Report on Ageing - Africa Region

“Those who respect the elderly pave their own road toward success.”
– African Proverb –
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I. Background

In December 2009, the General Assembly passed resolution 64/132 entitled “Follow-up to the Second World Assembly on Ageing”. This resolution requested the United Nations Secretary General to report at its sixty-fifth session the status of the social situation, well-being, development and rights of older persons at the national and regional levels. Subsequently, the General Assembly requested the Secretary General to monitor and report to the Assembly after every five years on the implementation of the Madrid International Plan of Action on aging. The Madrid International Plan of Action on Ageing was adopted by 159 countries at the Second World Assembly on Ageing in April 2002 in Madrid, Spain, and endorsed by the General Assembly in resolution 57/167 of 18 December 2002. There are three priority areas in the plan of action, namely: 1) older persons and development; 2) advancing health and well-being into old age; and 3) ensuring enabling and supportive environments. There are 33 objectives and 117 recommendations within these three pillars. Development stakeholders that include non-government organizations, the United Nations and partners were all called upon by a resolution of the 49th session of the Commission on Social Development to assist countries in conducting reviews of the implementation of MIPAA.

In 2004, the African Union Commission launched the Policy Framework and Plan of Action in order to raise awareness on the special situation, needs and welfare of older persons. The policy framework covers 13 thematic areas, with recommendations. Activities that are being carried out regarding the Policy Framework and Plan of Action include taking action at the national level to formulate and implement policies that address issues of ageing. The AU is working in partnership with regional and sub-regional bodies including ECA, the African Development Bank, and the regional economic communities to advocate for the inclusion of ageing issues into policies and development strategies at country level. The Policy Framework and Plan of Action will be reviewed in this year and a protocol on the rights of older persons will also be drafted.

The 49th session of the Commission on Social Development asked the United Nations system to assist countries build their capacity to conduct national reviews of MIPAA. The same draft resolution to ECOSOC urged regional economic commissions to assist member States in conducting reviews of the implementation of MIPAA. While the review of MIPAA+5 focused generally on all aspects of the plan of action, MIPAA+10 review is on the theme Rights of older person to health, which relates to the second priority area.

The first review and appraisal of MIPAA+5 by the ECA, AUC and Help Age International in 2007 identified several challenges facing African Member States in implementing MIPAA. These include:

- Low level of implementation of the MIPAA and the African Union Framework, and of the appraisal and review of these policy instruments;
• Low level of understanding and awareness of the link between population ageing and the development agendas.

• Lack of data, information and policy research in most of the countries. The report suggests that evidence based research is needed to guide the formulation of policy and justify bids for budgetary allocation.

• Lack of participatory dialogue and decision-making processes involving all stakeholders, including older people, to improve the relevance of policies and plans.

• Capacity limitations and constraints in the public institutions and civil sector organizations to implement plans effectively.¹

In terms of the implementation of MIPAA, the first African regional review demonstrated a lack of significant progress policy development on ageing. It emphasizes that there has been very low implementation, review and appraisal reporting of both the MIPAA and PFPAA on the African continent. Likewise, a recent UNFPA/Help Age international review (Aboderin, 2010) reflected the same situation. While the development of policies on ageing has increased from 13 in 2007 to 20 countries in 2011, most of them are still in draft form.

The report suggests that this could be due to the limited understanding of the connection between population ageing and the development agenda. The tendency is to look at older persons and consumers and dependents, rather than as producers and major contributors to development. As a result, older persons tend to be marginalized from mainstream development planning, budgets and activities. Data disaggregated by gender is scarce, and sensitization is still inadequate on the roles of older persons in development. It was also observed that even in the few countries where progress had been made in mainstreaming ageing and older persons’ rights into development plans and strategies, the process is done in an ad hoc manner and implementation is minimal.

Objective of MIPAA +10 Review and structure of the report

The ECA is conducting a second assessment of MIPAA on the African continent, on the theme “Advancing the health rights of older persons”. The objective is to assess the extent to which African countries have made progress or lack of it in implementing this pillar of MIPAA. Information was obtained from both secondary and primary sources.

This report is based on literature review and country reports received primarily from Botswana, Burkina Faso, Cameroun, Côte d'Ivoire, Ethiopia, Niger, Uganda and Tunisia. The report consists of seven sections. Following the background information, section two discusses the demographics of older persons in Africa, followed by discussions on the status of older persons in the third section. The major health issues of older persons in Africa is covered in section four, while the human rights approach is covered in section five. Policy responses to health challenges of older persons are the subject of section six. Conclusions and recommendations are presented in section seven.

¹ UNDESA, ECA, and HelpAge International report on the first review of MIPAA.
There are a number of factors that were taken into account when preparing this report on the situation and rights of access to health services by older people in Africa: first, from the national reports that there is no agreed-upon definition of who is considered an older person, especially in Sub-Saharan Africa. Secondly, the issue of aging is often addressed within the structure of household, but in Africa, the task is made more difficult by the fact that family in Africa is very complex as it includes extended families as well. Third, the situation of older persons in Africa is changing fairly rapidly. Despite the lack of longitudinal studies, many observers believe that older people are worse off than they were in the past. There are a number of reasons why this might be the case, although there is currently very little empirical research that documents whether older people are worse off or better off on most measures of welfare including health. There are three dimensions of change that have bearing upon the well-being of older persons: demographic change, modernization and development, and the impact of HIV/AIDS. Based on the demographic changes taking place, both the absolute size and relative proportion of the population age 60 and over are projected over the next 25 years to grow faster than at all younger ages. Fourth, we recognised the considerable diversity across Africa with respect to a wide range of indicators. This is reflected in the diversity of approaches that have been adopted by African countries in addressing issues concerning health of older persons. Lastly, aging has not been prominent on the policy agenda of most African countries and as a result, there is under-developed local research capacity in this area, resulting in an acute shortage of data and information on aging. The current situation of older persons in Africa is, in, fact quite poorly known, and micro-level data are available only for a limited number of countries, such as South Africa and North Africa.

It is against this background that the second review of the Madrid International Plan of Action on Aging is being undertaken.

II. Demographic trends of older persons in Africa

a. Trends

The world population is ageing at a steady and significant pace. As of 2010, 36 million elderly people aged 65 years and over accounted for 3.6% of Africa’s population, up from 3.3% ten years earlier. In 1980, 3.1% of the population was elderly aged 65 and above and there has been a steady increase during the last forty years. Population ageing in Africa is expected to accelerate between 2010 and 2030, as more people reach age 65. Projections show that the elderly could account for 4.5% of the population by 2030 and nearly 10% of the population by 2050 (DESA, 2011.)

In sub-Saharan Africa, where HIV/AIDS is a major challenge together with its economic and social hardships, the percentage is expected to reach at least 25 percent. Such a demographic transformation has profound consequences for every aspect of individual, community, national and international life. The oldest of the old will experience the fastest growth – i.e. those who are 80 years old and above.
Table 1: Demographic profile of the population aged 60 and above of the five sub-regions of Africa in 2009, and projected to 2050

<table>
<thead>
<tr>
<th>Country</th>
<th>Number 2009</th>
<th>Number 2050</th>
<th>Percentage of total population 2009</th>
<th>Percentage of total population 2050</th>
<th>Share of persons 80 years or over 2009</th>
<th>Share of persons 80 years or over 2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>53 770</td>
<td>212 763</td>
<td>5</td>
<td>11</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>14 996</td>
<td>61 740</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Central Africa</td>
<td>5 671</td>
<td>22 181</td>
<td>5</td>
<td>8</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>14 758</td>
<td>62 388</td>
<td>7</td>
<td>19</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>4 013</td>
<td>9 203</td>
<td>7</td>
<td>14</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Western Africa</td>
<td>14 332</td>
<td>57 251</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>


It can be deduced from the above table that Eastern Africa had the largest number of older persons 60 and above, followed by Northern Africa and Sothern Africa. In terms of percentage however, Northern Africa and Sothern Africa had the highest percentage of over 60s at 7 percent. Central Africa had the smallest number at only 2050 older persons above 60, which translated to only 8 percent of the total population. The percentage and number of older persons above 80 years is also growing in all regions. It is projected that by 2050, the 60+ population will stand at 11 percent for Africa having risen from 5 percent in 2009. As a percentage of the total population, Northern Africa and Southern Africa are the most rapidly ageing regions on the continent.

There are also rural and urban demographic differences in ageing, and this creates differences and inequalities in access to health care services. Currently, overwhelming proportion of older persons in developing countries live in rural areas and this trend is expected to continue in the future.

Africa’s population is ageing simultaneously with its unprecedented growth of the youth population and its related challenges. The aging population in Africa faces a different set of challenges. Aging is highly linked with long-term physical and mental disability and a number of long-term chronic conditions and will likely in-crease personal care needs. Yet, much of Africa faces weak health care systems to adequately address these emerging health problems among the elderly. (UNICEF, 2003)

Addressing the challenge of an ageing population should be a priority for African countries. Indeed for guidance African can use the tools provided by the MIPAA as well as the African Union Policy Framework and Plan of Action (PFPAA) that provide very clearly defined goals and actions. Both the MIPAA and the PFPAA call for the development of policies and enactment of legislation to protect the rights of older persons; the inclusion and participation of older persons in development processes and decisions that affect them and
collaboration between various stakeholders, and all have sections on coordination, resource mobilization and review processes. Furthermore, the AUC plans to develop a protocol on the rights of older persons. It is expected that the Protocol will include an establishment of a Council on ageing, which is provided for in the PFPA.

