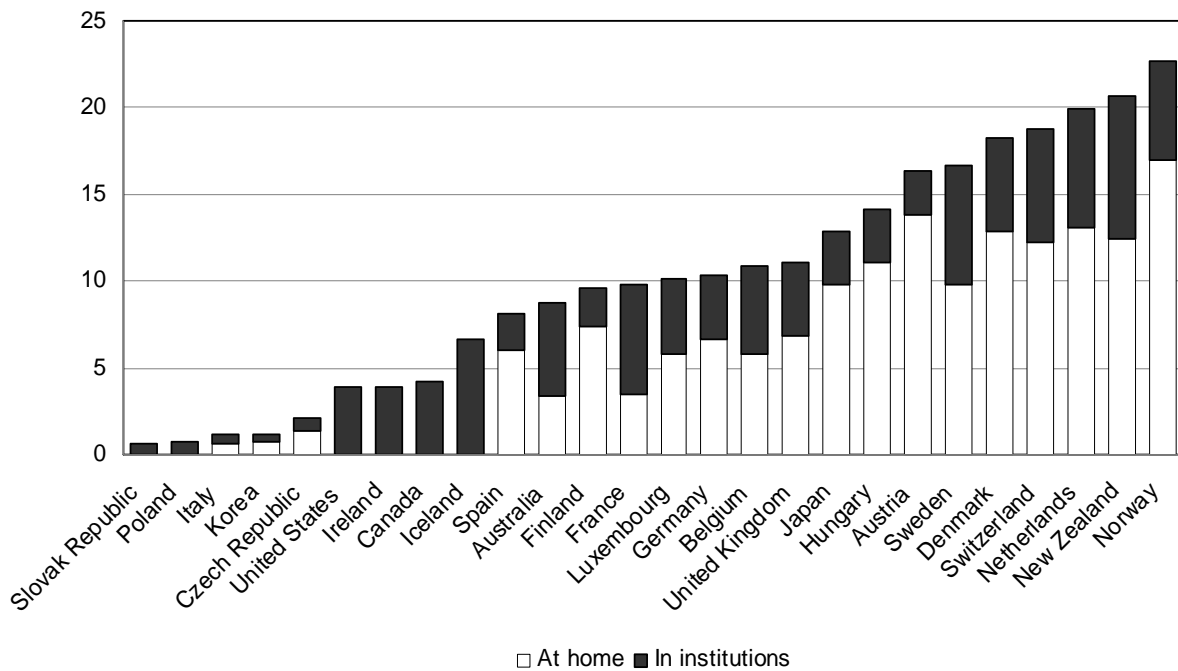
Both for reasons of cost containment and because older persons prefer to stay at home, in many countries there has been a shift over time away from institutional care. However, this shift has not been universal among OECD countries, as there was a bidirectional trend during the 2000s: countries with a low proportion of older people receiving formal long-term care within OECD countries in 2000 showed an increase, while the trend was the reverse in many of the countries with relatively high proportions of recipients as of 2000.

In developing countries, the responsibility for providing long-term care usually falls entirely on the family. This can be a heavy burden for families with already stretched resources, preventing adults from working and children from attending school. A series of case studies sponsored by the WHO found nascent efforts to develop some type of assistance services in several developing countries.<sup>143</sup> However, those programmes did not have a significant reach as

<sup>143</sup> WHO, *Long-Term Care in Developing Countries, Ten Case-Studies*, 2002

of the early 2000s. It was estimated that about 1 per cent of persons aged 60 and over lived in institutions in Africa and up to 2 per cent in Latin America and the Caribbean and Asia.<sup>144</sup>

Figure 14. Proportion of persons aged 65 and over receiving formal long-term care around 2006 (Percentage)



Source: Society at a Glance 2009: OECD Social Indicators, Chapter 7. Health Indicators, 29 April 2009

Within the family, women provide most of the day-to-day care for older persons who need assistance in both developing and developed countries. The Survey on Health, Well-Being and Ageing in Latin America and the Caribbean (SABE) found that the typical caregiver was<sup>145</sup> a woman aged over 50 years, and that caregivers experienced high levels of stress. Sixty per cent of caregivers reported that they could not do more than they already were and over 80 per cent reporting difficulty meeting expenses.

#### *Neglect, abuse and violence*

In some instances, stress related to caregiving can lead to neglect and abuse—be it physical, emotional and/or financial—and violence of an older care recipient. In countries that have established residential/institutional long-term care facilities for older people, elder abuse has been documented as perpetrated by staff, visiting families and friends, and other residents.

<sup>144</sup> United Nations (2005), Living Arrangements of Older Persons Around the World, figure II.17

<sup>145</sup> C. Albala and others, *ibid*

Some research suggests that the occurrence of elder abuse may be higher in residential settings than domestic settings, and that certain forms of abuse may be more common in institutional care. Seven per cent of complaints to long-term care ombudsman in the United States involve abuse, gross neglect, and exploitation.<sup>146</sup> In a survey of American nursing home personnel, 10 per cent of nurses and nursing assistants admitted to at least one incident of physical abuse and 81 per cent admitted to at least one incident of psychological abuse the previous year.<sup>147</sup> In a German survey of nursing home staff, 79 per cent acknowledged having abused or neglected a resident at least once during the prior two months and 66 per cent witnessed comparable actions by other staff, with neglect and psychological abuse the most common forms.<sup>148</sup> Similarly high percentages of resident abuse were found from surveying licensed facility managers in New Zealand. Ninety-two percent identified at least one resident who experienced elder abuse during the past year, usually psychological abuse. However, in 63 per cent of the situations a family member was responsible.<sup>149</sup>

The World Health Organization estimates that between 4 per cent and 6 per cent of older persons worldwide have suffered from a form of elder abuse—either physical, psychological, emotional, financial or due to neglect.<sup>150</sup> Some risk factors for elder abuse include social isolation, the societal depiction of older persons, and the erosion of bonds between generations. In many societies, older women are at special risk of being abandoned and having their property seized when they are widowed. Institutional abuse occurs most often when there are poorly trained and/or overworked staff and when care standards are low or inadequately monitored.