In many African countries people between the ages of 15 to 25 constitute about a third of the population (Chigunta 2002 A: 5). This demographic incline towards a younger population and the continued trend symbolizes immense challenges for the region. It is a colossal matter in its own right but when viewed in the lenses of the elderly in Africa, this demographic incline towards youth has major economic, social and political repercussions on the continent’s ageing people. For one, the youth bulge will begin to materialize within the next two decades and will turn into an adult and eventually an elderly bulge, in which, in the latter case, similar issues will arise as in Western Europe and North America with the baby boomer generation, probing major queries to policy makers.

According to UN estimates, over 600 million persons are over the age of 60, and this number is expected to double by 2050. Approximately two-thirds of this elderly group live in the developing world where formal arrangements for old age support are few and the traditional measures, further discussed below, seem to be on the decline particularly in Africa. (World Bank 2005) To be sure the ECA report on the state of elderly in Africa published in 2007 stated that in 1950 the number of people aged 60 or over numbered approximately 12 million in Africa. By 2007 this number had increased to about 50.5 million people. The World Population Prospects 2006 Revision indicates that people aged 60 and over in Africa will reach 64.5 million by 2015, which is also the target date for achieving MDGs. By 2030 there will be 103 million older people and the number of older people is projected to rise to 205 million by 2050” (ECA 2007).

Country reports from Uganda, Cameroon, and Tunisia, amongst others, confirm these regional demographic trends. Country specific demographic trends indicated that in 1990, Gabon had the largest elderly population (5.6%), followed by Cape Verde (4.8%) and Tunisia (4.6%). By 2010, Tunisia had surpassed all other countries as the country with the highest proportion of elderly population (7.3%), followed closely by Mauritius at 6.9%. The elderly population of these two countries nearly doubled over the 20-year period. Research also indicated that for example, the older population of Nigeria that will explode to over 30 million by 2050 and that was equal to national populations of such countries as Kenya. Other countries such as Libya, Botswana, and South Africa witnessed a similar phenomenon. (AfDB, 2011). The Tunisian population will age at a faster rate than the European countries that will have a major impact on social security, health and medical.

In Uganda, similar to many other African countries, there is a growing ageing population. According to the 1991 Uganda Population and Housing Census, the population of older persons was 686,260 (4.1%) of the total population of 16,671,705. This population rose to 1,101,039 (4.6%) in the 2002 Uganda Population and Housing Census results. Additionally, the Uganda National Household Survey (UNHS) Report 2005/06 estimated the population of older persons at 1,200,000 of which 53% were female and 47% were male. The UNHS 2009/2010 puts the number of older persons at 1,304,464, while females represent 703,811
and males constitute 600,653 of the population. This rapid increase has had profound consequences at the individual, community as well as national level.

In Cameroon, in November 2005, there were 870,642 elderly people, of which 414,843 were men (47.6%) and 455,799 were women (52.4%). Elderly persons are defined as people aged 60 and over in the general population. In 2001, the number of seniors was estimated at 1 million. This number is expected to reach 1.3 million in 2012. A census in 2005 revealed that life expectancy is very low for older persons. On average, a person aged 60 can expect to live for 15.4 years, while a person aged 80, can expect about 4.2 years. Furthermore, the life expectancy for women exceeds that of elderly men. The longer life expectancy of women does not directly translate to better living standards of these women.

The Tunisian national report indicates that, like many other African countries, the ageing population of Tunisia is rapidly growing and will soon surpass the portion of children ages 0 to 15 years. For older persons ages 60 years and older, the population has increased from 4.1% in 1956 to 10.2% in 2011, similar trends have been shown for older persons ages 65 years and above rising from 3.5% in 1966 to 6.5% in 2004. Additionally, it has also been estimated that the population of older person’s ages 60 years and above will represent 13.0% in 2020 and 17.8% in 2030.

b. Life Expectancy of Older Persons in Africa

In contrast to industrialized countries, in developing countries, particularly those in Africa, life expectancy at birth has remained relatively low for both men and women. In 1990, Africa’s average life expectancy at birth was 52.7 years, although it increased steadily to 60.0 years until 2010 (AfDB’s Data Portal, 2011). In 1990, women’s life expectancy at birth was 54.3 years compared to 51.1 years for men. By 2010, this had risen to 57.1 years for women and to 54.8 years for men.

In terms of life expectancy, women seem to be outliving men and this has policy implications. For example, in 2009, older women were found to have outnumbered older men by 66 million worldwide. In 2005-2010, the gender gap in life expectancy in Africa was 2.4 years, compared to 8 years in Europe. The share of women in the population rises significantly with age. According to the United Nations’ World Population Aging 2009 report, 54% of the population aged 60 years or over and 63 percent of the population aged 80 years and above were women.

A study by UNDESA found that older men are married, while the majority of older women are not. Most of the older women are widows, a common factor in Africa where wars, conflicts and diseases have seen many women lose their husbands. The proportion of older men who are married in Africa is 85 percent compared to just 39 percent of older women who are married. Older men are more than twice as likely as older women to be married. The reason for this huge difference is that women often outlive their husbands because women tend to have higher life expectancy and also due to the fact that the majority of
women in Africa tend to marry men who are much older than them. Early marriage of young girls (sometimes to older men) is still practiced in many parts of Africa.

III. The Economic and Social Status of Older Persons

The following section will help provide an overview of the social and economic condition of elderly people in Africa.

Social Condition

In Africa the social status of elderly people can be viewed with a two-fold approach: 1) social and 2) political (administrative). In regards to the latter, throughout the twentieth century, being elderly has been seen as a socio economic burden, which is evident in the language used by policy makers and the social services present for older persons throughout the continent. (Ramashala 2002) Given the demographic pattern it is the priority of Africa’s leaders to focus on building the capacity and providing opportunities for its large population of youth. This is part of the efforts to drive development by means of fostering peace, stability and growth and harness a potential demographic dividend. Concerns of older persons, if considered at all, are viewed at best as marginal and at worst as a distraction from national policy interests and goals.

In regards to the social approach, traditional societies in Africa have been characterised by cultural structures that gave elevated status to older persons. There was inherent recognition and appreciation of the experience and knowledge of older people, contributing to integrated communities. Moreover, the extended family network acted as a social system providing for the needs of those within it. However, this system changed during colonisation to a more modern approach in which productivity was valued, increasing the public forbearance of the younger generation as important drivers of society. This occurred at the expense of the social status, significance and esteem of elderly persons. (ECA 2007) Likewise, at the expense of extended family networks (support) nuclear families are created. Nhongo (2012) makes clear that Africa states: facing an almost irreversible trend in which the social and cultural fabric has significantly changed. There is an increasing disconnect between the young and old and the values and norms are slowly being lost in dress, manners, conversation, sharing, and other symbols that used to hold families together. The exchange that existed and interaction between the various age groups and older persons; in for instance, the socialization process through storytelling and other initiation processes has been replaced by modern means of communication (TV, radio, mobile phones, etc.). This is mainly due to families being impacted by changes in society including urbanization, geographic spread, the trend towards nuclear families mentioned above and the increased participation of women in the workforce (Ramashala 2002).

Furthermore, the issue of health discussed in detail above, and particularly the issue of HIV/AIDS has had a significant social impact on older persons. Older persons have more difficulties to receive family care. Largely older people can no longer expect to be recipients of family care. The economic commission for Africa clarifies that ‘the incidence of death
among the middle generation has multiple impacts upon older people. Alongside bereavement, they lose people who might have once been a possible source of external financial support in their old age, and the on-going income-generation responsibility is often coupled with active care responsibilities for adult children and grandchildren, which heighten the financial burden'. (ECA 2007)

To be certain, older persons in Africa also suffer from prejudices against them. There are particularly two illusions that hold traditional merit and thus impact elderly persons on the continent undesirably. The first illusion is that older people are sorceresses. Many cases of witchcraft accusation and killings have been documented across many counties in Africa, including Kenya, Tanzania and South Africa. In fact in a review of incidents focusing on cruelty of older people in various parts of Africa, it was found that those mostly involved in perpetrating the abuses are those closest to the victims. This can often lead to stigmatization and exclusion of communities, restricting their opportunities for a better life. The second illusion is that ‘women continue to be accorded lower social status than men worldwide’ despite international declarations of equality of rights. While it is clear that women already undertake fundamental roles in society, in many countries their social status remains in the lower echelons. The fact that women tend to live longer than men influences their wellbeing as well. As they become widowed, widowhood commonly imposes social restrictions that have negative effects on their health, livelihood and participation. (ECA 2007; Nhongo 2012)

Economic Condition

Older people are among the poorest in all societies. Elderly experience the same lack of physical necessities, assets and income felt by other poor members of society, but without the resources and access that younger more active adults can use to compensate. (HelpAge International 1999; Ramashala 2002). Women are adversely even more affected. For elderly women, activities range from growing food and sometimes cash crops on the household farm (economic) to caring for the family members in the household. This is often done in conditions of poverty and limited opportunities to participate in income generating activities. There is a literacy gap and there is also a phenomenon of the 'feminization' of poverty among women. A great deal of women’s activities in unpaid family labour is not reflected in official statistics. Although there are improvements, women generally have fewer opportunities to find employment in the formal sector; due to this, the majority of women become self-employed in the informal sector in the urban areas of Africa. Women face various structural constraints on their effective participation in entrepreneurial and general economic activities. These are: ‘customary laws which impede women to a greater extent than men, from obtaining land, credit, productive inputs, education, information and healthcare; - the coexistence of multiple laws, creating ambivalence (for instance customary and statute laws relating to marriage and inheritance); gender bias in access to basic human resource development services such as education, training and health; - and time poverty, resulting from women’s multiple and competing reproductive and productive responsibilities’. Being female and young or elderly can lead to a double source of discrimination. Due to exclusion, inequality and subjugation many elderly women could be worse off than their male counterparts.
**Box 1: Micro-economies, poverty and elderly**

The greatest threat to the security and well being of older women, however, remains the poverty of their society. Poverty affects both men and women, but for many women their vulnerability in old age is made worse because of the added disadvantage of “double source discrimination”

Benoît Kalasa – under the purview of UNFPA further identifies issues of poverty and that: Among other causes of poverty, especially relevant when people get older, are:

- Declining ability to work. [...] There is a direct link between poverty and declining work opportunities for the aged.
- Death of family members or their geographical separation. [...] Four major events can significantly weaken or eliminate the support traditionally available in old age (UNFPA 2004)

In several, but not all, African countries many older people in Africa continue to experience deepening poverty and are unable to access entitlements. Many older people live in rural areas, where there are fewer social, health and infrastructural services. Furthermore, HelpAge discusses how elderly persons in Africa ‘experience economic exclusion, and are often denied employment and access to insurance or credit schemes’. Additionally, in several African countries, the majority of the people who are economically active work in the informal sector. In these sectors, it is evident that older women and men continue to work until advanced ages. (HelpAge International 2008; ECA 2007) Indeed, poverty in old age possibly reflects poorer economic status earlier in life, especially in developing countries where many older people lack access to complete social service packages. (UNFPA 2004)

Older people have benefited least from economic growth and development in Africa. The majority of these elderly persons will make up the majority of the 900 million people who will still be in poverty in 2015. As mentioned previously the changing social fabric of many Africa societies as well as poverty and health problems, combine to prevent younger generations from providing traditional family networks and support systems. Economic indicators for the older persons show that households headed by older persons in many countries in Africa are among the poorest, showing poverty rates of between 8 and 20% higher than the national average. (Nhongo 2012) Figure 1 correlates the relation between ageing and poverty in 15 African countries. Although the figures are from 2005, it can be assumed that the situation has remained somewhat similar. The data describes how in the majority countries elderly people seem to be afflicted by poverty. This is compounded for elderly persons who have dependents. In fact all fifteen countries show a distinct gap between elderly with dependents in poverty and ones not categorized in the same demographic group. This data confirms the discussion above that elderly persons are potentially excluded from economic livelihoods; and that due to potential shocks (Younger generation dying of AIDS; drought; conflict etc.) elder persons become responsible for dependents compounding their paucity crunch.
IV. Major Health Issues of Older Persons in Africa

One of the priorities of the MIPAA is the health and well-being of older persons. A good health status is a major goal of development and is also a driver of economic growth and social progress. Older persons in good health enjoy a greater sense of personal well-being and can participate more actively in the economic, social, cultural and political life. On the other hand, poor health reduces the capacity of older persons to generate income, curtails their productivity and compels them to depend on other people.

As in all other regions of the world, Africa is also experiencing improvement in chances to surviving into old age. Consequently, those who survive to age 60 can also expect to live longer than in the years past. However, it is unclear how many of the additional years of life are spent in good health. According to a UN report, currently, at the mortality rates for 2005-2010, three quarters of those born (73 percent of males and 79 percent of females) can expect to reach that age. Mortality statistics for 2005-2010 indicate that women who reach the age of 60 can expect to live another 21 years and men another 18 years, on average. The comparable figures for 1950-1995 were only 16 years for women and 14 years for men. In Africa, the figures are 15 years for men and 17 years for women.
In relation to the health of older persons in Africa, good health and nutrition are often emphasized as critical components of basic needs. As far back as 1978 many African States joined other nations in endorsing the Declaration of Alma Ata, which committed all governments throughout the world to the common goal of achieving health for all by the year 2000. The goal included ensuring a life that was both long and free of a heavy burden of ill health. It is well known that mortality rate increases at older ages along with functional limitations and chronic conditions. But given the extremely limited resources available for health services in Africa, especially SSA, most public health programmes on the continent are far more concerned with eradicating or at least controlling preventable childhood diseases, such as measles and diarrhoea, than they are with treating chronic diseases or managing the health care of the frail elderly. This is hardly surprising given the fact that more than one out of every six children die before their fiftieth birthday (Lopez et al., 2006) and that the vast majority of these deaths are preventable with very low cost interventions such as oral rehydration salts and vaccinations that cost just a few cents each.

Furthermore, a major crisis in the sub-region that impacts older persons severely is the effects of the HIV/AIDS epidemic, especially in Sub-Saharan Africa. Throughout the sub-region, the poor and affected older persons experience loss of support and care from their children and relatives when they die from the disease. This often leaves them to also assume the responsibility for raising grandchildren and others that have been orphaned by HIV/AIDS. It has been established that older women in Africa bear a heavy material burden, physical and emotional care burden, and in most cases do not have access to formal assistance.

Additionally, older persons are also affected directly as victims of the disease. In most cases, they are not diagnosed, and treated. They are sexually active, caregivers of HIV and AIDS patients and many are sexually assaulted. Lack of family support or approval of older persons to marry, leads them to secret sexual engagement, which exposes them to HIV and AIDS infection. Most of the traditional healers and traditional birth attendants (TBAS) are older women and men. They are not targeted for support in terms of access to information on HIV and AIDS. As a result they are at risk of contracting HIV and AIDS. Although governments may have strategic framework for coordination and implementation of HIV and AIDS interventions, most of them do not deliberately target older persons yet they are at risk of infection through using unsterilized skin piercing instruments.

In Southern Africa for example, life expectancy at birth has fallen from 62 to 48, and it is projected to decrease further to 43 over the next decade (Joint United Nations Programme on HIV/AIDS, 2006). For most sub-Saharan African ministries of health, the challenges prior to old age are simply overwhelming.

**Box 2: Home-based Care**

Because SSA has a large human and resource gap in public health systems, it has been difficult to deal with all HIV/AIDS cases. As a consequence, everywhere in SSA informal health care workers organized themselves in networks of volunteer caregivers, giving home-
based care (HBC) to AIDS patients and their families. The benefit of these volunteers, for the HIV-patient, is twofold: often they are infected with HIV themselves, and therefore able to care from experience. Secondly, they are from the neighbourhood and hereby able to provide care and support with knowledge of the specific context. In the early days of HBC it referred to providing ‘care towards a dignified death’, often done by extended family or household members. This mostly meant that older members of the household, often grandmothers, were caregivers of HIV-infected adult children and grandchildren; thus HBC is common in intergenerational relationships. (Koupie 2011)

Despite improvements in life expectancy for older persons in Africa, many studies in some African countries have indicated that ill-health is a major source of worry and stress among older persons, caused by many other types of illnesses besides HIV/AIDS. In Uganda for example, common health problems of the older persons include hypertension, stroke, diabetes, heart diseases, trachoma and blindness that often leads to complications and permanent incapacitation.

In Cameroon, 5.7% of elderly persons have at least one disability. Of all types of disabilities faced by the elderly, blindness is the major handicap – as well as weakness in the limbs.

Other notable health issues are the rising levels of obesity, increased tobacco and alcohol consumption in some populations, and the resurgence of old diseases such as malaria and tuberculosis, as well as disruptions of health care systems and public safety in times of economic or political crisis. All these threaten to undermine advances in health, including amongst older persons. It is also a fact that disability increases with age. However, in Africa, there is not data or information on the prevalence of various forms of disability in older persons.

Health funding for older people’s health is another challenge. Despite efforts in a number of sub-Saharan African countries to decentralize their health care budgets and realign health care expenditures to emphasize prevention rather than cure, most countries still spend a significant fraction of their total health care budgets treating adult illness (Kwabata, 2003). According to Kwabata, the average SAA country spends approximately 5.5 percent of gross domestic product on health care, of which perhaps half is spent on hospital care.

V. Human Rights Approach to Health

The right to health is a fundamental part of our human rights and of our understanding of a life in dignity. The right to the enjoyment of the highest attainable standard of physical and mental health, to give it its full name, is not new. (WHO, 1999) Internationally, it was first articulated in the 1946 Constitution of the World Health Organization (WHO), whose preamble defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The preamble further states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”
Why a rights-based approach to health of older persons in Africa?