Only a few risk factors have been validated by substantial research for domestic elder abuse. These include: shared living arrangements between victim and perpetrator, with the frequency of contact serving to flame tension, conflict, and abuse; social isolation, which can increase family stress and decrease problem visibility or intervention; dementia on the part of either the victim or perpetrator, with its symptoms of aggressive and difficult behaviours, which can foster abuse or retaliation against abuse by the caregiver and; pathology on the part of the perpetrator, where substance abuse, mental illness, or personality disorders can provoke anger or frustration and reduce inhibitions for abuse occurrence.

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<sup>146</sup> Ingalls, G. S., Layton, L. T., & Weitzel, N. B. (1998). Elder abuse originating in the institutional setting. *North Dakota Law Review*, 74, 312-339

<sup>147</sup> Pillemer, K., & Moore, D. W. (1990). Highlights from a study of abuse of patients in nursing homes. *Journal of Elder Abuse & Neglect*, 2(1/2), 5-29

<sup>148</sup> Georgen, T. (2001). Stress, conflict, elder abuse and neglect in German nursing homes: A pilot stud among professional caregivers. *Journal of Elder Abuse & Neglect*, 13(1), 1-26

<sup>149</sup> Weatherall, M. (2001). Elder abuse: A survey of managers of residential care facilities in Wellington, New Zealand. *Journal of Elder Abuse & Neglect*, 13(1), 91-99

<sup>150</sup> World Health Organization (2002a). Abuse of the elderly. Retrieved December 4, 2006. [who.int/violence\\_injury\\_prevention/violence/world\\_report/factsheets/en/elderabusefacts.pdf](http://who.int/violence_injury_prevention/violence/world_report/factsheets/en/elderabusefacts.pdf)

#### IV. SOCIAL, CIVIL PARTICIPATION ATTITUDES TOWARDS OLDER PERSONS AND PERCEPTIONS OF OLD AGE

##### *Societal attitudes to old age*

There are few specific studies available on attitudes to old age and older persons and those that do exist are in tend to be based on surveys in developed countries, although some some surveys do exist that include information on attitudes and include selected developing countries. Also closely linked to the topic are studies and anecdotal evidence from specific countries on “ageism” which can tell us something about the way older persons are perceived in a given country.

In attempting to describe the historical change over time in how older persons are viewed in the United States, one study on ageism notes that in primitive society, old age was frequently valued with older persons seen as providing knowledge and experience. As the number and percentage of older persons grew, especially the frail, the perception grew that they were a burden to families and society. This became widespread as societies moved from agrarian economies, where older men had traditionally owned land, to industrialized economies when work was no longer centred in the home and older persons lost authority. However, although the status of older persons and attitudes towards them are both historic and economically defined, attitudes are also a reflection of the concerns and fears about vulnerability and old age that everyone has.<sup>151</sup>

Although attitudes are somewhat based on the social and economic position of older persons in society, ageist stereotypes abound in all societies – both developed and developing that also dictate how older persons are viewed and treated, even when societal agreement for material support of older persons is strong. For example, in a United Kingdom study<sup>152</sup> key findings showed that:

- 48% of respondents viewed age discrimination as a serious issue;
- For people of all ages, ageism was experienced more commonly than any other form of prejudice;
- Stereotypes of older persons are common such as that they are “warmer”, more moral but less competent than younger people;
- Persons over 70 were perceived as posing a greater threat to society by placing burdens on the economy rather than by affecting others’ access to services or way of life. Younger people perceived this threat more seriously than older respondents.
- There is significant social separation between older and younger people. Respondents viewed people under 30 and over 70 as having little in common.

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<sup>151</sup> Ageism in America, International Longevity Center, USA, Introduction, Robert N. Butler (date?)

<sup>152</sup> Department for Works and Pensions (UK) – Attitudes to age in Britain 2004-08

- While media images of older persons were generally positive, 51 per cent of respondents agreed that people over 50 are “written off as old”.

In 2004, researchers at the University of Southern California conducted a survey for AARP that sought to better understand Americans' knowledge, perceptions, and attitudes about aging and older people. According to the findings, 91 per cent of Americans believe that older persons receive about or less than their fair share of local government benefits and 89 per cent believe that older persons have the right amount or too little influence in the country. However, there are still misconceptions. One third of Americans feel that older persons are all alike and consider themselves bored or miserable. More than one in four felt that the majority of older people are senile. In addition, younger persons tend to perceive the older have more problems than older persons themselves.<sup>153</sup>

The major Bank HSBC has undertaken a series of studies<sup>154</sup> over the past few years about retirement and older persons that included some developing countries, making for some cross-cultural comparisons. The countries surveyed were Brazil, China, Canada, France, Hong Kong (Special Administrative Region of China), India, Japan, Mexico, United Kingdom and the United States of America. There are differing perceptions between countries of what constitutes old age, with many citizens, particularly in developed countries, viewing retirement as a new beginning in life and only recognizing “old age” when personal abilities begin to decline. However, in India old age is more likely to be linked to family events such as becoming a grandparent. It is clear that cultural and socio/economic considerations are still an important equation in such comparisons. So, for instance, in China, where life expectancy is only 7 years less than in France, the Chinese believe that old age typically begins at 50 (as do Mexicans), while the French say it is 71.

The study revealed a large generational difference in views of old age in China with the younger generation thinking that their elders have too little to do and spend too much time living in the past. However, both generations still value family as central and expect to rely on their children for care and support in old age. This type of generational difference was also evident in Japan where the study indicated that the status of Japanese elders had diminished. In addition, in those developing countries with limited financial security coverage in old age, perceptions of old age as a period of life to look forward to is much lower.

In the ECE region that has been dealing with population ageing and policy implications for a longer period than others, they have invested more research into the status of intergenerational relations, particularly through its Generations and Gender Survey of 12 UNECE countries. In general, initial conclusions from this survey show that although there are cultural differences in the region concerning how much responsibility the State versus the family should bear for the wellbeing of older persons. There is a wide disparity on this issue for example between countries such as Norway and Georgia and between countries in Southern and

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<sup>153</sup> AARP Press Center, Intergenerational Conflict? Think Again!, November 22 2004

<sup>154</sup> HSBC The Future of retirement in a world of rising life expectancies: Attitudes towards ageing and retirement – a study across 10 countries and territories, 2005

Eastern Europe, but nevertheless, overall family and societal solidarity remains considerable and resilient to change. The survey has also found that in general, older persons are reluctant to depend on others, including their own children. Furthermore, older persons are more interested in receiving contact and emotional support than practical and financial support.<sup>155</sup>

Table 10. Public views on responsibility to care: family or state? Four countries

	Norway	France	Bulgaria	Georgia
Care for older persons in need of care at their home	71	13	17	5
Care for pre-school children	27	11	6	1
Financial support older people below subsistence level	90	51	59	46
Financial support younger people with Children below subsistence level	82	47	65	50

*Source:* Table 51 Chapter 6: How Generations and Gender Shape Demographic Change: Towards policies based on better knowledge

According to research conducted under the National Transfer Account Project (NTAP) covering a number of countries in developing and developed world, “in most countries, even Third World countries, older people on average are making transfers to their younger family members rather than the reverse.”<sup>156</sup> For the most part, older persons rely on their own assets combined with varying amounts of public transfers to support themselves in the old age and provide for younger family members. Although this research is limited to 23 countries, data provided is somewhat representative of Latin America, Asia and Europe indicating a downward trend in intergenerational transfers from older to younger generations.

An overview of transfers in Latin America indicates that in countries with extensive coverage of social security, such as Uruguay, older persons do not rely on family transfers for their own support, but instead they provide private transfers to other family members well into their old age. In Asia, older persons rely more on family transfers than in Latin America but even there public transfers and other sources of income play a large role in financing consumption for older generations.

### *Education and literacy*

World-wide, levels of education and literacy have risen significantly during the 20<sup>th</sup> century. However, educational attainment and literacy levels of older persons are often lower

<sup>155</sup> “How Generations and Gender Shape Demographic Change” (2009) UNECE, Chapter 6, Daatland, Slagsvold and Lima

<sup>156</sup> Lee, Ronald. 2009. Population aging, intergenerational transfers, and economic growth: Latin America in a global context. Paper prepared for the Expert Group Meeting on Population Ageing, Intergenerational Transfers and Social Protection, CELADE/ECLAC/DESA, Santiago, Chile, October 20-21



compared to younger cohorts. This is due to increased attention to education in recent decades, which benefited younger individuals. In addition, educational attainment and literacy of older people differ considerably between developing and developed countries.

Fifty per cent and above of the population aged 55 to 64 years had completed secondary education or more in the majority of OECD countries by 2005. In comparison in most developing countries, secondary education completion levels were considerably lower ranging from 22 per cent for males in Peru to 0.6 per cent for women in Bangladesh at ages 55 to 64. Secondary education completion levels for people aged 65 years and older were generally about half of those for the age group 55 to 64 in developing countries. In most countries sampled, less than 4 per cent of older women (65 years and above) had completed secondary school.<sup>157</sup>

Many older people in developing countries, particularly older women, have also low levels of literacy. UNESCO reported for the reference years 2005-2007 a 71 per cent literacy rate of people aged 65 years and over – 97 per cent in the more developed regions and 54 per cent in the less developed countries (UNESCO, Institute for Statistics, Education Indicators and Data Analysis, 2009). The female literacy rate amounts to 42 per cent in the less developed regions compared to 97 per cent in the more developed ones.

Of particular interest are regional differences. In Africa, the literacy rate of persons aged 65 and older is 33 per cent (43 per cent for males and 22 per cent for females), in Asia it is 56 per cent (71 per cent for males and 47 per cent for females), in Europe 96 per cent (98 per cent for males and 95 per cent for females), in Latin America and the Caribbean 73 per cent (77 per cent for males and 71 per cent for females), in North America it is 99 per cent for both women and men, and in Oceania it is 96 per cent, which also applies equally to males and females.<sup>158</sup>

Countries exhibiting the highest literacy levels amongst older persons are Cuba, Estonia, Latvia, and Lithuania (100 per cent literacy among older women and men). That contrasts with countries with the lowest literacy levels: Burkina Faso (9 per cent, 12 per cent for older males and 5 per cent for older females), Ethiopia (10 per cent, 16 per cent for older males and 4 per cent for older females), and Guinea-Bissau (9 per cent, 14 per cent for older males and 5 per cent for older females).<sup>159</sup>

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<sup>157</sup> Kinsella/He, *An Aging World 2008*, 2009

<sup>158</sup> UNESCO, Institute for Statistics, Education Indicators and Data Analysis, 2009

<sup>159</sup> UNESCO, *ibid*

Table 11. Literacy rates of persons aged 65 and over by region

	Total	Male	Female
World	71.3	78.0	65.4
Less Developed Countries	53.8	66.5	41.8
More developed Countries	97.2	98.1	96.6
<b>REGIONS</b>			
Africa	32.7	42.5	22.0
Asia	58.5	71.1	46.7
Europe	96.1	97.5	95.2
Latin America and Caribbean	73.5	76.6	71.0
Northern America	99.0	99.0	99.0
Oceania	95.5	95.4	95.6..

*Source:* UNESCO Institute for Statistics, Pre-April 2009 Data Release (Reference years 2005-2007)

While lower educational attainment and levels of literacy are significant for older cohorts, particularly in developing countries, the current younger generation has much higher literacy rates. In 2000, the population aged 25 to 44 in China was almost completely literate. The oldest members of this age group will turn 65 around 2020, which means that in ten years, the illiteracy rate within the older population will be substantially lower.

Historically, substantial improvement could also be observed regarding to formal education levels. This trend is supported by US data over the course of time: the share of persons who are 55 years and older who had completed at least the high school rose from around 15 per cent in 1940 to more than 80 per cent as of 2007. The overall trend toward higher educational attainment can be measured in all OECD countries in recent years: the percentage of people aged 55 to 64 who had completed upper secondary education was higher in 2005 than in 1998 in each of the 27 nations.<sup>160</sup> Similar data for a subset of developing countries compiled by UNESCO generally show the same trend.<sup>161</sup>

Literacy levels and educational attainment are lower in rural compared to urban areas of most countries, particularly in the developing world. In India for example, rural males have lower literacy rates than urban males, and rural females have lower rates than urban females. After age 50, rural men are more likely than urban women to be literate. Above age 60, less than 15 per cent of India's rural women can read and write.

<sup>160</sup> OECD, *Education at a Glance*, 2001; and OECD, *Education at a Glance*, 2007

<sup>161</sup> UNESCO and OECD, *Investing in Education*, 2000 and UNESCO, *Education Counts. Benchmarking Progress*, 2006

### *Organizations of older persons*

Organizations of older persons provide an important means of enabling participation through advocacy and promotion of multigenerational interactions. These groups can help to harness the political influence of older persons and ensure that they can effectively participate in decision-making processes at all levels of government.