The right to the highest attainable standard of health is a fundamental human right, legally protected at the international, regional and national levels. The enjoyment of the right to health is recognized by numerous international human rights instruments, including those that have been created to protect the human rights of particular groups, such as children, women, persons with disabilities and those who are subject to discrimination on the basis of race (E/CN.4/2003/58, paras. 10-21). The most important formulation of the right to health is contained in article 12 of the International Covenant on Economic, Social and Cultural Rights, which provides the basis for protection of the right to health in international law.

Internationally recognized human rights standards and principles as contained in core international human rights treaties cover and protect older persons. Despite this tacit protection, it has increasingly been argued that there is a gap in the international human rights system because there is currently no specific universal human rights instrument on the rights of older persons. Specific provisions focusing on older persons, such as those which exist for some other categories of vulnerable persons such as women, children, persons with disabilities, and migrant workers, are also lacking. (OHCHR, 2010)

The right to health for older persons is a subset of human rights as a whole, and can only be addressed within that context. It must also be addressed within the context of a country’s development plans, strategies and policies. The integration of human rights into the development framework helps to ensure that development measures take account of the social circumstances of vulnerable, marginal, underprivileged or socially excluded people or groups (OHCHR, 2004)\(^2\) A focus on human rights makes it possible to move from policies based on normative and conceptual foundations to more practical approaches that promote the enjoyment of human rights by all social groups. Such practical approaches also help to ensure that persons who have been denied those rights in the past will now be treated equally and with respect for their human dignity. This helps to pave ways for social integration and, on that basis, the construction of “a society for all”.\(^3\) Population ageing has significant human-rights implications because it ushers in new opportunities for implementing this approach and, for building the citizenry of the 21\(^{st}\) century. First, it opens the way for reconciling the needs and interests of all groups within society in which each and every person, regardless of his or her age, has certain rights and responsibilities and has an active role to play (UN, 2004). Second, it places members of society in a position that enables them to demand specific sorts of measures or services on the basis of their age and provides scope for responding to demands from other stakeholders for the expansion, specification or intensification of respect for human rights.

The focus on the theme – rights of older persons to health, stems from the fact that older persons face many health challenges relative to younger populations for a number of

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\(^4\)CEDAW, 2009
reasons. This includes: First, access to primary health care and to the quality of health-care services provided. Older persons often do not have access to quality and appropriate health care services although they are entitled to have full access to health care services including preventive, curative and rehabilitative care. Investing in health care and rehabilitation for older persons extends their healthy and active years. Secondly, discrimination against older persons on the basis of their age is a major barrier to access primary care and prevention of chronic illness. There is a pernicious and deeply ingrained notion that once a person ages, he/she becomes incapable of contributing to society, chronically ill and/or frail. Such prejudices often lead to a conclusion that not much can be done to assist them. (UN, 2011)

Third, both physical and financial obstacles also impede access to primary healthcare services. Healthcare facilities might be situated too far from older persons’ place of residence, with transport proving to be too expensive, inadequate, or simply unavailable. Compounding this problem is the limited mobility of older persons. They may be unable to drive, have no access to transportation, or have physical impairments that reduce their movement. Physical difficulties to access health for older persons are further reinforced by their socio-economic vulnerability, especially as access to health care is often subject to receiving a pension or to paying out‐of‐pocket fees. Fourth, discriminatory attitudes of medical professional towards older persons could also undermine meaningful communication with their patients with direct consequences on the accuracy of diagnosis and quality of treatment. (OHCHR, 2011)

Seventh, the right to health for older persons has been long recognized in international instruments including the United Nations Principles for Older Persons (1991), CESCEN General Comment No. 6 on the economic and social rights of older persons (1995).

**Little awareness of human rights of older persons**

Throughout Africa, there is very little awareness and understanding of the human rights of older persons, which also include the right to health. In very simple terms, human rights refer to rights that people are entitled to simply because they are human beings, irrespective of age, citizenship, nationality, race, ethnicity, language, gender, sexuality or abilities. These are inherent rights that when respected, people are able to live with dignity and equality, free from discrimination. Human rights are universal, widely accepted and central to welfare. Therefore, protecting older persons’ rights will help to enable them to lead dignified, secure lives, as equal members of society. It is not acceptable to discriminate against any group in society. With rapid population ageing, the prevalence of age discrimination escalates and so does the imperative to address the fundamental causes of discrimination, especially in accessing quality health services. But it is important to remember that today’s youth are tomorrow’s older persons.

Older persons, just like any other age groups, should have the same rights to health and other things; however older persons’ rights are mostly invisible under international law. There are non-binding United Nations instruments and international documents on ageing and older persons, such as 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,
and the 1992 Proclamation on Ageing. The most recent of these is the Political Declaration and the Madrid International Plan of Action on Ageing. (UN, 2011). The Universal Declaration on Human Rights has been in existence since 1948, but the international human rights of older persons are not recognized explicitly under the international human rights laws that legally oblige governments to realize the rights of all people. Only one international human rights convention, (The International Convention on the Protection of the Rights of All Migrant Workers and Members of their families) mandates against age discrimination. Commitments to the rights of older persons exist such as the MIPAA, but they are not legally binding and therefore only impose moral obligations to implement them.

Activists have often called for a UN Convention on the Rights of Older Persons to ensure that older people realize their rights. It is argued that the existence of a new UN convention and the assistance of a Special Rapporteur, governments can have an explicit legal framework, guidance and support that would enable them to ensure that older persons’ rights are realized in our increasingly ageing society. However, while governments agree to such a convention, support cannot be built without the backing and advocacy of older persons. Civil society organizations play a key role in making this happen and in holding governments to account for the decisions they make.

**Age discrimination and marginalization of a rapidly increasing number of older persons**

In Africa, older women are often more disadvantaged because they may suffer from a combination of both gender and age discrimination. Ageing women make up a significant proportion of the world’s population, with the majority of older women living in developing countries. A number of life-course events adversely affect the health of women in older age, including discrimination against infant girls in the provision of food and care, barriers to education, low incomes and poorer access to decent work, care-giving responsibilities as mothers and wives, domestic violence (during childhood, adulthood and elder abuse), widowhood, and cultural traditions and attitudes towards health care.19 Lower incomes, disruptions to work due to family responsibilities, and discrimination in access to the labour force during women’s working life mean that women often have less retirement savings and are therefore more financially vulnerable in older age.(WHO,2007)

Member States are concerned about the very rapid increase in the number and percentage of older people and the status of older persons revolving around their social and economic condition, participation in development and their relationship to human rights. There is a call for increasing the visibility on the world agenda on the issue of human rights for older persons. In December 2010, the General Assembly established an open-ended working group open to all member States of the UN with the purpose of strengthening the protection of human rights for older persons and identifying possible gaps and how best to address them including more instruments and measures (resolution A/RES/65/182).

Furthermore, the aim is to perceive older persons as active members of society and not only as recipients of charity and welfare. It should also be noted that at age 80, women outnumber women at two to one, and are the most vulnerable, facing more stereotypes, participating less in society and benefiting less from fewer available opportunities.
While there is a prevailing culture aimed at youth, older people have gone through a progressive exclusion and marginalization. This has led us to a situation where there is no specific instrument that relates to the human rights of older people. What exists refers to the universal human rights treaties that do not include older people as a specific segment of society.

**Gap in providing social security for older persons**

Another important gap to be covered in relation to the rights of older persons to health refers to the social security coverage. Many older persons do not have financial protection such as pensions and other forms of social security further discussed below. Lack of a secure minimum income can make older people and their families fall into poverty and ill health. This would worsen in the future if no action is taken; estimates predict an increase in the percentage of older persons living in the less developed world at 60 to 78 percent by the year 2050.

**Violation of rights of older persons**

Although older persons enjoy civil rights in most countries, they may be unable to defend them in situations of abuse and neglect. The empowerment of older persons can be as a central dimension in constructing their human rights and their participation in development.

There are a number of ways in which the rights of older persons, including that pertaining to health have been violated. These include: older person’s rights to freedom from discrimination (older persons are often denied access to jobs, services, jobs, or treated with disrespect because of their age, disability or gender); older persons rights to freedom from violence is often abused when they are subjected to abuse including verbal, sexual, psychological and financial abuse; abuse of older persons right to social security; abuse of older persons right to health (older persons may not receive appropriate health and social care because of their age). Treatment can be denied and older persons can receive poor or insufficient service); and violation of the right of older persons to work and to be able to access quality medical services, even in the private sector.

It is however, that the ageing world’s most important challenge is to ensure the enjoyment of human rights of older persons. It is critical that measures be put in place to eradicate discrimination and exclusion of older persons and to ensure access to services according to their needs. In a statement marking the International Day of Older Persons, the United Nations High Commissioner for Human Rights pointed to the urgent need for better legal protection of older persons, a growing sector of society that is often most vulnerable and neglected, and she emphasized that “the human rights community has been slow in realizing that the global agenda and the advocacy efforts at the national level can no longer ignore the rights of older persons”. (OHCHR, 2011)

It is critical to have a dedicated binding instrument that would offer effective protection to older persons, including immediate obligations with regard to non-discrimination and guarantees of non-retrogression of all protected rights.
The following is suggested: new convention on the rights of older persons, special rapporteur to study and report on the condition of older persons, effective monitoring of MIPAA, more effective implementation of existing instruments, strengthening national data collection, disaggregating and update and improving national monitoring mechanisms.