Highly influential organizations of older persons range from the 40 million-member AARP in the United States to pensioners' organization in Sweden to which half of all older persons belong. HelpAge International is a global network of NGOs whose mission it is to improve the lives of disadvantaged older persons by supporting practical programmes, giving a voice to older persons, and influencing policy at the local, national and international levels.

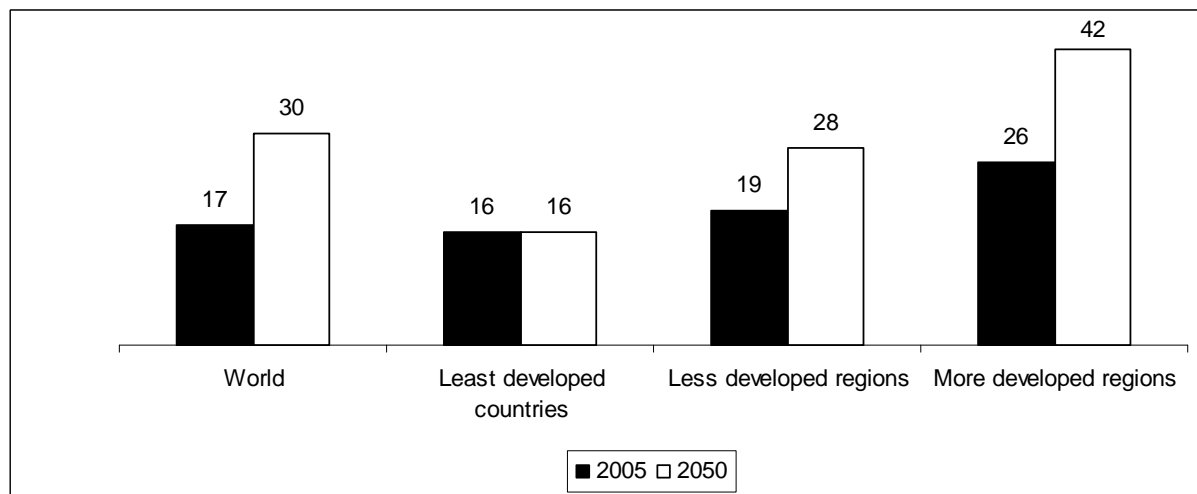
Another prominent international NGO is the International Federation on Ageing (IFA), a network of organizations charged with improving the quality of life of older persons around the world through policy change, grassroots activities, and strengthening public-private partnerships to support ageing issues. The International Federation of Associations for Elderly People (FIAPA) consists of 150 associations or federations, comprising about 300 million older persons from 60 countries, drawn from both the developing and developed world. The European Federation of Older Persons' (EURAG) mission is to promote the quality of life of older persons on societal, social and political levels.

Some countries also have political parties of older persons. Among these are the Gray party in Germany, the Ukrainian party of pensioners, and a pensioners' party in the Russian Federation which recently merged with another party to become one of the most significant political parties in the country.

### *Political influence of older persons*

Globally, people over 60 years of age and eligible to vote, account for 17 per cent of the population. By 2050, over one third of the voting population worldwide will be over 60. In 2005, eligible voters amounted to slightly more than 10 per cent in the least developed countries, to a little less than 15 per cent in the less developed regions, and to around 25 per cent in the more developed regions. This population is projected to grow to a little more than 15 per cent in the least developed countries, to around 27 per cent in the less developed regions, and to slightly more than 40 per cent in the more developed regions.

Figure 15. Percentage of voting population aged 60 and over  
(Percentage)



Source:

<http://www.helpage.org/Researchandpolicy/Stateoftheworldsolderpeople/Discriminationandrole>

From World Population Prospects: The 2004 Revision Population Database, UN Department of Economic and Social Affairs <http://esa.un.org/unpp/index.asp?panel=2>, (23rd November 2006)

The high rate of voter turnout among older persons is an indicator of their ongoing interest in public affairs as well as their desire to influence the political process. Countries with a large constituency of older persons who regularly exercise their democratic right to vote help ensure that their voices are heard and the needs and concerns of older persons are met. Policies directed at older persons have garnered increasing attention in some parts of the world partly because the changing demographics demand it, but perhaps more importantly because older persons in these countries tend to be more politically and socially active than members of other age groups.

Political participation of older persons in a few countries where data are available has greatly influenced the decision-making processes related to the provision of social security and pension schemes. When comparing countries that provide social protection to older persons with those that do not, clear distinctions emerge. Not surprisingly, the highest income countries – which also happen to be those with the greatest share of their populations over age 60 – are far more likely to provide their citizens with social protection coverage than lower income countries. Among the 25 countries of the European Union, for example, 21 per cent of their populations are over age 60, and expenditures on social protection averaged 27.3 per cent of each country's GDP in 2001. The countries of the EU not only have the financial capacity to provide social protection coverage, but with one of five persons over age 60, they also have a large constituency of older persons who regularly exercise their democratic rights to ensure that the needs and concerns of older persons are met.

By comparison, most countries in sub-Saharan Africa are struggling to attain both the financial resources and the political will to implement social protection policies. A recent

analysis by the UNDP indicates that the cost of providing a universal non-contributory social pension to all older persons in the region would be between two and three per cent of GDP, an amount rivalling public spending on education and health care in some countries.<sup>162</sup> Given that only five per cent of the population in the region is aged 60 or above, compared to 41 per cent who are under the age of 15, the relatively low priority given to policies for older persons becomes evident. Their minority in numbers is compounded by the fact that these older persons are less likely to be empowered to draw attention to their concerns.

Other countries, particularly those in Eastern Europe and Western Asia, have the dual challenge of a rapidly ageing population and limited financial resources to meet their needs. In most countries of the former Soviet Union, older persons tend to have very high voter participation rates, feeling an obligation to go to the polls on Election Day. In Kazakhstan, for instance, older persons constitute an active electorate, with 72 per cent of those over age 65 voting in recent elections, compared to just over 50 per cent of those aged 35 to 40.<sup>163</sup>

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<sup>162</sup> United Nations Development Programme (2005a). Ageing and Poverty in Africa and the role of Social Pensions, International Poverty Centre. Working Paper No. 8, August

<sup>163</sup> United Nations Development Programme (2005b). The Great Generation of Kazakhstan: Insight into the future. Human Development Report, Kazakhstan

## VI. HUMAN RIGHTS OF OLDER PERSONS

### *International human rights principles and standards*

This section offers an overview of existing international human rights norms as they pertain to older persons. It includes a few illustrative examples of how international human rights mechanisms have applied relevant norms to critical human rights issues affecting older persons.

Human rights are by definition universal. By virtue of the universal scope of all contained in core international human rights treaties, also covers and protects older persons. Older persons are not a homogenous group, hence the challenges they face in exercising their human rights vary greatly. In fact, when discussing the human rights of older persons, multiple discrimination appears as an essential component of any analysis, particularly age-related discrimination linked to other grounds such as sex, socio-economic status, ethnicity, disability and health status.

The Covenants, on Economic, Social and Cultural Rights and on Civil and Political Rights include highly relevant provisions for the protection of human rights of older persons, such as the rights to health, to an adequate standard of living, to freedom from torture, legal capacity and equality before the law. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Elimination of All Forms of Racial Discrimination (CERD) and the Convention on the Rights of Persons with Disabilities (CRPD) also contain provisions which could be put to significant use to promote and protect the human rights of older persons.

Despite the fact that the norms in existing international human rights treaties apply to older persons in the same way as to other persons, it has been suggested that there is a gap in the international human rights system. Namely, there is no specific provision focusing on older persons,<sup>164</sup> nor a universal human rights instrument on their rights, as is the case for other categories of persons such as women or persons with disabilities. Nevertheless, two human rights instruments contain explicit references to age: International Convention on the Protection of the Rights of Migrant Workers and the members of their families (ICMW), which includes “age” in the list of prohibited grounds for discrimination.<sup>165</sup> The CRPD includes both references to “age” in the Preamble (p) and in articles 8, 13 and 16 as well as specific references to older persons in article 25 (b) on the right to health, and in article 28(2)(b) on the right to an adequate standard of living and social protection.

While not all older persons are disabled and ageing should not be equated to a disability in and of itself, CRPD offers significant opportunities for the promotion and protection of the human rights of older persons. At a first level, while not all older persons are persons with disabilities, the Convention develops concepts such accessibility and universal design that benefit older persons. Secondly, there is no doubt that ageing can often lead to physical, mental,

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<sup>164</sup> Unlike regional human rights instruments, which specifically mention older persons, such as for example, African Charter of Human and Peoples’ Rights, article 18(4); Protocol of San Salvador, article 17; Revised European Social Charter, article 23

<sup>165</sup> See Convention on the Protection of the Rights of All Migrant Workers and the Members of Their Families, article 7

intellectual or sensory impairments which may in turn result in a disability, in interaction with external barriers. Beside the articles that contain express reference to age and older persons, the Convention contains numerous provisions that address challenges and establish protection safeguards relevant to situations of risk often faced by older persons. Noticeable examples include the right to equal recognition before the law (12) and independent living (17). The potential offered by this Convention to respond to the human rights issues affecting older persons should be fully explored.

Treaty bodies have applied existing norms to older persons despite the lack of a specific instrument on the rights of older persons. In 1995, the Committee on Economic, Social and Cultural Rights adopted General Comment No.6<sup>166</sup> which offers a detailed interpretation of the obligations of State parties under the International Covenant on Economic, Social and Cultural Rights, as they apply to older persons. Similarly, the Committee on the Elimination of Discrimination against Women is presently discussing the adoption of a General Recommendation on older women and the protection of their human rights under the CEDAW.

Human rights treaty bodies have also referred to non-binding United Nations documents and other international documents on ageing to clarify existing provisions, and to assist them in the interpretation of the content of a given right. For example, the Committee on Economic, Social and Cultural Rights has made extensive reference to the 1982 Vienna International Plan of Action on Ageing, the 1991 United Nations Principles for Older Persons, the 1992 Global targets on ageing for the year 2001, and the 1992 Proclamation on Ageing.<sup>167</sup>

### *Non-discrimination*

The prohibition of discrimination is one of the pillars of international human rights law. Discrimination has been 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 field.<sup>168</sup>

The principle of non-discrimination applies to every individual in the consideration of their civil, economic, political, social and cultural rights. It is linked to and complemented by the principle of equality and must be carefully crafted into legislation, policies, programmes, procedures and practices. States are required to abstain from discriminating (negative obligations) as well as to take actions (positive obligations) to combat discrimination and exclusion.<sup>169</sup> Any distinction, exclusion or restriction may constitute violations if they have the effect or the intent of impairing or nullifying the exercise of any right by a particular individual.

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<sup>166</sup> See Committee on Economic, Social and Cultural Rights, General Comment No. 6, “The economic, social and cultural rights of older persons”, E/1996/22, 8 December 1995

<sup>167</sup> See General Comment No. 6, cit., paras. 4-7, 19, 21, 31-34 and 37-42.

<sup>168</sup> See for example Art. 1 CEDAW and Art. 2 CRPD

<sup>169</sup> See Human Rights Committee, General Comment No. 18, HRI/GEN/1/Rev.6 at 146, 10 November 1989, paras. 7-10; Committee on Economic, Social and Cultural Rights, General Comment No. 20, “Non-discrimination in economic, social and cultural rights”, E7C.12/GC/20, 10 June 2009, paras. 7-9

Two international treaties refer to ‘age’ specifically as a prohibited ground of discrimination: ICMW, article 7, and various articles of CPRD which mention age, inter alia, as a potential source of multiple or aggravated discrimination, when combined with disability.<sup>170</sup> Typically, other international human rights instruments list prohibited grounds of discrimination such as race, colour, sex, language, religion or political opinion.<sup>171</sup> While “age” is not explicitly listed as a prohibited ground the lists are illustrative and non-exhaustive, and usually include an open-ended category (“other status”), which has provided the opportunity for Committees to consider “age”-related discrimination.