VI. Policy Environment: Aging among Older Persons in Africa

Policies and Laws on Ageing in Africa

National policies targeting the aging population have lacked priority in Africa’s legislation for quite some time, as mentioned previously, however, with the rising population of older persons throughout the continent African governments need to address the situation by developing policies in order to provide adequate health services, income security, and protection from poverty to those most disadvantaged in their communities (older persons). It has been widely argued that the population of older persons in Africa is predicted to increase from 2007 figures of 50.5 million to 64.5 million in 2015, and further rise to 205 million in 2050, making Africa experience a faster growth rate of older persons than any other continent.

Mostly importantly, health greatly affects the situation of older persons in Africa. It should be understood that the leading causes of sickness and death change as people age. In the context of Africa, older persons are no longer suffering from infectious diseases, instead, they experiencing non-communicable diseases, which are chronic, degenerative and mental illnesses. Such non-communicable diseases are coupled with higher chances of disability among the ageing population.

Policies on fighting poverty targeting older persons do not exist in most African countries. Yet unlike other regions of the world, the aging population poses a significant challenge to the continent, due to its record high levels of global poverty and HIV/AIDS. Older persons in poverty often lack the income to receive adequate health services, which threatens their health. In the context of older persons representing the most impoverished group within Africa, a study conducted by Nabalambo and Chikoko (2011) suggests that households headed by older persons have a poverty rate between 8% and 20%, which is much higher than the national average. Such studies should be used to inform policy formulation and implementation on aging in Africa. Myths that exists about older persons health issues (ex. long-term healthcare and government programs are unnecessary, older persons are fragile, etc.) negatively influences society’s attitude toward the ageing population, further impacting healthcare behavior of older person in terms of future planning.

In terms of the HIV/AIDS dilemma, there is lack of policy on sharing information. Where such policies do exist, they are often not implemented. Often times older persons are excluded from information gathering, not to mention, awareness campaigns, as well as direct intervention approaches to combating the epidemic. This has further repercussions on older persons along with their families, as it inhibits the national and global fight to the
HIV/AIDS dilemma, and under exploits their potential to contribute to the community (ex. through education, counselling, etc).

Therefore, in order to address the rising population situation, African governments need to enact public policies that can improve the healthcare system and institutional structures that care for older persons.

**Existing Laws and Policies**

It should be noted that African governments have recognized the need to take global action in enacting policies specifically catering toward older persons, but the continent still falls behind in implementing such policies. However, there have been a variety of international and regional policy instruments—which include the Madrid International Plan of Action on Aging (MIPAA) and the African Union Policy Framework and Plan of Action on Ageing (PFPA), which serve to guide and support national policies, strategies, and programs to address the needs of older persons.

Further, social protection has increasingly become an effective tool to combating global poverty around the world. The groups that have benefited from such programs have made positive advancement in their overall livelihoods by having the ability to provide food to their families, invest in their children’s education, access adequate healthcare, and at the same time contribute to their local economy.

The AU Ouagadougou Declaration of 2004 followed by the sub-regional meeting in Zambia and Cameroon in 2006 initiated much effort in Africa to raise awareness on the issue of social protection. Not long after, African countries established new social protection programs and began discussion on expanding those already in existence. The majority of the programs are temporary pilot programs funded by donor organizations, UN agencies, as well as other NGOs. Only ten African countries (ex. Botswana, South Africa, Senegal, Mauritius, Lesotho, Liberia, Namibia, Kenya, Mozambique, and Swaziland) provide some form of social transfers (ex. old age pensions, disability grants, etc.) to their respective populations.

In Kenya, Social Protection programs were implemented within national policies and frameworks, including the country’s constitution. For example, the draft of Kenya’s Social Protection Policy emphasized the importance of social protection by stating, “the state shall provide appropriate social security to persons who are unable to support themselves and their dependents.” Additionally, its Hunger Safety New Program was pioneering in two ways; first, it directly tackled the needs of pastoralist households, and, secondly, used a disbursement approach that improved access to financial services in locations where services were lacking.

Similarly, Ethiopia’s final draft of its National Social Protection Policy emphasizes in its objectives “to directly address the causes of poverty, vulnerability, and exclusion, and improves the well-being of those most vulnerable, and to enable them to be productive citizens.” The government even created the National Health Policy, which focuses on the
neglected health needs of “the neglected section of the population and victims of man-made and natural disasters.” Similar to the case of Kenya, at the national level, Ethiopia’s constitution directly addresses older persons by stating “the state shall, with available means, allocate resources to provide rehabilitation and assistance to the aged and other vulnerable groups,” which shows some positive steps in tackling the needs of its ageing population.

Mozambique is one of the few African countries to develop a country-specific and country-led policy and strategy to implement social protection programs. In fact, Mozambique has established its own equivalent of the UN Social Protection Floor. Its Ministry of Women and Social Action (MMAS) defined a National Basic Social Security Strategy (NBSSS), which aimed at establishing interaction during the planning and implementation process of the Social Protection programs by bringing together the key sectors ministries (ex. Ministry of Women and Social Action, Education, Health, and Justice). An additional highlight includes the country’s food subsidy program (Programa de Subsidio de Alimento), which provides transfers to older persons and those with disabilities.

In terms of social pensions, the Lesotho government ratified the Pension Act, which made the distribution of pensions a legal right for older persons 70 years and above. Studies found that since the Act had been passed, it reduced the population of older persons living under the poverty line from 90% to 70% and narrowed the poverty gap from 135 maloti (US$ 19) to 90 maloti (US$ 13) per month. Similar to the case of Kenya, the Lesotho government took action in pushing to enact a law against the wishes of other partner organizations. Kenyan government took it a step further, by taking control of its budget allocations for its social protection programs. In the cases of Lesotho and Kenya, both governments took initiative in making their own decisions and utilizing their own resources in terms of their respective programs, demonstrating political will and commitment to addressing poverty among older persons.

Best Practices

Even though progress in implementing policies for the elderly has been weak across most African states, The Gambia, Uganda, and Ethiopia, are showing considerable progress. The three countries illustrate strong commitment among government and its various partners as well as catering to the fit the needs of the ageing population through health services, home care, etc.

The Gambia region, the Department of Social Welfare has collaborated with partners such as WHO, Age Care Association as well as Ageing with a Smile (ASI), and together, over the years has provided key intervention strategies for elderly persons. The key interventions include, building a home for the elderly poor for residential placement (either short-term or long-term depending on needs), providing home care support for sick older persons, provision of routine health checks, medical bill waivers, and rehabilitation services (ex. walking sticks, wheel chairs, physio-therapy, etc.). This successful intervention demonstrates the power behind positive collaboration among stakeholders along with the commitment of government to directly address poverty among its older population and meeting their specific needs.
The government of Uganda has been equally efficient in aligning its ageing policies with objectives of MIPAA, specifically through its 2009 National Policy for Older Persons, National Plan of Action for Older Persons (2011/2016) and the National Council for Older Persons Bill. The National Policy for Older Persons central priority is health accessibility for older persons through modification of health services to cater to the needs of the elderly. Unlike many other African countries, this approach is unique due to the fact that it promotes the importance of researching the health needs of elderly, mainstreaming health issues, updating health workers on issues of older persons, and special outreach programs. The National Plan of Action for Older Persons goes a step further through promoting nutritional feeding to the ageing population as well as health and recreation clubs. Most importantly, once the National Council for Older Persons Bill is passed, will allow more opportunities for advocacy and lobbying by the government to consider older persons in the development agenda.

In regards to Ethiopia, its Developmental Social Welfare Policy (DSWP) was influential because it was the first policy to directly tackle deep rooted social issues affecting children, youth, family, women, older persons, and those with disabilities. Unlike other policies, DSWP highlights the key role older person’s play in the community, by promoting welfare and harmony in the country through sharing inter-generational knowledge and experiences, providing social counselling and mediating peace settlements. The policy even directly expresses the key issues that older persons face in meeting fundamental needs specifically catering to older women and those with disabilities as well as the lack of an inclusive social security system.

Challenges

In examining the issues of ageing in the context of Africa, many points should be raised. First, there seems to be little progress made in establishing dedicated state institutions on ageing across the continent. In fact, a selective number of African states have created specialized ministerial divisions, while even fewer have designated a national focal person specifically addressing issues on ageing. However, most African states view ageing to be a separate topic and tend to assign the responsibility for addressing the issue to an existing ministry that deals with broad issues regarding social welfare.

Along with poor institutions, African countries also lack the ability to develop national policy frameworks as well as legislation specifically targeting the issues of older persons. Not many African countries have implemented a national policy on ageing, and even less have established legal framework. However, there have been some cases in which drafts of a national policy are in the process of being finalized or are awaiting approval by parliament.

VII. Conclusion and Recommendations

As stated earlier, African governments need to take more prompt action in addressing the growing population of elderly persons within their communities. Support needs to be given
to national governments in order to encourage engagement with MIPAA and AU PFPA. African governments should consider ageing and concerns for older persons to be mainstreamed into national development frameworks and poverty reduction strategies. There should also be clarification in terms of the rights of older persons in the development agenda by countries.

Further, there is still much room for improvement in developing policies and planning future strategies to address the needs of older persons on the continent. First, policies need to deal with the consequences of the growing number of older persons. Also public and private sectors, as well as NGO’s should participate in developing approaches to meeting the needs of the growing population. Secondly, policies should bring awareness to families and communities, specifically through providing up-to-date information and research on the topic of ageing. Thirdly, public spending along with tax policies should take into consideration the needs and limited resources of the elderly. African government should also take into account the potential contributions of older persons in economic activities and within the community. Most importantly, policies and strategies should promote the preservation of family and place high value on the elderly.

Although, more progress needs to be made in terms of policy implementation targeting the ageing population in Africa, other areas deserve consideration as well. Proper data collection, analysis, and research on the issue of ageing are crucial in order to understand the needs of older persons (ex. barriers, exclusion, inaccurate myths, negative attitudes from community, lack of empowerment, etc). Data collection should highlight major dilemmas among the elderly population such as income security, healthcare, etc. Reliable data needs to be collected on the family dynamic and household, kinship structure, and social security systems in order to provide the groundwork for policy-making and strategies.
VIII. References


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IX. Appendix

Sample Country Reports

Burkina Faso

Burkina Faso has a current estimated population of 17.2 million. According to the report submitted, the most current census appraises there are approximately 2.5 percent – that is
712,573 older people (defined here as 60 years and over) of which 53.2% were women and 46.8% men.

Most of older people (82.2%) live in rural areas and are predominantly involved in agriculture, in crop and livestock production. The percentage of elderly people living in rural areas decreased since the 90s by approximately 6 percent. The literacy level among this group is very low with nearly 98% being illiterate. Married couples account for 12.1% of older people, while widowers and widows account for 68.5%, while another 10% are celibate elderly people.

**Research on Elderly**

Generally there is inadequate information on the situation of older people in Burkina Faso because of the lack of systematic research. The few studies available do not take into account critical issues, for example, the living conditions of the older people in rural areas, the impact of the HIV/AIDS pandemic, and the abuse of rights and lack of legal protection for older people, among others. The lack of reliable data stands in the way of analyzing the situation of older people and guiding the formulation of strategies and policies.

There have been some studies, which have been undertaken by HelpAge International, and ADRA focusing on elderly accused of sorcery and social exclusion respectively.

**The policy environment**

In recent years there has been increasing awareness of older people’s concerns at Government levels. The Ministry of Social Action and National Solidarity (MSANS) is the lead department for the wellbeing of older people. The Government allocates a significant budget to support the homeless and people living in temporary structures with material and food assistance; these include many older people. Older women accused of witchcraft make up part of this group and MSANS has played a key role in raising awareness of social exclusion and relocating affected women to rehabilitation centres to accommodate them. The media also gives regular reports on violations of the rights of older people accused of witchcraft.

In addition, there is a significant allocation from the national budget to support the activities of older people’s organizations. MSANS, through its Department of the Elderly, has also been instrumental in setting up National Council of Elderly (CNPA) in 2002.

The CNPA is the leading organization representing the interests of older people in the country. It plays a key role in coordinating the activities of older people’s associations’. The National Executive consists of 19 members including 3 women. Its main roles cover:

- Coordinating and directing the actions of older people’s organisations
- Supporting the decisions and actions of the Government for the implementation of MIPAA and any plans for older people
- Ensuring the participation of older people in decision-making on issues affecting them
- Promoting better intergenerational understanding and solidarity.
In addition to the existing National Association of Retirees and the Delegation of War Veterans and Former Servicemen, which have groups in all the provinces of Burkina Faso, a range of older people’s associations have been formed specifically to promote the status and protect the rights of people 60 and over, and are guided by CNPA.

The main challenge facing the CNPA and older people’s organisations is the difficulty of decentralising and forming a network of associations that have countrywide coverage.

A National Plan of Action for older people was developed and takes into account older age concerns, particularly those affecting women. The Plan was endorsed during a national seminar in 2006.

**Conclusion**

Two challenges for actions to improve the wellbeing of the elderly can be highlighted.

- Firstly the lack of research on the situation of older people stands in the way of formulating and implementing interventions that are matched closely with older people’s key concerns.
- Secondly, the desire of laws and their implementation, which protect the rights of older people, is a major concern.

**Cameroun**

In April 2002, during the second World Assembly on Ageing, state representatives, including Cameroon adopted the Political Declaration and International Plan of Action on Ageing in Madrid, in order to cope with challenges of an aging population and promote the development of a good society for all ages.

**The policy environment**

The Government of Cameroun has developed a Guide to a healthy and active aging, which is a strategic framework for the preparation and promotion of healthy aging. It allows everyone including the elderly to optimize their potential for physical well-being, as well as social and mental health.

A list of policies has been developed to support the elderly in Cameroun:

1. Policy to prevent ill health in the elderly

The MOH, with the support from industry partners, has developed a Health Sector Strategy (SSS) for the period 2001-2015, consistent with the Strategy Paper for Growth and Employment (GESP) and the Millennium Development Goals (MDGs). The Health Sector Strategy (SSS) has three main objectives: 1) Reduce by at least one third the overall disease burden and mortality of the population groups most vulnerable; 2) Establish an hour’s walk for 90% of the population and a health facility delivering the minimum service activities; 3)
Practice effective and efficient management of resources in 90% of the health facilities and health services public/private.

Additionally a National Program of Reproductive Health (2005-2010) was developed, which gives room for reproductive health of the elderly.

2. Access to food and adequate nutrition

In the SSS that proceeded in 2007-2011, the routine diet and nutrition included in the Health Promotion Program was validated. Its specific objectives are: 1) set up 50 public hospitals and private services for the dietary management of patients in 2010; 2) provide health service districts with available nutritionists by 2010.

3. Universal and equitable access to health services

Various measures have been undertaken to facilitate universal and equitable access to health services:
- Increase in local infrastructures including the creation of regional hospitals;
- The reduction of costs, to facilitate access to health care;
- The access to aid and medical assistance disadvantaged elderly;
- The reduction of costs in certain public and semi-public facilities.

4. Promotion of specialized services

There is still a large gap in terms of availability of specialists in the field of geriatrics or gerontology and comprehensive psychiatric services for the elderly. However, the Government is aware of this and working towards facilitating increased specialisation.

5. Prevalence of HIV/AIDS for elderly

A study conducted in 2011 by the National Institute of Statistics indicates that HIV prevalence is 4.3% in Cameroun. The same study also reveals that people aged between 45 - 49 years have a prevalence rate of 6.3%, which is above the national average. Elderly were not considered in this study. However, to facilitate access, including anti-retroviral (ARV), the Government of Cameroun applied a policy to reduce costs of these drugs.

Moreover, the Government of Camerouen has undertaken activities with the support of UNICEF and the French Cooperation to support children (majority of them orphans) made vulnerable to HIV/AID. Also, the Government collaborates with the the Global Fund Project to Fight against AIDS, Tuberculosis and Malaria to support young children in Cameroun. Although these activities are focused on children they have an indirect impact on the elderly, which mostly are grandparents of children affected or infected by HIV/AIDS.

**Conclusion**

The Government of Cameroun acknowledges the challenges of elderly persons on the continent and within the country. It will ensure to:
- Implement the national policy document on aging, accompanied by specific programs and projects to improve the situation of older persons;
- Safeguard the inclusion of aging issues into policies and programs;
- Strengthening families and communities to support their elderly;
- Build capacity of organizations and management structures of the elderly.

Furthermore, the Government has identified key areas of focus for achieving better welfare of elderly in the country. These areas include social security; ministry of defence and support to veterans; health; livelihoods; and participation.

**Niger**

The results of the third general census of population and habitat of Niger in 2001 estimated the number of people aged 60 years and older to about 496,120 individuals, or 259,056 men and 237,064 women. According to the demographic projections in 2005-2050, the National Institute of Statistics undertook in 2005 the elderly population of 504,800 would increase to 689,900 in 2015 then to 975,000 in 2025 and finally to 2.025 million in 2050. In Niger, the proportion of people aged 65 and over is estimated at 2.7%. For age groups 65-69 and 95 and over we see that there are fewer men than women.

Across the country 85.7% of those aged 60 or older live in rural areas and 14.3% in urban areas. In urban areas it there’s little difference between the numbers of men and older women. Overall in Niger urban and rural areas contain respectively 3.9% and 23.6% of those aged 60 or over.