The CESCR has consistently taken this approach<sup>172</sup>, and held that (a)ge is a prohibited ground of discrimination in several contexts.<sup>173</sup> In this regard, it has called attention to discrimination against unemployed older persons in finding work, or accessing professional training, or in relation to unequal access to universal old-age pensions due to place of residence.<sup>174</sup>

Article 26 of the ICCPR provides for the protection of equality before the law, including a guarantee for effective protection against discrimination on any other ground, and refers to de jure and de fact discrimination. The Human Rights Committee has held that “a distinction related to age which is not based on reasonable and objective criteria may amount to discrimination on the ground of “other status” under the clause in question, or to a denial of the equal protection of the law”,<sup>175</sup> and has confirmed this approach in a number of individual communications.<sup>176</sup>

Multiple discrimination, or the fact some individuals face discrimination on more than one ground, is a particularly complex issue for consideration and for remedying. In the preamble to its resolution 7/24, the Human Rights Council, has expressed its “deep concern for multiple or aggravated forms of discrimination and disadvantage that [can] lead to the particular targeting or vulnerability to violence of some groups of women, such as ... women with disabilities, elderly

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<sup>170</sup> See Convention on the Rights of Persons with Disabilities, Preamble, para. (p) and article 8 (1) (b). It also requires “age-appropriate” accommodation regarding access to justice (article 13(1)); “age-sensitive” assistance to prevent exploitation, violence and abuse (article 16(2)); provide “services designed to minimize and prevent further disabilities among ... older persons” in the context of the right to health (article 25); and article 28(2)(b) requires States parties to “ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes.”

<sup>171</sup> See, for example, International Covenant on Civil and Political Rights, article 2(1): International Covenant on Economic, Social and Cultural Rights, article 2(2)

<sup>172</sup> See General Comment No. 6, cit., paras. 11-12; General Comment No. 20, cit., para. 29

<sup>173</sup> See General Comment No. 20, “Non-discrimination in economic, social and cultural rights”, cit., para. 29

<sup>174</sup> See General Comment No. 20, “Non-discrimination in economic, social and cultural rights”, cit., para. 29. See also General Comment No. 6, cit., para. 22

<sup>175</sup> *Love et al. v. Australia*, Communication No. 983/2001, views of 25 March 2003, para. 8.2.

<sup>176</sup> See Human Rights Committee, *Schmitz-de-Jong v. The Netherlands*, Communication No 855/1999, views of 16 July 2001 (minimum age limit for senior citizen’s partner’s pass found objective and reasonable); *Love et al. v. Australia*, cit. (mandatory age of retirement for pilots found objective and reasonable), *Solis v. Peru*, Communication No. 1016/2001, views of 27 March 2006 (age as a criteria for dismissal from public service for reasons relating to the reorganization of public bodies found objective and reasonable); *Althammer et al. v. Austria*, Communication No. 998/2001, views of 8 August 2003 (the abolition of monthly household payments found to be based on objective and reasonable criteria)



women, widows”<sup>177</sup> Violence against women has been understood to encompass, but not be limited to, physical, sexual or psychological violence occurring in the family, within the general community, or perpetrated or condoned by the State wherever it occurs.<sup>178</sup> Some elements of this definition could shed light to a better understanding of violence and abuse of older women and men, its human rights connotations and its close link with discrimination.

### *Vulnerabilities and special protection measures*

Human rights mechanisms have also identified older men and women as being a group at particular risk of human rights violations and requiring specific measures of protection. Specifically, article 16(1) of the CPRD requires “age-sensitive” assistance and support for persons with disabilities and their families to prevent exploitation, violence and abuse, thereby recognizing the heightened risk to which older persons are exposed.

Violence against women has been understood to encompass, but not be limited to, physical, sexual or psychological violence occurring in the family, within the general community, or perpetrated or condoned by the State wherever it occurs.<sup>179</sup> Accordingly, from a human rights perspective, States are required to take all appropriate legislative, administrative, social, education and other measures to combat violence and to protect individuals in their private and public spheres, including from the action of their families, relatives and care-givers. The World Health Organization estimates that between 4% and 6% of older persons worldwide have suffered from a form of elder abuse - either physical, psychological, emotional, financial or due to neglect. Some risk factors for elder abuse include social isolation, the societal depiction of older people, and the erosion of bonds between generations.

The CESCR has held that “[s]ide by side with older persons who are in good health and whose financial situation is acceptable, there are many who do not have adequate means of support, even in developed countries, and who feature prominently among the most vulnerable, marginal and unprotected groups.”<sup>180</sup> It has consistently included older persons in the list of groups that could potentially suffer disadvantages, vulnerability or marginalization.<sup>181</sup> Similarly, the Committee on the Elimination of Discrimination against Women has identified older women

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<sup>177</sup> Multiple discrimination is also a critical dimension in the consideration of reports by CEDAW and CESCR. See, for instance, Committee on Economic, Social and Cultural Rights, General Comment No. 20, “The economic, social and cultural rights of older persons”, para. 17

<sup>178</sup> General Assembly Resolution 48/104

<sup>179</sup> General Assembly Resolution 48/104

<sup>180</sup> See Committee on Economic, Social and Cultural Rights, General Comment No. 6, “The economic, social and cultural rights of older persons”, cit., para. 17

<sup>181</sup> See Committee on Economic, Social and Cultural Rights, General Comment No. 4, “The right to adequate housing”, E/1992/23, 13 December 1991, para. 8 (e); General Comment No. 7, “The right to adequate housing: forced evictions”, E/1998/22, 20 May 1997, para. 10; General Comment No. 12, “The right to adequate food”, E/C.12/1999/5, 12 May 1999, para. 13; General Comment No. 14, “The right to the highest attainable standard of health”, E/C.12/2000/4, 11 August 2000, para. 12; General Comment 15, “The right to water”, E/C.12/2002/11, 20 January 2003, para. 16(h).

as a potentially vulnerable and disadvantaged group in its General Recommendation on women and health, and is currently discussing a specific General Recommendation on older women.<sup>182</sup>

The situation of older persons in old-age institutions and in detention facilities has preoccupied several human rights mechanisms. The Committee against Torture recommended that State parties should prohibit, prevent and redress torture and ill-treatment include, inter alia, institutions that engage in the care of the aged.<sup>183</sup> The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment has underscored that the elderly are among the highly vulnerable in general detention facilities and in psychiatric institutions, noting that they suffer double or triple discrimination.<sup>184</sup> The Human Rights Committee has underlined “the vulnerable situation of older persons placed in long-term cares homes, which in some instances has resulted in degrading treatment and violated their right to human dignity”<sup>185</sup>

### *Special measures for specific groups*

Some human rights mechanisms have addressed the human rights of older persons by acknowledging the need for specific age-group requirements in comparison with other age-groups. For example, article 25(b) of the CPRD requires that health services should be “designed to minimize and prevent further disabilities, including among children and older persons.” The CESCR has recommended that health policies take particularly into account the needs of the elderly, “ranging from prevention and rehabilitation to the care of the terminally ill”<sup>186</sup>, and reaffirmed the importance of “periodical check-ups for both sexes; physical as well as psychological rehabilitative measures aimed at maintaining the functionality and autonomy of older persons; and attention and care for chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity.”<sup>187</sup>

Similarly, the CESCR held that “older persons should have access to suitable education programmes and training and should, therefore, on the basis of their preparation, abilities and motivation, be given access to the various levels of education through the adoption of appropriate measures regarding literacy training, life-long education, access to university, etc.”<sup>188</sup>

The Committee on Economic, Social and Cultural Rights (CESCR) has also consistently identified accessibility – including physical accessibility – as a key component of the normative content of the rights contained in the International Covenant on Economic, Social and Cultural Rights. In fact, accessibility should be ensured in order to allow the full exercise of rights such as

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<sup>182</sup> See Committee on the Elimination of Discrimination against Women, General Recommendation No. 24, “Women and health”, Twentieth session, 1999, U.N. Doc. A/54/38 at 5, para. 6

<sup>183</sup> See Committee against Torture, General Comment No 2, “Implementation of article 2 by States parties”, CAT/C/GC/2, 24 January 2008, para 15

<sup>184</sup> Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. “Study on the phenomena of torture, cruel, inhuman or degrading treatment or punishment in the world, including an assessment of conditions of detention”, February 5, 2010. A/HRC/13/39/Add.5, para. 231, 237 and 257

<sup>185</sup> See Human Rights Committee, Concluding Observations, Germany, CCPR/CO/80/DEU, 4 May 2004, para. 17

<sup>186</sup> See General Comment No. 6, cit., paras. 34-35

<sup>187</sup> See General Comment No. 14, cit., para. 25

<sup>188</sup> See General Comment No. 6, , cit., para. 37

adequate standard of living, including housing and food, water, education and health by older persons.<sup>189</sup>

*The right to social security, and the issue of social protection*

Age plays a particularly prominent role in the right to social security and old age is generally acknowledged as one of the main contingencies of social security in international law.<sup>190</sup> The CESCR has recognized that old age is one of the contingencies to be covered by social security<sup>191</sup>, and held that article 9 of the ICESCR, implicitly recognizes the right to old-age benefits.<sup>192</sup>

The CESCR has also clarified that the right to social security encompasses both contributory, insurance-type schemes and non-contributory, tax-funded schemes (sometimes referred to as “social assistance”). It has underscored that States must take into account the following elements as inherent in the right to old-age benefits:

- a) Appropriate measures to establish general regimes of compulsory old-age insurance, starting at a particular age, to be prescribed by national law.
- b) A retirement age that is flexible, taking into account the national circumstances, the occupations performed – in particular work in hazardous occupations – and the working ability of older persons, with due regard to demographic, economic and social factors
- c) Provision of survivors' and orphans' benefits on the death of the breadwinner who was covered by social security or receiving a pension.
- d) Provision of non-contributory old-age benefits, within available resources, and other assistance for all older persons, who, when reaching the age prescribed in national legislation, have not completed a qualifying period of contribution and are not entitled to an old-age pension or other social security benefit or assistance and have no other source of income.<sup>193</sup>

When considering State parties reports from developed and developing countries alike, the CESCR has noted with concern the low coverage of old-age pensions and the broader context of social protection systems for older persons. The Committee has recommended the extension of the network of integrated health and social care services, including home help, for older persons with physical and mental disabilities; the adoption of a welfare programme enabling older persons to live a decent life; or the application of special measures in Poverty Reduction

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<sup>189</sup> See CESCR, General Comment No. 4, cit., para. 8 (e); General Comment No. 12, cit., para. 13; General Comment No. 14, cit., para. 12 (b); General Comment 15, cit., para. 12(c)(i); General Comment No. 21, “Right of everyone to participate in cultural life”, E/C.12/GC/21, 21 December 2009, para. 16(b)

<sup>190</sup> See ILO C 102, Social Security (Minimum Standard) Convention (1952), part V

<sup>191</sup> See General Comment No. 6, cit., paras. 26-30; General Comment No. 19, “The right to social security”, E/C.12/GC/19, 4 February 2008, para. 15

<sup>192</sup> See General Comment No. 6, cit., para. 10

<sup>193</sup> See General Comment No. 6, cit., paras. 27- 30; General Comment No. 19, cit., paras. 4, 15

Strategies to alleviate the extent of poverty among older persons and that priority be given to home care rather than institutionalization of older persons in need of care.<sup>194</sup>

The Committee has also raised concerns about the potential discriminatory impact of old-age pension benefits on specific groups.<sup>195</sup> Concretely, the Committee requested that “comparative statistical data on the levels of old-age pensions, disaggregated by sex, number of children, income groups and other relevant criteria, so as to enable an assessment of the impact of the Law on the pension benefits of women and of members of disadvantaged and marginalized groups who are frequently exposed to interruptions of their professional careers.”<sup>196</sup>

The Independent Expert on Human Rights and Extreme Poverty has recently addressed the issue of non-contributory or social pensions of older persons, as an important dimension of social security systems. Her report stresses the low coverage of contributory pension schemes and highlights that “non-contributory pensions can significantly reduce poverty and vulnerability among old people, in particular for women, who live longer and are less likely to benefit from contributory systems”.<sup>197</sup>

#### *The right to health and the right to adequate housing*

The former Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, underscored the need for measures to ensure the enjoyment of human rights by older persons in relation to training of health professionals, to the design and implementation of national health systems compliant with a human rights based approach and finally in relation to pharmaceutical companies.