Proportion of older people by household type by age and sex:
Across the country, people aged 60 or over are
- 36.7% monogamous
- 25, 5% widowed elderly
- 18.2% are married to two women
- Approximately 6% of people aged 60 or older are married to two women over

**The policy environment**

Existence of policies to facilitate the employment of older people (no discrimination based on age, existence of special tax incentives for the employment of older people. The Constitution of 25 November 2010 establishes the prohibition of discriminatory practices in employment. And paragraph 2 of Article 33 provides that: "No one shall be discriminated against in connection with his work."

Article 25 states "the State looks after the elderly through a social protection policy. The law establishes the conditions and modalities of such protection "The national policy of social protection adopted September 16, 2011 is the general policy that mainstreams the protection of the elderly.

Priority direction II: promotion and wellbeing into old age

In the field of health Niger does not have a policy, let alone health program regarding the elderly in a specific way. In the Health Development Plan (SDP) 2011-2015 is made if the consideration of gender.
This approach is based on such decisions, management structures, health care provision and production of health information according to the approach of positive discrimination. One of the focal areas: organizing services taking into account the specific needs of different social strata (neonates, men, youth and adolescents, the disabled, elderly).

Existence of national legislation to fight against elder abuse
In general the Constitution states in Article 12 "Everyone has the right to life, health, physical integrity and morality to a healthy and sufficient food, potable water, education and instruction under the conditions defined by law." Article 14 states" no one shall be subjected to torture, slavery or abuse or cruel inhuman or degrading”

**Conclusion**
Two challenges for actions to improve the wellbeing of the elderly can be highlighted.
- Firstly the desire of laws and their implementation, which protect the rights of older people, is a major concern.
- Secondly, the lack of research on the situation of older people stands in the way of formulating and implementing interventions that are matched closely with older people’s key concerns.

**Botswana**

**Progress of Implementation of the Madrid International Plan of Action on Ageing**
Botswana started some programmes that are targeting the older persons like the Old Age Pension Scheme, which is not means tested, Destitute programme, which was not designed specifically for the older persons, but because majority of the older persons do not have any source of income, end up being beneficiaries of the programme.

There are agricultural programs where older persons benefit by being ploughed 5 hectares for free by the government. These programs have been in place before the Madrid Plan of Action. Regardless of the harsh economic meltdown the country is facing, government continues to ensure that funding is availed to keep the programme running.

Old Age in many contexts is defined as beginning at 65 years of age according to Botswana Population Policy. As eluded above, this is the age where most government-funded benefits such as social security and medical care are fully available.

**Older Persons and Development**

The Botswana poverty statistics shows that 36% of the population lives below the Poverty Datum line (HIES 2003/4). Furthermore other studies indicate that before the introduction of the Old Age Pension Scheme and the World War Veterans Allowance in 1996, the older population of Botswana compiled the largest group of the recipients of the destitute programme.

**Literacy rate and the highest educational attainment of older persons**
On the study carried out, almost half of (48%) respondents had no schooling altogether and there is no marked gender difference on this aspect. About 44% of respondents had not completed primary level education. Approximately 4% of respondents had completed primary level education whilst 2% completed non-formal education. Respondents with Secondary School Education or higher accounted for approximately 2%. In as far as educational attainment is concerned the levels of education of those who attended school, particular, post secondary education (tertiary and vocational) is generally low for both males and females.

<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary incomplete</td>
<td>269 (39%)</td>
<td>755 (46%)</td>
</tr>
<tr>
<td>Primary Complete</td>
<td>35 (5%)</td>
<td>63 (3.8%)</td>
</tr>
<tr>
<td>Secondary incomplete</td>
<td>8 (1.2%)</td>
<td>11 (0.7%)</td>
</tr>
<tr>
<td>Secondary Complete</td>
<td>2 (0.3%)</td>
<td>2 (0.1%)</td>
</tr>
<tr>
<td>Tertiary</td>
<td>10 (1.4%)</td>
<td>9 (0.5%)</td>
</tr>
<tr>
<td>Vocational Education</td>
<td>2 (0.3%)</td>
<td>1 (0.06%)</td>
</tr>
<tr>
<td>Non formal Education</td>
<td>15 (2.2%)</td>
<td>31 (1.9%)</td>
</tr>
<tr>
<td>None/No Schooling</td>
<td>352 (51%)</td>
<td>772 (47%)</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>693 (100%)</td>
<td>1644 (100%)</td>
</tr>
</tbody>
</table>

The table above illustrates the data on literacy rate and the highest education attained.

**Employment**

Overall only 3% of the respondents were formally employed while the rest were not. For the 3% of those employed, a high proportion (10%) was in the 60-64 age group, the proportions of the employment decreased with an increase in age until the 80-85 age groups where the last employments were recorded. A higher proportion of males (8%) were employed as compared to females where 1% of them were employed. Old Age Pension Scheme is not means tested. Every citizen aged 65 years and above qualifies. Only 4% of older persons receive contributory pension from their former employers in addition to the non contributory one.

The HIV/AIDS pandemic has left many elderly persons faced with the responsibility of bringing up the orphans who lost their parents. This has resulted in older persons using their pension allowances to care for the orphans.
The numbers of older persons living in households with access to telephone is minute. There are quite a good number of older persons in urban areas who have access to mobile telephones.

75% of the elderly persons do take part in elections. The politicians make sure that they mobilize them to vote for them. The percentage of elderly persons taking part in elections is high than the general public.

In most instances elderly persons are victims of humanitarians and disaster relief. They are involved in that manner. In terms of preparedness, they are informed if there is any livelihood of experiencing some kind of disaster.

In Botswana there are no recognized organizations of older persons to represent at government policy making level. Consultation is made through Kgotla meetings where the general population gather to make contribution on the policy making process. There is an organization for the retired elderly persons and this represents a small number. Most of the issues they discuss are that related to their organizations or area of interest.

Older persons do access free medical care from government hospitals. Government has taken an initiative of making sure that information reaches the elderly by providing them with free radios. They are able to listen to the radio news and announcements to know what is going on around the country and world at large. There is a program that is being designed specifically for elderly persons to provide them with vouchers to travel freely on public transport.

On poverty eradication strategy, there is a destitute program that caters mostly for the older persons and government has introduced a backyard gardening program whereby a garden is put in place of a household and then encouraged to look after it.

Statutory retirement age is 60 years
Universal pension is in place since October 1996
Policy on elderly persons is still in a draft form. The department is still sourcing for funds to implement the policy.
Statutory retirement age in Botswana is 60 years. There is no policy that specifically facilitates employment of older persons. Older persons who are employed are governed by a statutory document that manages the general workers in Botswana.

The government of Botswana through the ministry of Health is currently developing a programme on geriatrics, in other words there is no well developed programme to address issues relating older persons. There are physicians who have training in geriatrics, but do not serve as geriatrics specialists. Government of Botswana has a challenge regard to the lack of trained personnel in geriatrics. The ministry of Health has been mandated to develop a programme that will address specifically the health needs of the older persons and these will be included in the national health plan.

The health care facilities offer general service to the public. Once the health related geriatrics is developed, specific service to the older person will be offered. However
programmes such as Community Home Based Care does offer services that satisfy the needs of the older persons. The guidelines and rehabilitation programmes are still developed. A task force has been assigned to develop such.

Ensuring Enabling and Supportive Environments

All citizens have access to safe water. Most of the rural areas do not have electricity therefore most of the older persons do not have access to electricity. The family support system is still functional especially at rural areas where population of older person is based. This eliminates chances of older persons staying alone. Batswana, by their culture are people who are caring. Issues of neglect and abuse are minimal or even non existing.

**Ethiopia**

**Legal and Policy Frameworks**

At the national level the constitution of Ethiopia states: *the state shall, with available means, allocate resources to provide rehabilitation and assistance to the aged and other vulnerable groups*.

The Ministry of Labour and Social Affairs (MOLSA) is one of the Federal Ministries of the Government of the Federal Democratic Republic of Ethiopia responsible for the welfare of the aged, people with disabilities and people under difficult circumstances.

In particular, there is no national policy on ageing, but the Government formulated a Developmental and Social Welfare Policy (DSWP) with the main objective facilitating developmental, preventive and rehabilitative welfare services, which are important for the creation of the social conditions conducive to a healthy life and sustainable development. The DSWP specifically mentions the needs of older people as one of the key priority social welfare concerns of the country.

The DSWP outlines the critical problems that older people face including meeting their basic needs, the lack of a comprehensive social security system and the need for special care and assistance, particularly for older women and older people with disabilities.

Guided by MIPAA the Government of Ethiopia developed the National Plan of Action on Older Persons which aims to address the following core activities:

- Expand and strengthen services for older people based on community participation;
- Encourage older people to make use of their rich experience in bringing about development;
- Make the rights and interests of older persons part of development plans and poverty reduction strategies;
- Identify issues related to older people and work on them by listing specific objectives and activities;
- Co-ordinate concerned government and non-government organizations so as to enable them to contribute their share in realizing the objectives of the programme;
• Facilitate conditions to solicit support from abroad through promoting the issues of older people of Ethiopia at the national and international level.