When referring to the importance of community participation and information sharing, the Special Rapporteur noted that a national health system “must be responsive to both national and local priorities. Properly trained community health workers such as village health teams know their communities’ health priorities.” Also, inclusive participation can help to ensure that the health system is responsive to the particular health needs of [...] the elderly. Inclusive, informed and active community participation is a vital element of the right to health”.<sup>198</sup>

When discussing the human rights responsibilities of pharmaceutical companies in relation to access to medicines, the former Special Rapporteur on the right to health developed a

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<sup>194</sup> Committee on Economic, Social and Cultural Rights, Concluding observations, Nicaragua, E/C.12/NIC/CO/4, Forty-first session Geneva, 3-21 November 2008, para. 22.; Concluding observations, Serbia and Montenegro, E/C.12/1/Add.108, Thirty-fourth session 25 April-13 May 2005, para. 8

<sup>195</sup> Committee on Economic, Social and Cultural Rights, Concluding observations of the Committee on Economic, Social and Cultural Rights, AUSTRIA, E/C.12/AUT/CO/3, Thirty-fifth session 7-25 November 2005, para. 25

<sup>196</sup> Committee on Economic, Social and Cultural Rights, Concluding observations, Austria, E/C.12/AUT/CO/3, Thirty-fifth session 7-25 November 2005, para. 25

<sup>197</sup> See Report of the Independent Expert on Human Rights and Extreme Poverty, Magdalena Sepúlveda, A/HRC/14/31, 18 March 2010

<sup>198</sup> Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Paul Hunt, E/CN.4/2006/48. 3 March 2006, para. 7

set of voluntary guidelines which include older persons in the section of disadvantaged individuals, communities and populations. The Special Rapporteur suggested that “whenever formulating and implementing its strategies, policies, programmes, projects and activities that bear upon access to medicines, the company should give particular attention to the needs of disadvantaged individuals, communities and populations, such as children, the elderly and those living in poverty”.<sup>199</sup>

Regarding the right to adequate housing, the former Special Rapporteur on adequate housing, developed “Basic principles and guidelines on development-based evictions and displacement” which held that “[p]riority in housing and land allocation should be ensured to disadvantaged groups such as the elderly, children and persons with disabilities.[...] According to the Special Rapporteur, impact assessments must take into account the differential impacts of forced evictions on women, children, the elderly, and marginalized sectors of society. All such assessments should be based on the collection of disaggregated data, such that all differential impacts can be appropriately identified and addressed.”<sup>200</sup>

#### *Final remarks*

In recent years, civil society and public opinion have increasingly addressed the issue of older persons from a human rights perspective. Non-governmental organizations and other stakeholders have advocated that a new comprehensive international instrument to protect the rights of older persons is required. Advocates point to the current lack of a specific instrument, the fragmentation of issues across the existing human rights treaties, the inconsistency in focus adopted by different mechanisms, and the increasing demand for States to adopt comprehensive measures to address the demographic shift. They argue that a specialized Committee would provide a focal point and authoritative basis for advocacy, could offer guidance for policy makers, legislators and courts about the rights of older persons and would increase the visibility of the issues of older persons in national law making and policy design.

Others have advocated for the creation of a Special Procedure mandate under the Human Rights Council with a focus on the rights of older persons, as a clear sign of support from the international human rights machinery for visibility to the issue. They point out that a Special Rapporteur could play a critical role in shedding light on the many human rights issues which are faced by older men and women around the world, drawing from multiple instruments to develop the scope and content, and could potentially provide guidance and support to States in the design, implementation and monitoring of legislation, policies and programmes addressing the issues of older persons.

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<sup>199</sup> Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health. A/63/263, 11 August 2008, Annex para. 5

<sup>200</sup> Report of the Special Rapporteur on Adequate Housing as a Component of the Right to an Adequate Standard of Living, Miloon Kothari, Basic Principles and Guidelines on Development-Based Evictions and Displacement, A/HRC/4/18, 5 February 2007, Annex I, paras. 31 and 33

## VI. CONCLUDING REMARKS

At the onset of the second decade of the twenty-first century, the number of persons aged 60 and over is increasing at an unprecedented pace – anticipated to rise from its current 740 million to reach 1 billion by the end of decade, and possibly 2 billion by mid-century. The majority of older persons live in developing countries where the bulk of the increase will occur.

The analysis of the current social and economic status and participation of older persons points to a heterogeneity of situations and rapid and complex changes. A sizeable majority of older persons are female, especially those aged 80 and above; older men are more likely to be married compared to older women; an increasing number of older persons reside in urban areas, although many still live in rural areas; and there are considerable variations with regard to their living conditions, socio-economic circumstances, and health status.

Older persons in developing countries tend to live in multi-generational households, albeit this tendency has started to decline given changes in family structures spurred by migration and other factors. Older persons in developed countries, on the other hand, are more likely to live alone or with a spouse than with their children. The quality of housing in which older persons reside is often better in developed countries and worse in developing countries when compared to housing of the general population.

On average, older persons, particularly women and the oldest old, tend to be poorer than younger cohorts. In countries where social security and pensions cover the vast majority of the labour force, older persons tend to retire from the workforce at around age 60 or 65, with women typically retiring earlier than men. In less developed regions of the world, where social security and pension programmes only cover a minority of workers, many older persons, especially older men, continue to work out of economic necessity. In the more developed countries, older persons who want to continue working often face age discrimination and mandatory retirement rules. While countries faced with a rapid demographic ageing process increasingly revise existing retirement provisions as part of reform toward greater sustainability of their pension systems, ageist stereotypes and high levels of unemployment continue to undermine older persons' access to the labour market.

The past decades have witnessed significant increases in life expectancy in most countries, particularly at older ages. It is unclear whether the increased survivorship of older persons has translated into a healthier life. Among the health conditions that are of increasing concern for older persons are hearing and vision loss, cardio-vascular diseases, dementia, and obesity. In most countries, older persons do not have sufficient access to health services, and training in geriatric medicine is lagging behind the demand for this type of care. In addition, there is a growing need for long-term care services worldwide, which has traditionally been provided informally by family caregivers but is increasingly being given by paid carers. A significant level of abuse and neglect of older persons has been reported, cutting across all economic and social strata.

As the number of older persons increases, there is a growing awareness of the significance of active ageing, although ageist stereotypes still persist. Older persons are gradually being

recognized for their considerable contributions to intergenerational caregiving, as well as their ongoing involvement in community life. Older persons have become a significant and growing political force, especially in developed countries, and organizations of older persons are helping to ensure that they have a greater voice in decision-making processes. Yet, literacy and educational attainment of current older populations are far below the general population, which contributes to their exclusion from fuller participation in society and development.

DRAFT

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