**Ethiopia’s response to ageing issues at the national level**

• The National Plan of Action (NPA) defined key strategic areas that are meant to bring holistic improvements to the lives of older people. These include health and well being, family and community care, the rights of older people, housing and living environment, social security, education and training, employment and income generation, poverty reduction, HIV/AIDS, gender and older people, food and nutrition, emergencies, protection of life and property.

• The formulation process involved the participation of stakeholders. The National implementation manual for the NPA was prepared in close consultation with stakeholders.

• The ministry conducted an awareness raising campaign in various region of the country

Other national policies, which aim to address the concerns of older people alongside other groups, include policy instruments in the areas of population, HIV/AIDS and health issues and the Poverty Reduction Strategy.

**National Social Protection Policy (Final Draft)**
The policy is formulated with the main objective of addressing the causes of poverty, vulnerability and exclusion and improves the well being of the most vulnerable and to enable them, where possible, to be productive citizens. Older persons are among those segments of vulnerable groups that are given priority focus in the policy.

The Government formulated the National Health Policy which encompasses the focus of the special health needs “the neglected section of the population and victims of man-made and natural disasters”. This implicitly addressed the issue if older persons.

**Legislations related to Social Security and Pension**
In 1961 the government introduced a pension scheme in legal decree of 46/196, which aims to protect welfare of government employees and their dependents from the time of their retirement.

**Côte d'Ivoire**

**Legal and Policy Frameworks**

Specifically, there is no national policy on ageing; the Government is developing National Social Protection Policy. As part of this development planning, the State of Côte d'Ivoire has focused its priority action towards the social sector including health of the population. Thus the planning of the health system is integrated into the programming process developing.
Côte d'Ivoire’s response to ageing issues at the national level

- The National Development Plan (NDP) developed and validated by the government taking into account the different development challenges. The NDP provides, among other the development of the national strategy for protection of the elderly.

- The NDP aims to improve general health and well being of populations in a post conflict situation. Specifically focuses to:
  
  a. Eradicate the health problems and malfunctions of the health system arising from the socio-political crisis;
  
  b. Reduce morbidity and mortality associated with major health problems;
  
  c. Improve the efficiency of the health system;
  
  d. Improve the quality of health services.

Below are the specific actions the government put in place with regards to the health and welfare of the elderly.

- Promotion of health services
- Reduction of cumulative effects of increasing the risk of illness and addiction
- Preventing health problems in people Elderly
- Access to food and adequate nutrition
- Universal and equitable access to health services
- Care and support for the elderly infected or affected by HIV AIDS
- Need of Older Persons with mental Health

Challenges for implementation of MIPAA

- Lack / shortage of studies and research in aging populations.
- Lack of specialized human resources in the field of geriatrics
- The shortage and maldistribution of health personnel in the national territory
- An average coverage of First Health Establishments Contacts
- Lack of financial resources allocated to health sector
- Low population coverage in terms of social service offerings

Conclusion

- Ten years after the political declaration and international plan of action on the aging, Côte d'Ivoire (admittedly difficult) implemented the Recommendations of the Second World Assembly on Ageing.

- The difficulties are mainly due to the long socio-political crisis which has seen since 2002, at which time the meeting was also held. This situation of crisis reached its
climax with the post-election crisis of 2010. The State nevertheless continued to protect population.

- Calling the Commission for Social Development at its 49th session, to partners to support efforts of member countries in implementing the international action plan could enable Côte d’Ivoire to improve significantly the results it could have obtained but for the difficult times what was known in its march towards development.

**Uganda**

**Ageing Demographics**

Similar to many other African countries, Uganda is facing a growing ageing population. In fact to support this argument, according to the 1991 Uganda Population and Housing Census, the population of older persons was 686,260 (4.1%) of the total population of 16,671,705. This population rose to 1,101,039 (4.6%) for every Uganda Population and Housing Census results of 2002. Additionally, the Uganda National Household Survey (UNHS) Report 2005/06 estimated the population of older persons at 1,200,000 of which 53% were female and 47% were male. The UNHS 2009/2010 puts the number of older persons at 1,304,464, while females represent 703,811 and males constitute 600,653 of the population. This rapid increase has had profound consequences at the individual, community as well as national level.

**Policy Environment**

The Ministry of Gender, Labour and Social Development is responsible for organizing policies, programs, and strategies concerning older persons in Uganda. The Ministry works closely with HelpAge International Uganda, Uganda Reach the Aged Association (URAA) and Associations of older persons from grassroots level to district level. A bottom up approach is applied toward the planning and implementation of programs for older persons.

The Department for Disability and Elderly develops its policies, plans and activities in harmony with MIPAA objectives. The Local Governments private sector, Faith Based and Civil Society Organizations implement the programs for older persons within a decentralized structure.

**Legal and Policy Framework**

The 1995 Constitution of Uganda directly identifies the rights of older persons and provides the basis for the enactment of laws to address their rights and needs. Article 32 of the Constitution argues that, “Notwithstanding anything in this Constitution the state shall take affirmative action in favour of groups marginalized on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of redressing imbalances which exist against them.”

In terms of the Local Government Act, the programs of older persons are decentralized. For effective participation of older persons in decision making processes on matters that affect
their lives, older persons are represented at various levels of local government from village to district level. In accordance with this includes the following components:

- Local Governments Act which provides for representation of two older persons, male and female elected by older persons Local Government Councils;

- The Equal Opportunities Commission Act (2007) provides for monitoring and evaluating policies, programs, plans, activities, and traditions in order to ensure that they are compliant with equal opportunities and affirmative action in favour of groups marginalized on the basis of sex, age, ethnic origin, religion, social and economic standing, gender or any other reason created by history, tradition or custom;

The Government has undertaken a number of initiatives towards the implementation of the Madrid International Plan of Action. To highlights some its key areas include the following:

1. **The National Policy for Older Persons 2009**
The National Policy for Older Persons offers the policy framework and direction for all interventions geared towards older persons. Health accessibility is one of its key interventions. The policy advocates for accessibility of health service for older persons through modification of health services to fit the needs of older persons which is done through:

- Conducting studies on health needs of older persons
- Mainstreaming health issues on older in existing training curriculum for health workers at all levels.
- Including health issues of older persons in health surveillance programs
- Repackaging training materials and health care for older persons
- Re-orienting health workers on issues of older persons
- Promoting special outreach health programmes for older persons
- Including drugs for treatment of older persons on the essential drug list.

2. **The National Plan of Action for Older Persons 2011/2016**
In order to operationalize the policy on older persons, the Government has developed a National Plan of Action that seeks to direct stakeholders to provide equitable services to improve their wellbeing. The interventions geared towards increasing access to health services for older persons include:

- Conducting research on health needs of older persons
- Promoting nutritious feeding for older persons
- Promoting health and recreation clubs for older persons

3. **The National Council for Older Persons Bill**
This draft bill for the ratification of the National Council for Older Persons is before the Parliament. Once the bill is passed, it will provide an opportunity for advocacy and lobbying of the government to fully consider older persons on the development agenda.
The National Health Policy

The National Health Policy (Draft) 2009 identifies that non-communicable diseases is an rising problem, specifically with hypertension, cardiovascular diseases, diabetes, chronic respiratory diseases, mental illness and injuries. The increase in NCDs is due to factors such as adoptions of unhealthy lifestyles, the ageing population, etc. As a way to address the problem of NCDs, efforts have been made in early identification and management.

Tunisia

The Policy Environment

Tunisia has placed a considerable amount of importance on its elderly population, specifically through its programs and mechanisms catering to older persons promoting heath, self-sufficiency, and assimilation within society. Additionally, Tunisia’s Ministry of Health has made substantial contributions to promoting the rights of the elderly population, specifically through the areas of, improving the quality of response to older persons from the community, orientation, accommodation, basic care for older persons, and prevention of elderly in health facilities.

Improving the quality of life for older persons is a key challenge in Tunisia’s national policy, as well as increasing life expectancy, maintaining good health without disabilities, access to quality health services, and preserving older person’s cognitive and functional abilities. Based off these key areas, Tunisia has developed several programs in order to improve heath for older persons through two specific measures.

- First, consists of measures that direct spending for older persons to access quality healthcare in order to cater to their specific needs. The legislative framework for elderly persons consists of the following components:
  - 1994 Protection of the Elderly (PA)
  - Respect for basic rights of older persons
  - Strengthening health facilities, improving the reception and care for older persons
  - Public Institutions of Local Health (EPLS)—looking at elderly as a whole through treating conditions of the home, physical examination, hospitalization, consumption of drugs, psychological support
  - Free heath care for elderly poor to ensure equal access to quality health services

- Secondly, are practical measures that strengthen the rights of elderly persons, specifically through training, research, and support for associations helping the ageing population.

These measures are reinforced by the development of a national program, called “National Program of Health of the Elderly.” The policies central purpose is to lengthen life expectancy without disability for older persons. The program mainly revolves around preventative
measures such as vaccinations against influenza, etc. Additionally, the program has prioritized enhancing the quality of care delivery and services provided to older persons. The strategic areas of this program concern EPLS by promoting a healthy lifestyle, screening, management, and monitoring as well as evaluation of various areas of the national program. Overall, measures taken for the elderly have been considerably strengthened due to developing units and specialized consultants in elderly care.